

## Medical Practitioners 2005

### NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2005

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

### RULES GOVERNING THE STRUCTURE

A.	Consultations: Definitions: (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code.	C
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0141-0144 or 0181-0185)	U
C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; (5) Final diagnosis supported by the appropriate ICD-10 code(s); (6) Pertinent physical findings (size, location and number of lesions if applicable); (7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and (9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure	U
D.	Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged. In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be	C
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital	C
F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself	C
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding ONE month (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon, it shall be his/her own responsibility to arrange for this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions	C
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days	C
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. The use of this rule is not intended merely to increase the Medical Schemes Benefits.	C

## Medical Practitioners 2005

K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's general practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists	C
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged	C
M.	Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion	C
N.	"Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention	C
O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme	C
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.	U
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of two years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)	C
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)	C
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.	C
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring	C
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.	C
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods	C
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used	C
Z.	No fee is subject to more than one reduction	C
AA.	Procedures to exclude cost of isotope	C
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes	C

## Medical Practitioners 2005

CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp	C
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist	C
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.	U
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years	C
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").	C
XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic	C
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)	C
<b>MODIFIERS GOVERNING THE STRUCTURE</b>		
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere	C
0004	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: per fee for procedure + 100%. See Section V for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Modifier 0004 may only be charged by the medical practitioner owning the facility and the equipment. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms	C

## Medical Practitioners 2005

0005	<p>Multiple therapeutic procedures/operations under the same anaesthetic:</p> <p>a) Unless otherwise identified in the tariff when multiple therapeutic procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures.</p> <p>b) In the case of multiple fractures and/or dislocations the above values shall prevail.</p> <p>c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, Modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic.</p> <p>d) Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee.</p> <p>e) "+" Means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to Modifier 0005 (see also Modifier 0082)</p>								C
0006	<p>Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of after-care. The referring practitioner will then be entitled to subsequent hospital visits for after-care. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the after-care, must in such instances quote Modifier 0006 with the particular items which they use</p>								C
0007	<p>a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided.</p> <p>b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided.</p>	U		15.000	90.90 (79.74)	15.000	90.90 (79.74)		
0008	<p>Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon</p>								C
0009	<p>Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units. The minimum fee payable may not be less than 36,00 clinical procedure units</p>								C
0010	<p>Local anaesthetic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a general practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography). (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.</p>								U
0011	<p>Emergency surgery for the theatre procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists</p>								C
0013	<p>Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged</p>								C
0014	<p>Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff</p>								C
0015	<p>Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions</p>								C

## Medical Practitioners 2005

0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms a part of the consultation/visit and all subsequent injections for the same condition should be charged at 50% of the appropriate visit fee for a general practitioner. Not to be charged in conjunction with a consultation fee.	U		7.500	69.00 (60.53)	7.500	69.00 (60.53)		
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/m <sup>2</sup> ): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								C
0019	Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								U
0020	Conscious Sedation: Any case that is conducted outside of a theatre hospital suite shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical funders that there will be no hospital/theatre account								C
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifiers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448								U
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.								U
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist is not followed by an operation it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged								C
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								C
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units								C
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute								U
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic								C
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute								U
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time								C
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								C
0033	Participating in general care of patients: When an anaesthesiologist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of Modifier 0035: Anaesthetic administered by a specialist anaesthesiologist								C
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								C
0035	Anaesthetic administered by specialist anaesthesiologists: No anaesthetic administered by a specialist anaesthesiologist shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers)								C

## Medical Practitioners 2005

0036	Anaesthetic administered by general practitioners: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a general practitioner lasting one hour or less, shall be the same as that for a specialist anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus time plus the appropriate modifiers) applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than 7,00 anaesthetic units. The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthetist								U
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units	C						3.000	95.44 (83.72)
0038	Peri-operative blood salvage: Add 4,00 anaesthetic units for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage								C
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof								C
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units								C
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units	C						3.000	95.44 (83.72)
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	C						3.000	95.44 (83.72)
0043	Patients under one year of age: For all cases where the patient is under one year of age – 3,00 anaesthetic units to be added	C						3.000	95.44 (83.72)
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age	C						3.000	95.44 (83.72)
0045	<p>Post-operative alleviation of pain:</p> <p>(a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique</p> <p>(b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility.</p> <p>(c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)</p>								C
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is applicable								U
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								C
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	C		27.000	163.62 (143.53)	27.000	163.62 (143.53)		
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	C		77.000	466.62 (409.32)	77.000	466.62 (409.32)		

## Medical Practitioners 2005

0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	C		115.500	699.93 (613.97)	115.500	699.93 (613.97)		
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	C		77.000	466.62 (409.32)	77.000	466.62 (409.32)		
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	C		32.000	193.92 (170.11)	32.000	193.92 (170.11)		
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	C		77.000	466.62 (409.32)	77.000	466.62 (409.32)		
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								C
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								C
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								C
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure								C
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts								C
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								C
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								C
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (øFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								U
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								C
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thorascop	C		45.000	272.70 (239.21)	45.000	272.70 (239.21)		
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								C
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								U
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								U
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	U		21.000	127.26 (111.63)	21.000	127.26 (111.63)		
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								C
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								C
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								C

## Medical Practitioners 2005

0080	Multiple examinations: Full Fee									C
0081	Repeat examinations: No reduction									C
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction									C
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used									C
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)									U
0085	Left Side' modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined									C
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations									C
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)									U
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)									C
0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)									C
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, will be supplied by the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0201 should not be used for these materials									C
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope									C
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee									C
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable									C
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units									C
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	C		6.000	34.66 (30.40)	6.000	34.66 (30.40)			
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%									U
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448	C						1.000	31.81 (27.90)	
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2,00) anaesthetic units	C						2.000	63.63 (55.82)	
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	C						3.000	95.44 (83.72)	
5444	Shaft of femur: Add four (4,00) anaesthetic units	C						4.000	127.25 (111.62)	
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	C						5.000	159.07 (139.54)	
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units	C						8.000	254.50 (223.25)	
6100	In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes									C



## Medical Practitioners 2005

6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g. a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region	C
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charged at 50% of the fee	C
6103	Post-contrast study: Bone tumour: 100% of the fee	C
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable	C
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items	C
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability	C
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability	C
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"	C
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain	C
6110	MRI spectroscopy: 50% of fee	C
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)	C
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)	C
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)	C
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure	C
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value	C
I.	Consultative Services	

I.a	General Practitioner visits		
0181	General practitioner: New and follow-up patient: Visit/consultation for a patient with problem focused history, examination and management during which the doctor spends up to 10 minutes with the patient or the family	C	
0182	General practitioner: New and follow-up patient: Visit/consultation for a patient with expanded problem focused history, examination and management during which the doctor spends 10-20 minutes with the patient or the family	C	
0183	General practitioner: New and follow-up patient: Visit/consultation for a patient with comprehensive history, examination and management during which the doctor spends 20-30 minutes with the patient or the family	C	
0184	General practitioner: New and follow-up patient: Visit/consultation for a patient with comprehensive history, examination and management during which the doctor spends 30-45 minutes with the patient or the family	C	
0185	General practitioner: New and follow-up patient: Visit/consultation for a patient with comprehensive history, examination and management during which the doctor spends 45-60 minutes with the patient or the family	C	

Practice Type	0181	0182	0183	0184	0185
General Medical Practice	154.70 (135.70)	154.70 (135.70)	154.70 (135.70)	154.70 (135.70)	154.70 (135.70)

I.b	Specialists tiered consultation structure		
-----	---	--	--

### Medical Practitioners 2005

0141	Specialist: New and established patients: Consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient for between 10 and 20 minutes	C	
0142	Specialist: New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient for between 20 and 35 minutes	C	
0143	Specialist: New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient for between 30 and 40 minutes	C	
0144	Specialist: New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient for between 45 and 60 minutes	C	

Practice Type	0141	0142	0143	0144
Anaesthesiology	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Cardiology	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Cardiothoracic Surgery	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Dermatology	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Gastroenterology	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Medical Oncology	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Medicine (Specialist Physician)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Neurology	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Neurosurgery	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Nuclear Medicine	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Obstetrics and Gynaecology	165.60 (145.30)	165.60 (145.30)	165.60 (145.30)	165.60 (145.30)
Ophthalmology	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Orthopaedics	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Otorhinolaryngology	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Paediatric Cardiology	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Paediatrics	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Pathology (Anatomical)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Pathology (Clinical)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Physical Medicine	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Plastic and Reconstructive Surgery	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Psychiatry	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Pulmonology	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Radiation Oncology	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Radiology	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Rheumatology	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)	239.20 (209.80)
Surgery	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)
Urology	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)	156.40 (137.20)

## Medical Practitioners 2005

I.c	General practitioner and specialist services		
0109	Hospital follow-up visit to patient in ward or nursing facility (Refer to General Rule G(a) for post-operative care). May only be charged once per day.	U	
0111	Paediatric follow-up hospital visits (excluding neonates) by paediatricians and paediatric cardiologists (may only be charged once per day)	A	
0129	Prolonged first/follow-up consultation/visit per 15 minutes (to be added to item 0144 [specialist] or item 0185 [general practitioner] only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes)	C	+
0145	For consultation/visit away from the doctor's home or rooms: ADD to any of items 0141-0144 (specialists) or items 0181-0185 (general practitioners) as appropriate. Please note that item 0145 is not applicable for pre-anaesthetic assessments and may not be added to any of items 0151-0153	C	+
0146	For emergency or unscheduled consultation/visit at the doctors home or rooms, all hours: ADD to any of items 0141-0144 (specialists); items 0151-0153 or items 0181-0185 (general practitioners) as appropriate (Refer to General Rule B)	U	+
0147	For emergency or unscheduled consultation/visit away from the doctor's home or rooms, all hours: ADD to any of items 0141-0144 (specialists); items 0151-0153 or items 0181-0185 (general practitioners) as appropriate (Refer to General Rule B)	U	+
0148	For elective after-hours service on request of the patient or family (non emergency) (refer to General Rule B)	A	+

Practice Type	0109	0111	0129	0145	0146	0147	0148
General Medical Practice	92.00 (80.70)		138.00 (121.10)	55.20 (48.40)	73.60 (64.60)	128.80 (113.00)	
Paediatric Cardiology		138.00 (121.10)					
Paediatrics		138.00 (121.10)					
Specialists	92.00 (80.70)		138.00 (121.10)	55.20 (48.40)	73.60 (64.60)	128.80 (113.00)	

I.e	Pre-anaesthetic assessment		
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes	C	
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes	C	
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes	C	

Practice Type	0151	0152	0153
Anaesthesiology	147.20 (129.10)	147.20 (129.10)	147.20 (129.10)
General Medical Practice	147.20 (129.10)	147.20 (129.10)	147.20 (129.10)

I.f	Prenatal visits and new born attendance		
0107	New born attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward	C	
	Item 0107 can be used once only for given confinement	C	
0113	New born attendance: Emergency attendance to newborn at all hours	C	

Practice Type	0107	01071	0113
General Medical Practice	303.60 (266.30)		414.00 (363.20)
Specialists	303.60 (266.30)		414.00 (363.20)

## Medical Practitioners 2005

I.g	Consultative services: Miscellaneous		
0130	Telephone consultation (all hours)	C	
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)	C	
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent	C	
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent	C	

Practice Type	0130	0132	0133	0199
Anaesthesiology	110.40 (96.80)			
Cardiology	165.60 (145.30)			
Cardiothoracic Surgery	156.40 (137.20)			
Dermatology	110.40 (96.80)			
Gastroenterology	165.60 (145.30)			
General Medical Practice	110.40 (96.80)	46.00 (40.40)	82.80 (72.60)	197.20 (173.00)
Medical Oncology	165.60 (145.30)			
Medicine (Specialist Physician)	165.60 (145.30)			
Neurology	165.60 (145.30)			
Neurosurgery	165.60 (145.30)			
Nuclear Medicine	165.60 (145.30)			
Obstetrics and Gynaecology	110.40 (96.80)			
Ophthalmology	110.40 (96.80)			
Orthopaedics	110.40 (96.80)			
Otorhinolaryngology	110.40 (96.80)			
Paediatric Cardiology	165.60 (145.30)			
Paediatrics	165.60 (145.30)			
Pathology (Anatomical)	110.40 (96.80)			
Pathology (Clinical)	110.40 (96.80)			
Physical Medicine	165.60 (145.30)			
Plastic and Reconstructive Surgery	110.40 (96.80)			
Psychiatry	165.60 (145.30)			
Pulmonology	165.60 (145.30)			
Radiation Oncology	110.40 (96.80)			
Radiology	110.40 (96.80)			
Rheumatology	165.60 (145.30)			
Specialists		46.00 (40.40)	82.80 (72.60)	197.20 (173.00)
Surgery	110.40 (96.80)			

## Medical Practitioners 2005

Urology	110.40 (96.80)		
---------	----------------	--	--

### II. Supplies, material, special medicine and own equipment used in treatment

Code	Description	St	Add	10000		11400		11000	
				RVU	Value	RVU	Value	RVU	Value
0197	Licenced dispensing medical practitioners: Dispensing cost - R16.00 for medicine with a cost of R100,00 or more (VAT inclusive), or 16% for medicine costing less than R100,00 (VAT inclusive). Add to each Nappi code to provide for the dispensing cost	A							
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS R16,00 for medicine with a cost of R100,00 or more, or 16% for medicine costing less than R100,00 PLUS VAT on the 16%/R16,00. (Where applicable, VAT should be added to the 16%/R 16,00 only and not to the SEP, since the SEP is VAT inclusive). [According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiring preparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment	A							
0200	Prosthesis and/or internal fixation: This item provides for a charge for prosthesis and/or internal fixation. Charge for prosthesis and/or internal fixation at cost price PLUS 26% (up to a maximum of R 26,00). (Where applicable, VAT should be added to the above). The appropriate Nappi code(s), where applicable, for the prosthesis and/or internal fixation used, must be provided	U							
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.	U							
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0198 and item 0201, as appropriate	U		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.	U							
5930	Surgical laser apparatus: Hire fee for own equipment	C		109.000	660.50 (579.40)	109.000	660.50 (579.40)		
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)	C							
III. PROCEDURES									
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999	A							

### GENERAL MODIFIERS GOVERNING THIS SECTION

## Medical Practitioners 2005

0011	Emergency surgery for theatre procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists	C							
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged	C							
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff	C							
<b>MODIFIERS GOVERNING SECTION 1</b>									
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions	C							
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms a part of the consultation/visit and all subsequent injections for the same condition should be charged at 50% of the appropriate visit fee for a general practitioner. Not to be charged in conjunction with a consultation fee.	U		7.500	69.00 (60.53)	7.500	69.00 (60.53)		
1	Injections, infusions, and inhalation sedation treatment								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)		
0204	Inhalation sedation: Per additional quarter-hour or part thereof	C		3.000	18.20 (16.00)	3.000	18.20 (16.00)		
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)		
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)		
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)		
0209	Umbilical artery cannulation at birth	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)		
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	U		3.250	19.70 (17.30)	3.250	19.70 (17.30)		
0211	Exchange transfusion: First and subsequent (including after-care)	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)		

## Medical Practitioners 2005

	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)	C							
1.1	Chemotherapy treatment (not in chemotherapy facilities)								
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	U		5.000	30.30 (26.60)	5.000	30.30 (26.60)		
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	U		9.000	54.50 (47.80)	9.000	54.50 (47.80)		
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	U		14.000	84.80 (74.40)	14.000	84.80 (74.40)		
MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS									
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifiers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448	U							
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.	U							
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist is not followed by an operation it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged	C							
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.	C							
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units	C							

### Medical Practitioners 2005

0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic	C							
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time	C							
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added	C							
0033	Participating in general care of patients: When an anaesthesiologist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of Modifier 0035: Anaesthetic administered by a specialist anaesthesiologist	C							
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added	C							
0035	Anaesthetic administered by specialist anaesthesiologists: No anaesthetic administered by a specialist anaesthesiologist shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers)	C							
0036	Anaesthetic administered by general practitioners: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a general practitioner lasting one hour or less, shall be the same as that for a specialist anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus time plus the appropriate modifiers) applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than 7,00 anaesthetic units. The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthetist	U							
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units	C						3.000	95.44 (83.72)
0038	Peri-operative blood salvage: Add 4,00 anaesthetic units for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage	C							
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof	C							
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units	C							
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units	C						3.000	95.44 (83.72)
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	C						3.000	95.44 (83.72)
0043	Patients under one year of age: For all cases where the patient is under one year of age – 3,00 anaesthetic units to be added	C						3.000	95.44 (83.72)



### Medical Practitioners 2005

0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age	C						3.000	95.44 (83.72)
	Modifiers 5441 to 5448  Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)	C							
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448	C						1.000	31.81 (27.90)
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2,00) anaesthetic units	C						2.000	63.63 (55.82)
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	C						3.000	95.44 (83.72)
5444	Shaft of femur: Add four (4,00) anaesthetic units	C						4.000	127.25 (111.62)
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	C						5.000	159.07 (139.54)
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units	C						8.000	254.50 (223.25)
POST-OPERATIVE ALLEVIATION OF PAIN									
0045	Post-operative alleviation of pain:  (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique  (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility.  (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)	C							
2	Integumentary System								
2.1	Allergy								
0217	Allergy: Patch tests: First patch	C		4.000	24.20 (21.20)	4.000	24.20 (21.20)		
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	C		2.800	17.00 (14.90)	2.800	17.00 (14.90)		
0219	Allergy: Patch tests: Each additional patch	C		2.000	12.10 (10.60)	2.000	12.10 (10.60)		

### Medical Practitioners 2005

0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	C		1.900	11.50 (10.10)	1.900	11.50 (10.10)		
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	C		2.800	17.00 (14.90)	2.800	17.00 (14.90)		
2.2	Skin (general)								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	C		4.000	24.20 (21.20)	4.000	24.20 (21.20)		
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
0225	Epilation: Per session	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)	4.000	127.30 (111.70)
0228	PUVA Treatment: Maximum of 21 treatments	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		
0229	PUVA: Follow-up or maintenance therapy once a week	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		
0230	UVR-Treatment	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	C		5.500	33.30 (29.20)	5.500	33.30 (29.20)		
0233	Biopsy without suturing: First lesion	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)	3.000	95.40 (83.70)
0234	Biopsy without suturing: Subsequent lesions (each)	C		3.000	18.20 (16.00)	3.000	18.20 (16.00)	3.000	95.40 (83.70)
0235	Biopsy without suturing: Maximum for multiple additional lesions	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)	3.000	95.40 (83.70)
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)	3.000	95.40 (83.70)
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)	3.000	95.40 (83.70)
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	C		3.000	18.20 (16.00)	3.000	18.20 (16.00)	3.000	95.40 (83.70)
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	C		42.000	254.50 (223.20)	42.000	254.50 (223.20)	3.000	95.40 (83.70)
0244	Repair of nail bed	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	3.000	95.40 (83.70)
0245	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesion	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)
0246	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent lesions (each)	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)	3.000	95.40 (83.70)
0251	Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: First lesion	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	3.000	95.40 (83.70)

### Medical Practitioners 2005

0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)	3.000	95.40 (83.70)
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	U		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
0257	Drainage of major hand or foot infection: Drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus	C		87.000	527.20 (462.50)	87.000	527.20 (462.50)	3.000	95.40 (83.70)
0259	Removal of foreign body superficial to deep fascia (except hands)	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
0261	Removal of foreign body deep to deep fascia (except hands)	C		31.000	187.90 (164.80)	31.000	187.90 (164.80)	3.000	95.40 (83.70)
0271	Kurtin planing for acne scarring: Whole face	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
0273	Kurtin planing for acne scarring: Extensive	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)	4.000	127.30 (111.70)
0275	Kurtin planing for acne scarring: Limited	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	4.000	127.30 (111.70)
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	C		103.000	624.20 (547.50)	103.000	624.20 (547.50)	4.000	127.30 (111.70)
0279	Surgical treatment for axillary hyperhidrosis	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	4.000	127.30 (111.70)
0280	Laser treatment for small skin lesions: First lesion	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)	3.000	95.40 (83.70)
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	C		56.000	339.40 (297.70)	56.000	339.40 (297.70)	3.000	95.40 (83.70)
0283	Laser treatment for large skin lesions: Limited area	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	4.000	127.30 (111.70)
0284	Laser treatment for large skin lesions: Extensive area	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)	4.000	127.30 (111.70)
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	U		56.630	343.20 (301.10)	56.630	343.20 (301.10)		
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	U		43.440	263.20 (230.90)	43.440	263.20 (230.90)		
2.3	Major plastic repair								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	C		234.000	1418.00 (1243.90)	187.200	1134.40 (995.10)	4.000	127.30 (111.70)
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	C		410.000	2484.60 (2179.50)	328.000	1987.70 (1743.60)	4.000	127.30 (111.70)
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	C		800.000	4848.00 (4252.60)	640.000	3878.40 (3402.10)	4.000	127.30 (111.70)

### Medical Practitioners 2005

0292	Distant flaps: First stage	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
0293	Contour grafts (excluding cost of material)	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	C		1200.00 0	7272.00 (6378.90)	960.000	5817.60 (5103.20)	6.000	190.90 (167.50)
0295	Local skin flaps (large, complicated)	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
0296	Other procedures of major technical nature	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
0297	Subsequent major procedures for repair of same lesion	C		104.000	630.20 (552.80)	104.000	630.20 (552.80)	4.000	127.30 (111.70)
0298	Lower abdominal dermo-lipectomy	C		170.000	1030.20 (903.70)	136.000	824.20 (723.00)	5.000	159.10 (139.60)
0299	Major abdominal lipectomy with repositioning of umbilicus	C		275.000	1666.50 (1461.80)	220.000	1333.20 (1169.50)	5.000	159.10 (139.60)
2.4	Lacerations, scars, tumours, cysts and other skin lesions								
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)	3.000	95.40 (83.70)
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	4.000	127.30 (111.70)
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
0304	Major debridement of wound, sloughectomy or secondary suture	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	3.000	95.40 (83.70)
0305	Needle biopsy - soft tissue	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	3.000	95.40 (83.70)
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)	3.000	95.40 (83.70)
0308	Each additional small procedure done at the same time	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)
0310	Radical excision of nailbed	C		38.000	230.30 (202.00)	38.000	230.30 (202.00)	3.000	95.40 (83.70)
0311	Excision of large benign tumour (more than 5 cm)	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)	3.000	95.40 (83.70)
0313	Extensive resection for malignant soft tissue tumour including muscle	U		283.900	1720.40 (1509.10)	227.120	1376.30 (1207.30)	4.000	127.30 (111.70)
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	C		104.000	630.20 (552.80)	104.000	630.20 (552.80)	4.000	127.30 (111.70)
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)	3.000	95.40 (83.70)
2.5	Breasts								

### Medical Practitioners 2005

0316	Fine needle aspiration for soft tissue (all areas)	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
0317	Aspiration of cyst or tumour	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)	3.000	95.40 (83.70)
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	C		42.000	254.50 (223.20)	42.000	254.50 (223.20)	3.000	95.40 (83.70)
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	C		94.200	570.90 (500.80)	94.200	570.90 (500.80)	3.000	95.40 (83.70)
0323	Subareolar cone excision of ducts of wedge excision of breast	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	3.000	95.40 (83.70)
0324	Wedge excision of breast and axillary dissection	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	5.000	159.10 (139.60)
0325	Total mastectomy	C		155.000	939.30 (823.90)	124.000	751.40 (659.10)	5.000	159.10 (139.60)
0327	Total mastectomy with axillary gland biopsy	C		185.000	1121.10 (983.40)	148.000	896.90 (786.80)	5.000	159.10 (139.60)
0329	Total mastectomy with axillary gland dissection	C		275.000	1666.50 (1461.80)	220.000	1333.20 (1169.50)	5.000	159.10 (139.60)
0330	Nipple and areola reconstruction	C		95.000	575.70 (505.00)	95.000	575.70 (505.00)	4.000	127.30 (111.70)
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	C		234.000	1418.00 (1243.90)	187.200	1134.40 (995.10)	4.000	127.30 (111.70)
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	C		410.000	2484.60 (2179.50)	328.000	1987.70 (1743.60)	4.000	127.30 (111.70)
0334	Removal of breast implant by means of capsulectomy: Per breast	C		234.000	1418.00 (1243.90)	187.200	1134.40 (995.10)	4.000	127.30 (111.70)
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	U		234.000	1418.00 (1243.90)	187.200	1134.40 (995.10)	5.000	159.10 (139.60)
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	U		410.000	2484.60 (2179.50)	328.000	1987.70 (1743.60)	5.000	159.10 (139.60)
0341	Gynaecomastia: Unilateral	C		92.000	557.50 (489.00)	92.000	557.50 (489.00)	3.000	95.40 (83.70)
0343	Gynaecomastia: Bilateral	C		161.000	975.70 (855.90)	128.800	780.50 (684.60)	3.000	95.40 (83.70)
2.6	Burns								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	C		276.000	1672.60 (1467.20)	220.800	1338.00 (1173.70)	5.000	159.10 (139.60)
0353	Tangential excision and grafting: Small	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	5.000	159.10 (139.60)
0354	Tangential excision and grafting: Large	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	5.000	159.10 (139.60)
2.7	Hands (skin)								

### Medical Practitioners 2005

0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	C		147.400	893.20 (783.50)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
0357	Small skin graft in acute hand injury	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0361	Z-plasty	C		220.100	1333.80 (1170.00)	176.080	1067.00 (936.00)	3.000	95.40 (83.70)
0363	Local flap and skin graft	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0365	Cross finger flap (all stages)	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0367	Palmar flap (all stages)	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0369	Distant flap: First stage	C		158.000	957.50 (839.90)	126.400	766.00 (671.90)	3.000	95.40 (83.70)
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0373	Transfer neurovascular island flap	C		230.500	1396.80 (1225.30)	184.400	1117.50 (980.30)	3.000	95.40 (83.70)
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	C		242.400	1468.90 (1288.50)	193.920	1175.20 (1030.90)	3.000	95.40 (83.70)
0375	Dupuytren's contracture: Fasciotomy	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
0376	Dupuytren's contracture: Fasciectomy	C		218.000	1321.10 (1158.90)	174.400	1056.90 (927.10)	3.000	95.40 (83.70)
2.8	Acupuncture								
	Please note: General Rule M not applicable to section 2.8 of this price list	C							
0377	Standard acupuncture	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
0378	Laser acupuncture using more than 6 points	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)		
0379	Electro-acupuncture	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)		
0380	Scalp acupuncture	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
0381	Micro-acupuncture (ear, hand)	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
RULES GOVERNING THE SECTION ACUPUNCTURE									

## Medical Practitioners 2005

CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp	C							
3	Musculo-skeletal System								
MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS									
0045	Post-operative alleviation of pain:  (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique  (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility.  (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)	C							
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis	C							
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	C		27.000	163.62 (143.53)	27.000	163.62 (143.53)		
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	C		77.000	466.62 (409.32)	77.000	466.62 (409.32)		
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	C		115.500	699.93 (613.97)	115.500	699.93 (613.97)		
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	C		77.000	466.62 (409.32)	77.000	466.62 (409.32)		
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	C		32.000	193.92 (170.11)	32.000	193.92 (170.11)		
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	C		77.000	466.62 (409.32)	77.000	466.62 (409.32)		

## Medical Practitioners 2005

0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot	C							
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%	C							
	Modifiers 5441 to 5448  Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)	C							
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448	C						1.000	31.81 (27.90)
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2,00) anaesthetic units	C						2.000	63.63 (55.82)
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	C						3.000	95.44 (83.72)
5444	Shaft of femur: Add four (4,00) anaesthetic units	C						4.000	127.25 (111.62)
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	C						5.000	159.07 (139.54)
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units	C						8.000	254.50 (223.25)
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula	C		-	-	-	-	3.000	95.40 (83.70)
0387	Fracture (reduction under general anaesthetic): Clavicle	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	C		175.700	1064.70 (933.90)	140.560	851.80 (747.20)	3.000	95.40 (83.70)
0389	Fracture (reduction under general anaesthetic): Humerus	U		111.600	676.30 (593.20)	111.600	676.30 (593.20)	3.000	95.40 (83.70)
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	3.000	95.40 (83.70)
0402	Fracture (reduction under general anaesthetic): Carpal bone	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	3.000	95.40 (83.70)
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	U		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	C		118.300	716.90 (628.90)	118.300	716.90 (628.90)	3.000	95.40 (83.70)



### Medical Practitioners 2005

0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	C		-	-	-	-	3.000	95.40 (83.70)
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	C		52.000	315.10 (276.40)	52.000	315.10 (276.40)	3.000	95.40 (83.70)
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	C		48.000	290.90 (255.20)	48.000	290.90 (255.20)	3.000	95.40 (83.70)
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	C		102.000	618.10 (542.20)	102.000	618.10 (542.20)	3.000	95.40 (83.70)
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	C		-	-	-	-	3.000	95.40 (83.70)
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	3.000	95.40 (83.70)
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	U		237.000	1436.20 (1259.80)	189.600	1149.00 (1007.90)	3.000	95.40 (83.70)
0425	Fracture (reduction under general anaesthetic): Patella	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0433	Fracture (reduction under general anaesthetic): Fibula shaft	C		-	-	-	-	3.000	95.40 (83.70)
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	C		58.000	351.50 (308.30)	58.000	351.50 (308.30)	3.000	95.40 (83.70)
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	C		198.700	1204.10 (1056.20)	158.960	963.30 (845.00)	3.000	95.40 (83.70)
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	U		64.000	387.80 (340.20)	64.000	387.80 (340.20)	3.000	95.40 (83.70)
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	C		403.500	2445.20 (2144.90)	322.500	1954.40 (1714.40)	3.000	95.40 (83.70)
0441	Fracture (reduction under general anaesthetic): Metatarsal	C		41.800	253.30 (222.20)	41.800	253.30 (222.20)	3.000	95.40 (83.70)
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	C		-	-	-	-	3.000	95.40 (83.70)
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)	3.000	95.40 (83.70)
0447	Fracture (reduction under general anaesthetic): Other: Simple	C		26.000	157.60 (138.20)	26.000	157.60 (138.20)	3.000	95.40 (83.70)
0449	Fracture (reduction under general anaesthetic): Other: Compound	C		52.000	315.10 (276.40)	52.000	315.10 (276.40)	3.000	95.40 (83.70)
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	C		-	-	-	-	3.000	95.40 (83.70)
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	C		230.000	1393.80 (1222.60)	184.000	1115.00 (978.10)	3.000	95.40 (83.70)

### Medical Practitioners 2005

0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	C		-	-	-	-	3.000	95.40 (83.70)
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	C		-	-	-	-	3.000	95.40 (83.70)
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	C		-	-	-	-	3.000	95.40 (83.70)
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	C		-	-	-	-	3.000	95.40 (83.70)
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	C		-	-	-	-	3.000	95.40 (83.70)
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	C		-	-	-	-	3.000	95.40 (83.70)
3.1.1. 1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	C		288.000	1745.30 (1531.00)	230.400	1396.20 (1224.70)	3.000	95.40 (83.70)
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	C		43.000	260.60 (228.60)	43.000	260.60 (228.60)	3.000	95.40 (83.70)
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	C		282.000	1708.90 (1499.00)	225.600	1367.10 (1199.20)	3.000	95.40 (83.70)
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	C		154.000	933.20 (818.60)	123.200	746.60 (654.90)	3.000	95.40 (83.70)
3.1.2	Bony operations								
3.1.2. 1	Bony operations: Bone grafting								
0497	Resection of bone or tumour with or without grafting (benign)	C		282.000	1708.90 (1499.00)	225.600	1367.10 (1199.20)	3.000	95.40 (83.70)
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	C		340.000	2060.40 (1807.40)	272.000	1648.30 (1445.90)	3.000	95.40 (83.70)
0499	Grafts to cysts: Large bones	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0501	Grafts to cysts: Small bones	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0503	Grafts to cysts: Cartilage graft	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	3.000	95.40 (83.70)
0505	Grafts to cysts: Inter-metacarpal bone graft	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	3.000	95.40 (83.70)
3.1.2. 2	Bony operations: Acute or chronic osteomyelitis								
0509	Acute or chronic osteomyelitis: Conservative treatment	C		-	-	-	-		
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care	C							

### Medical Practitioners 2005

0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
3.1.2. 3	Bony operations: Osteotomy								
0514	Osteotomy: Sternum: Repair of pectus excavatum	C		330.000	1999.80 (1754.20)	264.000	1599.80 (1403.30)	3.000	95.40 (83.70)
0515	Osteotomy: Sternum: Repair of pectus carinatum	C		330.000	1999.80 (1754.20)	264.000	1599.80 (1403.30)	3.000	95.40 (83.70)
0516	Osteotomy: Pelvic	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	3.000	95.40 (83.70)
0521	Osteotomy: Femoral: Proximal	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	3.000	95.40 (83.70)
0527	Osteotomy: Knee region	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	3.000	95.40 (83.70)
0528	Osteotomy: Os Calcis (Dwyer operation)	C		115.000	696.90 (611.30)	115.000	696.90 (611.30)	3.000	95.40 (83.70)
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	C		278.900	1690.10 (1482.50)	223.120	1352.10 (1186.10)	3.000	95.40 (83.70)
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0533	Osteotomy: Single metatarsal	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	3.000	95.40 (83.70)
0534	Osteotomy: Multiple metatarsal osteotomies	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
3.1.2. 4	Bony operations: Exostosis								
0535	Exostosis: Excision: Readily accessible sites	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	3.000	95.40 (83.70)
0537	Exostosis: Excision: Less accessible sites	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
3.1.2. 5	Bony operations: Biopsy								
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)	4.000	127.30 (111.70)
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)		
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)		
3.2	Joints								
3.2.1	Joints: Dislocations								

## Medical Practitioners 2005

0547	Joint: Dislocation: Clavicle either end	C		38.000	230.30 (202.00)	38.000	230.30 (202.00)	3.000	95.40 (83.70)
0549	Joint: Dislocation: Shoulder	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
0551	Joint: Dislocation: Elbow	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
0552	Joint: Dislocation: Wrist	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	C		130.000	787.80 (691.10)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0555	Joint: Dislocation: Lunate	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0556	Joint: Dislocation: Carpo-metacarpo dislocation	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	C		26.000	157.60 (138.20)	26.000	157.60 (138.20)	3.000	95.40 (83.70)
0559	Joint: Dislocation: Hip	C		109.000	660.50 (579.40)	109.000	660.50 (579.40)	3.000	95.40 (83.70)
0561	Joint: Dislocation: Knee	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0563	Joint: Dislocation: Patella	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)	3.000	95.40 (83.70)
0565	Joint: Dislocation: Ankle	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	3.000	95.40 (83.70)
0567	Joint: Dislocation: Sub-Talar dislocation	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	3.000	95.40 (83.70)
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)
0573	Joint: Dislocation: Spine with or without paralysis	C		-	-	-	-		
3.2.2	Joints: Operations for dislocations								
0578	Operations for dislocations: Recurrent dislocation of shoulder	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	3.000	95.40 (83.70)
0579	Operations for dislocations: Recurrent dislocation of all other joints	C		161.000	975.70 (855.90)	128.800	780.50 (684.60)	3.000	95.40 (83.70)
3.2.3	Joints: Capsular operations								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0585	Capsulectomy digital joint	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	3.000	95.40 (83.70)

### Medical Practitioners 2005

0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	3.000	95.40 (83.70)
0587	Release of digital joint contracture	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
3.2.4	Joints: Synovectomy								
0589	Synovectomy: Digital joint	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0592	Synovectomy: Large joint	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0593	Tendon synovectomy	C		203.700	1234.40 (1082.80)	162.960	987.50 (866.20)	3.000	95.40 (83.70)
3.2.5	Joints: Arthrodesis								
0597	Arthrodesis: Shoulder	C		224.000	1357.40 (1190.70)	179.200	1086.00 (952.60)	3.000	95.40 (83.70)
0598	Arthrodesis: Elbow	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	3.000	95.40 (83.70)
0599	Arthrodesis: Wrist	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	3.000	95.40 (83.70)
0600	Arthrodesis: Digital joint	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0601	Arthrodesis: Hip	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	3.000	95.40 (83.70)
0602	Arthrodesis: Knee	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	3.000	95.40 (83.70)
0603	Arthrodesis: Ankle	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	3.000	95.40 (83.70)
0604	Arthrodesis: Sub-talar	C		130.000	787.80 (691.10)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	3.000	95.40 (83.70)
0607	Arthrodesis: Mid-tarsal wedge resection	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	3.000	95.40 (83.70)
3.2.6	Joints: Arthroplasty								
0614	Arthroplasty: Debridement large joints	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0615	Arthroplasty: Excision medial or lateral end of clavicle	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)	3.000	95.40 (83.70)
0617	Shoulder: Acromioplasty	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0619	Shoulder: Partial replacement	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	5.000	159.10 (139.60)
0620	Shoulder: Total replacement	C		416.000	2521.00 (2211.40)	332.800	2016.80 (1769.10)	5.000	159.10 (139.60)

### Medical Practitioners 2005

0621	Elbow: Excision head of radius	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0622	Elbow: Excision	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0623	Elbow: Partial replacement	C		188.000	1139.30 (999.40)	150.400	911.40 (799.50)	3.000	95.40 (83.70)
0624	Elbow: Total replacement	C		282.000	1708.90 (1499.00)	225.600	1367.10 (1199.20)	3.000	95.40 (83.70)
0625	Wrist: Excision distal end of ulna	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0626	Wrist: Excision single bone	C		110.000	666.60 (584.70)	110.000	666.60 (584.70)	3.000	95.40 (83.70)
0627	Wrist: Excision proximal row	C		166.000	1006.00 (882.50)	132.800	804.80 (706.00)	3.000	95.40 (83.70)
0631	Wrist: Total replacement	C		249.000	1508.90 (1323.60)	199.200	1207.20 (1058.90)	3.000	95.40 (83.70)
0635	Digital Joint: Total replacement	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0637	Hip: Total replacement	C		416.000	2521.00 (2211.40)	332.800	2016.80 (1769.10)	3.000	95.40 (83.70)
0641	Hip: Prosthetic replacement of femoral head	C		288.000	1745.30 (1531.00)	230.400	1396.20 (1224.70)	3.000	95.40 (83.70)
0643	Hip: Girdlestone	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	3.000	95.40 (83.70)
0645	Knee: Partial replacement	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	3.000	95.40 (83.70)
0646	Knee: Total replacement	C		416.000	2521.00 (2211.40)	332.800	2016.80 (1769.10)	3.000	95.40 (83.70)
0649	Ankle: Total replacement	C		290.400	1759.80 (1543.70)	232.320	1407.90 (1235.00)	3.000	95.40 (83.70)
0650	Ankle: Astragalectomy	C		154.000	933.20 (818.60)	123.200	746.60 (654.90)	3.000	95.40 (83.70)
3.2.7	Joints: Miscellaneous (joints)								
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)	3.000	95.40 (83.70)
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	C		7.500	45.50 (39.90)	7.500	45.50 (39.90)	3.000	95.40 (83.70)
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	C		4.000	24.20 (21.20)	4.000	24.20 (21.20)	3.000	95.40 (83.70)
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	3.000	95.40 (83.70)
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)

### Medical Practitioners 2005

0670	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	C		-	-	-	-	3.000	95.40 (83.70)
0673	Meniscectomy or operation for other internal derangement of knee	C		109.000	660.50 (579.40)	109.000	660.50 (579.40)	3.000	95.40 (83.70)
3.2.8	Joints: Joint ligament reconstruction or suture								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0677	Joint ligament reconstruction or suture: Knee: Collateral	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0678	Joint ligament reconstruction or suture: Knee: Cruciate	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	3.000	95.40 (83.70)
0680	Joint ligament reconstruction or suture: Digital joint ligament	C		165.000	999.90 (877.10)	132.000	799.90 (701.70)	3.000	95.40 (83.70)
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0682	Amputation: Fore-quarter amputation	C		294.000	1781.60 (1562.80)	235.200	1425.30 (1250.30)	9.000	286.30 (251.10)
0683	Amputation: Through shoulder	C		148.000	896.90 (786.80)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
0685	Amputation: Upper arm or fore-arm	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)	3.000	95.40 (83.70)
0687	Partial amputation of the hand: One ray	C		102.000	618.10 (542.20)	102.000	618.10 (542.20)	3.000	95.40 (83.70)
0691	Amputation: Part of or whole of finger	C		116.800	707.80 (620.90)	116.800	707.80 (620.90)	3.000	95.40 (83.70)
0693	Hindquarter amputation	C		420.000	2545.20 (2232.60)	336.000	2036.20 (1786.10)	6.000	190.90 (167.50)
0695	Amputation: Through hip joint region	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	6.000	190.90 (167.50)
0697	Amputation: Through thigh	C		205.000	1242.30 (1089.70)	164.000	993.80 (871.80)	6.000	190.90 (167.50)
0699	Amputation: Below knee, through knee or Syme	C		194.000	1175.60 (1031.20)	155.200	940.50 (825.00)	5.000	159.10 (139.60)
0701	Amputation: Trans-metatarsal or trans-tarsal	C		142.000	860.50 (754.80)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0703	Amputation: Foot: One ray	C		97.000	587.80 (515.60)	97.000	587.80 (515.60)	3.000	95.40 (83.70)
0705	Amputation: Toe	C		66.000	400.00 (350.90)	66.000	400.00 (350.90)	3.000	95.40 (83.70)
3.3.2	Amputations: Post-amputation reconstruction								

### Medical Practitioners 2005

0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	3.000	95.40 (83.70)
0707	Post-amputation reconstruction: Krukenberg reconstruction	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	3.000	95.40 (83.70)
0709	Post-amputation reconstruction: Metacarpal transfer	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	C		282.000	1708.90 (1499.00)	225.600	1367.10 (1199.20)	3.000	95.40 (83.70)
0712	Post-amputation reconstruction: Toe to thumb transfer	C		800.000	4848.00 (4252.60)	640.000	3878.40 (3402.10)	3.000	95.40 (83.70)
3.4	Muscles, tendons and fasciae								
3.4.1	Muscles, tendons and fasciae: Investigations								
0713	Electromyography	U		75.000	454.50 (398.70)	75.000	454.50 (398.70)	3.000	95.40 (83.70)
0714	Electro-myographic neuromuscular junctional study, including edrophonium response	U		57.000	345.40 (303.00)	57.000	345.40 (303.00)	3.000	95.40 (83.70)
0715	Strength duration curve per session	U		10.500	63.60 (55.80)	10.500	63.60 (55.80)	3.000	95.40 (83.70)
0717	Electrical examination of single nerve or muscle	U		9.000	54.50 (47.80)	9.000	54.50 (47.80)	3.000	95.40 (83.70)
0718	Oxidative study for mitochondrial function	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)		
0721	Voltage integration during isometric contraction	U		12.000	72.70 (63.80)	12.000	72.70 (63.80)	3.000	95.40 (83.70)
0723	Tonometry with edrophonium	U		8.000	48.50 (42.50)	8.000	48.50 (42.50)	3.000	95.40 (83.70)
0725	Isometric tension studies with edrophonium	U		10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	U		8.000	48.50 (42.50)	8.000	48.50 (42.50)	3.000	95.40 (83.70)
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	U		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)
0729	Tendon reflex time	U		7.000	42.40 (37.20)	7.000	42.40 (37.20)	3.000	95.40 (83.70)
0730	Limb brain somatosensory studies (per limb)	C		49.000	296.90 (260.40)	49.000	296.90 (260.40)		
0731	Vision and audio-sensory studies	C		49.000	296.90 (260.40)	49.000	296.90 (260.40)		
0733	Motor nerve conduction studies (single nerve)	C		26.000	157.60 (138.20)	26.000	157.60 (138.20)		
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	U		31.000	187.90 (164.80)	31.000	187.90 (164.80)	3.000	95.40 (83.70)
0737	Biopsy for motor nerve terminals and end plates	U		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)



### Medical Practitioners 2005

0739	Combined muscle biopsy with end plates and nerve terminal biopsy	U		34.000	206.00 (180.70)	34.000	206.00 (180.70)	8.000	254.50 (223.20)
0740	Muscle fatigue studies	U		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
0741	Muscle biopsy	U		20.000	121.20 (106.30)	20.000	121.20 (106.30)	8.000	254.50 (223.20)
0742	Global fee for all muscle studies, including histochemical studies	C		262.000	1587.70 (1392.70)				
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	C		20.250	122.70 (107.60)				
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	C		33.300	201.80 (177.00)				
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	C		5.700	34.50 (30.30)				
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	C		1.600	9.70 (8.51)				
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	C		9.900	60.00 (52.60)				
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	C		13.700	83.00 (72.80)				
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	C		25.900	157.00 (137.70)				
4715	Biochemical estimations on muscle biopsy specimens: Enolase	C		32.700	198.20 (173.90)				
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	C		37.700	228.50 (200.40)				
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	C		15.750	95.40 (83.70)				
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	C		11.060	67.00 (58.80)				
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	C		34.700	210.30 (184.50)				
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	C		40.300	244.20 (214.20)				
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	C		28.800	174.50 (153.10)				
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	C		43.000	260.60 (228.60)				
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	C		14.000	84.80 (74.40)				
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	C		20.000	121.20 (106.30)				
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	C		71.000	430.30 (377.50)				

### Medical Practitioners 2005

4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	C		69.000	418.10 (366.80)				
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	C		82.000	496.90 (435.90)				
4744	Biochemical estimations on muscle biopsy specimens: Tension/cafeine/halothane procedure in malignant hyperthermia	C		143.000	866.60 (760.20)				
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	C		75.000	454.50 (398.70)				
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0744	Decompression operation: Fasciotomy only	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	3.000	95.40 (83.70)
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	C		109.000	660.50 (579.40)	109.000	660.50 (579.40)	3.000	95.40 (83.70)
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0747	Muscle and tendon repair: Rotator cuff	C		134.000	812.00 (712.30)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
0748	Muscle and tendon repair: Debridement rotator cuff	C		139.700	846.60 (742.60)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	U		271.900	1647.70 (1445.40)	217.520	1318.20 (1156.30)	4.000	127.30 (111.70)
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0757	Muscle and tendon repair: Achilles tendon repair	C		197.600	1197.50 (1050.40)	158.080	958.00 (840.40)	4.000	127.30 (111.70)
0759	Muscle and tendon repair: Other single tendon	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	3.000	95.40 (83.70)
0763	Muscle and tendon repair: Tendon or ligament injection	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)	3.000	95.40 (83.70)
0767	Hand: Flexor tendon suture: Primary (per tendon)	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0769	Hand: Flexor tendon suture: Secondary (per tendon)	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0771	Extensor tendon suture: Primary (per tendon)	C		129.700	786.00 (689.50)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0773	Extensor tendon suture: Secondary (per tendon)	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	3.000	95.40 (83.70)
0774	Repair of Boutonniere deformity or Mallet finger with graft	C		183.700	1113.20 (976.50)	146.960	890.60 (781.20)	3.000	95.40 (83.70)
3.4.4	Muscles, tendons and fasciae: Tendon graft								

### Medical Practitioners 2005

0775	Free tendon graft	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0776	Reconstruction of pulley for flexor tendon	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	3.000	95.40 (83.70)
0777	Tendon graft: Finger: Flexor	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0779	Tendon graft: Finger: Extensor	C		122.000	739.30 (648.50)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0780	Two stage flexor tendon graft using silastic rod	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	3.000	95.40 (83.70)
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	3.000	95.40 (83.70)
0782	Carpal tunnel syndrome	C		98.700	598.10 (524.60)	98.700	598.10 (524.60)	3.000	95.40 (83.70)
0783	Tenolysis: De Quervain	C		38.000	230.30 (202.00)	38.000	230.30 (202.00)	3.000	95.40 (83.70)
0784	Trigger finger	C		38.000	230.30 (202.00)	38.000	230.30 (202.00)	3.000	95.40 (83.70)
0785	Flexor tendon freeing operation following free tendon graft or suture	C		186.800	1132.00 (993.00)	149.440	905.60 (794.40)	3.000	95.40 (83.70)
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	C		180.900	1096.30 (961.70)	144.720	877.00 (769.30)	3.000	95.40 (83.70)
0788	Intrinsic tendon release per finger	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	3.000	95.40 (83.70)
0789	Central tendon tenotomy for Boutonniere deformity	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	3.000	95.40 (83.70)
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	3.000	95.40 (83.70)
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0792	Multiple tendon transfer	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0793	Hamstring to quadriceps transfer	C		141.000	854.50 (749.60)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	5.000	159.10 (139.60)
0795	Tendon transfer at elbow	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)	3.000	95.40 (83.70)
0802	Radial club hand repair - stand alone procedure	C		360.300	2183.40 (1915.30)	288.240	1746.70 (1532.20)	3.000	95.40 (83.70)

### Medical Practitioners 2005

0803	Hand tendons: Single tendon transfer (first)	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0809	Hand tendons: Substitution for intrinsic paralysis of hand	C		224.000	1357.40 (1190.70)	179.200	1086.00 (952.60)	3.000	95.40 (83.70)
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	C		220.600	1336.80 (1172.60)	176.480	1069.50 (938.20)	3.000	95.40 (83.70)
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	C		38.000	230.30 (202.00)	38.000	230.30 (202.00)	3.000	95.40 (83.70)
0813	Torticollis	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	5.000	159.10 (139.60)
0815	Scalenotomy	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
0817	Scalenotomy with excision of first rib	C		190.000	1151.40 (1010.00)	152.000	921.10 (808.00)	3.000	95.40 (83.70)
0821	Tennis elbow	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0822	Open release elbow (Mitals) - stand alone procedure	C		278.200	1685.90 (1478.90)	222.560	1348.70 (1183.10)	3.000	95.40 (83.70)
0823	Excision or slide for Volkmann's Contracture	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
0825	Hip: Open muscle release	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)	7.000	222.70 (195.40)
0829	Knee: Quadriceps plasty	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0831	Knee: Open tenotomy	C		141.000	854.50 (749.60)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0835	Calf	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	4.000	127.30 (111.70)
0837	Open elongation tendon Achilles	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	4.000	127.30 (111.70)
0838	Percutaneous "Hoke" elongation tendo Achilles	C		79.300	480.60 (421.60)	79.300	480.60 (421.60)	4.000	127.30 (111.70)
0845	Foot: Plantar fasciotomy	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)	3.000	95.40 (83.70)
0846	Foot: Postero-medial release for club-foot	C		192.000	1163.50 (1020.60)	153.600	930.80 (816.50)	3.000	95.40 (83.70)
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	4.000	127.30 (111.70)
0849	Excision: Prepatellar	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
0851	Excision: Olecranon	C		81.800	495.70 (434.80)	81.800	495.70 (434.80)	3.000	95.40 (83.70)

## Medical Practitioners 2005

0853	Excision: Small bursa or ganglion	C		80.900	490.30 (430.10)	80.900	490.30 (430.10)	3.000	95.40 (83.70)
0855	Excision: Compound palmar ganglion or synovectomy	C		128.000	775.70 (680.40)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)	3.000	95.40 (83.70)
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	C		282.000	1708.90 (1499.00)	225.600	1367.10 (1199.20)	3.000	95.40 (83.70)
0861	Leg equalisation and congenital hips and feet: Leg lengthening	C		416.000	2521.00 (2211.40)	332.800	2016.80 (1769.10)	3.000	95.40 (83.70)
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)	3.000	95.40 (83.70)
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	C		109.000	660.50 (579.40)	109.000	660.50 (579.40)	3.000	95.40 (83.70)
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Two hips	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0868	Open reduction of congenital dislocation of the hip	C		186.000	1127.20 (988.80)	148.800	901.70 (791.00)	3.000	95.40 (83.70)
0869	Subsequent plasters	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)		
0873	Congenital club foot: Manipulation and plaster: One foot	C		26.000	157.60 (138.20)	26.000	157.60 (138.20)	3.000	95.40 (83.70)
0874	Ponseti technique assistant (medical practitioner)	A		13.000	78.80 (69.10)	13.000	78.80 (69.10)		
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	U		36.600	221.80 (194.60)	36.600	221.80 (194.60)		
0884	Removal of internal fixatives: Less accessible	U		75.500	457.50 (401.30)	75.500	457.50 (401.30)		
0885	Removal of prosthesis for infection soon after operation	C		128.000	775.70 (680.40)	120.000	727.20 (637.90)		
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint	U	+	64.000	387.80 (340.20)	64.000	387.80 (340.20)	6.000	190.90 (167.50)
3.7	Plasters (exclusive of after-care)								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	U		13.000	78.80 (69.10)	13.000	78.80 (69.10)	3.000	95.40 (83.70)
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)	4.000	127.30 (111.70)
0891	Turnbuckle cast for scoliosis (excluding after-care)	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	5.000	159.10 (139.60)

### Medical Practitioners 2005

0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	C		19.000	115.10 (101.00)	19.000	115.10 (101.00)	5.000	159.10 (139.60)
3.8	Musculo-skeletal system: Special areas								
3.8.1	Special areas: Foot and Ankle								
0895	Club foot: Revision club foot release - stand alone procedure	C		302.700	1834.40 (1609.10)	242.160	1467.50 (1287.30)	3.000	95.40 (83.70)
0896	Club foot: Posterior release only - stand alone procedure	C		159.300	965.40 (846.80)	127.440	772.30 (677.50)	3.000	95.40 (83.70)
0900	Excision tarsal coalition - stand alone procedure	C		141.500	857.50 (752.20)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0901	Tenotomy: Single tendon	C		63.300	383.60 (336.50)	63.300	383.60 (336.50)	3.000	95.40 (83.70)
0903	Hammer toe: One toe	C		99.500	603.00 (528.90)	99.500	603.00 (528.90)	3.000	95.40 (83.70)
0905	Filleting of toe or Ruiz-Mora procedure	C		99.500	603.00 (528.90)	99.500	603.00 (528.90)	3.000	95.40 (83.70)
0906	Arthrodesis Hallux	C		148.000	896.90 (786.80)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0907	Silver bunionectomy or similar for Hallux Valgus	C		126.200	764.80 (670.90)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0909	Excision arthroplasty	C		145.200	879.90 (771.80)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
0910	Cheilectomy or metatarsophangeal implant Hallux	C		183.000	1109.00 (972.80)	146.400	887.20 (778.20)	3.000	95.40 (83.70)
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	C		189.200	1146.60 (1005.80)	151.360	917.20 (804.60)	3.000	95.40 (83.70)
5730	Hallux Valgus double osteotomy etc.	C		182.600	1106.60 (970.70)	146.080	885.20 (776.50)	3.000	95.40 (83.70)
5731	Distal soft tissue procedure for Hallux Valgus	C		173.600	1052.00 (922.80)	138.880	841.60 (738.20)	3.000	95.40 (83.70)
5732	Aitkin procedure or similar	C		166.800	1010.80 (886.70)	133.440	808.60 (709.30)	3.000	95.40 (83.70)
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	U		91.000	551.50 (483.80)	91.000	551.50 (483.80)	3.000	95.40 (83.70)
5735	Repair angular deformity toe (lesser toes)	C		97.200	589.00 (516.70)	97.200	589.00 (516.70)	3.000	95.40 (83.70)
5736	Sesamoidectomy	C		97.800	592.70 (519.90)	97.800	592.70 (519.90)	3.000	95.40 (83.70)
5737	Repair major foot tendons e.g. Tib Post	C		147.300	892.60 (783.00)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
5738	Repair of dislocating peroneal tendons	U		173.200	1049.60 (920.70)	138.560	839.70 (736.60)	3.000	95.40 (83.70)
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	C		202.300	1225.90 (1075.40)	161.840	980.80 (860.40)	3.000	95.40 (83.70)

### Medical Practitioners 2005

5740	Steindler strip - plantar fascia	C		97.200	589.00 (516.70)	97.200	589.00 (516.70)	3.000	95.40 (83.70)
5741	Kelikian syndactilly (one web space)	C		97.200	589.00 (516.70)	97.200	589.00 (516.70)	3.000	95.40 (83.70)
5742	Tendon transfer foot	C		172.000	1042.30 (914.30)	137.600	833.90 (731.50)	3.000	95.40 (83.70)
5743	Capsulotomy metatarsophalangeal joints: Foot	C		86.800	526.00 (461.40)	86.800	526.00 (461.40)	3.000	95.40 (83.70)
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	C		730.000	4423.80 (3880.50)	584.000	3539.00 (3104.40)	3.000	95.40 (83.70)
0913	Replantation of thumb	C		670.000	4060.20 (3561.60)	536.000	3248.20 (2849.30)	3.000	95.40 (83.70)
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	U		580.000	3514.80 (3083.20)	464.000	2811.80 (2466.50)	3.000	95.40 (83.70)
0915	Replantation operation through the palm	C		1270.00 0	7696.20 (6751.10)	1016.00 0	6157.00 (5400.90)	3.000	95.40 (83.70)
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
0920	Tumours: Ganglion or fibroma	C		77.500	469.70 (412.00)	77.500	469.70 (412.00)	3.000	95.40 (83.70)
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	C		86.000	521.20 (457.20)	86.000	521.20 (457.20)	3.000	95.40 (83.70)
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	C		19.000	115.10 (101.00)	19.000	115.10 (101.00)	3.000	95.40 (83.70)
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)	3.000	95.40 (83.70)
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	C		37.000	224.20 (196.70)	37.000	224.20 (196.70)	3.000	95.40 (83.70)
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	C							
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)	3.000	95.40 (83.70)
3.8.5	Special areas: Spine								

## Medical Practitioners 2005

	<p>Please note the following with regard to section 3.8.5: Spine</p> <p>a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together:</p> <p>1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis.</p> <p>2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition.</p> <p>b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.</p>	C							
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	C		207.000	1254.40 (1100.40)	165.600	1003.50 (880.30)	3.000	95.40 (83.70)
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	C	+	42.000	254.50 (223.20)	42.000	254.50 (223.20)	3.000	95.40 (83.70)
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	5.000	159.10 (139.60)
0930	Posterior osteotomy of spine: One vertebral segment	C		339.000	2054.30 (1802.00)	271.200	1643.50 (1441.70)	3.000	95.40 (83.70)
0931	Posterior spinal fusion: One level	C		385.000	2333.10 (2046.60)	308.000	1866.50 (1637.30)	3.000	95.40 (83.70)
0932	Posterior osteotomy of spine: Each additional vertebral segment	C	+	103.000	624.20 (547.50)	103.000	624.20 (547.50)	3.000	95.40 (83.70)
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	C		315.000	1908.90 (1674.50)	252.000	1527.10 (1339.60)	3.000	95.40 (83.70)
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	C	+	103.000	624.20 (547.50)	103.000	624.20 (547.50)	3.000	95.40 (83.70)
0938	Anterior fusion base of skull to C2	C		449.000	2720.90 (2386.80)	359.200	2176.80 (1909.50)	4.000	127.30 (111.70)
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	3.000	95.40 (83.70)
0941	Anterior interbody fusion: One level	C		360.000	2181.60 (1913.70)	288.000	1745.30 (1531.00)	3.000	95.40 (83.70)
0942	Anterior interbody fusion: Each additional level	C	+	102.000	618.10 (542.20)	102.000	618.10 (542.20)	3.000	95.40 (83.70)
0944	Posterior fusion: Occiput to C2	C		390.000	2363.40 (2073.20)	312.000	1890.70 (1658.50)	4.000	127.30 (111.70)
0946	Posterior spinal fusion: Each additional level	C	+	111.000	672.70 (590.10)	111.000	672.70 (590.10)	3.000	95.40 (83.70)
0948	Posterior interbody lumbar fusion: One level	C		364.000	2205.80 (1934.90)	291.200	1764.70 (1548.00)	3.000	95.40 (83.70)



## Medical Practitioners 2005

0950	Posterior interbody lumbar fusion: Each additional interspace	C	+	95.000	575.70 (505.00)	95.000	575.70 (505.00)	3.000	95.40 (83.70)
0959	Excision of coccyx	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
0961	Costo-transversectomy	C		198.000	1199.90 (1052.50)	158.400	959.90 (842.00)	3.000	95.40 (83.70)
0963	Antero-lateral decompression of spinal cord or anterior debridement	C		326.000	1975.60 (1733.00)	260.800	1580.40 (1386.30)	3.000	95.40 (83.70)
MODIFIER									
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed	C							
3.8.6	Special areas: Spinal deformities								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).	C							
0952	Posterior fusion for spinal deformity: Up to 6 levels	C		359.000	2175.50 (1908.30)	287.200	1740.40 (1526.70)	3.000	95.40 (83.70)
0954	Posterior fusion for spinal deformity: 7 to 12 levels	C		547.000	3314.80 (2907.70)	437.600	2651.90 (2326.20)	3.000	95.40 (83.70)
0955	Posterior fusion for spinal deformity: 13 or more levels	C		593.000	3593.60 (3152.30)	474.400	2874.90 (2521.80)	3.000	95.40 (83.70)
0956	Anterior fusion for spinal deformity: 2 or 3 levels	C		410.000	2484.60 (2179.50)	328.000	1987.70 (1743.60)	3.000	95.40 (83.70)
0957	Anterior fusion for spinal deformity: 4 to 7 levels	C		444.000	2690.60 (2360.20)	355.200	2152.50 (1888.20)	3.000	95.40 (83.70)
0958	Anterior fusion for spinal deformity: 8 or more levels	C		539.000	3266.30 (2865.20)	431.200	2613.10 (2292.20)	3.000	95.40 (83.70)
MODIFIER									
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere	C							
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	3.000	95.40 (83.70)
0960	Posterior non-segmental instrumentation	C		167.000	1012.00 (887.70)	133.600	809.60 (710.20)	5.000	159.10 (139.60)
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	C		176.000	1066.60 (935.60)	140.800	853.20 (748.40)	5.000	159.10 (139.60)
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	C		201.000	1218.10 (1068.50)	160.800	974.40 (854.70)	5.000	159.10 (139.60)
0966	Posterior segmental instrumentation: 13 or more vertebrae	C		245.000	1484.70 (1302.40)	196.000	1187.80 (1041.90)	5.000	159.10 (139.60)
0968	Anterior instrumentation: 2 to 3 vertebrae	C		159.000	963.50 (845.20)	127.200	770.80 (676.10)	5.000	159.10 (139.60)

### Medical Practitioners 2005

0969	Skull or skull-femoral traction including two weeks after-care	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)		
0970	Anterior instrumentation: 4 to 7 vertebrae	C		185.000	1121.10 (983.40)	148.000	896.90 (786.80)	5.000	159.10 (139.60)
0971	Halo-splint and POP jacket including two weeks after-care	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)		
0972	Anterior instrumentation: 8 or more vertebrae	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	5.000	159.10 (139.60)
0974	Additional pelvic fixation of instrumentation other than sacrum	C		108.000	654.50 (574.10)	108.000	654.50 (574.10)	5.000	159.10 (139.60)
5750	Reinsertion of instrumentation	C		276.000	1672.60 (1467.20)	220.800	1338.00 (1173.70)	6.000	190.90 (167.50)
5751	Removal of posterior non-segmental instrumentation	C		173.000	1048.40 (919.60)	138.400	838.70 (735.70)	6.000	190.90 (167.50)
5752	Removal of posterior segmental instrumentation	C		175.000	1060.50 (930.30)	140.000	848.40 (744.20)	6.000	190.90 (167.50)
5753	Removal of anterior instrumentation	C		204.000	1236.20 (1084.40)	163.200	989.00 (867.50)	6.000	190.90 (167.50)
5755	Laminectomy for spinal stenosis (exclude disectomy, foraminotomy and spondylolisthesis): One or two levels	C		295.000	1787.70 (1568.20)	236.000	1430.20 (1254.60)	3.000	95.40 (83.70)
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	C		304.000	1842.20 (1616.00)	243.200	1473.80 (1292.80)	3.000	95.40 (83.70)
5757	Laminectomy for decompression without foraminotomy or disectomy more than two levels	C		321.000	1945.30 (1706.40)	256.800	1556.20 (1365.10)	3.000	95.40 (83.70)
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	C	+	63.000	381.80 (334.90)	63.000	381.80 (334.90)	3.000	95.40 (83.70)
5759	Laminectomy for decompression disectomy, etc. revision operation	C		352.000	2133.10 (1871.10)	281.600	1706.50 (1496.90)	4.000	127.30 (111.70)
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	C		301.000	1824.10 (1600.10)	240.800	1459.20 (1280.00)	3.000	95.40 (83.70)
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	C	+	68.000	412.10 (361.50)	68.000	412.10 (361.50)	3.000	95.40 (83.70)
5763	Anterior disc removal and spinal decompression cervical: One level	C		344.000	2084.60 (1828.60)	275.200	1667.70 (1462.90)	3.000	95.40 (83.70)
5764	Anterior disc removal and spinal decompression cervical: Each additional level	C	+	81.000	490.90 (430.60)	81.000	490.90 (430.60)	3.000	95.40 (83.70)
5765	Vertebral corpectomy for spinal decompression: One level	C		466.000	2824.00 (2477.20)	372.800	2259.20 (1981.80)	3.000	95.40 (83.70)
5766	Vertebral corpectomy for spinal decompression: Each additional level	C		88.000	533.30 (467.80)	88.000	533.30 (467.80)	3.000	95.40 (83.70)
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	C		71.000	430.30 (377.50)	71.000	430.30 (377.50)		
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9	C							

### Medical Practitioners 2005

0987	Repair of orbital floor (blowout fracture)	C		184.600	1118.70 (981.30)	147.680	894.90 (785.00)	4.000	127.30 (111.70)
0988	Genioplasty	C		263.000	1593.80 (1398.10)	210.400	1275.00 (1118.40)	4.000	127.30 (111.70)
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	C		202.200	1225.30 (1074.80)	161.760	980.30 (859.90)	4.000	127.30 (111.70)
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	C		302.000	1830.10 (1605.40)	241.600	1464.10 (1284.30)	4.000	127.30 (111.70)
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	C		433.000	2624.00 (2301.80)	346.400	2099.20 (1841.40)	4.000	127.30 (111.70)
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	C		970.000	5878.20 (5156.30)	776.000	4702.60 (4125.10)	4.000	127.30 (111.70)
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	C		302.000	1830.10 (1605.40)	241.600	1464.10 (1284.30)	4.000	127.30 (111.70)
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	C		1103.00 0	6684.20 (5863.30)	882.400	5347.30 (4690.60)	4.000	127.30 (111.70)
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	C		1654.00 0	10023.20 (8792.30)	1323.20 0	8018.60 (7033.90)	4.000	127.30 (111.70)
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	U		-	-	-	-		
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	C		302.000	1830.10 (1605.40)	241.600	1464.10 (1284.30)	3.000	95.40 (83.70)
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	C		184.000	1115.00 (978.10)	147.200	892.00 (782.50)	3.000	95.40 (83.70)
1001	Temporo-mandibular joint: Reconstruction for dysfunction	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
1003	Manipulation: Immobilisation and follow-up of fractured nose	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
1005	Nasal fracture without manipulation	U		-	-	-	-		
1007	Mandibulectomy	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	5.000	159.10 (139.60)
1009	Maxillectomy	C		382.500	2318.00 (2033.30)	306.000	1854.40 (1626.70)	4.000	127.30 (111.70)
1011	Bone graft to mandible	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
1012	Adjustment of occlusion by ramisection	C		227.000	1375.60 (1206.70)	181.600	1100.50 (965.40)	4.000	127.30 (111.70)
1013	Fracture of arch of zygoma without displacement	U		-	-	-	-		
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	U		131.000	793.90 (696.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	U		262.000	1587.70 (1392.70)	209.600	1270.20 (1114.20)	3.000	95.40 (83.70)
4	Respiratory System								

## Medical Practitioners 2005

4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	C		51.940	314.80 (276.10)	51.940	314.80 (276.10)		
1019	ENT endoscopy in rooms with rigid endoscope	C		12.000	72.70 (63.80)				
1020	Septum perforation repair, any method	U		141.900	859.90 (754.30)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1022	Functional reconstruction of nasal septum	C		121.200	734.50 (644.30)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	4.000	127.30 (111.70)
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side)	C		64.600	391.50 (343.40)	64.000	387.80 (340.20)	4.000	127.30 (111.70)
1027	Dacrocystorhinostomy	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	5.000	159.10 (139.60)
1029	Turbinectomy (modifier 0005 to apply to opposite side)	C		62.600	379.40 (332.80)	62.600	379.40 (332.80)	4.000	127.30 (111.70)
1030	Endoscopic turbinectomy: Laser or microdebrider	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	5.000	159.10 (139.60)
1031	Removal of single nasal polyp at rooms (at initial consultation only)	U		25.400	153.90 (135.00)	25.400	153.90 (135.00)		
1033	Removal of multiple polyps in hospital under general anaesthetic	C		81.800	495.70 (434.80)	81.800	495.70 (434.80)	4.000	127.30 (111.70)
1034	Autogenous nasal bone transplant: Bone removal included	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	4.000	127.30 (111.70)
1035	Functional endoscopic sinus surgery: Unilateral	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1036	Functional endoscopic sinus surgery: Bilateral	C		245.000	1484.70 (1302.40)	196.000	1187.80 (1041.90)	4.000	127.30 (111.70)
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	4.000	127.30 (111.70)
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	6.000	190.90 (167.50)
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	6.000	190.90 (167.50)
1045	Ligation anterior ethmoidal artery	U		135.400	820.50 (719.70)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
1047	Caldwell-Luc operation: Unilateral	C		137.300	832.00 (729.80)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1049	Ligation internal maxillary artery	U		196.000	1187.80 (1041.90)	156.800	950.20 (833.50)	6.000	190.90 (167.50)

### Medical Practitioners 2005

1050	Vidian neurectomy (transantral or transnasal)	C		113.000	684.80 (600.70)	113.000	684.80 (600.70)	4.000	127.30 (111.70)
1051	Removal nasopharyngeal fibroma	C		285.000	1727.10 (1515.00)	228.000	1381.70 (1212.00)	6.000	190.90 (167.50)
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
1053	Frontal sinus drainage, trephine operation	C		93.100	564.20 (494.90)	93.100	564.20 (494.90)	4.000	127.30 (111.70)
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side)	C		37.300	226.00 (198.20)				
1055	External frontal ethmoidectomy	U		190.700	1155.60 (1013.70)	152.560	924.50 (811.00)	4.000	127.30 (111.70)
1057	External ethmoidectomy and/or sphenoidectomy	U		199.400	1208.40 (1060.00)	159.520	966.70 (848.00)	4.000	127.30 (111.70)
1058	Sublabial transseptal sphenoidotomy	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1059	Frontal osteomyelitis	C		194.000	1175.60 (1031.20)	155.200	940.50 (825.00)	4.000	127.30 (111.70)
1060	Obliteration of frontal sinus	U		291.100	1764.10 (1547.50)	232.880	1411.30 (1238.00)	4.000	127.30 (111.70)
1061	Lateral rhinotomy	C		164.000	993.80 (871.80)	131.200	795.10 (697.50)	4.000	127.30 (111.70)
1062	Excision nasolabial cyst	C		186.100	1127.80 (989.30)	148.880	902.20 (791.40)	4.000	127.30 (111.70)
1063	Removal of foreign bodies from nose: At rooms	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
1065	Removal of foreign body from nose: Under general anaesthetic	U		38.600	233.90 (205.20)	38.600	233.90 (205.20)	4.000	127.30 (111.70)
1067	Proof puncture at rooms: Unilateral	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	4.000	127.30 (111.70)
1069	Proof puncture, uni- or bilateral under general anaesthetic	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	4.000	127.30 (111.70)
1071	Proetz treatment (consultation fee only to be charged for first treatment)	C		4.000	24.20 (21.20)	4.000	24.20 (21.20)		
1077	Septum abscess: At rooms, including after-care	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
1079	Septum abscess: Under general anaesthetic	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	4.000	127.30 (111.70)
1081	Oro-antral fistula (without Caldwell-Luc)	U		111.800	677.50 (594.30)	111.800	677.50 (594.30)	4.000	127.30 (111.70)
1083	Choanal atresia: Intranasal approach	C		113.000	684.80 (600.70)	113.000	684.80 (600.70)	5.000	159.10 (139.60)
1084	Choanal atresia: Transpalatal approach	C		194.000	1175.60 (1031.20)	155.200	940.50 (825.00)	7.000	222.70 (195.40)

### Medical Practitioners 2005

1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	5.000	159.10 (139.60)
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	5.000	159.10 (139.60)
1089	Forehead rhinoplasty (all stages): Total	C		552.000	3345.10 (2934.30)	441.600	2676.10 (2347.50)	5.000	159.10 (139.60)
1091	Forehead rhinoplasty (all stages): Partial	C		414.000	2508.80 (2200.70)	331.200	2007.10 (1760.60)	5.000	159.10 (139.60)
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1095	Full nasal reconstruction for secondary cleft lip deformity	C		357.900	2168.90 (1902.50)	286.320	1735.10 (1522.00)	5.000	159.10 (139.60)
1097	Partial nasal reconstruction for cleft lip deformity	C		199.700	1210.20 (1061.60)	159.760	968.10 (849.20)	5.000	159.10 (139.60)
1099	Columella reconstruction or lengthening	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
MODIFIERS GOVERNING NASAL OPERATIONS									
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083	C							
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	4.000	127.30 (111.70)
1102	Laser tonsillectomy	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	6.000	190.90 (167.50)
1105	Removal of adenoids	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	4.000	127.30 (111.70)
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	C		168.300	1019.90 (894.60)	134.640	815.90 (715.70)	5.000	159.10 (139.60)
1107	Opening of quinsy: At rooms	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)	6.000	190.90 (167.50)
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	C		85.000	515.10 (451.80)	85.000	515.10 (451.80)	5.000	159.10 (139.60)
1109	Opening of quinsy: Under general anaesthetic	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	6.000	190.90 (167.50)
1110	Ludwig's Angina: Drainage	C		42.000	254.50 (223.20)	42.000	254.50 (223.20)	9.000	286.30 (251.10)
1111	Post tonsillectomy or adenoidectomy haemorrhage	C		46.000	278.80 (244.60)	46.000	278.80 (244.60)	6.000	190.90 (167.50)
1112	Pharyngeal pouch operation	U		231.800	1404.70 (1232.20)	185.440	1123.80 (985.80)	5.000	159.10 (139.60)
1113	Retropharyngeal abscess: Internal approach	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	6.000	190.90 (167.50)

### Medical Practitioners 2005

1115	Retropharyngeal abscess: External approach	C		85.000	515.10 (451.80)	85.000	515.10 (451.80)	6.000	190.90 (167.50)
1116	Functional reconstruction of palate and uvula	C		168.300	1019.90 (894.60)	134.640	815.90 (715.70)	5.000	159.10 (139.60)
4.3	Larynx								
1117	Laryngeal intubation	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
1118	Laryngeal stroboscopy with video capture	C		39.000	236.30 (207.30)	39.000	236.30 (207.30)	6.000	190.90 (167.50)
1119	Laryngectomy without block dissection of the neck	C		430.000	2605.80 (2285.80)	344.000	2084.60 (1828.60)	7.000	222.70 (195.40)
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	U		35.000	212.10 (186.10)				
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	C		81.100	491.50 (431.10)	81.100	491.50 (431.10)	6.000	190.90 (167.50)
1126	Post laryngectomy for voice restoration	U		139.500	845.40 (741.60)	120.000	727.20 (637.90)	9.000	286.30 (251.10)
1127	Tracheotomy	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	9.000	286.30 (251.10)
1128	Endolaryngeal operations	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	8.000	254.50 (223.20)
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	C		294.400	1784.10 (1565.00)	235.520	1427.30 (1252.00)	8.000	254.50 (223.20)
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	C		41.400	250.90 (220.10)	41.400	250.90 (220.10)	6.000	190.90 (167.50)
1131	Direct laryngoscopy plus foreign body removal	U		64.600	391.50 (343.40)	64.600	391.50 (343.40)	6.000	190.90 (167.50)
MODIFIERS									
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (øFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)	U							
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy	C							
1132	Bronchoscopy: Diagnostic bronchoscopy	C		65.000	393.90 (345.50)	65.000	393.90 (345.50)	6.000	190.90 (167.50)
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	8.000	254.50 (223.20)
1134	Bronchoscopy: Bronchoscopy with laser	C		75.000	454.50 (398.70)			8.000	254.50 (223.20)
1136	Nebulisation (in rooms)	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)	12.000	72.70 (63.80)
1137	Bronchial lavage	C						8.000	254.50 (223.20)

### Medical Practitioners 2005

1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	12.000	381.80 (334.90)
4.5	Pleura								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	3.000	95.40 (83.70)
1141	Insertion of intercostal catheter (under water drainage)	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	6.000	190.90 (167.50)
1142	Intra-pleural block	C		36.000	218.20 (191.40)	36.000	218.20 (191.40)	36.000	218.20 (191.40)
1143	Paracentesis chest: Diagnostic	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)	3.000	95.40 (83.70)
1145	Paracentesis chest: Therapeutic	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)	3.000	95.40 (83.70)
1147	Pneumothorax: Induction (diagnostic)	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)		
1149	Pleurectomy	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	11.000	349.90 (306.90)
1151	Decortication of lung	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	11.000	349.90 (306.90)
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	U		55.000	333.30 (292.40)	55.000	333.30 (292.40)	3.000	95.40 (83.70)
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)	5.000	159.10 (139.60)
1157	Pneumonectomy	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	11.000	349.90 (306.90)
1159	Pulmonary lobectomy	C		389.500	2360.40 (2070.50)	311.600	1888.30 (1656.40)	11.000	349.90 (306.90)
1161	Segmental lobectomy	C		365.000	2211.90 (1940.30)	292.000	1769.50 (1552.20)	11.000	349.90 (306.90)
1163	Excision tracheal stenosis: Cervical	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	8.000	254.50 (223.20)
1164	Excision tracheal stenosis: Intra thoracic	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	12.000	381.80 (334.90)
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	C		215.000	1302.90 (1142.90)	172.000	1042.30 (914.30)	12.000	381.80 (334.90)
1168	Thoracoplasty: Complete	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	11.000	349.90 (306.90)
1169	Thoracoplasty: Limited (osteoplastic)	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	11.000	349.90 (306.90)
1171	Drainage empyema (including six weeks after treatment)	C		170.000	1030.20 (903.70)	136.000	824.20 (723.00)	11.000	349.90 (306.90)



### Medical Practitioners 2005

1173	Drainage of lung abscess (including six weeks after treatment)	C		170.000	1030.20 (903.70)	136.000	824.20 (723.00)	11.000	349.90 (306.90)
1175	Thoracotomy (limited): For lung or pleural biopsy	C		115.000	696.90 (611.30)	115.000	696.90 (611.30)	11.000	349.90 (306.90)
1177	Major: Diagnostic, as for inoperable carcinoma	C		215.000	1302.90 (1142.90)	172.000	1042.30 (914.30)	11.000	349.90 (306.90)
1179	Thoracoscopy	C		89.000	539.30 (473.10)	89.000	539.30 (473.10)	11.000	349.90 (306.90)
1181	Lung transplant: Unilateral	C		600.000	3636.00 (3189.50)	480.000	2908.80 (2551.60)	15.000	477.20 (418.60)
1182	Harvesting donor lung: Unilateral	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1183	Excision or plication of emphysematous cyst: Unilateral	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	11.000	349.90 (306.90)
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	C		438.000	2654.30 (2328.30)	350.400	2123.40 (1862.60)	11.000	349.90 (306.90)
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	11.000	349.90 (306.90)
4.6.2	Pulmonary function tests								
1186	Flow volume test: Inspiration/expiration	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	30.000	181.80 (159.50)
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	U		50.000	303.00 (265.80)	50.000	303.00 (265.80)	50.000	303.00 (265.80)
1189	Forced expirogram only	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	10.000	60.60 (53.20)
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	U		45.310	274.60 (240.90)				
1191	N2 single breath distribution	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	10.000	60.60 (53.20)
1192	Peak expiratory flow only	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)	5.000	30.30 (26.60)
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	C		37.760	228.80 (200.70)				
1195	Thoracic gas volume	C		37.930	229.90 (201.70)				
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	C		45.310	274.60 (240.90)				
1197	Compliance and resistance, using oesophageal balloon	C		24.000	145.40 (127.50)	24.000	145.40 (127.50)	24.000	145.40 (127.50)
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	U		55.890	338.70 (297.10)	55.890	338.70 (297.10)		
1199	Pulmonary stress testing: For determination of VO2 max	U		96.500	584.80 (513.00)	96.500	584.80 (513.00)		

## Medical Practitioners 2005

1200	Carbon monoxide diffusing capacity, any method	C		38.060	230.60 (202.30)				
1201	Maximum inspiratory/expiratory pressure	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)	5.000	30.30 (26.60)
4.7	Intensive care								
RULES GOVERNING THIS SECTION									
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of two years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)	C							
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)	C							
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.	C							
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring	C							
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures								
1202	Insertion of central venous catheter via peripheral vein in neonates	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	40.000	242.40 (212.60)
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care								
1204	Intensive care: Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	30.000	181.80 (159.50)
1205	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	100.000	606.00 (531.60)
1206	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	50.000	303.00 (265.80)
1207	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	30.000	181.80 (159.50)
	Please Note: The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109	C							

### Medical Practitioners 2005

1208	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	137.000	830.20 (728.20)
1209	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	C		58.000	351.50 (308.30)	58.000	351.50 (308.30)	58.000	351.50 (308.30)
1210	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	50.000	303.00 (265.80)
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures								
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.	C							
1212	Ventilation: First day	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	75.000	454.50 (398.70)
1213	Ventilation: Subsequent days, per day	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	50.000	303.00 (265.80)
1214	Ventilation: After two weeks, per day	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	25.000	151.50 (132.90)
1215	Insertion of arterial pressure cannula	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	25.000	151.50 (132.90)
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	U		50.000	303.00 (265.80)	50.000	303.00 (265.80)	50.000	303.00 (265.80)
1217	Insertion of central venous line via peripheral vein	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	10.000	60.60 (53.20)
1218	Insertion of central venous line via subclavian or jugular veins	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	25.000	151.50 (132.90)
1219	Hyperalimentation (daily tariff)	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)	15.000	90.90 (79.70)
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	30.000	181.80 (159.50)
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	30.000	181.80 (159.50)
4.8	Hyperbaric Oxygen Therapy								

### Medical Practitioners 2005

	<p>Internationally recognized scientific indications for Hyperbaric Oxygen Therapy:</p> <p>a. Arterial gas embolism (traumatic or iatrogenic).  b. Decompression sickness ('the bends')  c. Carbon monoxide poisoning  d. Gas gangrene  e. Crush injuries, compartment syndromes or acute traumatic ischaemias.  f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union)  g. Necrotising soft tissue infections (e.g. necrotising fasciitis)  h. Refractory osteomyelitis.  i. Bone and soft tissue radiation necrosis.  j. Compromised skin grafts and flaps.  k. Acute thermal burns.  l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia).  m. Cerebral abscesses</p>	C							
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Low pressure table (1,5-1,8 ATA x 45-60 min): PROFESSIONAL COMPONENT	U		30.000	181.80 (159.50)	30.000	181.80 (159.50)		
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	A		101.130	612.80 (537.50)	101.130	612.80 (537.50)		
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	U		60.000	363.60 (318.90)	60.000	363.60 (318.90)		
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	A		131.260	795.40 (697.70)	131.260	795.40 (697.70)		
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	U		80.000	484.80 (425.30)	80.000	484.80 (425.30)		
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	A		131.260	795.40 (697.70)	131.260	795.40 (697.70)		
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	U		90.000	545.40 (478.40)	90.000	545.40 (478.40)		
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	A		214.180	1297.90 (1138.50)	214.180	1297.90 (1138.50)		
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	U		190.000	1151.40 (1010.00)	190.000	1151.40 (1010.00)		
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	A		386.420	2341.70 (2054.10)	386.420	2341.70 (2054.10)		
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	U		327.000	1981.60 (1738.20)	327.000	1981.60 (1738.20)		

### Medical Practitioners 2005

4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	A		680.850	4126.00 (3619.30)	680.850	4126.00 (3619.30)		
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	A		678.280	4110.40 (3605.60)	678.280	4110.40 (3605.60)		
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	A		671.850	4071.40 (3571.40)	671.850	4071.40 (3571.40)		
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units	U							
5	Mediastinal Procedures								
1222	Mediastinal tumours	C		285.000	1727.10 (1515.00)	228.000	1381.70 (1212.00)	11.000	349.90 (306.90)
1223	Mediastinoscopy	C		95.000	575.70 (505.00)	95.000	575.70 (505.00)	5.000	159.10 (139.60)
1224	Mediastinotomy	C		115.000	696.90 (611.30)	115.000	696.90 (611.30)	11.000	349.90 (306.90)
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	11.000	349.90 (306.90)
1226	Removal of single rib with a lesion	C		282.000	1708.90 (1499.00)	225.600	1367.10 (1199.20)	11.000	349.90 (306.90)
6	Cardiovascular System								
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP									
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable	C							
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	20.000	121.20 (106.30)
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG	C							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	C				4.500	27.30 (23.90)		
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	C				6.500	39.40 (34.60)		
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added	C							
1230	Physician's fee for interpreting an ECG: Without effort	C		6.000	36.40 (31.90)				
1231	Physician's fee for interpreting an ECG: Without and with effort	C		10.000	60.60 (53.20)				
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation	C							
1232	Electrocardiogram: Without effort	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)		

### Medical Practitioners 2005

1233	Electrocardiogram: Without and with effort	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)		
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)		
1235	Multi-stage treadmill test	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)		
1236	Electrocardiogram without effort: Under 4 years	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)		
1237	24 Hour ambulatory blood pressure: Hire fee	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)		
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)		
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)		
1240	Signal averaged electrocardiogram	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)		
1241	X-ray Screening: Chest	C		4.000	24.20 (21.20)	4.000	24.20 (21.20)		
1242	X-ray screening: Prosthetic valves	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)		
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)		
1245	Angiography cerebral: First two series	C		34.300	207.90 (182.40)	34.300	207.90 (182.40)	4.000	127.30 (111.70)
1246	Angiography peripheral: Per limb	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	4.000	127.30 (111.70)
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	C		65.000	393.90 (345.50)	65.000	393.90 (345.50)	6.000	190.90 (167.50)
1248	Paracentesis of pericardium	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	9.000	286.30 (251.10)
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	U		51.000	309.10 (271.10)	51.000	309.10 (271.10)		
<b>MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER</b>									
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%	U							
6.2	<b>Invasive Cardiology</b>								
6.2.1	<b>Invasive cardiology: Cardiac catheterisation</b>								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	C		140.000	848.40 (744.20)			9.000	286.30 (251.10)
1250	Endomyocardial biopsy	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)	9.000	286.30 (251.10)

### Medical Practitioners 2005

1251	Transeptal puncture	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)	9.000	286.30 (251.10)
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	C		140.000	848.40 (744.20)			9.000	286.30 (251.10)
1253	Right heart catheterisation (with or without biopsy)	C		70.000	424.20 (372.10)			9.000	286.30 (251.10)
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	9.000	286.30 (251.10)
1255	Tilt test	C		31.300	189.70 (166.40)	31.300	189.70 (166.40)		
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study	C		160.000	969.60 (850.50)			9.000	286.30 (251.10)
1257	Full electrophysiological study	C		300.000	1818.00 (1594.70)			9.000	286.30 (251.10)
6.2.3	Invasive cardiology: Pacemakers								
1258	Pacemaker: Permanent - single chamber	C		155.000	939.30 (823.90)	124.000	751.40 (659.10)	9.000	286.30 (251.10)
1259	Pacemaker: Permanent - dual chamber	C		230.000	1393.80 (1222.60)	184.000	1115.00 (978.10)	9.000	286.30 (251.10)
1260	AV nodal ablation	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	9.000	286.30 (251.10)
1261	Accessory pathway ablation	C		600.000	3636.00 (3189.50)	480.000	2908.80 (2551.60)	9.000	286.30 (251.10)
1262	Electrophysiological mapping	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)		
1263	Insertion transvenous implantable defibrillator	C		212.000	1284.70 (1126.90)	169.600	1027.80 (901.60)	15.000	477.20 (418.60)
1264	Test for implantable transvenous defibrillator	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	15.000	477.20 (418.60)
1265	Renewal of pacemaker unit only, team fee	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	9.000	286.30 (251.10)
1266	Resiting pacemaker generator	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)		
1267	Repositioning of catheter electrode	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	9.000	286.30 (251.10)
1268	Threshold testing: Own equipment	C		15.000	90.90 (79.70)				
1269	Threshold testing: Hospital equipment	C		11.000	66.70 (58.50)				
1270	Programming of atrio-ventricular sequential pacemaker	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	9.000	286.30 (251.10)

### Medical Practitioners 2005

1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	9.000	286.30 (251.10)
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	C		260.000	1575.60 (1382.10)	208.000	1260.50 (1105.70)	13.000	413.60 (362.80)
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	13.000	413.60 (362.80)
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	13.000	413.60 (362.80)
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	13.000	413.60 (362.80)
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	13.000	413.60 (362.80)
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	13.000	413.60 (362.80)
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	C		260.000	1575.60 (1382.10)	208.000	1260.50 (1105.70)	15.000	477.20 (418.60)
1283	Use of balloon procedure as in item 1282: Second cardiologist	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	15.000	477.20 (418.60)
1284	Atherectomy: Single lesion: First cardiologist	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)		
1285	Atherectomy: Single lesion: Second cardiologist	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)		
1286	Insertion of intravascular stent: First cardiologist	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)		
1287	Insertion of intravascular stent: Second cardiologist	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patent ductus arteriosus	C		300.000	1818.00 (1594.70)			15.000	477.20 (418.60)
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	C		160.000	969.60 (850.50)			15.000	477.20 (418.60)
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	12.000	381.80 (334.90)
1289	Paediatric cardiac catheterisation: Infants below the age of one year	C		263.000	1593.80 (1398.10)	210.400	1275.00 (1118.40)	12.000	381.80 (334.90)
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	13.000	413.60 (362.80)
1295	Pericardiectomy for constrictive pericarditis	C		400.000	2424.00 (2126.30)	320.000	1939.20 (1701.10)	15.000	477.20 (418.60)
1297	Coarctation of aorta	C		425.000	2575.50 (2259.20)	340.000	2060.40 (1807.40)	15.000	477.20 (418.60)



### Medical Practitioners 2005

1299	Systemo-pulmonary anastomosis	C		425.000	2575.50 (2259.20)	340.000	2060.40 (1807.40)	15.000	477.20 (418.60)
1301	Mitral valvotomy: Closed heart technique	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	15.000	477.20 (418.60)
1302	Heart transplant	C		875.000	5302.50 (4651.30)	700.000	4242.00 (3721.10)	15.000	477.20 (418.60)
1303	Harvesting donor heart	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	5.000	159.10 (139.60)
1305	Operative implantation of cardiac pacemaker by thoracotomy	C		220.000	1333.20 (1169.50)	176.000	1066.60 (935.60)	15.000	477.20 (418.60)
1307	Re-exploration after cardiac surgery	C		215.000	1302.90 (1142.90)	172.000	1042.30 (914.30)	15.000	477.20 (418.60)
1308	Heart and lung transplant	C		1000.00 0	6060.00 (5315.80)	800.000	4848.00 (4252.60)	15.000	477.20 (418.60)
1309	Harvesting donor heart and lungs	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1311	Pericardial drainage	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	13.000	413.60 (362.80)
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	C		25.000	151.50 (132.90)				
1320	Repeat open heart surgery (additional fee above procedure fee)	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	15.000	477.20 (418.60)
1321	Stand-by fee for coronary angioplasty	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	30.000	181.80 (159.50)
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	C		20.000	121.20 (106.30)				
6.3.1. 1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)	15.000	477.20 (418.60)
1325	Atrial septal defect: Sinus venosus or osteum primum	C		563.000	3411.80 (2992.80)	450.400	2729.40 (2394.20)	15.000	477.20 (418.60)
1327	Atrial septal defect: Ventricular septal defect	C		603.800	3659.00 (3209.60)	483.040	2927.20 (2567.70)	15.000	477.20 (418.60)
1329	Atrial septal defect: Fallot's tetralogy	C		563.000	3411.80 (2992.80)	450.400	2729.40 (2394.20)	15.000	477.20 (418.60)
1330	Atrial septal defect: Pulmonary stenosis	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)	15.000	477.20 (418.60)
1331	Transposition of large vessels (venous repair)	C		563.000	3411.80 (2992.80)	450.400	2729.40 (2394.20)	15.000	477.20 (418.60)
1332	Transposition of great arteries (arterial repair)	C		750.000	4545.00 (3986.80)	600.000	3636.00 (3189.50)	15.000	477.20 (418.60)

### Medical Practitioners 2005

1333	Ebstein's Anomaly	C		563.000	3411.80 (2992.80)	450.400	2729.40 (2394.20)	15.000	477.20 (418.60)
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	U		548.800	3325.70 (2917.30)	439.040	2660.60 (2333.90)	20.000	636.30 (558.20)
1335	Total anomalous venous drainage	C		563.000	3411.80 (2992.80)	450.400	2729.40 (2394.20)	15.000	477.20 (418.60)
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	C		658.900	3992.90 (3502.50)	527.120	3194.30 (2802.00)	20.000	636.30 (558.20)
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)	15.000	477.20 (418.60)
1338	Fontan type repair	C		750.000	4545.00 (3986.80)	600.000	3636.00 (3189.50)	15.000	477.20 (418.60)
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	C		657.000	3981.40 (3492.50)	525.600	3185.10 (2793.90)	15.000	477.20 (418.60)
1340	Mitral valvuloplasty	C		688.000	4169.30 (3657.30)	550.400	3335.40 (2925.80)	15.000	477.20 (418.60)
1341	Aortic valve replacement	C		623.800	3780.20 (3316.00)	499.040	3024.20 (2652.80)	15.000	477.20 (418.60)
1342	Tricuspid annulo plasty	C		188.000	1139.30 (999.40)	150.400	911.40 (799.50)	15.000	477.20 (418.60)
1343	Double valve replacement	C		968.900	5871.50 (5150.40)	775.120	4697.20 (4120.40)	15.000	477.20 (418.60)
1344	Acute dissecting aneurysm repair	C		750.000	4545.00 (3986.80)	600.000	3636.00 (3189.50)	15.000	477.20 (418.60)
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	C		1000.00 0	6060.00 (5315.80)	800.000	4848.00 (4252.60)	15.000	477.20 (418.60)
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)		
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	C		175.000	1060.50 (930.30)	140.000	848.40 (744.20)		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	C		750.000	4545.00 (3986.80)	600.000	3636.00 (3189.50)	15.000	477.20 (418.60)
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	C		781.000	4732.90 (4151.70)	624.800	3786.30 (3321.30)	15.000	477.20 (418.60)
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	C		813.000	4926.80 (4321.80)	650.400	3941.40 (3457.40)	15.000	477.20 (418.60)
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	C		875.000	5302.50 (4651.30)	700.000	4242.00 (3721.10)	15.000	477.20 (418.60)
1352	Cardiac aneurysm	C		563.000	3411.80 (2992.80)	450.400	2729.40 (2394.20)	15.000	477.20 (418.60)
1353	Ascending/descending thoracic aortic aneurysm repair	C		625.000	3787.50 (3322.40)	500.000	3030.00 (2657.90)	15.000	477.20 (418.60)

## Medical Practitioners 2005

1354	Arrhythmia surgery	C		688.000	4169.30 (3657.30)	550.400	3335.40 (2925.80)	15.000	477.20 (418.60)
1355	Cardiac tumour	C		625.000	3787.50 (3322.40)	500.000	3030.00 (2657.90)	15.000	477.20 (418.60)
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	C		188.000	1139.30 (999.40)	150.400	911.40 (799.50)	15.000	477.20 (418.60)
1358	Harvesting of radial artery	C		175.000	1060.50 (930.30)	140.000	848.40 (744.20)		
6.4	Peripheral vascular system								
MODIFIER GOVERNING THIS SECTION									
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins	C							
6.4.1	Peripheral vascular system: Investigations								
1357	Skin temperature test: Response to reflex heating	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
1359	Skin temperature test: Response to reflex cooling	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
1361	Cold sensitivity test	C		17.000	103.00 (90.40)	17.000	103.00 (90.40)		
1363	Oscillometry test	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)		
1365	Sweating test	C		17.000	103.00 (90.40)	17.000	103.00 (90.40)		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	C		26.300	159.40 (139.80)	26.300	159.40 (139.80)		
1367	Doppler blood tests	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)		
5369	Doppler arterial pressures	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)		
5371	Doppler arterial pressures with exercise	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
5373	Doppler segmental pressures and wave forms	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)		
5375	Venous doppler examination (both limbs)	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)		
5377	Venous plethysmography	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)		
5379	Supra-orbital doppler test	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)		
5381	Carotid non-invasive complex tests	C		39.000	236.30 (207.30)	39.000	236.30 (207.30)		
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)	C							

## Medical Practitioners 2005

6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	C		540.000	3272.40 (2870.50)	432.000	2617.90 (2296.40)	15.000	477.20 (418.60)
1373	Abdominal aorta and iliac artery: Ruptured	C		600.000	3636.00 (3189.50)	480.000	2908.80 (2551.60)	15.000	477.20 (418.60)
1375	Grafting and/or thrombo-endarterectomy for thrombosis	C		444.000	2690.60 (2360.20)	355.200	2152.50 (1888.20)	15.000	477.20 (418.60)
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	C		594.000	3599.60 (3157.50)	475.200	2879.70 (2526.10)	15.000	477.20 (418.60)
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	13.000	413.60 (362.80)
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	C		255.000	1545.30 (1355.50)	204.000	1236.20 (1084.40)	5.000	159.10 (139.60)
1387	Grafting vein: Vein grafting proximal to knee joint	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	5.000	159.10 (139.60)
1388	Grafting vein: Distal to knee joint	C		444.000	2690.60 (2360.20)	355.200	2152.50 (1888.20)	5.000	159.10 (139.60)
1389	Grafting vein: Endarterectomy when not part of another specified procedure	C		264.000	1599.80 (1403.30)	211.200	1279.90 (1122.70)	5.000	159.10 (139.60)
1390	Grafting vein: Carotid endarterectomy	C		321.000	1945.30 (1706.40)	256.800	1556.20 (1365.10)	15.000	477.20 (418.60)
1393	Embolectomy: Peripheral embolectomy transfemoral	C		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	5.000	159.10 (139.60)
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	C		125.000	757.50 (664.50)	100.000	606.00 (531.60)	5.000	159.10 (139.60)
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	C		264.000	1599.80 (1403.30)	211.200	1279.90 (1122.70)	15.000	477.20 (418.60)
1397	Profundoplasty	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	5.000	159.10 (139.60)
1399	Distal tibial (ankle region)	C		456.000	2763.40 (2424.00)	364.800	2210.70 (1939.20)	5.000	159.10 (139.60)
1401	Femoro-femoral	C		254.000	1539.20 (1350.20)	203.200	1231.40 (1080.20)	5.000	159.10 (139.60)
1402	Carotid-subclavian	C		288.000	1745.30 (1531.00)	230.400	1396.20 (1224.70)	8.000	254.50 (223.20)

## Medical Practitioners 2005

1403	Axillo-femoral: (Bifemoral + 50%)	C		288.000	1745.30 (1531.00)	230.400	1396.20 (1224.70)	8.000	254.50 (223.20)
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	3.000	95.40 (83.70)
1408	Placement of Hickman catheter or similar	C		91.000	551.50 (483.80)	91.000	551.50 (483.80)	4.000	127.30 (111.70)
1410	Ligation of inferior vena cava: Abdominal	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	8.000	254.50 (223.20)
1412	Umbrella operation on inferior vena cava: Abdominal	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	8.000	254.50 (223.20)
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	C		141.000	854.50 (749.60)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	C		247.000	1496.80 (1313.00)	197.600	1197.50 (1050.40)	3.000	95.40 (83.70)
1417	Extensive sub-fascial ligation of perforating veins	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
1419	Lesser varicose vein procedures	C		31.000	187.90 (164.80)	31.000	187.90 (164.80)	3.000	95.40 (83.70)
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)		
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	11.000	349.90 (306.90)
1427	Thrombectomy: Illo-femoral	C		175.000	1060.50 (930.30)	140.000	848.40 (744.20)	6.000	190.90 (167.50)
6.4.5	Peripheral vascular system: Portal hypertension								
1429	Porto-caval shunt	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)	11.000	349.90 (306.90)
6.5	Cardiac rehabilitation								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)		
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)		
	Please note : a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.	C							
7	Lympho Reticular System								
7.1	Spleen								
1435	Splenectomy (in all cases)	C		221.300	1341.10 (1176.40)	177.040	1072.90 (941.10)	9.000	286.30 (251.10)
1436	Splenorrhaphy	C		231.800	1404.70 (1232.20)	185.440	1123.80 (985.80)	9.000	286.30 (251.10)
7.2	Lymph nodes and lymphatic channels								

### Medical Practitioners 2005

1439	Excision of lymph node for biopsy: Neck or axilla	C		65.000	393.90 (345.50)	65.000	393.90 (345.50)	4.000	127.30 (111.70)
1441	Excision of lymph node for biopsy: Groin	C		65.000	393.90 (345.50)	65.000	393.90 (345.50)	3.000	95.40 (83.70)
1443	Simple excision of lymph nodes for tuberculosis	C		91.000	551.50 (483.80)	91.000	551.50 (483.80)	3.000	95.40 (83.70)
1445	Radical excision of lymph nodes of neck: Total: Unilateral	C		315.000	1908.90 (1674.50)	252.000	1527.10 (1339.60)	5.000	159.10 (139.60)
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	C		235.000	1424.10 (1249.20)	188.000	1139.30 (999.40)	5.000	159.10 (139.60)
1449	Radical excision of lymph nodes of axilla	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	4.000	127.30 (111.70)
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	C		58.000	351.50 (308.30)	58.000	351.50 (308.30)	5.000	159.10 (139.60)
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	C		175.000	1060.50 (930.30)	140.000	848.40 (744.20)	4.000	127.30 (111.70)
1453	Radical excision of lymph nodes of groin: Inguinal	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	C		39.000	236.30 (207.30)	39.000	236.30 (207.30)	5.000	159.10 (139.60)
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	C		275.000	1666.50 (1461.80)	220.000	1333.20 (1169.50)	6.000	190.90 (167.50)
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	C		42.000	254.50 (223.20)	42.000	254.50 (223.20)	5.000	159.10 (139.60)
1457	Bone marrow biopsy: By trephine	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)	3.000	95.40 (83.70)
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
1459	Staging laparotomy for lymphoma (including splenectomy	C		245.000	1484.70 (1302.40)	196.000	1187.80 (1041.90)	7.000	222.70 (195.40)
8	Digestive System								
MODIFIERS GOVERNING THIS SECTION									
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.	U							
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	U		21.000	127.26 (111.63)	21.000	127.26 (111.63)		
8.1	Oral cavity								
1461	All dental procedures	C						4.000	127.30 (111.70)

### Medical Practitioners 2005

1463	Surgical biopsy of tongue or palate: Under general anaesthetic	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	4.000	127.30 (111.70)
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)	4.000	127.30 (111.70)
1467	Drainage of intra-oral abscess	C		31.000	187.90 (164.80)	31.000	187.90 (164.80)	4.000	127.30 (111.70)
1469	Local excision of mucosal lesion of oral cavity	C		23.000	139.40 (122.30)	23.000	139.40 (122.30)	4.000	127.30 (111.70)
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	C		549.000	3326.90 (2918.30)	439.200	2661.60 (2334.70)	7.000	222.70 (195.40)
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	C		-	-	-	-	7.000	222.70 (195.40)
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	C		215.000	1302.90 (1142.90)	172.000	1042.30 (914.30)	6.000	190.90 (167.50)
1477	Cleft palate: Secondary repair	C		174.200	1055.70 (926.10)	139.360	844.50 (740.80)	6.000	190.90 (167.50)
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	6.000	190.90 (167.50)
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	C		227.000	1375.60 (1206.70)	181.600	1100.50 (965.40)	6.000	190.90 (167.50)
1480	Repair of oronasal fistula (large) e.g. distant flap	C		227.000	1375.60 (1206.70)	181.600	1100.50 (965.40)	6.000	190.90 (167.50)
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1482	Repair of oronasal fistula (large): Second stage	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1483	Alveolar periosteal or other flaps for arch closure	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1486	Closure of anterior nasal floor	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	C		95.000	575.70 (505.00)	95.000	575.70 (505.00)	5.000	159.10 (139.60)
1485	Local excision of benign lesion of lip	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)	4.000	127.30 (111.70)
1487	Resection for lip malignancy	C		91.000	551.50 (483.80)	91.000	551.50 (483.80)	4.000	127.30 (111.70)
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	C		227.000	1375.60 (1206.70)	181.600	1100.50 (965.40)	5.000	159.10 (139.60)
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	C		251.600	1524.70 (1337.50)	201.280	1219.80 (1070.00)	5.000	159.10 (139.60)
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	C		329.900	1999.20 (1753.70)	263.920	1599.40 (1403.00)	5.000	159.10 (139.60)

### Medical Practitioners 2005

1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	C		227.000	1375.60 (1206.70)	181.600	1100.50 (965.40)	5.000	159.10 (139.60)
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	C		251.600	1524.70 (1337.50)	201.280	1219.80 (1070.00)	5.000	159.10 (139.60)
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	C		91.000	551.50 (483.80)	91.000	551.50 (483.80)	5.000	159.10 (139.60)
1495	Abbé or Estlander type flap (all stages included)	U		273.100	1655.00 (1451.80)	218.480	1324.00 (1161.40)	5.000	159.10 (139.60)
1497	Vermilionectomy	C		94.900	575.10 (504.50)	94.900	575.10 (504.50)	4.000	127.30 (111.70)
1499	Lip reconstruction following an injury: Direct repair	C		105.600	639.90 (561.30)	105.600	639.90 (561.30)	4.000	127.30 (111.70)
1501	Lip reconstruction following an injury or tumour removal: Flap repair	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	C		104.000	630.20 (552.80)	104.000	630.20 (552.80)	4.000	127.30 (111.70)
8.3	Tongue								
1505	Partial glossectomy	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	6.000	190.90 (167.50)
1507	Local excision of lesion of tongue	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)	4.000	127.30 (111.70)
8.4	Palate, uvula and salivary glands								
1509	Wide excision of lesion of palate	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	5.000	159.10 (139.60)
1511	Radical resection of palate (including skin graft)	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	7.000	222.70 (195.40)
1513	Excision of ranula	C		85.600	518.70 (455.00)	85.600	518.70 (455.00)	5.000	159.10 (139.60)
1515	Excision of sublingual salivary gland	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1517	Excision of submandibular salivary gland	C		146.000	884.80 (776.10)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1519	Excision of submandibular salivary gland with suprahyoid dissection	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1521	Excision of submandibular salivary gland: With radical neck dissection	C		352.000	2133.10 (1871.10)	281.600	1706.50 (1496.90)	6.000	190.90 (167.50)
1523	Local resection of parotid tumour	C		169.600	1027.80 (901.60)	135.680	822.20 (721.20)	5.000	159.10 (139.60)
1525	Partial parotidectomy	C		310.000	1878.60 (1647.90)	248.000	1502.90 (1318.30)	5.000	159.10 (139.60)
1526	Total parotidectomy with preservation of facial nerve	C		358.500	2172.50 (1905.70)	286.800	1738.00 (1524.60)	5.000	159.10 (139.60)



### Medical Practitioners 2005

1527	Total parotidectomy	C		358.500	2172.50 (1905.70)	286.800	1738.00 (1524.60)	5.000	159.10 (139.60)
1529	Parotidectomy: Extracapsular	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	5.000	159.10 (139.60)
1531	Drainage of parotid abscess	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	4.000	127.30 (111.70)
1533	Closure of salivary fistula	C		91.000	551.50 (483.80)	91.000	551.50 (483.80)	4.000	127.30 (111.70)
1535	Dilatation of salivary duct	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	4.000	127.30 (111.70)
1537	Operative removal of salivary calculus	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)	4.000	127.30 (111.70)
1539	Salivary duct: Meatotomy	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	4.000	127.30 (111.70)
1541	Branchial cyst and/or fistula: Excision	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1543	Excision of cystic hygroma	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1544	Ludwig's Angina: Drainage	C		42.000	254.50 (223.20)	42.000	254.50 (223.20)	9.000	286.30 (251.10)
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	C		47.000	284.80 (249.80)	47.000	284.80 (249.80)	4.000	127.30 (111.70)
1549	Oesophagoscopy with dilatation of stricture	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)	4.000	127.30 (111.70)
1550	Oesophagoscopy with removal of foreign body	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)	4.000	127.30 (111.70)
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	4.000	127.30 (111.70)
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	U		80.000	484.80 (425.30)	80.000	484.80 (425.30)	4.000	127.30 (111.70)
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	U		65.000	393.90 (345.50)	65.000	393.90 (345.50)	4.000	127.30 (111.70)
1554	Per-oral small bowel biopsy	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	4.000	127.30 (111.70)
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	C		400.000	2424.00 (2126.30)	320.000	1939.20 (1701.10)	15.000	477.20 (418.60)
1557	Oesophageal dilatation	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	4.000	127.30 (111.70)
1559	Oesophagectomy: Two stage	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)	11.000	349.90 (306.90)
1560	Oesophagectomy: Three stage	C		550.000	3333.00 (2923.70)	440.000	2666.40 (2338.90)	11.000	349.90 (306.90)

### Medical Practitioners 2005

1561	Thoraco-abdominal oesophagogastrectomy	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)	11.000	349.90 (306.90)
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	11.000	349.90 (306.90)
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	11.000	349.90 (306.90)
1566	Private fee: Gastropasty	C		325.000	1969.50 (1727.60)	260.000	1575.60 (1382.10)	8.000	254.50 (223.20)
1567	Bochdalek hernia repair in newborn	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	14.000	445.40 (390.70)
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	11.000	349.90 (306.90)
1569	Heller's operation	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	14.000	445.40 (390.70)
1575	Insertion of indwelling oesophageal tube by laparotomy	C		142.000	860.50 (754.80)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
1578	Oesophageal motility (4 channel + pneumograph)	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	4.000	127.30 (111.70)
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	C		400.000	2424.00 (2126.30)	320.000	1939.20 (1701.10)	11.000	349.90 (306.90)
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	C		110.000	666.60 (584.70)	110.000	666.60 (584.70)	4.000	127.30 (111.70)
1581	Removal of benign oesophageal tumours	C		285.000	1727.10 (1515.00)	228.000	1381.70 (1212.00)	11.000	349.90 (306.90)
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1583	Excision of intrathoracic oesophageal diverticulum	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	11.000	349.90 (306.90)
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)		
1585	24 Hour oesophageal pH studies: Interpretation	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)		
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	U		48.750	295.40 (259.10)	48.750	295.40 (259.10)	4.000	127.30 (111.70)
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	U	+	25.000	151.50 (132.90)	25.000	151.50 (132.90)	4.000	127.30 (111.70)
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	U	+	15.000	90.90 (79.70)	15.000	90.90 (79.70)	6.000	190.90 (167.50)
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	U	+	25.000	151.50 (132.90)	25.000	151.50 (132.90)	4.000	127.30 (111.70)
1593	Augmented histamine test: Gastric intubation with x-ray screening	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)		

### Medical Practitioners 2005

1597	Gastrostomy or Gastrotomy	U		147.500	893.90 (784.10)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
1598	Gastrotomy with suture repair of bleeding ulcer	A		251.200	1522.30 (1335.40)	200.960	1217.80 (1068.20)	6.000	190.90 (167.50)
1599	Pyloromyotomy (Rammstedt)	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)	6.000	190.90 (167.50)
1601	Local excision of ulcer or benign neoplasm	U		195.600	1185.30 (1039.70)	156.480	948.30 (831.80)	6.000	190.90 (167.50)
1603	Vagotomy: Abdominal	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
1604	Vagotomy: Thoracic	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	11.000	349.90 (306.90)
1605	Truncal or selective with drainage procedures	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	6.000	190.90 (167.50)
1607	Vagotomy and antrectomy	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	6.000	190.90 (167.50)
1609	Highly selective vagotomy	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	6.000	190.90 (167.50)
1611	Pyloroplasty	U		180.200	1092.00 (957.90)	144.160	873.60 (766.30)	6.000	190.90 (167.50)
1613	Gastroenterostomy	U		203.600	1233.80 (1082.30)	162.880	987.10 (865.90)	6.000	190.90 (167.50)
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	7.000	222.70 (195.40)
1617	Partial gastrectomy	U		328.300	1989.50 (1745.20)	262.640	1591.60 (1396.10)	7.000	222.70 (195.40)
1619	Total gastrectomy	U		384.430	2329.60 (2043.50)	307.540	1863.70 (1634.80)	7.000	222.70 (195.40)
1621	Revision of gastrectomy or gastro-enterostomy	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	7.000	222.70 (195.40)
1625	Gastro-esophageal operation for portal hypertension (Tanner)	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	11.000	349.90 (306.90)
8.7	Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
1627	Duodenal intubation (under X-ray screening)	C		8.000	48.50 (42.50)				
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	C		21.000	127.30 (111.70)				
1631	Duodenal intubation: Under three years	C		15.000	90.90 (79.70)				
8.8	Intestines								
1632	H2 breath test (intestines)	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)		

### Medical Practitioners 2005

1633	Complete test using lactose or lactulose	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)		
1634	Enterotomy or Enterostomy	U		202.600	1227.80 (1077.00)	162.080	982.20 (861.60)	6.000	190.90 (167.50)
1635	Intestinal obstruction of the newborn	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	7.000	222.70 (195.40)
1637	Operation for relief of intestinal obstruction	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	7.000	222.70 (195.40)
1639	Resection of small bowel with enterostomy or anastomosis	U		244.900	1484.10 (1301.80)	195.920	1187.30 (1041.50)	6.000	190.90 (167.50)
1641	Entero-enterostomy or entero-colostomy for bypass	U		213.100	1291.40 (1132.80)	170.480	1033.10 (906.20)	6.000	190.90 (167.50)
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	A		150.000	909.00 (797.40)	120.000	727.20 (637.90)		
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	A		60.000	363.60 (318.90)	60.000	363.60 (318.90)		
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	U		185.200	1122.30 (984.50)	148.160	897.80 (787.50)	6.000	190.90 (167.50)
1647	Closure of intestinal fistula	C		258.000	1563.50 (1371.50)	206.400	1250.80 (1097.20)	6.000	190.90 (167.50)
1649	Excision of Meckel's diverticulum	C		179.800	1089.60 (955.80)	143.840	871.70 (764.60)	6.000	190.90 (167.50)
1651	Excision of lesion of mesentery	U		171.600	1039.90 (912.20)	137.280	831.90 (729.70)	4.000	127.30 (111.70)
1652	Laparotomy for mesenteric thrombosis	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	8.000	254.50 (223.20)
1653	Total colonoscopy: With hospital equipment (including biopsy)	U		90.000	545.40 (478.40)	90.000	545.40 (478.40)	4.000	127.30 (111.70)
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	U	+	30.000	181.80 (159.50)	30.000	181.80 (159.50)	4.000	127.30 (111.70)
1656	Left-sided colonoscopy	U		60.000	363.60 (318.90)	60.000	363.60 (318.90)	4.000	127.30 (111.70)
1657	Right or left hemicolectomy or segmental colectomy	C		325.000	1969.50 (1727.60)	260.000	1575.60 (1382.10)	6.000	190.90 (167.50)
1658	Reconstruction of colon after Hartman's procedure	C		359.400	2178.00 (1910.50)	287.520	1742.40 (1528.40)	6.000	190.90 (167.50)
1661	Colotomy: Including removal of tumour or foreign body	U		205.700	1246.50 (1093.40)	164.560	997.20 (874.70)	6.000	190.90 (167.50)
1663	Total colectomy	C		390.000	2363.40 (2073.20)	312.000	1890.70 (1658.50)	6.000	190.90 (167.50)
1665	Colostomy or ileostomy isolated procedure	U		233.800	1416.80 (1242.80)	187.040	1133.50 (994.30)	6.000	190.90 (167.50)

### Medical Practitioners 2005

1666	Continent ileostomy pouch (all types)	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	6.000	190.90 (167.50)
1667	Colostomy: Closure	U		179.100	1085.30 (952.00)	143.280	868.30 (761.70)	5.000	159.10 (139.60)
1668	Revision of ileostomy pouch	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	6.000	190.90 (167.50)
1669	Total proctocolectomy and ileostomy	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	7.000	222.70 (195.40)
1670	Proctocolectomy, ileostomy and ileostomy pouch	C		540.000	3272.40 (2870.50)	432.000	2617.90 (2296.40)	7.000	222.70 (195.40)
1671	Colomyotomy (Reilly operation)	C		185.000	1121.10 (983.40)	148.000	896.90 (786.80)	6.000	190.90 (167.50)
8.9	Appendix								
1673	Drainage of appendix abscess	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1675	Appendicectomy	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	4.000	127.30 (111.70)
8.10	Rectum and anus								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	U		48.750	295.40 (259.10)	48.750	295.40 (259.10)	3.000	95.40 (83.70)
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)	3.000	95.40 (83.70)
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	U	+	25.000	151.50 (132.90)	25.000	151.50 (132.90)	3.000	95.40 (83.70)
1679	Sigmoidoscopy with removal of polyps, first and subsequent	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	3.000	95.40 (83.70)
1681	Proctoscopy with removal of polyps: First time	C		21.000	127.30 (111.70)	21.000	127.30 (111.70)	3.000	95.40 (83.70)
1683	Proctoscopy with removal of polyps: Subsequent times	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)	3.000	95.40 (83.70)
1685	Endoscopic fulguration of tumour	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	C		381.300	2310.70 (2026.90)	305.040	1848.50 (1621.50)	6.000	190.90 (167.50)
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	C		445.000	2696.70 (2365.50)	356.000	2157.40 (1892.50)	8.000	254.50 (223.20)
1689	Perineal resection of rectum	C		141.000	854.50 (749.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.	C							
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	U		409.300	2480.40 (2175.80)	327.440	1984.30 (1740.60)	7.000	222.70 (195.40)
1692	Abdomino-perineal resection of rectum: Perineal surgeon	U		158.500	960.50 (842.50)	126.800	768.40 (674.00)		

### Medical Practitioners 2005

1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	4.000	127.30 (111.70)
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	C		400.000	2424.00 (2126.30)	320.000	1939.20 (1701.10)	7.000	222.70 (195.40)
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	6.000	190.90 (167.50)
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	6.000	190.90 (167.50)
1701	Repair of prolapsed rectum: Abdominal: Perineal	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	4.000	127.30 (111.70)
1705	Incision and drainage of peri-anal abscess	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	3.000	95.40 (83.70)
1707	Drainage of submucous abscess	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	3.000	95.40 (83.70)
1709	Drainage of ischio-rectal abscess	C		87.000	527.20 (462.50)	87.000	527.20 (462.50)	3.000	95.40 (83.70)
1711	Excision of pelvi-rectal fistula	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	5.000	159.10 (139.60)
1713	Excision of fistula-in-ano	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	3.000	95.40 (83.70)
1715	Operation for fissure-in-ano	C		66.800	404.80 (355.10)	66.800	404.80 (355.10)	3.000	95.40 (83.70)
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
1721	Sclerosing injection for haemorrhoids: Per injection	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)		
1723	Haemorrhoidectomy	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
1725	Drainage of external thrombosed pile	C		12.500	75.80 (66.50)	12.500	75.80 (66.50)	3.000	95.40 (83.70)
1727	Multiple procedures (haemorrhoids, fissure, etc.)	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	3.000	95.40 (83.70)
1728	Biopsy of ano-rectal wall, for congenital megacolon	A		60.600	367.20 (322.10)	60.600	367.20 (322.10)	5.000	159.10 (139.60)
1729	Excision of anal skin tags	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	3.000	95.40 (83.70)
1731	Operation for low imperforate anus	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	6.000	190.90 (167.50)
1733	Anoplasty: Y-V-plasty	C		41.000	248.50 (218.00)	41.000	248.50 (218.00)	3.000	95.40 (83.70)
1735	Anal sphincteroplasty for incontinence	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	3.000	95.40 (83.70)

### Medical Practitioners 2005

1737	Dilation of ano-rectal stricture	C		12.500	75.80 (66.50)	12.500	75.80 (66.50)	3.000	95.40 (83.70)
1739	Closure of recto-vesical fistula	C		241.000	1460.50 (1281.10)	192.800	1168.40 (1024.90)	5.000	159.10 (139.60)
1741	Closure of recto-urethral fistula	C		241.000	1460.50 (1281.10)	192.800	1168.40 (1024.90)	5.000	159.10 (139.60)
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)		
8.11	Liver								
1743	Needle biopsy of liver	C		30.300	183.60 (161.10)	30.300	183.60 (161.10)	3.000	95.40 (83.70)
1745	Biopsy of liver by laparotomy	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1747	Drainage of liver abscess or cyst	C		179.100	1085.30 (952.00)	143.280	868.30 (761.70)	7.000	222.70 (195.40)
1748	Body composition measured by bio-electrical impedance	U		3.000	18.20 (16.00)	3.000	18.20 (16.00)		
1749	Hemi-hepatectomy: Right	C		564.000	3417.80 (2998.10)	451.200	2734.30 (2398.50)	9.000	286.30 (251.10)
1751	Hemi-hepatectomy: Left	C		521.100	3157.90 (2770.10)	416.880	2526.30 (2216.10)	9.000	286.30 (251.10)
1752	Extended right or left hepatectomy	U		570.900	3459.70 (3034.80)	456.720	2767.70 (2427.80)	9.000	286.30 (251.10)
1753	Partial or segmental hepatectomy	C		378.000	2290.70 (2009.40)	302.400	1832.50 (1607.50)	9.000	286.30 (251.10)
1754	Hepatico-jejunostomy	U		369.200	2237.40 (1962.60)	295.360	1789.90 (1570.10)	9.000	286.30 (251.10)
1755	Liver transplant	C		1400.80 0	8488.80 (7446.30)	1120.64 0	6791.10 (5957.10)	15.000	477.20 (418.60)
1756	Harvesting donor hepatectomy	C		616.200	3734.20 (3275.60)	492.960	2987.30 (2620.40)	5.000	159.10 (139.60)
1757	Suture of liver wound or injury	C		214.200	1298.10 (1138.70)	171.360	1038.40 (910.90)	9.000	286.30 (251.10)
8.12	Biliary tract								
1759	Cholecystostomy	U		171.600	1039.90 (912.20)	137.280	831.90 (729.70)	6.000	190.90 (167.50)
1761	Cholecystectomy	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	6.000	190.90 (167.50)
1762	Cholecystectomy and operative cholangiogram	C		255.000	1545.30 (1355.50)	204.000	1236.20 (1084.40)	6.000	190.90 (167.50)
1763	With exploration of common bile duct	C		264.500	1602.90 (1406.10)	211.600	1282.30 (1124.80)	6.000	190.90 (167.50)
1765	Exploration of common bile duct: Secondary operation	C		327.700	1985.90 (1742.00)	262.160	1588.70 (1393.60)	6.000	190.90 (167.50)

### Medical Practitioners 2005

1767	Reconstruction of common bile duct	C		371.700	2252.50 (1975.90)	297.360	1802.00 (1580.70)	6.000	190.90 (167.50)
1768	Resection bile duct tumour with reconstruction	U		327.700	1985.90 (1742.00)	262.160	1588.70 (1393.60)	6.000	190.90 (167.50)
1769	Cholecysto-enterostomy or gastrostomy	U		236.300	1432.00 (1256.10)	189.040	1145.60 (1004.90)	6.000	190.90 (167.50)
1772	Endoscopic placement of a nasobiliary stent	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
1773	Transduodenal sphincteroplasty	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	6.000	190.90 (167.50)
1774	Balloon dilatation of common bile duct strictures	C		125.000	757.50 (664.50)	100.000	606.00 (531.60)	6.000	190.90 (167.50)
1775	Excision choledochal cyst with reconstruction	C		327.700	1985.90 (1742.00)	262.160	1588.70 (1393.60)	6.000	190.90 (167.50)
1777	Porto-enterostomy for biliary atresia	C		400.000	2424.00 (2126.30)	320.000	1939.20 (1701.10)	11.000	349.90 (306.90)
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	U		105.900	641.80 (563.00)	105.900	641.80 (563.00)	4.000	127.30 (111.70)
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	U	+	15.820	95.90 (84.10)	15.820	95.90 (84.10)	4.000	127.30 (111.70)
1780	Gastric and duodenal intubation	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
1781	Procedure (excluding laboratory tests)	C		21.000	127.30 (111.70)	21.000	127.30 (111.70)		
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	U	+	30.000	181.80 (159.50)	30.000	181.80 (159.50)	4.000	127.30 (111.70)
1783	Drainage of pancreatic abscess	C		239.300	1450.20 (1272.10)	191.440	1160.10 (1017.60)	6.000	190.90 (167.50)
1784	Debridement pancreatic necrosis	U		348.400	2111.30 (1852.00)	278.720	1689.00 (1481.60)	6.000	190.90 (167.50)
1785	Internal drainage of pancreatic cyst	C		250.600	1518.60 (1332.10)	200.480	1214.90 (1065.70)	6.000	190.90 (167.50)
1770	Endoscopic placement of bilioduodenal endoprosthesis: ADD to ERCP (item 1778)	U	+	30.000	181.80 (159.50)	30.000	181.80 (159.50)	6.000	190.90 (167.50)
1786	Internal drainage of pancreatic cyst with Roux-Y	U		306.800	1859.20 (1630.90)	245.440	1487.40 (1304.70)	6.000	190.90 (167.50)
1787	Operative pancreatogram: ADD	U	+	10.000	60.60 (53.20)	10.000	60.60 (53.20)		
1788	Biopsy of pancreas	U		177.700	1076.90 (944.60)	142.160	861.50 (755.70)	6.000	190.90 (167.50)
1789	Pancreatico-duodenectomy	C		704.800	4271.10 (3746.60)	563.840	3416.90 (2997.30)	8.000	254.50 (223.20)



### Medical Practitioners 2005

1791	Local, partial or subtotal pancreatectomy	C		351.300	2128.90 (1867.50)	281.040	1703.10 (1493.90)	8.000	254.50 (223.20)
1793	Distal pancreatectomy with internal drainage	C		377.400	2287.00 (2006.10)	301.920	1829.60 (1604.90)	8.000	254.50 (223.20)
8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)	4.000	127.30 (111.70)
1799	Pneumo-peritoneum: Repeat	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)	4.000	127.30 (111.70)
1800	Peritoneal lavage	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		
1801	Diagnostic paracentesis: Abdomen	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
1803	Therapeutic paracentesis: Abdomen	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)		
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	C	+	45.000	272.70 (239.20)	45.000	272.70 (239.20)	5.000	159.10 (139.60)
1809	Laparotomy	C		196.000	1187.80 (1041.90)	156.800	950.20 (833.50)	4.000	127.30 (111.70)
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	7.000	222.70 (195.40)
1811	Suture of burst abdomen	C		188.300	1141.10 (1001.00)	150.640	912.90 (800.80)	7.000	222.70 (195.40)
1812	Laparotomy for control of surgical haemorrhage	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	9.000	286.30 (251.10)
1813	Drainage of sub-phrenic abscess	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	7.000	222.70 (195.40)
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	C		248.400	1505.30 (1320.40)	198.720	1204.20 (1056.30)	5.000	159.10 (139.60)
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	4.000	127.30 (111.70)
9	Herniae								
1819	Inguinal or femoral hernia: Adult	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1821	Inguinal or femoral hernia: Child under 14 years	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	4.000	127.30 (111.70)
1823	Inguinal hernia: Infant under one year	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	4.000	127.30 (111.70)
1825	Recurrent inguinal or femoral hernia	C		155.000	939.30 (823.90)	124.000	751.40 (659.10)	4.000	127.30 (111.70)
1827	Strangulated hernia or femoral hernia	C		238.000	1442.30 (1265.20)	190.400	1153.80 (1012.10)	7.000	222.70 (195.40)
1829	Epigastric hernia	U		93.300	565.40 (496.00)	93.300	565.40 (496.00)	4.000	127.30 (111.70)

### Medical Practitioners 2005

1831	Umbilical hernia: Adult	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
1833	Umbilical hernia: Child under 14 years	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	4.000	127.30 (111.70)
1835	Incisional hernia	U		166.800	1010.80 (886.70)	133.440	808.60 (709.30)	4.000	127.30 (111.70)
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	U	+	77.000	466.60 (409.30)	77.000	466.60 (409.30)	4.000	127.30 (111.70)
1837	Repair of omphalocele in new-born (one or more procedures)	C		275.000	1666.50 (1461.80)	220.000	1333.20 (1169.50)	7.000	222.70 (195.40)
10	Urinary System								
RULES GOVERNING THE SECTION URINARY SYSTEM									
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.	U							
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	C		71.000	430.30 (377.50)	71.000	430.30 (377.50)	5.000	159.10 (139.60)
1841	Renal biopsy: Needle	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	3.000	95.40 (83.70)
1843	Peritoneal dialysis: First day	C		33.000	200.00 (175.40)	33.000	200.00 (175.40)		
1845	Peritoneal dialysis: Every subsequent day	C		33.000	200.00 (175.40)	33.000	200.00 (175.40)		
1847	Haemodialysis: Per hour or part thereof	C		21.000	127.30 (111.70)	21.000	127.30 (111.70)		
1849	Haemodialysis: Maximum: Eight hours	C		168.000	1018.10 (893.10)	134.400	814.50 (714.50)		
1851	Haemodialysis: Thereafter per week	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)		
1852	Continuous haemodiafiltration per day in intensive or high care unit	C		33.000	200.00 (175.40)	33.000	200.00 (175.40)		
1853	Nephrectomy: Primary nephrectomy	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	5.000	159.10 (139.60)
1855	Nephrectomy: Secondary nephrectomy	C		267.000	1618.00 (1419.30)	213.600	1294.40 (1135.40)	5.000	159.10 (139.60)
1857	Radical with regional lymph adenectomy for tumour	U		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	6.000	190.90 (167.50)
1859	Nephrectomy: Partial	C		267.000	1618.00 (1419.30)	213.600	1294.40 (1135.40)	5.000	159.10 (139.60)

### Medical Practitioners 2005

1861	Symphysiotomy for horse-shoe kidney	C		287.000	1739.20 (1525.60)	229.600	1391.40 (1220.50)	6.000	190.90 (167.50)
1863	Nephro-ureterectomy	C		305.000	1848.30 (1621.30)	244.000	1478.60 (1297.00)	5.000	159.10 (139.60)
1865	Nephrotomy with drainage nephrostomy	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	6.000	190.90 (167.50)
1869	Nephrolithotomy	C		227.000	1375.60 (1206.70)	181.600	1100.50 (965.40)	5.000	159.10 (139.60)
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	C		284.000	1721.00 (1509.60)	227.200	1376.80 (1207.70)	5.000	159.10 (139.60)
1871	Staghorn stone: Surgical	C		341.000	2066.50 (1812.70)	272.800	1653.20 (1450.20)	6.000	190.90 (167.50)
1873	Suture renal laceration (renorrhaphy)	C		193.000	1169.60 (1026.00)	154.400	935.70 (820.80)	6.000	190.90 (167.50)
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	C		34.000	206.00 (180.70)	34.000	206.00 (180.70)	3.000	95.40 (83.70)
1877	Operation for renal cyst: Marsupialisation or excision	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)
1879	Closure renal fistula	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)
1881	Pyleoplasty	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	5.000	159.10 (139.60)
1883	Pyelostomy	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)
1885	Pyelolithotomy	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	U		223.000	1351.40 (1185.40)	178.400	1081.10 (948.30)	5.000	159.10 (139.60)
1889	Nephrectomy for Allograft: Living or dead	C		255.000	1545.30 (1355.50)	204.000	1236.20 (1084.40)	5.000	159.10 (139.60)
1891	Perinephric abscess or renal abscess: Drainage	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	7.000	222.70 (195.40)
1893	Aberrant renal vessels: Repositioning with pyeloplasty	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	5.000	159.10 (139.60)
1894	Auto transplantation of kidney	C		420.000	2545.20 (2232.60)	336.000	2036.20 (1786.10)	10.000	318.10 (279.00)
1895	Allo transplantation of kidney	C		420.000	2545.20 (2232.60)	336.000	2036.20 (1786.10)	10.000	318.10 (279.00)
10.2	Ureter								
1897	Ureterorrhaphy: Suture of ureter	U		147.000	890.80 (781.40)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1898	Ureterorrhaphy: Lumbar approach	U		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)

### Medical Practitioners 2005

1899	Ureteroplasty	C		181.000	1096.90 (962.20)	144.800	877.50 (769.70)	5.000	159.10 (139.60)
1901	Ureterolysis	C		118.000	715.10 (627.30)	118.000	715.10 (627.30)	5.000	159.10 (139.60)
1902	Ureterolysis: Lumbar approach	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)
1903	Ureterectomy only	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1905	Ureterolithotomy	U		265.800	1610.70 (1412.90)	212.640	1288.60 (1130.40)	5.000	159.10 (139.60)
1907	Cutaneous ureterostomy: Unilateral	C		108.000	654.50 (574.10)	108.000	654.50 (574.10)	5.000	159.10 (139.60)
1909	Cutaneous ureterostomy: Bilateral	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)
1911	Uretero-enterostomy: Unilateral	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1913	Uretero-enterostomy: Bilateral	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	5.000	159.10 (139.60)
1915	Uretero-ureterostomy	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1917	Transuretero-ureterostomy	C		155.000	939.30 (823.90)	124.000	751.40 (659.10)	5.000	159.10 (139.60)
1919	Closure of ureteric fistula	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1921	Immediate deligation of ureter	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1923	Ureterolysis for retrocaval ureter with anastomosis	C		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	5.000	159.10 (139.60)
1925	Uretero-pyelostomy	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	5.000	159.10 (139.60)
1927	Uretero-neo-cystostomy: Unilateral	U		316.100	1915.60 (1680.40)	252.880	1532.50 (1344.30)	5.000	159.10 (139.60)
1929	Uretero-neo-cystostomy: Bilateral	U		474.150	2873.30 (2520.40)	379.320	2298.70 (2016.40)	5.000	159.10 (139.60)
1931	Uretero-neo-cystostomy: With Boariplasty	U		351.800	2131.90 (1870.10)	281.440	1705.50 (1496.10)	5.000	159.10 (139.60)
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	5.000	159.10 (139.60)
1935	Uretero-ileal conduit	C		388.000	2351.30 (2062.50)	310.400	1881.00 (1650.00)	5.000	159.10 (139.60)
1937	Replacement of ureter by bowel segment: Unilateral	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	5.000	159.10 (139.60)
1939	Replacement of ureter by bowel segment: Bilateral	C		485.000	2939.10 (2578.20)	388.000	2351.30 (2062.50)	5.000	159.10 (139.60)

### Medical Practitioners 2005

1941	Ureterostomy-in-situ: Unilateral	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	5.000	159.10 (139.60)
1943	Ureterostomy-in-situ: Bilateral	C		175.000	1060.50 (930.30)	140.000	848.40 (744.20)	5.000	159.10 (139.60)
10.3	Bladder								
1952	J J Stent catheter	C	+	44.000	266.60 (233.90)	44.000	266.60 (233.90)	3.000	95.40 (83.70)
1953	With hydrodilatation of the bladder for interstitial cystitis	C	+	5.000	30.30 (26.60)	5.000	30.30 (26.60)	3.000	95.40 (83.70)
1954	Uretroscopy	C	+	35.000	212.10 (186.10)			3.000	95.40 (83.70)
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	C	+	35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
1957	With dilatation of the ureter or ureters	C	+	25.000	151.50 (132.90)	25.000	151.50 (132.90)	3.000	95.40 (83.70)
1959	With manipulation of ureteral calculus	C	+	20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
1961	With removal of foreign body or calculus from urethra or bladder	C	+	20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
1963	With fulguration or treatment of minor lesions, with or without biopsy	C	+	15.000	90.90 (79.70)	15.000	90.90 (79.70)	3.000	95.40 (83.70)
1964	And control of haemorrhage and blood clot evacuation	C	+	15.000	90.90 (79.70)	15.000	90.90 (79.70)	3.000	95.40 (83.70)
1965	And catheterisation of the ejaculatory duct	C	+	10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
1967	With ureteric meatotomy: Unilateral or bilateral	C	+	15.000	90.90 (79.70)	15.000	90.90 (79.70)	3.000	95.40 (83.70)
1969	And cold biopsy	C	+	15.000	90.90 (79.70)	15.000	90.90 (79.70)	3.000	95.40 (83.70)
1971	With cryosurgery for bladder or prostatic disease	C	+	55.000	333.30 (292.40)	55.000	333.30 (292.40)	3.000	95.40 (83.70)
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	C	+	35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
1975	Ultraviolet cystoscopy for bladder tumour	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	3.000	95.40 (83.70)
1976	Optic urethrotomy	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	3.000	95.40 (83.70)
1977	Transurethral resection of ejaculatory duct	C		60.700	367.80 (322.60)	60.700	367.80 (322.60)	3.000	95.40 (83.70)
1979	Internal urethrotomy: Female	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	3.000	95.40 (83.70)
1981	Internal urethrotomy: Male	C		76.200	461.80 (405.10)	76.200	461.80 (405.10)	3.000	95.40 (83.70)

### Medical Practitioners 2005

1983	Transurethral resection of bladder tumour	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	5.000	159.10 (139.60)
1984	Transurethral resection of bladder tumours: Large multiple tumours	C		115.000	696.90 (611.30)	115.000	696.90 (611.30)	5.000	159.10 (139.60)
1985	Transurethral resection of bladder neck: Female or child	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	5.000	159.10 (139.60)
1986	Transurethral resection of bladder neck: Male	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
1987	Litholapaxy	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	5.000	159.10 (139.60)
1989	Cystometrogram	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	3.000	95.40 (83.70)
1991	Flometric bladder, studies with videocystograph	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	3.000	95.40 (83.70)
1992	Without videocystograph	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	3.000	95.40 (83.70)
1993	Voiding cysto-urethrogram	C		21.000	127.30 (111.70)	21.000	127.30 (111.70)	3.000	95.40 (83.70)
1994	Rigiscan examination	C		66.000	400.00 (350.90)	66.000	400.00 (350.90)		
1995	Percutaneous aspiration of bladder	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
1996	Bladder catheterisation: Male (not at operation)	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)	3.000	95.40 (83.70)
1997	Bladder catheterisation: Female (not at operation)	C		3.000	18.20 (16.00)	3.000	18.20 (16.00)		
1999	Percutaneous cystostomy	C		24.000	145.40 (127.50)	24.000	145.40 (127.50)	3.000	95.40 (83.70)
1945	Instillation of radio-opaque material for cystography or urethrocystography	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)	3.000	95.40 (83.70)
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
1949	Cystoscopy: Hospital equipment	C		44.000	266.60 (233.90)	44.000	266.60 (233.90)	3.000	95.40 (83.70)
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	C	+	10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
2001	Total cystectomy: After previous urinary diversion	C		294.000	1781.60 (1562.80)	235.200	1425.30 (1250.30)	8.000	254.50 (223.20)
2003	Total cystectomy: With conduit construction and ureteric anastomosis	U		554.700	3361.50 (2948.70)	443.760	2689.20 (2358.90)	8.000	254.50 (223.20)
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	C		650.000	3939.00 (3455.30)	520.000	3151.20 (2764.20)	8.000	254.50 (223.20)
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	8.000	254.50 (223.20)

### Medical Practitioners 2005

2007	Partial cystectomy	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	C		600.000	3636.00 (3189.50)	480.000	2908.80 (2551.60)	8.000	254.50 (223.20)
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	C		462.000	2799.70 (2455.90)	369.600	2239.80 (1964.70)	8.000	254.50 (223.20)
2010	Reversion of temporary conduit	C		360.000	2181.60 (1913.70)	288.000	1745.30 (1531.00)	8.000	254.50 (223.20)
2011	Partial cystectomy with uretero-neo-cystostomy	C		202.000	1224.10 (1073.80)	161.600	979.30 (859.00)	6.000	190.90 (167.50)
2012	Reversion of conduit with major urinary tract reconstruction	C		600.000	3636.00 (3189.50)	480.000	2908.80 (2551.60)	8.000	254.50 (223.20)
2013	Diverticulectomy (independent procedure): Multiple or single	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2015	Suprapubic cystostomy	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	5.000	159.10 (139.60)
2016	Abdomino-neo-urethrostomy	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	5.000	159.10 (139.60)
2017	Open loop fulguration or excision of bladder tumour	C		101.000	612.10 (536.90)	101.000	612.10 (536.90)	5.000	159.10 (139.60)
2019	Operation for vesico-vaginal or urethra-vaginal fistula	C		155.000	939.30 (823.90)	124.000	751.40 (659.10)	5.000	159.10 (139.60)
2020	Repair of vesico vaginal fistula: Abdominal approach	C		255.000	1545.30 (1355.50)	204.000	1236.20 (1084.40)	5.000	159.10 (139.60)
2021	Vesico-plication (Hamilton Stewart)	C		118.000	715.10 (627.30)	118.000	715.10 (627.30)	5.000	159.10 (139.60)
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	U		195.000	1181.70 (1036.60)	156.000	945.40 (829.30)	5.000	159.10 (139.60)
2025	Vesico-urethropexy with rectus sling	U		229.400	1390.20 (1219.50)	183.520	1112.10 (975.50)	5.000	159.10 (139.60)
2027	Open operation for ureterocele: Unilateral	C		118.000	715.10 (627.30)	118.000	715.10 (627.30)	5.000	159.10 (139.60)
2029	Open operation for ureterocele: Bilateral	C		207.000	1254.40 (1100.40)	165.600	1003.50 (880.30)	5.000	159.10 (139.60)
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	C		264.000	1599.80 (1403.30)	211.200	1279.90 (1122.70)	8.000	254.50 (223.20)
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	C		53.000	321.20 (281.80)	53.000	321.20 (281.80)	8.000	254.50 (223.20)
2035	Cutaneous vesicostomy	C		118.000	715.10 (627.30)	118.000	715.10 (627.30)	5.000	159.10 (139.60)
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	C		126.000	763.60 (669.80)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2039	Operation for ruptured bladder	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	6.000	190.90 (167.50)

### Medical Practitioners 2005

2042	Enterocystoplasty plus bowel anastomosis	U		419.900	2544.60 (2232.10)	335.920	2035.70 (1785.70)	5.000	159.10 (139.60)
2043	Cysto-lithotomy	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2045	Excision of patent-urachus or urachal cyst	C		112.000	678.70 (595.40)	112.000	678.70 (595.40)	5.000	159.10 (139.60)
2047	Drainage of perivesical or prevesical abscess	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	5.000	159.10 (139.60)
2049	Evacuation of clots from bladder: Other than post-operative	C		132.100	800.50 (702.20)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
2050	Evacuation of clots from bladder: Post-operative	C						4.000	127.30 (111.70)
2051	Simple bladder lavage: Including catheterisation	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)	3.000	95.40 (83.70)
2053	Bladder neck plasty: Male	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2057	Bladder neck plasty: Female	C		137.000	830.20 (728.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
10.4	Urethra								
2059	Open biopsy of urethra: Male	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
2061	Open biopsy of urethra: Female	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
2069	Dilatation of female urethra	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)	3.000	95.40 (83.70)
2071	Urethrorraphy: Suture of urethral wound or injury	C		139.000	842.30 (738.90)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2073	External urethrotomy: Pendulous urethra (anterior)	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	3.000	95.40 (83.70)
2075	Urethraplasty: Pendulous urethra: First stage	C		71.000	430.30 (377.50)	71.000	430.30 (377.50)	4.000	127.30 (111.70)
2077	Urethraplasty: Pendulous urethra: Second stage	C		145.000	878.70 (770.80)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2079	Reconstruction of female urethra	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2081	Reconstruction or repair of male anterior urethra (one stage)	C		261.600	1585.30 (1390.60)	209.280	1268.20 (1112.50)	4.000	127.30 (111.70)



### Medical Practitioners 2005

2083	Reconstruction or repair of prostatic or membranous urethra: First stage	C		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	6.000	190.90 (167.50)
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	C		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	6.000	190.90 (167.50)
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	C		294.000	1781.60 (1562.80)	235.200	1425.30 (1250.30)	6.000	190.90 (167.50)
2087	Urethral diverticulectomy: Male or female	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	C		86.000	521.20 (457.20)	86.000	521.20 (457.20)		
2089	Marsupialisation of urethral diverticula: Male or female	C		115.100	697.50 (611.80)	115.100	697.50 (611.80)	4.000	127.30 (111.70)
2091	Total urethrectomy: Female	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2093	Total urethrectomy: Male	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)
2095	Drainage of simple localised perineal urinary extravasation	C		128.800	780.50 (684.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	U		137.000	830.20 (728.20)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2099	Fulguration for urethral caruncle or polyp	C		53.600	324.80 (284.90)	53.600	324.80 (284.90)	3.000	95.40 (83.70)
2101	Excision of urethral caruncle	C		53.600	324.80 (284.90)	53.600	324.80 (284.90)	3.000	95.40 (83.70)
2103	Simple urethral meatotomy	C		26.300	159.40 (139.80)	26.300	159.40 (139.80)	3.000	95.40 (83.70)
2105	Incision of deep peri-urethral abscess: Female	C		123.100	746.00 (654.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
2107	Incision of deep peri-urethral abscess: Male	C		123.100	746.00 (654.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
2109	Badenoch pull-through for intractable stricture or incontinence	C		181.000	1096.90 (962.20)	144.800	877.50 (769.70)	5.000	159.10 (139.60)
2111	External spincterotomy	C		108.000	654.50 (574.10)	108.000	654.50 (574.10)	5.000	159.10 (139.60)
2113	Drainage of Skene gland abscess or cyst	C		42.300	256.30 (224.80)	42.300	256.30 (224.80)	3.000	95.40 (83.70)
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	C		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	5.000	159.10 (139.60)
2116	Urethral meatoplasty	C		101.500	615.10 (539.60)	101.500	615.10 (539.60)	3.000	95.40 (83.70)
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	C		150.300	910.80 (798.90)	120.240	728.70 (639.20)	3.000	95.40 (83.70)
2121	Closure of urethrovaginal fistula: Including diversionary procedures	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	5.000	159.10 (139.60)

# Medical Practitioners 2005

11	Male Genital System								
11.1	Penis								
2123	Biopsy of penis (independent procedure)	C		52.100	315.70 (276.90)	52.100	315.70 (276.90)	3.000	95.40 (83.70)
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	C		16.600	100.60 (88.20)	16.600	100.60 (88.20)	3.000	95.40 (83.70)
2127	Destruction of condylomata	C		41.600	252.10 (221.10)	41.600	252.10 (221.10)	3.000	95.40 (83.70)
2129	Electrodesiccation: Limited number	C		20.800	126.00 (110.50)	20.800	126.00 (110.50)	3.000	95.40 (83.70)
2131	Electrodesiccation: Multiple extensive	C		41.600	252.10 (221.10)	41.600	252.10 (221.10)	3.000	95.40 (83.70)
2132	Ligation of abnormal venous drainage	C		106.100	643.00 (564.00)	106.100	643.00 (564.00)	3.000	95.40 (83.70)
2133	Circumcision: Clamp procedure	C		42.300	256.30 (224.80)	42.300	256.30 (224.80)	3.000	95.40 (83.70)
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	3.000	95.40 (83.70)
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	C		36.800	223.00 (195.60)	36.800	223.00 (195.60)	3.000	95.40 (83.70)
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	U		101.000	612.10 (536.90)	101.000	612.10 (536.90)	3.000	95.40 (83.70)
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	U		188.600	1142.90 (1002.50)	150.880	914.30 (802.00)	3.000	95.40 (83.70)
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	U		224.600	1361.10 (1193.90)	179.680	1088.90 (955.20)	3.000	95.40 (83.70)
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	U		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	3.000	95.40 (83.70)
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	U		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	3.000	95.40 (83.70)
2153	Reconstructive operation for epispadias with incontinence	U		168.000	1018.10 (893.10)	134.400	814.50 (714.50)	3.000	95.40 (83.70)
2154	Induction of artificial erection	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)	3.000	95.40 (83.70)
2155	Hypospadias: Urethral reconstruction	C		187.000	1133.20 (994.00)	149.600	906.60 (795.30)	3.000	95.40 (83.70)
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	C		84.000	509.00 (446.50)	84.000	509.00 (446.50)	3.000	95.40 (83.70)
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	3.000	95.40 (83.70)
2161	Total amputation of penis: Without gland dissection	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	4.000	127.30 (111.70)
2163	Total amputation of penis: With gland-dissection	C		336.000	2036.20 (1786.10)	268.800	1628.90 (1428.90)	6.000	190.90 (167.50)

### Medical Practitioners 2005

2165	Partial amputation of penis: With gland-dissection	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	6.000	190.90 (167.50)
2167	Partial amputation of penis: Without gland-dissection	C		84.000	509.00 (446.50)	84.000	509.00 (446.50)	4.000	127.30 (111.70)
2169	Injection procedure for Peyronie's disease	U		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	C		42.000	254.50 (223.20)	42.000	254.50 (223.20)	3.000	95.40 (83.70)
2173	Priapism operation: Shunt procedure: Any type	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	4.000	127.30 (111.70)
2174	Priapism operation: Stab shunt	C		114.400	693.30 (608.20)	114.400	693.30 (608.20)	4.000	127.30 (111.70)
11.2	Testis and epididymis								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure	C							
2175	Testis biopsy: Needle (independent procedure)	C		18.500	112.10 (98.30)	18.500	112.10 (98.30)	3.000	95.40 (83.70)
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	C		58.900	356.90 (313.10)	58.900	356.90 (313.10)	3.000	95.40 (83.70)
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	C		58.900	356.90 (313.10)	58.900	356.90 (313.10)	3.000	95.40 (83.70)
2181	Epididymis biopsy: Needle	C		86.100	521.80 (457.70)	86.100	521.80 (457.70)	3.000	95.40 (83.70)
2183	Puncture aspiration hydrocele with or without injection of medication	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	3.000	95.40 (83.70)
2185	Operation for mal descended testicle: Including herniotomy	C		135.000	818.10 (717.60)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2187	Operation for torsion appendix testis	C		119.200	722.40 (633.70)	119.200	722.40 (633.70)	4.000	127.30 (111.70)
2189	Operation for torsion testis with fixation of contralateral testis	C		119.200	722.40 (633.70)	119.200	722.40 (633.70)	4.000	127.30 (111.70)
2191	Orchidectomy (total or subcapsular): Unilateral	C		98.000	593.90 (521.00)	98.000	593.90 (521.00)	3.000	95.40 (83.70)
2193	Orchidectomy (total or subcapsular): Bilateral	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
2195	Radical operation for malignant testis: Excluding gland dissection	U		155.300	941.10 (825.50)	124.240	752.90 (660.40)	6.000	190.90 (167.50)
2197	Operation for hydrocele or spermatocele	C		99.800	604.80 (530.50)	99.800	604.80 (530.50)	4.000	127.30 (111.70)
2199	Varicocelelectomy	C		106.100	643.00 (564.00)	106.100	643.00 (564.00)	4.000	127.30 (111.70)
2201	Abdominal ligation of spermatic vein for varicocele	C		112.800	683.60 (599.60)	112.800	683.60 (599.60)	4.000	127.30 (111.70)

### Medical Practitioners 2005

2203	Epididymectomy: Unilateral	C		114.400	693.30 (608.20)	114.400	693.30 (608.20)	3.000	95.40 (83.70)
2205	Epididymectomy: Bilateral	C		158.200	958.70 (841.00)	126.560	767.00 (672.80)	3.000	95.40 (83.70)
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	C		55.900	338.80 (297.20)	55.900	338.80 (297.20)	3.000	95.40 (83.70)
2209	Vasotomy: Unilateral or bilateral	C		70.400	426.60 (374.20)	70.400	426.60 (374.20)	3.000	95.40 (83.70)
2210	Vasogram, seminal vesiculogram: Unilateral	C		58.100	352.10 (308.90)	58.100	352.10 (308.90)	3.000	95.40 (83.70)
2211	Vasogram, seminal vesiculogram: Bilateral	C		58.100	352.10 (308.90)	58.100	352.10 (308.90)	3.000	95.40 (83.70)
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	C		91.200	552.70 (484.80)	91.200	552.70 (484.80)	4.000	127.30 (111.70)
2213	Suture or repair of testicular injury	C		110.300	668.40 (586.30)	110.300	668.40 (586.30)	4.000	127.30 (111.70)
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	C		90.000	545.40 (478.40)	90.000	545.40 (478.40)	4.000	127.30 (111.70)
2217	Excision of local lesion of testis or epididymis	C		90.800	550.20 (482.60)	90.800	550.20 (482.60)	4.000	127.30 (111.70)
2219	Vaso-vasostomy: Unilateral	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	3.000	95.40 (83.70)
2221	Vaso-vasostomy: Bilateral	C		117.000	709.00 (621.90)	117.000	709.00 (621.90)	3.000	95.40 (83.70)
2223	Epididymo-vasostomy: Unilateral	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	3.000	95.40 (83.70)
2225	Epididymo-vasostomy: Bilateral	C		117.000	709.00 (621.90)	117.000	709.00 (621.90)	3.000	95.40 (83.70)
2227	Incision and drainage of scrotal wall abscess	C		42.700	258.80 (227.00)	42.700	258.80 (227.00)	3.000	95.40 (83.70)
2229	Excision of Mullerian duct cyst	C		189.000	1145.30 (1004.60)	151.200	916.30 (803.80)	4.000	127.30 (111.70)
2231	Excision of lesion of spermatic cord	C		84.000	509.00 (446.50)	84.000	509.00 (446.50)	3.000	95.40 (83.70)
2233	Seminal Vesiculectomy	C		220.000	1333.20 (1169.50)	176.000	1066.60 (935.60)	5.000	159.10 (139.60)
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	C		23.300	141.20 (123.90)	23.300	141.20 (123.90)	3.000	95.40 (83.70)
2237	Biopsy prostate: Incisional, any approach	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	4.000	127.30 (111.70)
2239	Transurethral drainage of prostatic abscess	C		117.400	711.40 (624.00)	117.400	711.40 (624.00)	4.000	127.30 (111.70)

### Medical Practitioners 2005

2241	Perineal drainage of prostatic abscess	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	4.000	127.30 (111.70)
2243	Trans-urethral cryo-surgical removal of prostate	C		126.000	763.60 (669.80)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2245	Trans-urethral resection of prostate	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	6.000	190.90 (167.50)
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	C		126.000	763.60 (669.80)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2249	Trans-urethral resection of post-operative bladder neck contracture	C		126.000	763.60 (669.80)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2251	Prostatectomy: Perineal: Sub-total	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	6.000	190.90 (167.50)
2253	Prostatectomy: Perineal: Radical	C		336.000	2036.20 (1786.10)	268.800	1628.90 (1428.90)	8.000	254.50 (223.20)
2254	Pelvic lymph adenectomy	U		175.000	1060.50 (930.30)	140.000	848.40 (744.20)	8.000	254.50 (223.20)
2255	Supra-pelvic, transversal	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	6.000	190.90 (167.50)
2257	Retropubic: Sub-total	C		252.000	1527.10 (1339.60)	201.600	1221.70 (1071.70)	6.000	190.90 (167.50)
2259	Retropubic: Radical	C		336.000	2036.20 (1786.10)	268.800	1628.90 (1428.90)	8.000	254.50 (223.20)
2260	Prostate brachytherapy	C		230.000	1393.80 (1222.60)	184.000	1115.00 (978.10)	8.000	254.50 (223.20)
12	Female Genital System								
12.1	Vulva and introitus								
2271	Removal of tag or polyp	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)	3.000	95.40 (83.70)
2272	Removal of small superficial benign lesions	C		23.000	139.40 (122.30)	23.000	139.40 (122.30)	3.000	95.40 (83.70)
2273	Biopsy with suture in theatre (excluding after-care)	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)	3.000	95.40 (83.70)
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	C		71.000	430.30 (377.50)	71.000	430.30 (377.50)	3.000	95.40 (83.70)
2275	Reduction labial hypertrophy	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	4.000	127.30 (111.70)
2277	Removal of extensive benign vulva tumour	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	4.000	127.30 (111.70)
2279	Secondary perineal repair: Repair second degree tear	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	6.000	190.90 (167.50)
2280	Secondary perineal repair: Repair third degree tear	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	6.000	190.90 (167.50)
2281	Excision of inclusion cyst	C		43.000	260.60 (228.60)	43.000	260.60 (228.60)	4.000	127.30 (111.70)

### Medical Practitioners 2005

2283	Hymenectomy	C		43.000	260.60 (228.60)	43.000	260.60 (228.60)	4.000	127.30 (111.70)
2285	Drainage haematocolpos	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	4.000	127.30 (111.70)
2287	Clitoris repair for injury: Including skin graft, if required	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	4.000	127.30 (111.70)
2288	Clitoral reduction	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	4.000	127.30 (111.70)
2289	Denervation or alcohol infiltration vulva (Woodruff)	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	4.000	127.30 (111.70)
2291	Vulva: Undercutting skin (ball)	C		58.000	351.50 (308.30)	58.000	351.50 (308.30)	4.000	127.30 (111.70)
2293	Vulva and introitus: Drainage of abscess	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)	3.000	95.40 (83.70)
2295	Bartholin gland: Bartholin abscess marsupialisation	C		36.000	218.20 (191.40)	36.000	218.20 (191.40)	3.000	95.40 (83.70)
2297	Bartholin gland: Bartholin gland excision	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
2299	Bartholin gland: Bartholin radical excision for malignant lesion	C		357.000	2163.40 (1897.70)	285.600	1730.70 (1518.20)	6.000	190.90 (167.50)
2301	Operation for enlarging introitus: Fenton plasty	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
2303	Operation for enlarging introitus: Bilateral Z-plastic	C		88.000	533.30 (467.80)	88.000	533.30 (467.80)	4.000	127.30 (111.70)
2305	Vulvectomy: Partial	C		161.000	975.70 (855.90)	128.800	780.50 (684.60)	4.000	127.30 (111.70)
2307	Vulvectomy	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	6.000	190.90 (167.50)
2309	Radical vulvectomy with bilateral lymphadenectomy	C		357.000	2163.40 (1897.70)	285.600	1730.70 (1518.20)	6.000	190.90 (167.50)
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	C		402.000	2436.10 (2136.90)	321.600	1948.90 (1709.60)	6.000	190.90 (167.50)
12.2	Vaginal procedures and operations								
2312	Artificial insemination	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)		
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	C		25.500	154.50 (135.50)	25.500	154.50 (135.50)	3.000	95.40 (83.70)
2314	Intra uterine insemination	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)		
2315	Simms Hühner test plus wet smear	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)		
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	3.000	95.40 (83.70)

### Medical Practitioners 2005

2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	U		7.000	42.40 (37.20)	7.000	42.40 (37.20)	3.000	95.40 (83.70)
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	C		56.000	339.40 (297.70)	56.000	339.40 (297.70)	3.000	95.40 (83.70)
2319	Excision of cysts or tumours	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	3.000	95.40 (83.70)
2321	Drainage of vaginal abscess	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	3.000	95.40 (83.70)
2322	Pudendal nerve block	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
2323	Reconstruction of vagina after atresia	C		107.000	648.40 (568.80)	107.000	648.40 (568.80)	5.000	159.10 (139.60)
2325	Construction of artificial vagina: Labial fusion	C		179.000	1084.70 (951.50)	143.200	867.80 (761.20)	4.000	127.30 (111.70)
2327	Construction of artificial vagina: Macindoe type	C		196.000	1187.80 (1041.90)	156.800	950.20 (833.50)	5.000	159.10 (139.60)
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	C		241.000	1460.50 (1281.10)	192.800	1168.40 (1024.90)	6.000	190.90 (167.50)
2331	Vaginal septum removal	C		107.000	648.40 (568.80)	107.000	648.40 (568.80)	4.000	127.30 (111.70)
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	U		243.300	1474.40 (1293.30)	194.640	1179.50 (1034.60)	6.000	190.90 (167.50)
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	U		243.300	1474.40 (1293.30)	194.640	1179.50 (1034.60)	6.000	190.90 (167.50)
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	U		166.900	1011.40 (887.20)	133.520	809.10 (709.70)	6.000	190.90 (167.50)
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	U		166.900	1011.40 (887.20)	133.520	809.10 (709.70)	6.000	190.90 (167.50)
2339	Colpotomy: Diagnostic (excluding after-care)	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	4.000	127.30 (111.70)
2341	Colpotomy: Therapeutic, with or without sterilisation	C		103.000	624.20 (547.50)	103.000	624.20 (547.50)	4.000	127.30 (111.70)
2343	Vaginal hysterectomy: Without repair	U		210.500	1275.60 (1118.90)	168.400	1020.50 (895.20)	6.000	190.90 (167.50)
2345	Vaginal hysterectomy: With repair	U		231.700	1404.10 (1231.70)	185.360	1123.30 (985.40)	6.000	190.90 (167.50)
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	6.000	190.90 (167.50)
2361	Vaginal hysterectomy and repair for total prolapse	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	6.000	190.90 (167.50)
2363	Fothergill or Manchester repair operation	C		196.000	1187.80 (1041.90)	156.800	950.20 (833.50)	5.000	159.10 (139.60)
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	C		232.000	1405.90 (1233.20)	185.600	1124.70 (986.60)	5.000	159.10 (139.60)

### Medical Practitioners 2005

2366	Posterior repair alone	C		107.000	648.40 (568.80)	107.000	648.40 (568.80)	5.000	159.10 (139.60)
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	C		161.000	975.70 (855.90)	128.800	780.50 (684.60)	5.000	159.10 (139.60)
2368	Uterovesical fistula	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	5.000	159.10 (139.60)
2369	Repair of Vesico- or urethro-vaginal fistula	C		179.000	1084.70 (951.50)	143.200	867.80 (761.20)	5.000	159.10 (139.60)
2370	Repair of VVF - Obstetric or radiation	C		232.000	1405.90 (1233.20)	185.600	1124.70 (986.60)	5.000	159.10 (139.60)
2371	Closure of uretero-vaginal fistula	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	5.000	159.10 (139.60)
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	5.000	159.10 (139.60)
2373	Closure of recto-vaginal fistula	C		134.000	812.00 (712.30)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2374	Closure of recto-vaginal fistula: Obstetric or radiation	C		151.000	915.10 (802.70)	120.800	732.00 (642.10)	5.000	159.10 (139.60)
2375	Colpocleisis	C		129.000	781.70 (685.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2377	Le Fort operation	C		129.000	781.70 (685.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2379	Schauta operation	C		357.000	2163.40 (1897.70)	285.600	1730.70 (1518.20)	8.000	254.50 (223.20)
2381	Vaginectomy	C		268.000	1624.10 (1424.60)	214.400	1299.30 (1139.70)	8.000	254.50 (223.20)
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	C		429.000	2599.70 (2280.40)	343.200	2079.80 (1824.40)	8.000	254.50 (223.20)
2385	Vaginal laceration or trauma: Repair	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
12.3	Cervix								
2389	Paracervical nerve block	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		
2391	Cervix: Canal reconstruction	C		147.000	890.80 (781.40)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)		
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	C		22.000	133.30 (116.90)	22.000	133.30 (116.90)	3.000	95.40 (83.70)
2396	Laser or harmonic scalpel treatment of the cervix	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	3.000	95.40 (83.70)
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	C		31.000	187.90 (164.80)	31.000	187.90 (164.80)	3.000	95.40 (83.70)



### Medical Practitioners 2005

2399	Punch biopsy (excluding after-care)	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)	3.000	95.40 (83.70)
2400	Biopsy during pregnancy (excluding after-care)	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)	3.000	95.40 (83.70)
2403	Wedge biopsy: Cervix (excluding after-care)	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)	3.000	95.40 (83.70)
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	C		24.000	145.40 (127.50)	24.000	145.40 (127.50)	3.000	95.40 (83.70)
2405	Cone biopsy: Cervix (excluding after-care)	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	3.000	95.40 (83.70)
2407	Amputation: Cervix	C		67.000	406.00 (356.10)	67.000	406.00 (356.10)	3.000	95.40 (83.70)
2409	Cervix encircilage: McDonald stitch	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
2411	Cervix encircilage: Shirodkar suture	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	3.000	95.40 (83.70)
2413	Cervix encircilage: Lash	C		49.000	296.90 (260.40)	49.000	296.90 (260.40)	3.000	95.40 (83.70)
2415	Cervix encircilage: Removal items 2409 and 2411: Without anaesthetic	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)		
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	3.000	95.40 (83.70)
2417	Repair of tears: Emmet repair of tears	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
2418	Repair of tears: Sturmdorff repair of tears	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	3.000	95.40 (83.70)
2421	Extirpation of cervical stump: Vaginal	C		134.000	812.00 (712.30)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2423	Extirpation of cervical stump: Abdominal	C		134.000	812.00 (712.30)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2425	Removal of cervical polyps (excluding after-care)	C		13.000	78.80 (69.10)	13.000	78.80 (69.10)	3.000	95.40 (83.70)
2427	Removal of cervical myomata	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	3.000	95.40 (83.70)
2429	Colposcopy (excluding after-care)	C		27.000	163.60 (143.50)	27.000	163.60 (143.50)	3.000	95.40 (83.70)
12.4	Uterus								
2433	Embryo transfer	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	4.000	127.30 (111.70)
2434	Endometrial biopsy (excluding after-care)	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)	3.000	95.40 (83.70)
2435	Hysterosalpingogram (excluding after-care)	C		22.000	133.30 (116.90)	22.000	133.30 (116.90)	3.000	95.40 (83.70)

### Medical Practitioners 2005

2436	Hysteroscopy (excluding after-care)	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)	3.000	95.40 (83.70)
2437	Hysteroscopy and D&C (excluding after-care)	C		58.000	351.50 (308.30)	58.000	351.50 (308.30)	3.000	95.40 (83.70)
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	3.000	95.40 (83.70)
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	C		63.000	381.80 (334.90)	63.000	381.80 (334.90)	3.000	95.40 (83.70)
2440	Hysteroscopy and polypectomy (excluding after-care)	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	3.000	95.40 (83.70)
2441	Hysteroscopy and myomectomy (excluding after-care)	C		130.000	787.80 (691.10)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
2442	Insertion of I.U.C.D (excluding after-care)	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)	3.000	95.40 (83.70)
2443	D&C (excluding after-care)	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
2444	Fractional D&C (excluding after-care)	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	C		71.000	430.30 (377.50)	71.000	430.30 (377.50)	4.000	127.30 (111.70)
2448	Termination of pregnancy before 12 weeks	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
2449	Evacuation: Missed abortion: Before 12 weeks gestation	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
2451	Evacuation: Missed abortion: After 12 weeks gestation	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	4.000	127.30 (111.70)
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	U		54.000	327.20 (287.00)	54.000	327.20 (287.00)	4.000	127.30 (111.70)
2453	Evacuation hydatidiform mole	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	5.000	159.10 (139.60)
2455	Evacuation uterus post-partum	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)	6.000	190.90 (167.50)
2461	Ventrosuspension	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	4.000	127.30 (111.70)
2463	Uteroplasty: Strassman	C		143.000	866.60 (760.20)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2465	Uteroplasty: Tompkins	C		143.000	866.60 (760.20)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2467	Myomectomy	C		143.000	866.60 (760.20)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	C		254.100	1539.80 (1350.70)	203.280	1231.90 (1080.60)	6.000	190.90 (167.50)

### Medical Practitioners 2005

2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	C		252.200	1528.30 (1340.60)	201.760	1222.70 (1072.50)	6.000	190.90 (167.50)
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	C		355.000	2151.30 (1887.10)	284.000	1721.00 (1509.60)	6.000	190.90 (167.50)
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	C		472.800	2865.20 (2513.30)	378.240	2292.10 (2010.60)	8.000	254.50 (223.20)
2477	Abdominal hysterotomy with or without sterilisation	C		188.000	1139.30 (999.40)	150.400	911.40 (799.50)	6.000	190.90 (167.50)
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	6.000	190.90 (167.50)
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	6.000	190.90 (167.50)
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	C		120.000	727.20 (637.90)				
12.5	Fallopian tubes								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee	C							
2481	Insufflation Fallopian tubes (excluding after-care)	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)	3.000	95.40 (83.70)
2483	Salpingolysis	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2485	Salpingostomy	C		161.000	975.70 (855.90)	128.800	780.50 (684.60)	4.000	127.30 (111.70)
2487	Tuboplasty tubal anastomosis or re-implantation	C		196.000	1187.80 (1041.90)	156.800	950.20 (833.50)	4.000	127.30 (111.70)
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	C		125.000	757.50 (664.50)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	C		161.000	975.70 (855.90)	128.800	780.50 (684.60)	6.000	190.90 (167.50)
2491	Ectopic pregnancy - after 12 weeks	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	6.000	190.90 (167.50)
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	C		94.000	569.60 (499.60)	94.000	569.60 (499.60)	5.000	159.10 (139.60)
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically	C							
2493	Diagnostic laparoscopy (excluding after-care)	C		94.400	572.10 (501.80)	94.400	572.10 (501.80)	5.000	159.10 (139.60)
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	C	+	18.000	109.10 (95.70)	18.000	109.10 (95.70)	5.000	159.10 (139.60)
2497	Laparoscopy: Plus sterilisation	C	+	40.000	242.40 (212.60)	40.000	242.40 (212.60)	5.000	159.10 (139.60)
2499	Laparoscopy: Plus biopsy (excluding after-care)	C	+	18.000	109.10 (95.70)	18.000	109.10 (95.70)	5.000	159.10 (139.60)

### Medical Practitioners 2005

2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	C	+	51.000	309.10 (271.10)	51.000	309.10 (271.10)	5.000	159.10 (139.60)
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	C	+	18.000	109.10 (95.70)	18.000	109.10 (95.70)	5.000	159.10 (139.60)
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	C	+	52.000	315.10 (276.40)	52.000	315.10 (276.40)	5.000	159.10 (139.60)
2503	Laparoscopy: Plus ovarian drilling	C	+	40.000	242.40 (212.60)	40.000	242.40 (212.60)	5.000	159.10 (139.60)
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	C	+	107.000	648.40 (568.80)	107.000	648.40 (568.80)	5.000	159.10 (139.60)
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	C	+	52.000	315.10 (276.40)	52.000	315.10 (276.40)	5.000	159.10 (139.60)
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	C		58.000	351.50 (308.30)	58.000	351.50 (308.30)		
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	4.000	127.30 (111.70)
2527	Removal of ovarian tumour or cyst	C		187.000	1133.20 (994.00)	149.600	906.60 (795.30)	4.000	127.30 (111.70)
2529	Oophorectomy: Uni- or bilateral	C		134.500	815.10 (715.00)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2531	Ovarian carcinoma debulking and omentectomy	C		357.000	2163.40 (1897.70)	285.600	1730.70 (1518.20)	6.000	190.90 (167.50)
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	C		469.000	2842.10 (2493.10)	375.200	2273.70 (1994.50)	6.000	190.90 (167.50)
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	C		402.000	2436.10 (2136.90)	321.600	1948.90 (1709.60)	8.000	254.50 (223.20)
2537	Exenteration: Posterior Exenteration	C		402.000	2436.10 (2136.90)	321.600	1948.90 (1709.60)	8.000	254.50 (223.20)
2539	Exenteration: Total	C		625.000	3787.50 (3322.40)	500.000	3030.00 (2657.90)	8.000	254.50 (223.20)
2541	Presacral neurectomy	C		98.000	593.90 (521.00)	98.000	593.90 (521.00)	5.000	159.10 (139.60)
2543	Moschowitz operation	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	C		193.100	1170.20 (1026.50)	154.480	936.10 (821.10)	5.000	159.10 (139.60)
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	C		195.000	1181.70 (1036.60)	156.000	945.40 (829.30)	5.000	159.10 (139.60)
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	C		149.000	902.90 (792.00)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2547	Operations for stress incontinence: Burch colposuspension	C		161.000	975.70 (855.90)	128.800	780.50 (684.60)	5.000	159.10 (139.60)

### Medical Practitioners 2005

2548	Operation for stress incontinence: Use of tape	U		229.400	1390.20 (1219.50)	183.520	1112.10 (975.50)	5.000	159.10 (139.60)
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	C		196.000	1187.80 (1041.90)	156.800	950.20 (833.50)	5.000	159.10 (139.60)
2551	Laparotomy	C		170.000	1030.20 (903.70)	136.000	824.20 (723.00)	4.000	127.30 (111.70)
2552	Removal benign retroperitoneal tumour	C		223.000	1351.40 (1185.40)	178.400	1081.10 (948.30)	6.000	190.90 (167.50)
2553	Radical removal of malignant retroperitoneal tumour	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	8.000	254.50 (223.20)
2554	Drainage of pelvic abscess per abdomen	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	6.000	190.90 (167.50)
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	5.000	159.10 (139.60)
2558	Drainage intra-abdominal abscess: Delayed closure	C		268.000	1624.10 (1424.60)	214.400	1299.30 (1139.70)	6.000	190.90 (167.50)
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	6.000	190.90 (167.50)
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	6.000	190.90 (167.50)
2565	Implantation hormone pellets (excluding after-care)	C		3.000	18.20 (16.00)	3.000	18.20 (16.00)		
2570	Ligation of internal iliac vessels (when not part of another procedure)	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	8.000	254.50 (223.20)
13	Obstetric Procedures								
RULES GOVERNING THIS SECTION									
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.	C							
13.1	Pre-natal care and procedures								
2603	External cephalic version (excluding after-care)	C		22.000	133.30 (116.90)	22.000	133.30 (116.90)		

### Medical Practitioners 2005

2605	Amniocentesis (excluding after-care)	C		36.000	218.20 (191.40)	36.000	218.20 (191.40)		
2607	Amnioscopy (excluding after-care)	C		18.000	109.10 (95.70)	18.000	109.10 (95.70)		
2609	Intra-uterine transfusion of foetus or cordocentesis	C		134.000	812.00 (712.30)	120.000	727.20 (637.90)		
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)		
2611	Chorion villus sampling (excluding after-care)	C		54.000	327.20 (287.00)	54.000	327.20 (287.00)		
13.2	Confinements								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	U		282.000	1708.90 (1499.00)	225.600	1367.10 (1199.20)	6.000	190.90 (167.50)
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit). See modifier 0011 for emergency caesarean section (all hours)	C		267.000	1618.00 (1419.30)	213.600	1294.40 (1135.40)	6.000	190.90 (167.50)
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	C		190.000	1151.40 (1010.00)	152.000	921.10 (808.00)		
	Global obstetric care includes <ul style="list-style-type: none"> <li>o All modes of delivery (including Caesarean)</li> <li>o All inductions of labour (medical or surgical)</li> <li>o Intrapartum paracervical and pudential blocks</li> <li>o Intrapartum amnioscopy</li> <li>o Foetal blood sampling</li> <li>o Application of scalp leads</li> <li>o Symphysiotomy</li> <li>o Manual removal of placenta</li> <li>o Repair cervical tears</li> <li>o Correction of uterine inversion</li> <li>o Drainage of vulval haematoma</li> <li>o Repair third degree tear</li> <li>o Repair second degree tear</li> <li>o Repair episiotomy</li> <li>o Resuscitation of newborn by obstetrician</li> <li>o Tracheal intubation</li> <li>o Missed confinement</li> </ul>	C							

## Medical Practitioners 2005

	Global obstetric care excludes o Prenatal consultations o Prenatal procedures (Items 2603 - 2611) o Emergency hysterectomy for obstetrical reasons o Abdominal operation for repair of ruptured gravid uterus o Intensive care for obstetrical emergencies o Tubal ligation performed as a post-partum procedure o Post-partum complications occurring after discharge from the hospital	C							
13.3	Operative procedures (excluding antenatal care)								
2653	Caesarean-hysterectomy	C		335.000	2030.10 (1780.80)	268.000	1624.10 (1424.60)	9.000	286.30 (251.10)
2657	Post-partum hysterectomy	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	8.000	254.50 (223.20)
2669	Abdominal operation for ruptured gravid uterus: Repair	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	9.000	286.30 (251.10)
14	Nervous System								
14.1	Diagnostic procedures								
2681	Visual evoked potentials (VEP): Unilateral	C		50.000	303.00 (265.80)				
2682	Visual evoked potentials (VEP): Bilateral	C		88.000	533.30 (467.80)				
2683	Electro-retinography (Ganzfeld method): Unilateral	C		60.000	363.60 (318.90)				
2684	Electro-retinography (Ganzfeld method): Bilateral	C		105.000	636.30 (558.20)				
2685	Electro-oculography: Unilateral	C		30.000	181.80 (159.50)				
2686	Electro-oculography: Bilateral	C		53.000	321.20 (281.80)				
2687	VEP stable condition (photic drive): Unilateral	C		50.000	303.00 (265.80)				
2689	VEP stable condition (photic drive): Bilateral	C		88.000	533.30 (467.80)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	C		150.000	909.00 (797.40)				
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry	C							
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	C		48.000	290.90 (255.20)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	C		6.000	36.40 (31.90)	6.000	36.40 (31.90)		
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	C		220.000	1333.20 (1169.50)				

### Medical Practitioners 2005

2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	C		80.000	484.80 (425.30)				
2709	Full spinogram including bilateral median and posterior-tibial studies	C		140.000	848.40 (744.20)				
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)	C							
2711	Electro-encephalography: Taking of record	C		36.100	218.80 (191.90)	36.100	218.80 (191.90)		
2712	Electro-encephalography: Interpretation	C		24.000	145.40 (127.50)	24.000	145.40 (127.50)		
2713	Lumbar puncture and/or intrathecal injections	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
2714	Cisternal puncture and/or intrathecal injections	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	C		136.000	824.20 (723.00)				
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	C		30.000	181.80 (159.50)				
2717	Electromyography: First	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)		
2718	Electromyography: Subsequent	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)		
2719	Overnight polysomnogram and sleep staging: Hire	C		125.000	757.50 (664.50)				
2720	Overnight polysomnogram and sleep staging: Interpretation	C		23.000	139.40 (122.30)				
2721	Daytime polysomnogram: Hire	C		125.000	757.50 (664.50)				
2722	Daytime polysomnogram: Interpretation	C		17.000	103.00 (90.40)				
2723	Multiple sleep latency test: Interpretation	C		125.000	757.50 (664.50)				
2724	Overnight continuous positive airways pressure (CPAP) titration	C		155.000	939.30 (823.90)	124.000	751.40 (659.10)		
2725	Angiography carotis: Unilateral	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	4.000	127.30 (111.70)
2726	Angiography carotis: Bilateral	C		44.000	266.60 (233.90)	44.000	266.60 (233.90)	4.000	127.30 (111.70)
2727	Vertebral artery: Direct needling	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
2729	Vertebral catheterisation	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	C		14.500	87.90 (77.10)			4.000	127.30 (111.70)



### Medical Practitioners 2005

2733	Cortical Stimulation	U		58.900	356.90 (313.10)	58.900	356.90 (313.10)		
2734	Sodium Amytal Testing (WADA test)	U		88.700	537.50 (471.50)	88.700	537.50 (471.50)	13.000	413.60 (362.80)
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	U		31.500	190.90 (167.50)	-	-		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
2739	Ventricular needling without burring: Tapping only	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)	4.000	127.30 (111.70)
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	C		43.000	260.60 (228.60)	43.000	260.60 (228.60)	4.000	127.30 (111.70)
2743	Subdural tapping: First sitting	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)	4.000	127.30 (111.70)
2745	Subdural tapping: Subsequent	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	4.000	127.30 (111.70)
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	C		36.100	218.80 (191.90)	36.100	218.80 (191.90)		
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	C		24.500	148.50 (130.30)	24.500	148.50 (130.30)		
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	C		36.100	218.80 (191.90)	36.100	218.80 (191.90)		
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	C		24.500	148.50 (130.30)	24.500	148.50 (130.30)		
6010	Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	C		294.600	1785.30 (1566.10)	235.680	1428.20 (1252.80)		
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	C		128.600	779.30 (683.60)	120.000	727.20 (637.90)		
14.2	Introduction of burr holes for								
2747	Ventriculography	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
2749	Catheterisation for ventriculography and/or drainage	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
2751	Biopsy of brain tumour	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
2753	Subdural haematoma or hygroma	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
2755	Subdural empyema	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
2757	Brain abscess	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
14.3	Nerve procedures								

### Medical Practitioners 2005

2759	Nerve biopsy: Peripheral	C		37.000	224.20 (196.70)	37.000	224.20 (196.70)	4.000	127.30 (111.70)
2763	Nerve biopsy: Cranial nerves: Extra-cranial	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	4.000	127.30 (111.70)
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	C		26.000	157.60 (138.20)	26.000	157.60 (138.20)	4.000	127.30 (111.70)
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	U		25.000	151.50 (132.90)				
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	U		30.000	181.80 (159.50)				
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	U		35.000	212.10 (186.10)				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	U		35.000	212.10 (186.10)				
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	U		50.000	303.00 (265.80)				
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	6.000	190.90 (167.50)
2769	Suture: Large nerve: Primary	U		134.000	812.00 (712.30)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
2771	Suture: Large nerve: Secondary	C		202.000	1224.10 (1073.80)	161.600	979.30 (859.00)	5.000	159.10 (139.60)
2773	Digital nerve: Primary	C		65.000	393.90 (345.50)	65.000	393.90 (345.50)	3.000	95.40 (83.70)
2775	Digital nerve: Secondary	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
2777	Nerve graft: Simple	C		202.000	1224.10 (1073.80)	161.600	979.30 (859.00)	4.000	127.30 (111.70)
2779	Fascicular: First fasciculus	C		202.000	1224.10 (1073.80)	161.600	979.30 (859.00)	4.000	127.30 (111.70)
2781	Fascicular: Each additional fasciculus	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)	4.000	127.30 (111.70)
2783	Fascicular: Nerve flap: To include all stages	C		224.000	1357.40 (1190.70)	179.200	1086.00 (952.60)	4.000	127.30 (111.70)
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	C		124.000	751.40 (659.10)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2787	Fascicular: Grafting of facial nerve	C		215.000	1302.90 (1142.90)	172.000	1042.30 (914.30)	5.000	159.10 (139.60)
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
2791	Trigeminal ganglion: Injection of cortisone	C		65.000	393.90 (345.50)	65.000	393.90 (345.50)	3.000	95.40 (83.70)

### Medical Practitioners 2005

2793	Trigeminal ganglion: Coagulation through high frequency	C		170.000	1030.20 (903.70)	136.000	824.20 (723.00)	3.000	95.40 (83.70)
2799	Procedures for pain relief: Intrathecal injections for pain	C		36.000	218.20 (191.40)	36.000	218.20 (191.40)	4.000	127.30 (111.70)
2800	Procedures for pain relief: Plexus nerve block	C		36.000	218.20 (191.40)	36.000	218.20 (191.40)	36.000	218.20 (191.40)
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	U		36.000	218.20 (191.40)	36.000	218.20 (191.40)		
2802	Procedures for pain relief: Peripheral nerve block	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)	25.000	151.50 (132.90)
2803	Alcohol injection in peripheral nerves for pain: Unilateral	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	U	+	10.000	60.60 (53.20)	10.000	60.60 (53.20)	10.000	60.60 (53.20)
2805	Alcohol injection in peripheral nerves for pain: Bilateral	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
2809	Peripheral nerve section for pain	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)	3.000	95.40 (83.70)
2811	Pudendal neurectomy: Bilateral	C		116.000	703.00 (616.70)	116.000	703.00 (616.70)	3.000	95.40 (83.70)
2813	Obturator or Stoffels	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
2815	Interdigital	C		82.300	498.70 (437.50)	82.300	498.70 (437.50)	3.000	95.40 (83.70)
2825	Excision: Neuroma: Peripheral	C		109.500	663.60 (582.10)	109.500	663.60 (582.10)	3.000	95.40 (83.70)
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	C		100.000	606.00 (531.60)	100.000	606.00 (531.60)	3.000	95.40 (83.70)
2829	Neurolysis: Minor	C		51.000	309.10 (271.10)	51.000	309.10 (271.10)	3.000	95.40 (83.70)
2831	Neurolysis: Major	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	3.000	95.40 (83.70)
2833	Neurolysis: Digital	C		96.000	581.80 (510.40)	96.000	581.80 (510.40)	3.000	95.40 (83.70)
2835	Scalenotomy	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
2837	Brachial plexus, suture or neurolysis (item 2767)	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	6.000	190.90 (167.50)
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	C		895.200	5424.90 (4758.70)	716.160	4339.90 (3806.90)	6.000	190.90 (167.50)
2841	Carpal Tunnel	C		64.000	387.80 (340.20)	64.000	387.80 (340.20)	3.000	95.40 (83.70)

### Medical Practitioners 2005

2843	Lumbar sympathectomy: Unilateral	C		153.000	927.20 (813.30)	122.400	741.70 (650.60)	4.000	127.30 (111.70)
2845	Lumbar sympathectomy: Bilateral	C		268.000	1624.10 (1424.60)	214.400	1299.30 (1139.70)	6.000	190.90 (167.50)
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	C						11.000	349.90 (306.90)
2847	Cervical sympathectomy: Unilateral	C		153.000	927.20 (813.30)	122.400	741.70 (650.60)	4.000	127.30 (111.70)
2848	Cervical sympathectomy: Bilateral	C		268.000	1624.10 (1424.60)	214.400	1299.30 (1139.70)	6.000	190.90 (167.50)
2849	Sympathetic block: Other levels: Unilateral	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	3.000	95.40 (83.70)
2851	Sympathetic block: Other levels: Bilateral	C		35.000	212.10 (186.10)	35.000	212.10 (186.10)	3.000	95.40 (83.70)
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	4.000	127.30 (111.70)
14.4	Skull procedures								
2855	Removal of skull tumour: With or without plastic repair: Small	C		170.000	1030.20 (903.70)	136.000	824.20 (723.00)	5.000	159.10 (139.60)
2857	Removal of skull tumour: With or without plastic repair: Major	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	8.000	254.50 (223.20)
2859	Repair of depressed fracture of skull: Without brain laceration: Major	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	8.000	254.50 (223.20)
2860	Repair of depressed fracture of skull: Without brain laceration: Small	C		170.000	1030.20 (903.70)	136.000	824.20 (723.00)	8.000	254.50 (223.20)
2861	Repair of depressed fracture of skull: With brain lacerations: Small	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	8.000	254.50 (223.20)
2862	Repair of depressed fracture of skull: With brain lacerations: Major	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	8.000	254.50 (223.20)
2863	Cranioplasty	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	8.000	254.50 (223.20)
2864	Encephalocele (excluding frontal)	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	8.000	254.50 (223.20)
2865	Craniostenosis: Few suturae	C		213.000	1290.80 (1132.30)	170.400	1032.60 (905.80)	9.000	286.30 (251.10)
2867	Craniostenosis: Multiple suturae	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	9.000	286.30 (251.10)
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	8.000	254.50 (223.20)
2871	Ventriculo-caval shunt	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	11.000	349.90 (306.90)
2873	Ventriculo-peritoneal shunt	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	8.000	254.50 (223.20)

### Medical Practitioners 2005

2875	Theco-peritoneal C.S.F. shunt	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	8.000	254.50 (223.20)
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	15.000	477.20 (418.60)
2877	Extracranial to intracranial vascular	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	15.000	477.20 (418.60)
2878	Posterior fossa arteriovenous anomalies	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	15.000	477.20 (418.60)
14.7	Posterior fossa surgery								
2879	Glosso pharyngeal nerve	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	6.000	190.90 (167.50)
2881	Eighth nerve: Intracranial	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	8.000	254.50 (223.20)
2883	Eighth nerve: Extracranial	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	4.000	127.30 (111.70)
2884	Sub-temporal section of the trigeminal nerve	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	9.000	286.30 (251.10)
2885	Trigeminal tractotomy	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	9.000	286.30 (251.10)
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiari malformation or obstructive cysts e.g. Dandy Walker or parasites	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	9.000	286.30 (251.10)
2887	Vestibular nerve	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	9.000	286.30 (251.10)
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	11.000	349.90 (306.90)
2891	Posterior fossa tumour removal: Glioma, secondary deposits	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	11.000	349.90 (306.90)
2893	Posterior fossa tumour removal: Abscess	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	11.000	349.90 (306.90)
2895	Excision of tumour of glomus jugulare: Intracranial	C		420.000	2545.20 (2232.60)	336.000	2036.20 (1786.10)	11.000	349.90 (306.90)
2897	Excision of tumour of glomus jugulare: Extracranial	C		420.000	2545.20 (2232.60)	336.000	2036.20 (1786.10)	9.000	286.30 (251.10)
2898	Excision of tumour of glomus jugulare: Hemispherectomy	C		500.000	3030.00 (2657.90)	400.000	2424.00 (2126.30)	15.000	477.20 (418.60)
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	11.000	349.90 (306.90)
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	11.000	349.90 (306.90)

### Medical Practitioners 2005

2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	11.000	349.90 (306.90)
2903	Craniotomy for Abscess, Glioma	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	11.000	349.90 (306.90)
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	11.000	349.90 (306.90)
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	11.000	349.90 (306.90)
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	11.000	349.90 (306.90)
2907	Craniotomy for Temporal lobectomy	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	11.000	349.90 (306.90)
2908	Craniotomy for Torkildsen anastomosis	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	11.000	349.90 (306.90)
2909	Craniotomy for CSF-leaks	C		450.000	2727.00 (2392.10)	360.000	2181.60 (1913.70)	11.000	349.90 (306.90)
2910	Craniotomy for removal of arteriovenous malformation	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	11.000	349.90 (306.90)
14.8.1	Craniotomy for Stereo-tactic cerebral and spinal cord procedures								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	4.000	127.30 (111.70)
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	C		196.000	1187.80 (1041.90)	156.800	950.20 (833.50)	4.000	127.30 (111.70)
2915	Transnasal hypophysectomy	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	11.000	349.90 (306.90)
2916	Transfrontal hypophysectomy	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	11.000	349.90 (306.90)
2917	Transnasal hypophyseal implants	C		172.000	1042.30 (914.30)	137.600	833.90 (731.50)	11.000	349.90 (306.90)
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	U		-	-	-	-		
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures	C							
2923	Chordotomy: Unilateral	C		178.000	1078.70 (946.20)	142.400	862.90 (756.90)	3.000	95.40 (83.70)
2925	Chordotomy: Open	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	3.000	95.40 (83.70)
2927	Rhizotomy: Extradural, but intraspinal	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	3.000	95.40 (83.70)
2928	Rhizotomy: Intradural	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	3.000	95.40 (83.70)
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	8.000	254.50 (223.20)

### Medical Practitioners 2005

2930	Removal of spinal cord tumour: Intramedullary: Anterio-lateral approach	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	8.000	254.50 (223.20)
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	3.000	95.40 (83.70)
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	C		350.000	2121.00 (1860.50)	280.000	1696.80 (1488.40)	8.000	254.50 (223.20)
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	7.000	222.70 (195.40)
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	3.000	95.40 (83.70)
2937	Repair of meningocele, involving nerve tissue	C		250.000	1515.00 (1328.90)	200.000	1212.00 (1063.20)	9.000	286.30 (251.10)
2938	Simple	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	9.000	286.30 (251.10)
2939	Excision of arterial vascular malformations and cysts of the spinal cord	C		700.000	4242.00 (3721.10)	560.000	3393.60 (2976.80)	9.000	286.30 (251.10)
2940	Lumbar osteophyte removal	C		187.000	1133.20 (994.00)	149.600	906.60 (795.30)	3.000	95.40 (83.70)
2941	Cervical or thoracic osteophyte removal	C		285.000	1727.10 (1515.00)	228.000	1381.70 (1212.00)	3.000	95.40 (83.70)
14.10	Arterial ligations								
2951	Carotis: Trauma	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
2953	Carotis: For aneurysm (AV anomaly)	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	8.000	254.50 (223.20)
2955	Removal of carotid body tumour (without vascular reconstruction)	C		335.600	2033.70 (1783.90)	268.480	1627.00 (1427.20)	8.000	254.50 (223.20)
14.11	Medical psychotherapy								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	U		31.700	192.10 (168.50)	16.000	97.00 (85.10)		
2958	Psychoanalytic therapy: Per 60-minute session	U		95.090	576.20 (505.40)	48.000	290.90 (255.20)		
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	U		31.700	192.10 (168.50)	16.000	97.00 (85.10)		
2963	Pairs, marriage or sex therapy: Per 20-minute session	U		31.700	192.10 (168.50)	16.000	97.00 (85.10)		
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	U		15.850	96.10 (84.30)	8.000	48.50 (42.50)		
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	U		63.400	384.20 (337.00)	32.000	193.90 (170.10)		
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	U		95.090	576.20 (505.40)	48.000	290.90 (255.20)		
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	U		63.400	384.20 (337.00)	32.000	193.90 (170.10)		

### Medical Practitioners 2005

2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	U		95.090	576.20 (505.40)	48.000	290.90 (255.20)		
<b>RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY</b>									
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods	C							
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure	C							
14.12	<b>Physical treatment methods</b>								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)	C		25.000	151.50 (132.90)	17.000	103.00 (90.40)	3.000	95.40 (83.70)
2971	Intravenous anti-depressive medication through infusion: Per push in (Maximum one push in per 24 hours)	C		6.000	36.40 (31.90)	4.000	24.20 (21.20)		
14.13	<b>Psychiatric examination methods</b>								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per session	C		24.000	145.40 (127.50)	16.000	97.00 (85.10)		
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	C		24.000	145.40 (127.50)	16.000	97.00 (85.10)		
15	<b>Endocrine System</b>								
15.1	<b>Thyroid</b>								
2983	Lobectomy: Partial	C		198.100	1200.50 (1053.10)	158.480	960.40 (842.50)	5.000	159.10 (139.60)
2985	Lobectomy: Total	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	5.000	159.10 (139.60)
2987	Thyroidectomy: Subtotal	C		266.000	1612.00 (1414.00)	212.800	1289.60 (1131.20)	5.000	159.10 (139.60)
2989	Thyroidectomy: Total	C		279.000	1690.70 (1483.10)	223.200	1352.60 (1186.50)	5.000	159.10 (139.60)
2991	Thyroglossal cyst or fistula excision	C		126.200	764.80 (670.90)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
15.2	<b>Parathyroid</b>								
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	C		275.000	1666.50 (1461.80)	220.000	1333.20 (1169.50)	5.000	159.10 (139.60)
15.3	<b>Adrenals</b>								
2995	Adrenalectomy: Unilateral	C		225.000	1363.50 (1196.10)	180.000	1090.80 (956.80)	9.000	286.30 (251.10)
2997	Bilateral exploration of adrenal glands: Including removal	C		394.000	2387.60 (2094.40)	315.200	1910.10 (1675.50)	11.000	349.90 (306.90)
15.4	<b>Hypophysis</b>								
2999	Transethmoidal hypophysectomy	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	11.000	349.90 (306.90)



### Medical Practitioners 2005

3000	Transnasal hypophysectomy (see also item 2915)	U		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	11.000	349.90 (306.90)
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	C		3.000	18.20 (16.00)	3.000	18.20 (16.00)		
16	Eye								
16.1	Eye: Procedures performed in rooms								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken	C							
16.1.1	Eye investigations								
3002	Gonioscopy	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3006	Keratometry	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	U	+	11.680	70.80 (62.10)				
3012	Pre-surgical retinal examination before retinal surgery	C		32.000	193.90 (170.10)	32.000	193.90 (170.10)		
3013	Ocular motility assessment: Comprehensive examination	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)		
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)		
16.1.2	Special eye investigations								
3005	Endothelial cell count	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3007	Potential acuity measurement	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3008	Contrast sensitivity test	C		7.000	42.40 (37.20)	7.000	42.40 (37.20)		
3010	Orthoptics consultation	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
3011	Orthoptic subsequent sessions	C		5.000	30.30 (26.60)	5.000	30.30 (26.60)		
3015	Charting of visual field with manual perimeter	C		28.000	169.70 (148.90)	28.000	169.70 (148.90)		

### Medical Practitioners 2005

3016	Retinal threshold test without storage facilities	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)		
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	C		74.000	448.40 (393.30)	74.000	448.40 (393.30)		
3018	Retinal threshold trend evaluation (additional to item 3017)	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)		
3019	Ocular muscle function with Hess screen or perimeter	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)		
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	C		46.000	278.80 (244.60)	46.000	278.80 (244.60)		
3022	Digital fluorescein video angiography	C		68.000	412.10 (361.50)	68.000	412.10 (361.50)	9.000	286.30 (251.10)
3023	Digital indocyanine video angiography	C		110.000	666.60 (584.70)	110.000	666.60 (584.70)	9.000	286.30 (251.10)
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)		
3025	Electronic tonography	C		19.000	115.10 (101.00)	19.000	115.10 (101.00)		
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	U		19.300	117.00 (102.60)	19.300	117.00 (102.60)		
3027	Fundus photography	C		21.000	127.30 (111.70)	21.000	127.30 (111.70)		
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	C		40.000	242.40 (212.60)	40.000	242.40 (212.60)		
3029	Anterior segment microphotography	C		21.000	127.30 (111.70)	21.000	127.30 (111.70)		
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	C		45.000	272.70 (239.20)	45.000	272.70 (239.20)		
3032	Eyelid and orbit photography	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)		
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)		
3034	Determination of lens implant power per eye	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged	C		22.000	133.30 (116.90)	22.000	133.30 (116.90)		
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	C		36.000	218.20 (191.40)	36.000	218.20 (191.40)		
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	C		306.900	1859.80 (1631.40)	245.520	1487.90 (1305.20)	6.000	190.90 (167.50)
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	6.000	190.90 (167.50)

### Medical Practitioners 2005

3041	Pan retinal photocoagulation (per eye): Done in one sitting	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
3044	Removal of encircling band and/or buckling material	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	6.000	190.90 (167.50)
16.3	Cataract								
3045	Cataract: Intra-capsular	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	7.000	222.70 (195.40)
3047	Cataract: Extra-capsular (including capsulotomy)	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	7.000	222.70 (195.40)
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	C		57.000	345.40 (303.00)	57.000	345.40 (303.00)	7.000	222.70 (195.40)
3050	Repositioning of intra ocular lens	C		171.100	1036.90 (909.60)	136.880	829.50 (727.60)	7.000	222.70 (195.40)
3051	Needling or capsulotomy	C		130.000	787.80 (691.10)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3052	Laser capsulotomy	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	4.000	127.30 (111.70)
3057	Removal of lenticulus	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	7.000	222.70 (195.40)
3058	Exchange of intra ocular lens	C		236.000	1430.20 (1254.60)	188.800	1144.10 (1003.60)	7.000	222.70 (195.40)
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	7.000	222.70 (195.40)
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	C		4.000	24.20 (21.20)				
16.4	Glaucoma								
3061	Drainage operation	C		247.600	1500.50 (1316.20)	198.080	1200.40 (1053.00)	6.000	190.90 (167.50)
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	C		60.000	363.60 (318.90)	60.000	363.60 (318.90)	6.000	190.90 (167.50)
3063	Cyclocryotherapy or cyclodiathermy	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	6.000	190.90 (167.50)
3064	Laser trabeculoplasty	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	6.000	190.90 (167.50)
3065	Removal of blood from anterior chamber	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	4.000	127.30 (111.70)
3067	Goniotomy	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	7.000	222.70 (195.40)
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	C		127.000	769.60 (675.10)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	6.000	190.90 (167.50)

## Medical Practitioners 2005

16.6	Strabismus								
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	C		175.600	1064.10 (933.40)	140.480	851.30 (746.80)	5.000	159.10 (139.60)
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)	5.000	159.10 (139.60)
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	C		120.000	727.20 (637.90)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
16.7	Globe								
3079	Transcleral biopsy	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3080	Examination of eyes under general anaesthetic where no surgery is done	C		80.000	484.80 (425.30)	80.000	484.80 (425.30)	4.000	127.30 (111.70)
3081	Treatment of minor perforating injury	C		161.600	979.30 (859.00)	129.280	783.40 (687.20)	6.000	190.90 (167.50)
3083	Treatment of major perforating injury	C		267.500	1621.10 (1422.00)	214.000	1296.80 (1137.50)	6.000	190.90 (167.50)
3085	Enucleation or Evisceration	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	5.000	159.10 (139.60)
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	C		160.000	969.60 (850.50)	128.000	775.70 (680.40)	5.000	159.10 (139.60)
3088	Hydroxyapatite insertion (additional to item 3087)	C	+	40.000	242.40 (212.60)	40.000	242.40 (212.60)	5.000	159.10 (139.60)
3089	Subconjunctival injection if not done at time of operation	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	5.000	159.10 (139.60)
3090	Intra vitreal injection drug	C		47.600	288.50 (253.10)	47.600	288.50 (253.10)	4.000	127.30 (111.70)
3091	Retrolbulbar injection (if not done at time of operation)	C		16.000	97.00 (85.10)	16.000	97.00 (85.10)	4.000	127.30 (111.70)
3092	External laser treatment for superficial lesions	C		53.000	321.20 (281.80)	53.000	321.20 (281.80)		
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	C		209.000	1266.50 (1111.00)	167.200	1013.20 (888.80)	6.000	190.90 (167.50)
3094	Implantation of intra vitreal drug delivery system	U		247.600	1500.50 (1316.20)	198.080	1200.40 (1053.00)	4.000	127.30 (111.70)
3095	Biopsy of vitreous body or anterior chamber contents	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	6.000	190.90 (167.50)
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	C		130.000	787.80 (691.10)	120.000	727.20 (637.90)	7.000	222.70 (195.40)
3097	Anterior vitrectomy	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	6.000	190.90 (167.50)

### Medical Practitioners 2005

3098	Removal of silicon from globe	C		280.000	1696.80 (1488.40)	224.000	1357.40 (1190.70)	6.000	190.90 (167.50)
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	C		419.000	2539.10 (2227.30)	335.200	2031.30 (1781.80)	6.000	190.90 (167.50)
3100	Lensectomy done at time of posterior vitrectomy	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	7.000	222.70 (195.40)
16.8	Orbit								
3101	Drainage of orbital abscess	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	5.000	159.10 (139.60)
3103	Orbit: Removal of tumour	C		240.000	1454.40 (1275.80)	192.000	1163.50 (1020.60)	5.000	159.10 (139.60)
3104	Removal orbital prosthesis	C		212.700	1289.00 (1130.70)	170.160	1031.20 (904.60)	5.000	159.10 (139.60)
3105	Orbit: Exenteration	C		275.000	1666.50 (1461.80)	220.000	1333.20 (1169.50)	5.000	159.10 (139.60)
3107	Orbitotomy requiring bone flap	C		393.000	2381.60 (2089.10)	314.400	1905.30 (1671.30)	5.000	159.10 (139.60)
3108	Eye socket reconstruction	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	5.000	159.10 (139.60)
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	C		300.000	1818.00 (1594.70)	240.000	1454.40 (1275.80)	5.000	159.10 (139.60)
3110	Second stage hydroxyapatite implantation	C		110.000	666.60 (584.70)	110.000	666.60 (584.70)	5.000	159.10 (139.60)
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	C		-	-	-	-		
3112	Fitting of contact lens for treatment of disease including supply of lens	U		12.200	73.90 (64.80)	12.200	73.90 (64.80)		
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	C		200.000	1212.00 (1063.20)	160.000	969.60 (850.50)		
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	U		78.850	477.80 (419.10)				
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	C		166.000	1006.00 (882.50)	132.800	804.80 (706.00)		
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	C		135.200	819.30 (718.70)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
3117	Removal of foreign body: On the basis of fee per consultation	C		-	-	-	-	4.000	127.30 (111.70)
3118	Curettage of cornea after removal of foreign body (after-care excluded)	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
3119	Tattooing	C		26.000	157.60 (138.20)	26.000	157.60 (138.20)	4.000	127.30 (111.70)
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	6.000	190.90 (167.50)

### Medical Practitioners 2005

3121	Corneal graft (Lamellar or full thickness)	C		289.000	1751.30 (1536.20)	231.200	1401.10 (1229.00)	6.000	190.90 (167.50)
3122	Epikeratophakia	C		289.000	1751.30 (1536.20)	231.200	1401.10 (1229.00)		
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	C		254.000	1539.20 (1350.20)	203.200	1231.40 (1080.20)	6.000	190.90 (167.50)
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)		
3125	Keratectomy	U		127.000	769.60 (675.10)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	C	+	52.180	316.20 (277.40)	52.180	316.20 (277.40)		
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	4.000	127.30 (111.70)
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
3129	Additional to item 3128 for the use of own diamond knives	C	+	40.000	242.40 (212.60)	40.000	242.40 (212.60)		
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	C		96.900	587.20 (515.10)	96.900	587.20 (515.10)	4.000	127.30 (111.70)
3131	Cornea: Paracentesis	C		53.000	321.20 (281.80)	53.000	321.20 (281.80)	4.000	127.30 (111.70)
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	C		150.000	909.00 (797.40)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	C		116.300	704.80 (618.20)	116.300	704.80 (618.20)	4.000	127.30 (111.70)
3136	Conjunctival flap or graft (not for use with pterigium surgery)	U		95.700	579.90 (508.70)	95.700	579.90 (508.70)	6.000	190.90 (167.50)
3138	Removal corneal epithelium and chelating agent for band keratopathy	U		69.500	421.20 (369.50)	69.500	421.20 (369.50)	4.000	127.30 (111.70)
16.10	Ducts								
3133	Probing and/or syringing, per duct	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	4.000	127.30 (111.70)
3135	Insert polythene tubes	C		51.800	313.90 (275.40)	51.800	313.90 (275.40)	4.000	127.30 (111.70)
3137	Excision of lacrimal sac: Unilateral	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3139	Dacrocystorhinostomy (Single) with or without polythene tube	C		210.000	1272.60 (1116.30)	168.000	1018.10 (893.10)	5.000	159.10 (139.60)
3141	Sealing Punctum surgical or by cautery: Per eye	C		24.900	150.90 (132.40)	24.900	150.90 (132.40)	4.000	127.30 (111.70)
3142	Sealing Punctum with plugs: Per eye	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)	4.000	127.30 (111.70)

# Medical Practitioners 2005

3143	Three-snip operation	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	4.000	127.30 (111.70)
3145	Repair of caniculus: Primary procedure	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3147	Repair of caniculus: Secondary procedure	C		175.000	1060.50 (930.30)	140.000	848.40 (744.20)	4.000	127.30 (111.70)
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3151	Excision of iris tumour	C		185.000	1121.10 (983.40)	148.000	896.90 (786.80)	6.000	190.90 (167.50)
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	C		105.000	636.30 (558.20)	105.000	636.30 (558.20)	4.000	127.30 (111.70)
3155	Iridocyclectomy for tumour	C		266.000	1612.00 (1414.00)	212.800	1289.60 (1131.20)	6.000	190.90 (167.50)
3157	Division of anterior synechiae as isolated procedure	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3158	Repair iris as in dialysis: Anterior chamber reconstruction	C		142.400	862.90 (756.90)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
16.12	Lids								
3161	Tarsorrhaphy	C		47.000	284.80 (249.80)	47.000	284.80 (249.80)	4.000	127.30 (111.70)
3163	Excision of superficial lid tumour	C		47.000	284.80 (249.80)	47.000	284.80 (249.80)	4.000	127.30 (111.70)
3165	Repair of skin laceration lid: Simple	C		27.300	165.40 (145.10)	27.300	165.40 (145.10)	4.000	127.30 (111.70)
3167	Diathermy to wart on lid margin	C		12.000	72.70 (63.80)	12.000	72.70 (63.80)	4.000	127.30 (111.70)
3169	Electrolysis of any number of eyelashes: Per eye	C		15.000	90.90 (79.70)	15.000	90.90 (79.70)		
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	C		20.400	123.60 (108.40)	20.400	123.60 (108.40)	4.000	127.30 (111.70)
3173	Epicanthal folds	C		128.700	779.90 (684.10)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	U		25.000	151.50 (132.90)				
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	U		35.000	212.10 (186.10)				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	C		187.000	1133.20 (994.00)	149.600	906.60 (795.30)	4.000	127.30 (111.70)
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)	4.000	127.30 (111.70)

### Medical Practitioners 2005

3179	Entropion or ectropion by Suture	C		49.400	299.40 (262.60)	49.400	299.40 (262.60)	4.000	127.30 (111.70)
3181	Entropion or ectropion by Open operation	C		111.500	675.70 (592.70)	111.500	675.70 (592.70)	4.000	127.30 (111.70)
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	C		122.600	743.00 (651.80)	122.600	743.00 (651.80)	4.000	127.30 (111.70)
16.12. 2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	C		259.000	1569.50 (1376.80)	207.200	1255.60 (1101.40)	4.000	127.30 (111.70)
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	C		206.000	1248.40 (1095.10)	164.800	998.70 (876.10)	4.000	127.30 (111.70)
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	C		136.500	827.20 (725.60)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	C		150.200	910.20 (798.40)	120.160	728.20 (638.80)	4.000	127.30 (111.70)
3172	Blepharoplasty lower eyelid plus fat pad	C		125.800	762.30 (668.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
16.12. 3	Lids: Ptosis								
3193	Repair by superior rectus, levator or frontalis muscle operation	C		190.000	1151.40 (1010.00)	152.000	921.10 (808.00)	4.000	127.30 (111.70)
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	C		137.600	833.90 (731.50)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	C		166.000	1006.00 (882.50)	132.800	804.80 (706.00)	4.000	127.30 (111.70)
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	C		132.000	799.90 (701.70)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
3200	Repair of lacerated conjunctiva	C		47.000	284.80 (249.80)	47.000	284.80 (249.80)	4.000	127.30 (111.70)
16.14	Eye: General								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.	C							
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	C		109.000	660.50 (579.40)				
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R15,00 per minute may be charged	U							
3196	Diamond knife: Use of own diamond knife during intraocular surgery	C		12.000	72.70 (63.80)				
3198	Excimer laser: Hire fee (per eye)	C		284.130	1721.80 (1510.40)				



### Medical Practitioners 2005

3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	C		109.000	660.50 (579.40)				
3202	Phako emulsification apparatus: Hire fee	C		109.000	660.50 (579.40)				
3203	Vitreotomy apparatus: Hire fee	C		120.000	727.20 (637.90)				
17	Ear								
17.1	External ear (Pinna)								
3267	Major congenital deformity reconstruction of external ear: Unilateral	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
3269	Major congenital deformity reconstruction of external ear: Bilateral	C		242.000	1466.50 (1286.40)	193.600	1173.20 (1029.10)	5.000	159.10 (139.60)
3270	Excision of superficial pre-auricular fistula	C		55.000	333.30 (292.40)	55.000	333.30 (292.40)	4.000	127.30 (111.70)
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	C		-	-				
3272	Excision of complicated pre-auricular fistula	C		140.000	848.40 (744.20)	120.000	727.20 (637.90)	4.000	127.30 (111.70)
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	C		-	-	-	-		
3205	External ear canal: Removal of foreign body: Under general anaesthetic	C		21.000	127.30 (111.70)	21.000	127.30 (111.70)	4.000	127.30 (111.70)
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	C		164.000	993.80 (871.80)	131.200	795.10 (697.50)	4.000	127.30 (111.70)
3217	Meatus atresia: Congenital	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	4.000	127.30 (111.70)
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	C		77.000	466.60 (409.30)	77.000	466.60 (409.30)	4.000	127.30 (111.70)
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	C		215.000	1302.90 (1142.90)	172.000	1042.30 (914.30)	4.000	127.30 (111.70)
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	C		8.000	48.50 (42.50)	8.000	48.50 (42.50)		
3207	Myringotomy: Unilateral	C		28.000	169.70 (148.90)	28.000	169.70 (148.90)	4.000	127.30 (111.70)
3209	Myringotomy: Bilateral	C		46.000	278.80 (244.60)	46.000	278.80 (244.60)	4.000	127.30 (111.70)
3210	ENT microscope instrument fee used in consulting rooms by otorhinolaryngologists	C		-	-	-	-		
3211	Unilateral myringotomy with insertion of ventilation tube	C		38.000	230.30 (202.00)	38.000	230.30 (202.00)	4.000	127.30 (111.70)
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	C		57.000	345.40 (303.00)	57.000	345.40 (303.00)	4.000	127.30 (111.70)

### Medical Practitioners 2005

3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	U		65.000	393.90 (345.50)	65.000	393.90 (345.50)	4.000	127.30 (111.70)
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	C		255.000	1545.30 (1355.50)	204.000	1236.20 (1084.40)	5.000	159.10 (139.60)
3237	Exploratory tympanotomy	C		158.900	962.90 (844.60)	127.120	770.30 (675.70)	5.000	159.10 (139.60)
3243	Myringoplasty	C		138.000	836.30 (733.60)	120.000	727.20 (637.90)	5.000	159.10 (139.60)
3245	Functional reconstruction of tympanic membrane	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	5.000	159.10 (139.60)
3249	Stapedotomy and stapedectomy	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	5.000	159.10 (139.60)
3257	Cortical mastoidectomy	C		188.500	1142.30 (1002.00)	150.800	913.80 (801.60)	5.000	159.10 (139.60)
3259	Radical mastoidectomy (excluding minor procedures)	C		277.400	1681.00 (1474.60)	221.920	1344.80 (1179.60)	5.000	159.10 (139.60)
3261	Muscle grafting to mastoid cavity without tympanoplasty	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	5.000	159.10 (139.60)
3263	Autogenous bone graft to mastoid cavity	C		180.000	1090.80 (956.80)	144.000	872.60 (765.40)	5.000	159.10 (139.60)
3264	Tympanomastoidectomy	C		375.000	2272.50 (1993.40)	300.000	1818.00 (1594.70)	5.000	159.10 (139.60)
3265	Reconstruction of posterior canal wall, following radical mastoid	C		320.000	1939.20 (1701.10)	256.000	1551.40 (1360.90)	5.000	159.10 (139.60)
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	C		30.000	181.80 (159.50)	30.000	181.80 (159.50)	5.000	159.10 (139.60)
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	C		9.000	54.50 (47.80)	9.000	54.50 (47.80)	4.000	127.30 (111.70)
3224	Electroneurography (ENOG)	C		75.000	454.50 (398.70)	75.000	454.50 (398.70)	4.000	127.30 (111.70)
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	C		297.000	1799.80 (1578.80)	237.600	1439.90 (1263.10)	5.000	159.10 (139.60)
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	C		436.000	2642.20 (2317.70)	348.800	2113.70 (1854.10)	5.000	159.10 (139.60)
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	C		436.000	2642.20 (2317.70)	348.800	2113.70 (1854.10)	5.000	159.10 (139.60)
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	C		124.000	751.40 (659.10)	120.000	727.20 (637.90)	6.000	190.90 (167.50)
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								

### Medical Practitioners 2005

2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	C		50.000	303.00 (265.80)				
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	C		88.000	533.30 (467.80)				
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	C		60.000	363.60 (318.90)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	C		105.000	636.30 (558.20)				
2695	Audiology 40Hz response: Unilateral	C		30.000	181.80 (159.50)				
2696	Audiology 40Hz response: Bilateral	C		53.000	321.20 (281.80)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	C		30.000	181.80 (159.50)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	C		53.000	321.20 (281.80)				
2699	Electro-cochleography: Unilateral	C		50.000	303.00 (265.80)				
2700	Electro-cochleography: Bilateral	C		88.000	533.30 (467.80)				
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	C		140.000	848.40 (744.20)			4.000	127.30 (111.70)
3248	Otoacoustic emission performed as a screening test	A		33.240	201.40 (176.70)	33.240	201.40 (176.70)		
3250	Otoacoustic emission (high risk patients only)	C		66.480	402.90 (353.40)	66.480	402.90 (353.40)		
3273	Pure tone audiometry (air conduction)	C		6.500	39.40 (34.60)	6.500	39.40 (34.60)		
3274	Pure tone audiometry (bone conduction with masking)	C		6.500	39.40 (34.60)	6.500	39.40 (34.60)		
3275	Impedance audiometry (tympanometry)	C		6.500	39.40 (34.60)	6.500	39.40 (34.60)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	C		6.500	39.40 (34.60)	6.500	39.40 (34.60)		
3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	C		6.500	39.40 (34.60)	6.500	39.40 (34.60)		
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
3252	Bithermal Halpike caloric test (excluding consultation fee)	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		

### Medical Practitioners 2005

3253	Electro-nystagmography for spontaneous and positional nystagmus	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)		
3254	Video nystagmoscopy (monocular)	C		25.000	151.50 (132.90)	25.000	151.50 (132.90)		
3255	Caloric test done with electronystamography	C		70.000	424.20 (372.10)	70.000	424.20 (372.10)		
3256	Video nystagmoscopy (binocular)	C		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3258	Otolith repositioning manoeuvre	C		14.000	84.80 (74.40)	14.000	84.80 (74.40)	4.000	127.30 (111.70)
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	U		71.480	433.20 (380.00)	71.480	433.20 (380.00)		
17.5.3	Inner ear surgery								
3233	Labyrinthectomy via the middle ear or mastoid	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	5.000	159.10 (139.60)
3240	Endolymphatic sac surgery	C		277.000	1678.60 (1472.50)	221.600	1342.90 (1178.00)	4.000	127.30 (111.70)
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	C		310.000	1878.60 (1647.90)	248.000	1502.90 (1318.30)	5.000	159.10 (139.60)
3246	Cochlear implant surgery	C		340.500	2063.40 (1810.00)	272.400	1650.70 (1448.00)	5.000	159.10 (139.60)
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middle fossa approach (i.e transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	C		420.000	2545.20 (2232.60)	336.000	2036.20 (1786.10)	5.000	159.10 (139.60)
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment included)	C		510.000	3090.60 (2711.10)	408.000	2472.50 (2168.90)	11.000	349.90 (306.90)
5222	Facial nerve surgery inside the internal auditory canal (if grafting required and harvesting of graft included)	C		620.000	3757.20 (3295.80)	496.000	3005.80 (2636.70)	11.000	349.90 (306.90)
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	C		530.000	3211.80 (2817.40)	424.000	2569.40 (2253.90)	11.000	349.90 (306.90)
5224	Removal of acoustic neuroma via the middle fossa approach	C		660.000	3999.60 (3508.40)	528.000	3199.70 (2806.80)	11.000	349.90 (306.90)
17.6.2	Microsurgery of the skull base: Translabyrinthine approach								
3239	Acoustic neuroma removal translabyrinthine	C		660.000	3999.60 (3508.40)	528.000	3199.70 (2806.80)	5.000	159.10 (139.60)
5227	Cochleo-vestibular neurectomy	C		530.000	3211.80 (2817.40)	424.000	2569.40 (2253.90)	11.000	349.90 (306.90)
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting and graft removal included)	C		660.000	3999.60 (3508.40)	528.000	3199.70 (2806.80)	11.000	349.90 (306.90)
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontine angle								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	C		660.000	3999.60 (3508.40)	528.000	3199.70 (2806.80)	11.000	349.90 (306.90)

## Medical Practitioners 2005

17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	C		710.000	4302.60 (3774.20)	568.000	3442.10 (3019.40)	11.000	349.90 (306.90)
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
5238	Removal of tumour of the petrous apex	C		620.000	3757.20 (3295.80)	496.000	3005.80 (2636.70)	11.000	349.90 (306.90)
5239	Removal of tumour of the clivus	C		620.000	3757.20 (3295.80)	496.000	3005.80 (2636.70)	11.000	349.90 (306.90)
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	C		520.000	3151.20 (2764.20)	416.000	2521.00 (2211.40)	8.000	254.50 (223.20)
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	C		520.000	3151.20 (2764.20)	416.000	2521.00 (2211.40)	11.000	349.90 (306.90)
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	C		600.000	3636.00 (3189.50)	480.000	2908.80 (2551.60)	11.000	349.90 (306.90)
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	C		480.000	2908.80 (2551.60)	384.000	2327.00 (2041.20)	11.000	349.90 (306.90)
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	C		520.000	3151.20 (2764.20)	416.000	2521.00 (2211.40)	11.000	349.90 (306.90)
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	C		600.000	3636.00 (3189.50)	480.000	2908.80 (2551.60)	8.000	254.50 (223.20)
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	C		660.000	3999.60 (3508.40)	528.000	3199.70 (2806.80)	8.000	254.50 (223.20)
18	Physical Treatment								
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	C	+	0.750	4.55 (3.99)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	C		13.500	81.80 (71.80)				
3281	Ultrasonic therapy	C		10.000	60.60 (53.20)				
3282	Shortwave diathermy	C		10.000	60.60 (53.20)				
3284	Sensory nerve conduction studies	C		31.000	187.90 (164.80)				
3285	Motor nerve conduction studies	C		26.000	157.60 (138.20)				
3287	Spinal joint and ligament injection	C		20.000	121.20 (106.30)	20.000	121.20 (106.30)		
3288	Epidural injection	C		36.000	218.20 (191.40)				

### Medical Practitioners 2005

3289	Multiple injections: First joint	C		7.500	45.50 (39.90)				
3290	Multiple injections: Each additional joint	C		4.500	27.30 (23.90)				
3291	Tendon or ligament injection	C		9.000	54.50 (47.80)				
3292	Aspiration of joint or inter-articular injection	C		9.000	54.50 (47.80)				
3293	Aspiration or injection of bursa or ganglion	C		9.000	54.50 (47.80)				
3294	Paracervical nerve block	C		20.000	121.20 (106.30)				
3295	Paravertebral root block: Unilateral	C		20.000	121.20 (106.30)				
3296	Paravertebral root block: Bilateral	C		30.000	181.80 (159.50)				
3297	Manipulation of spine performed by a specialist in Physical Medicine	C		14.000	84.80 (74.40)				
3298	Spinal traction	C		6.000	36.40 (31.90)				
3299	Manipulation of large joints: Under general anaesthesia	C		14.000	84.80 (74.40)			3.000	95.40 (83.70)
3300	Manipulation of large joints: Without anaesthetic	C		-	-	-	-		
3301	Muscle fatigue studies	C		20.000	121.20 (106.30)				
3302	Strength duration curve per session	C		10.500	63.60 (55.80)				
3303	Electromyography	C		75.000	454.50 (398.70)				
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	C		10.000	60.60 (53.20)	10.000	60.60 (53.20)		
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT									
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)	C							
19	Radiology								
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values	C							
RULES GOVERNING THE SECTION RADIOLOGY									
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used	C							
Z.	No fee is subject to more than one reduction	C							

## Medical Practitioners 2005

GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years	C							
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").	C							
<b>MODIFIERS GOVERNING THE SECTION</b>									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere	C							
0080	Multiple examinations: Full Fee	C							
0081	Repeat examinations: No reduction	C							
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction	C							
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used	C							
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)	U							
19.1	Skeleton								
19.1.1	Skeleton: Limbs								
3305	Finger, toe	C				6.300	54.10 (47.50)		
3309	Smith-Petersen or equivalent control, in theatre	C				38.700	332.20 (291.40)		
3311	Stress studies, e.g. joint	C				7.700	66.10 (58.00)		
3313	Full length study, both legs	C				15.500	133.10 (116.80)		
3315	Skeletal survey under 5 years	C				19.900	170.80 (149.80)		
3317	Skeletal survey over 5 years	C				28.000	240.40 (210.90)		
3319	Arthrography per joint	C				15.400	132.20 (116.00)		
3320	Introduction of contrast medium or air: ADD	C	+			13.800	118.50 (103.90)		
6500	Hand	C				7.700	66.10 (58.00)		

## Medical Practitioners 2005

6501	Wrist (specify region)	C				7.700	66.10 (58.00)		
6503	Scaphoid	C				7.700	66.10 (58.00)		
6504	Radius and ulna	C				7.700	66.10 (58.00)		
6505	Elbow	C				7.700	66.10 (58.00)		
6506	Humerus	C				7.700	66.10 (58.00)		
6507	Shoulder	C				7.700	66.10 (58.00)		
6508	Acromio-Clavicular joint	C				7.700	66.10 (58.00)		
6509	Clavicle	C				7.700	66.10 (58.00)		
6510	Scapula	C				7.700	66.10 (58.00)		
6511	Foot	C				7.700	66.10 (58.00)		
6512	Ankle	C				7.700	66.10 (58.00)		
6513	Calcaneus	C				7.700	66.10 (58.00)		
6514	Tibia and fibula	C				7.700	66.10 (58.00)		
6515	Knee	C				7.700	66.10 (58.00)		
6516	Patella	C				7.700	66.10 (58.00)		
6517	Femur	C				7.700	66.10 (58.00)		
6518	Hip	C				7.700	66.10 (58.00)		
6519	Sesamoid Bone	C				7.700	66.10 (58.00)		
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	C				11.000	94.40 (82.80)		
3325	Stress studies	C				11.000	94.40 (82.80)		
3329	Scoliosis studies	C				21.000	180.30 (158.20)		



### Medical Practitioners 2005

3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	C				11.000	94.40 (82.80)		
3333	Myelography: Lumbar	C				28.900	248.10 (217.60)	4.000	127.30 (111.70)
3334	Myelography: Thoracic	C				22.200	190.60 (167.20)	4.000	127.30 (111.70)
3335	Myelography: Cervical	C				35.500	304.70 (267.30)	4.000	127.30 (111.70)
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	C						4.000	127.30 (111.70)
3344	Introduction of contrast medium	C	+			18.700	160.50 (140.80)		
3345	Discography	C				34.600	297.00 (260.50)	4.000	127.30 (111.70)
3347	Introduction of contrast medium per disc level: ADD	C	+			28.200	242.10 (212.40)		
19.1.3	Skeleton: Skull								
3349	Skull studies	C				15.700	134.80 (118.20)		
3351	Paranasal sinuses	C				11.000	94.40 (82.80)		
3353	Facial bones and/or orbits	C				12.600	108.20 (94.90)		
3355	Mandible	C				9.400	80.70 (70.80)		
3357	Nasal bone	C				7.800	67.00 (58.80)		
3359	Mastoid: Bilateral	C				18.000	154.50 (135.50)		
3361	Teeth: One quadrant	C				3.700	31.80 (27.90)		
3363	Teeth: Two quadrants	C				6.300	54.10 (47.50)		
3365	Teeth: Full mouth	C				11.000	94.40 (82.80)		
3366	Teeth: Rotation tomography of the teeth and jaws	C				13.300	114.20 (100.20)		
3367	Teeth: Tempero-mandibular joints: Per side	C				11.000	94.40 (82.80)		
3369	Teeth: Tomography: Per side	C				11.000	94.40 (82.80)		
3371	Localisation of foreign body in the eye	C				15.700	134.80 (118.20)		

## Medical Practitioners 2005

3381	Ventriculography	C				27.300	234.30 (205.50)	4.000	127.30 (111.70)
3385	Post-nasal studies: Lateral neck	C				6.300	54.10 (47.50)		
3387	Maxillo-facial cephalometry	C				8.800	75.50 (66.20)		
3389	Dacrocystography	C				11.000	94.40 (82.80)	4.000	127.30 (111.70)
3391	For introduction of contrast medium: ADD	C	+			11.000	94.40 (82.80)		
19.2	Alimentary tract								
3393	Bowel washout: ADD	C	+			4.800	41.20 (36.10)		
3395	Sialography (plus 80% for each additional gland)	C				12.700	109.00 (95.60)	4.000	127.30 (111.70)
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	C	+			11.000	94.40 (82.80)		
3399	Pharynx and oesophagus	C				12.700	109.00 (95.60)		
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	C				20.000	171.70 (150.60)		
3405	Double contrast: ADD	C	+			7.300	62.70 (55.00)		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	C				20.000	171.70 (150.60)		
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	C				28.900	248.10 (217.60)		
3409	Barium enema (control film of abdomen included)	C				18.300	157.10 (137.80)		
3411	Air contrast study: ADD	C	+			19.300	165.70 (145.40)		
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	C				23.300	200.00 (175.40)	4.000	127.30 (111.70)
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	C				15.500	133.10 (116.80)	4.000	127.30 (111.70)
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	C							
3417	Gastric/oesophageal/duodenal intubation control	C				5.900	50.60 (44.40)		
3419	Gastric/oesophageal intubation insertion of tube: ADD	C	+			5.600	48.10 (42.20)		
3421	Duodenal intubation: Insertion of tube: ADD	C	+			11.000	94.40 (82.80)		
3423	Hypotonic duodenography (item 3403 and item 3405 included)	C	+			29.300	251.50 (220.60)		

## Medical Practitioners 2005

19.3	Biliary tract								
3425	Oral cholecystography	C				15.700	134.80 (118.20)		
3427	Cholangiography: Intravenous	C				22.000	188.80 (165.60)		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	C				21.000	180.30 (158.20)		
3433	Post operative: T-tube	C				16.700	143.40 (125.80)		
3435	Introduction of contrast medium: ADD	C	+			5.600	48.10 (42.20)		
3437	Trans hepatic, percutaneous	C				18.300	157.10 (137.80)		
3439	Introduction of contrast medium: ADD	C	+			33.100	284.10 (249.20)		
3441	Tomography of biliary tract: ADD	C	+			9.400	80.70 (70.80)		
19.4	Chest								
3443	Larynx (Tomography included)	C				12.500	107.30 (94.10)		
3445	Chest (item 3601 included)	C				9.400	80.70 (70.80)		
3447	Chest and cardiac studies (item 3601)	C				12.600	108.20 (94.90)		
3449	Ribs	C				12.300	105.60 (92.60)		
3451	Sternum or sterno-clavicular joints	C				12.600	108.20 (94.90)		
3453	Bronchography: Unilateral	C				12.600	108.20 (94.90)	8.000	254.50 (223.20)
3455	Bronchography: Bilateral	C				22.100	189.70 (166.40)	8.000	254.50 (223.20)
3457	Introduction of contrast medium included	C				35.700	306.40 (268.80)		
3461	Pleurography	C				12.600	108.20 (94.90)	3.000	95.40 (83.70)
3463	For introduction of contrast medium: ADD	C	+			2.800	24.00 (21.10)		
3465	Laryngography	C				11.000	94.40 (82.80)		
3467	For introduction of contrast medium: ADD	C	+			10.000	85.80 (75.30)		
3468	Thoracic inlet	C				6.300	54.10 (47.50)		

## Medical Practitioners 2005

19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	C				9.400	80.70 (70.80)		
3479	Acute abdomen or equivalent studies	C				15.700	134.80 (118.20)		
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	C				25.100	215.50 (189.00)		
3493	Waterload test: ADD	C	+			12.200	104.70 (91.80)		
3497	Cystography only or urethrography only (retrograde)	C				19.300	165.70 (145.40)		
3499	Cysto-urethrography: Retrograde	C				31.900	273.80 (240.20)		
3503	Cysto-urethrography: Introduction of contrast medium	C	+			3.700	31.80 (27.90)		
3505	Retrograde-prograde pyelography	C				18.300	157.10 (137.80)	3.000	95.40 (83.70)
3511	Aspiration renal cyst	C				18.400	157.90 (138.50)		
3513	Tomography of renal tract: ADD	C	+			9.400	80.70 (70.80)		
19.7	Gynaecology and obstetrics								
3515	Pregnancy	C				9.400	80.70 (70.80)		
3517	Pelvimetry	C				17.400	149.40 (131.10)		
3519	Hystero-salpingography	C				12.500	107.30 (94.10)	3.000	95.40 (83.70)
3521	Introduction of contrast medium: ADD	C	+			15.300	131.30 (115.20)		
19.8	Vascular studies								

## Medical Practitioners 2005

	<p>The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures):</p> <p>a. The machine fee (items 3536 to 3550 includes the cost of the following:</p> <p>i. All runs (runs may not be billed for separately).</p> <p>ii. All film costs (modifier 0084 is not applicable).</p> <p>iii All fluoroscopy (item 3601 does not apply).</p> <p>iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media).</p> <p>b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices.</p> <p>c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items.</p> <p>d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies.</p> <p>Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)</p>	C							
<b>MODIFIER GOVERNING VASCULAR STUDIES</b>									
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations	C							
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)	C							
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)	C							
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)	C							
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure	C							
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20.00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value	C							
19.8.1	<b>Vascular studies: Film Series</b>								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.	C							
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment	C							

### Medical Practitioners 2005

3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment	C							
3538	Analogue monoplane table with DSA attachment	C							
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment	C							
3540	Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof	C							
3545	Venography: Per limb	C				16.500	141.60 (124.20)		
3548	Analogue monoplane screening table	C							
3550	Digital monoplane screening table	C							
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	C				166.800	1431.80 (1256.00)		
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	C				48.600	417.20 (366.00)	4.000	127.30 (111.70)
3558	Translumbar aortic puncture, with full study	C				69.600	597.40 (524.00)	5.000	159.10 (139.60)
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	C				57.000	489.30 (429.20)	4.000	127.30 (111.70)
3560	Selective second order catheterisation, arterial or venous, with angiogram venogram	C				65.400	561.40 (492.50)	4.000	127.30 (111.70)
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	C				73.200	628.30 (551.10)	4.000	127.30 (111.70)
3564	Direct femoral arterial or venous or jugular venous puncture	C				37.200	319.30 (280.10)		
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)	C				85.800	736.50 (646.10)	5.000	159.10 (139.60)
3569	Intravascular pressure studies, arterial or venous, once off per case	C				19.800	170.00 (149.10)		
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	C				130.800	1122.80 (984.90)	5.000	159.10 (139.60)
3572	Transcatheter selective blood sampling, arterial or venous	C				32.400	278.10 (243.90)		
3574	Spinal angiogram (global fee) including all selective catheterisations	C				480.000	4120.30 (3614.30)	5.000	159.10 (139.60)
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb	C	+			7.400	63.50 (55.70)		
3575	Cut-downs for venography: ADD	C	+			11.000	94.40 (82.80)		
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values	C							

### Medical Practitioners 2005

3577	Tomography (conventional except where otherwise specified): ADD 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations	C							
3579	Tomography (multi-dimensional in motion): ADD 150%	C							
3581	Cinematography: For first series: ADD 100%	C							
3583	Cinematography: For each series after the first: ADD 80% of the primary fee	C							
19.9.1	Tomography and cinematography: Computed Tomography								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour	C							
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)	C							
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)	C				-	-		
3599	Electron beam computed tomography (EBCT) of the heart. Total fee for contract examination excluding cost of contrast medium (not to be used for coronary artery calcium assessment or scoring - see item 3598)	C				-	-		
6400	Plus spiral CT	C							
6401	Plus 3D reconstruction	C							
6402	Plus high resolution study	C							
6403	CT limb uncontrasted	C						5.000	159.10 (139.60)
6404	CT limb with contrast only	C						5.000	159.10 (139.60)
6405	CT limb pre- AND post contrast	C						5.000	159.10 (139.60)
6406	CT joint uncontrasted	C						5.000	159.10 (139.60)
6407	CT joint with contrast only	C						5.000	159.10 (139.60)
6408	CT joint pre AND post contrast	C						5.000	159.10 (139.60)
6409	CT brain uncontrasted (including posterior fossa)	C						5.000	159.10 (139.60)
6410	CT brain with contrast only (including posterior fossa)	C						5.000	159.10 (139.60)
6411	CT brain pre AND post contrast (including posterior fossa)	C						5.000	159.10 (139.60)
6412	CT orbits complete study, axial OR coronal, uncontrasted	C						5.000	159.10 (139.60)
6413	CT orbits complete study, axial AND coronal, uncontrasted	C						5.000	159.10 (139.60)
6414	CT orbits complete study, axial OR coronal pre AND post contrast	C						5.000	159.10 (139.60)

### Medical Practitioners 2005

6415	CT orbits complete study, axial AND coronal pre AND post contrast	C						5.000	159.10 (139.60)
6416	CT paranasal sinuses limited study axial OR coronal	C						5.000	159.10 (139.60)
6417	CT paranasal sinuses limited study axial AND coronal	C						5.000	159.10 (139.60)
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	C						5.000	159.10 (139.60)
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	C						5.000	159.10 (139.60)
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	C						5.000	159.10 (139.60)
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	C						5.000	159.10 (139.60)
6422	CT pituitary fossa, uncontrasted	C						5.000	159.10 (139.60)
6423	CT pituitary fossa, pre AND post contrast	C						5.000	159.10 (139.60)
6424	CT internal auditory meati, uncontrasted	C						5.000	159.10 (139.60)
6425	CT internal auditory meati, pre AND post contrast	C						5.000	159.10 (139.60)
6426	CT mastoids	C						5.000	159.10 (139.60)
6427	CT ear structures, limited study	C						5.000	159.10 (139.60)
6428	CT middle AND inner ear, complete study including reconstructions	C						5.000	159.10 (139.60)
6429	CT facial bones	C						5.000	159.10 (139.60)
6430	CT neck soft tissue, uncontrasted	C						5.000	159.10 (139.60)
6431	CT neck soft tissue with contrast only	C						5.000	159.10 (139.60)
6432	CT neck pre AND post contrast	C						5.000	159.10 (139.60)
6433	CT cervical spine uncontrasted	C						5.000	159.10 (139.60)
6434	CT cervical spine pre AND post contrast	C						5.000	159.10 (139.60)
6435	CT cervical spine post myelogram	C						5.000	159.10 (139.60)
6436	CT dorsal spine uncontrasted	C						5.000	159.10 (139.60)



### Medical Practitioners 2005

6437	CT dorsal spine pre AND post contrast	C						5.000	159.10 (139.60)
6438	CT dorsal spine post myelogram	C						5.000	159.10 (139.60)
6439	CT lumbar spine uncontrasted	C						5.000	159.10 (139.60)
6440	CT lumbar spine pre AND post contrast	C						5.000	159.10 (139.60)
6441	CT lumbar spine post myelogram	C						5.000	159.10 (139.60)
6442	CT pelvimetry (topogram only)	C						5.000	159.10 (139.60)
6443	CT chest uncontrasted	C						5.000	159.10 (139.60)
6444	CT chest with contrast	C						5.000	159.10 (139.60)
6445	CT chest pre AND post contrast	C						5.000	159.10 (139.60)
6446	CT chest high resolution lungs, limited study	C						5.000	159.10 (139.60)
6447	CT high resolution lungs, complete study	C						5.000	159.10 (139.60)
6448	CT abdomen uncontrasted	C						5.000	159.10 (139.60)
6449	CT abdomen with contrast	C						5.000	159.10 (139.60)
6450	CT abdomen pre AND post contrast	C						5.000	159.10 (139.60)
6451	CT abdomen triphasic study	C						5.000	159.10 (139.60)
6452	CT pelvis uncontrasted	C						5.000	159.10 (139.60)
6453	CT pelvis with contrast	C						5.000	159.10 (139.60)
6454	CT pelvis pre AND post contrast	C						5.000	159.10 (139.60)
6455	CT abdomen AND pelvis uncontrasted	C						5.000	159.10 (139.60)
6456	CT abdomen AND pelvis with contrast	C						5.000	159.10 (139.60)
6457	CT abdomen AND pelvis pre AND post contrast	C						5.000	159.10 (139.60)
6458	CT chest, abdomen AND pelvis with contrast	C						5.000	159.10 (139.60)

### Medical Practitioners 2005

6459	CT base of skull to symphysis pubis with contrast	C						5.000	159.10 (139.60)
6460	CT for dental implants maxilla OR mandible	C							
6461	CT for dental implants maxilla AND mandible	C							
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)	C						5.000	159.10 (139.60)
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	C						5.000	159.10 (139.60)
6464	CT limited study, any region. Region to be identified on the account	C						5.000	159.10 (139.60)
6465	CT guidance for aspiration, biopsy or drainage	C						11.000	349.90 (306.90)
6466	CT guidance for aspiration at time of CT diagnostic study	C							
6467	CT stereotactic localisation for biopsy	C						11.000	349.90 (306.90)
6468	CT for radiotherapy planning (not to be used as an add-on)	C							
6469	Quantitative CT for bone mineral density	C							
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast	C						5.000	159.10 (139.60)
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast	C						5.000	159.10 (139.60)
6472	Computer Aided Diagnosis for Mammography	C							
19.10	Radiology: Miscellaneous								
3594	Mammogram of surgically removed breast biopsy specimen	C							
3600	Peripheral bone densitometry utilizing ionizing radiation	C		13.000	111.60 (97.90)	13.000	111.60 (97.90)		
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	C	+			7.700	66.10 (58.00)		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	C				10.700	91.80 (80.50)		
3603	Sinography	C				18.400	157.90 (138.50)		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	C		77.000	661.00 (579.80)	77.000	661.00 (579.80)		
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used	C				33.000	283.30 (248.50)		
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	C				21.000	180.30 (158.20)		
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee or examination performed (Only to be used by radiological technical staff)	C				5.600	48.10 (42.20)		

### Medical Practitioners 2005

3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position	C				40.000	343.40 (301.20)	3.000	95.40 (83.70)
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	C				-	-		
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	C	+			11.000	94.40 (82.80)		
3613	Setting of sterile trays	C				3.300	28.30 (24.80)		
5029	Mammotome - stereotaxis: Hand held	C							
5034	Fine needle aspiration or biopsy or core biopsy of mamma	C				25.000	214.60 (188.20)	6.000	190.90 (167.50)
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values	C							
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.	C							
3596	Intravascular ultrasound per case, arterial or venous, for intervention	C		30.000	173.30 (152.00)	30.000	173.30 (152.00)		
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	C		110.000	635.40 (557.40)	110.000	635.40 (557.40)	5.000	159.10 (139.60)
3612	Ultrasonic bone densitometry	C		19.000	109.70 (96.20)	19.000	109.70 (96.20)		
3614	Transvaginal aspiration of ova	C		110.000	635.40 (557.40)	110.000	635.40 (557.40)		
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3616	Contrast media: General Rule Y applies	C							
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	C		40.000	231.00 (202.60)	40.000	231.00 (202.60)		
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	C		30.000	173.30 (152.00)	30.000	173.30 (152.00)	9.000	286.30 (251.10)
3620	Cardiac examination plus Doppler colour mapping	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3621	Cardiac examination (MMode)	C		25.000	144.40 (126.70)	25.000	144.40 (126.70)		
3622	Cardiac examination: 2 Dimensional	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3623	Cardiac examination + effort	C	+	10.000	57.80 (50.70)	10.000	57.80 (50.70)		
3624	Cardiac examinations + contrast	C	+	10.000	57.80 (50.70)	10.000	57.80 (50.70)		

### Medical Practitioners 2005

3625	Cardiac examinations + doppler	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3626	Cardiac examination + phonocardiography	C	+	10.000	57.80 (50.70)	10.000	57.80 (50.70)		
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	C		60.000	346.60 (304.00)	60.000	346.60 (304.00)		
3628	Renal tract	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3631	Ophthalmic examination	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3633	Neonatal head scan	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
3634	Peripheral vascular study, B mode only	C		39.000	225.30 (197.60)	39.000	225.30 (197.60)		
3635	+ Doppler	C		39.000	225.30 (197.60)	39.000	225.30 (197.60)		
3636	Trans-oesophageal echocardiography including passing the device	C		100.000	577.60 (506.70)	100.000	577.60 (506.70)		
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	C		78.000	450.50 (395.20)	78.000	450.50 (395.20)		
5026	Ultrasound guided amniocentesis	C		39.000	225.30 (197.60)			6.000	190.90 (167.50)
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
5101	Pleural space ultrasound	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
5103	Ultrasound soft tissue, any region	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	C		25.000	144.40 (126.70)	25.000	144.40 (126.70)		
5107	Ultrasound after 24 weeks - motivation required	C		25.000	144.40 (126.70)	25.000	144.40 (126.70)		
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)		
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	C		128.000	739.30 (648.50)	120.000	693.10 (608.00)		

### Medical Practitioners 2005

5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree: Carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113 or 5114)	C		206.000	1189.90 (1043.80)	164.800	951.90 (835.00)		
5112	Peripheral arterial ultrasound vascular study: B mode, pulsed and colour Doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results	C		117.000	675.80 (592.80)	117.000	675.80 (592.80)		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	C		117.000	675.80 (592.80)	117.000	675.80 (592.80)		
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	C		178.000	1028.10 (901.80)	142.400	822.50 (721.50)		
5115	Intra-operative ultrasound study	C		50.000	288.80 (253.30)	50.000	288.80 (253.30)	3.000	95.40 (83.70)
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	C		88.000	508.30 (445.90)	88.000	508.30 (445.90)		
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior descending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	U		44.000	254.10 (222.90)	44.000	254.10 (222.90)		
<b>MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS</b>									
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units	C							
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	C		6.000	34.66 (30.40)	6.000	34.66 (30.40)		
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%	U							
<b>GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY</b>									
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist	C							
19.12	<b>Portable unit examinations</b>								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	C	+			7.000	60.10 (52.70)		
3640	Theatre investigations with fixed installation	C	+			3.000	25.80 (22.60)		

## Medical Practitioners 2005

19.13	Diagnostic procedures requiring the use of radio-isotopes								
AA.	Procedures to exclude cost of isotope	C							
3641	Tracer test	C		33.200	285.00 (250.00)	22.100	189.70 (166.40)		
3642	Repeat of further tracer tests for same investigation: Half of above fee	C		16.600	142.50 (125.00)	11.100	95.30 (83.60)		
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee	C							
3644	Tracer test of complete body or brain tumour location	C		82.200	705.60 (618.90)	54.800	470.40 (412.60)		
3645	Other organ scanning with use of relevant radio isotopes	C		82.200	705.60 (618.90)	54.800	470.40 (412.60)		
3646	Thyroid scanning	C		28.800	247.20 (216.80)	19.200	164.80 (144.60)		
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera	C							
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera	C							
19.14	Interventional radiological procedures								
	<p>The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures):</p> <p>a. The machine fee (items 3536 to 3550 includes the cost of the following:</p> <p>i. All runs (runs may not be billed for separately).</p> <p>ii. All film costs (modifier 0084 is not applicable).</p> <p>iii All fluoroscopy (item 3601 does not apply).</p> <p>iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media).</p> <p>b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices.</p> <p>c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items.</p> <p>d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies.</p> <p>Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)</p>	C							
	Note: In regard to multiple examinations see modifier 0080	C							
5002	Percutaneous transluminal angioplasty: Aortic/IVC	C				102.600	880.70 (772.50)	13.000	413.60 (362.80)

### Medical Practitioners 2005

5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	C				102.600	880.70 (772.50)	13.000	413.60 (362.80)
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	C				102.600	880.70 (772.50)	13.000	413.60 (362.80)
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	C				139.200	1194.90 (1048.20)	13.000	413.60 (362.80)
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	C				139.200	1194.90 (1048.20)	13.000	413.60 (362.80)
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	U				172.200	1478.20 (1296.70)	13.000	413.60 (362.80)
5014	Atherectomy (per vessel)	C				204.600	1756.30 (1540.60)		
5016	Aspiration thrombectomy (per vessel)	C				131.400	1127.90 (989.40)		
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	C				106.800	916.80 (804.20)	5.000	159.10 (139.60)
5022	Embolisation non-intracranial, per vessel	C				106.800	916.80 (804.20)	9.000	286.30 (251.10)
5030	Percutaneous nephrostomy for further procedure or drainage	C				73.800	633.50 (555.70)	6.000	190.90 (167.50)
5031	Antegrade ureteric stent insertion	C				69.600	597.40 (524.00)	6.000	190.90 (167.50)
5033	Percutaneous cystostomy in radiology suite	C				30.000	257.50 (225.90)		
5035	Urethral balloon dilatation in radiology suite	C				22.800	195.70 (171.70)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	C				34.200	293.60 (257.50)		
5037	Urethral stenting in radiology suite	C				102.600	880.70 (772.50)		
5038	Intracranial/spinal AVM embolisation (per session)	C				335.400	2879.10 (2525.50)	13.000	413.60 (362.80)
5039	Intracranial thrombolysis (on-table) per session	C				139.200	1194.90 (1048.20)	13.000	413.60 (362.80)
5040	Intracranial aneurysm occlusion	C				286.800	2461.90 (2159.60)	13.000	413.60 (362.80)
5041	Balloon occlusion/Wada test	C				106.800	916.80 (804.20)	9.000	286.30 (251.10)
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	C				286.800	2461.90 (2159.60)	13.000	413.60 (362.80)
5043	Intracranial angioplasty	C				204.600	1756.30 (1540.60)	13.000	413.60 (362.80)
5044	Transhepatic portogram	C				139.200	1194.90 (1048.20)	9.000	286.30 (251.10)

### Medical Practitioners 2005

5045	Hepatic arterial infusion catheter insertion	C				156.000	1339.10 (1174.60)	6.000	190.90 (167.50)
5046	Percutaneous biliary drainage (external)	C				102.600	880.70 (772.50)	9.000	286.30 (251.10)
5047	Combined internal/external biliary drainage	C				102.600	880.70 (772.50)	9.000	286.30 (251.10)
5048	Biliary stent insertion	C				139.200	1194.90 (1048.20)	9.000	286.30 (251.10)
5049	Percutaneous gall bladder drainage	C				69.600	597.40 (524.00)	9.000	286.30 (251.10)
5050	Percutaneous or renal gall bladder stone removal	C				172.200	1478.20 (1296.70)	5.000	159.10 (139.60)
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	C				139.200	1194.90 (1048.20)	13.000	413.60 (362.80)
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	C				139.200	1194.90 (1048.20)	13.000	413.60 (362.80)
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	C				139.200	1194.90 (1048.20)	13.000	413.60 (362.80)
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	C				172.200	1478.20 (1296.70)	13.000	413.60 (362.80)
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	C				204.600	1756.30 (1540.60)	13.000	413.60 (362.80)
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	C				204.600	1756.30 (1540.60)		
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	C				311.400	2673.10 (2344.80)	13.000	413.60 (362.80)
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	C				82.200	705.60 (618.90)	5.000	159.10 (139.60)
5074	IVC filter insertion jugular or femoral route	C				156.000	1339.10 (1174.60)	9.000	286.30 (251.10)
5076	Intravascular foreign body removal, arterial or venous, any route	C				204.600	1756.30 (1540.60)	9.000	286.30 (251.10)
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	C				70.200	602.60 (528.60)	5.000	159.10 (139.60)
5080	Transjugular intrahepatic porto-systemic shunt	C				335.400	2879.10 (2525.50)	13.000	413.60 (362.80)
5082	Transjugular liver biopsy	C				69.600	597.40 (524.00)	9.000	286.30 (251.10)
5084	Endoluminal fallopian tube recanalisation	C				172.200	1478.20 (1296.70)	6.000	190.90 (167.50)
5086	Renal cyst aspiration/ablation	C				22.800	195.70 (171.70)		
5088	Oesophageal stent insertion in radiology suite	C				102.600	880.70 (772.50)	6.000	190.90 (167.50)



### Medical Practitioners 2005

5090	Tracheal stent insertion	C				102.600	880.70 (772.50)	6.000	190.90 (167.50)
5091	GIT balloon dilatation under fluoroscopy	C				66.600	571.70 (501.50)	6.000	190.90 (167.50)
5092	Other GIT stent insertion	C				102.600	880.70 (772.50)	6.000	190.90 (167.50)
5093	Percutaneous gastrostomy in radiology suite	C				85.800	736.50 (646.10)		
5094	Cutting needle biopsy with image guidance	C				22.800	195.70 (171.70)		
5095	Chest drain insertion in radiology suite	C				32.400	278.10 (243.90)		
5096	Percutaneous cyst or tumour ablation (non aspiration)	C				54.600	468.70 (411.10)		
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level	C						13.000	413.60 (362.80)
<b>MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES</b>									
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)	U							
19.15	<b>Magnetic Resonance Imaging (MRI)</b>								
6100	In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes	C							
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region	C							
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee	C							
6103	Post-contrast study: Bone tumour: 100% of the fee	C							
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable	C							
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items	C							
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability	C							
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability	C							

### Medical Practitioners 2005

6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"	C							
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain	C							
6110	MRI spectroscopy: 50% of fee	C							
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.	C							
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.	C							
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)

### Medical Practitioners 2005

6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)

### Medical Practitioners 2005

6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	C				400.000	2613.20 (2292.30)	5.000	159.10 (139.60)
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA	C							
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations	C				70.000	457.30 (401.10)	5.000	159.10 (139.60)
20	Radiation Oncology								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST	C							
	(a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services.								
	(b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes	C							
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values	C							
20.1	Kilovolt therapy								
20.2	Radium therapy								
20.3	Isotope therapy								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope	C							
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								

## Medical Practitioners 2005

20.7	Technical aids								
5141	Radiation materials (see modifier 0095)	U							
20.8	Oncological surgical procedures								
20.9	Special procedures								
20.10	Chemotherapy								
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.	C							
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities	U							
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	U		42.9504 2.950	260.30 (228.30)260. 30 (228.30)	42.950	260.30 (228.30)		
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	A		24.4902 4.490	148.40 (130.20)148. 40 (130.20)	24.490	148.40 (130.20)		
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	A		30.6103 0.610	185.50 (162.70)185. 50 (162.70)	30.610	185.50 (162.70)		
	Non-infusional chemotherapy: Consultations are charged separately.	U							
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.	C							
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities(consultations to be charged separately)	U		159.470 159.470	966.40 (847.70)966. 40 (847.70)	127.580	773.10 (678.20)		
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	A		90.0309 0.030	545.60 (478.60)545. 60 (478.60)	90.030	545.60 (478.60)		

### Medical Practitioners 2005

5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	U		112.540 112.540	682.00 (598.20)682.00 (598.20)	112.540	682.00 (598.20)		
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).	C							
20.11	Radiation Therapy Planning								
20.11.1	Manual Radiotherapy Planning Procedures								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	A		42.560	313.40 (274.90)				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	A		99.320	731.40 (641.60)				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	A		56.180	413.70 (362.90)				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	A		131.100	965.40 (846.80)				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	A		76.620	564.20 (494.90)				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	A		178.770	1316.50 (1154.80)				
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	A		170.260	1253.80 (1099.80)				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	A		397.270	2925.50 (2566.20)				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	A		238.360	1755.30 (1539.70)				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	A		556.180	4095.70 (3592.70)				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	A		297.950	2194.10 (1924.60)				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	A		695.220	5119.60 (4490.90)				
20.11.3	Three Dimensional Radiotherapy Planning Procedures								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	A		418.800	3084.00 (2705.30)				

### Medical Practitioners 2005

5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	A		977.200	7196.10 (6312.40)				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	A		586.320	4317.70 (3787.50)				
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	A		1368.07 0	10074.50 (8837.30)				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	A		732.900	5397.10 (4734.30)				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT	A		1710.09 0	12593.10 (11046.60)				
20.11.4	Intensity Modulated Radiotherapy Planning Procedures								
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT	A		821.490	6049.50 (5306.60)				
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT	A		1916.81 0	14115.40 (12381.90)				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT	A		410.750	3024.80 (2653.30)				
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT	A		958.400	7057.70 (6191.00)				
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT	A		931.920	6862.70 (6019.90)				
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT	A		2174.48 0	16012.90 (14046.40)				
20.11.5	Kilovolt Radiation Treatment								
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	A		49.080	361.40 (317.00)				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	A		114.520	843.30 (739.70)				
20.11.6	Short Course Radiation Treatment								
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	A		105.740	778.70 (683.10)				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	A		246.730	1816.90 (1593.80)				
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	A		148.040	1090.20 (956.30)				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	A		345.410	2543.60 (2231.20)				

### Medical Practitioners 2005

5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	A		190.330	1401.60 (1229.50)				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	A		444.110	3270.40 (2868.80)				
20.11.7	Weekly Radiation Treatment Sessions								
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	A		193.860	1427.60 (1252.30)				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	A		452.330	3331.00 (2921.90)				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	A		246.730	1816.90 (1593.80)				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	A		575.690	4239.40 (3718.80)				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	A		317.220	2336.00 (2049.10)				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	A		740.180	5450.70 (4781.30)				
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques								
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	A		236.240	1739.70 (1526.10)				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	A		551.210	4059.10 (3560.60)				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	A		330.730	2435.50 (2136.40)				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	A		771.710	5682.90 (4985.00)				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	A		425.230	3131.40 (2746.80)				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	A		992.190	7306.50 (6409.20)				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	A		348.870	2569.10 (2253.60)				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	A		814.030	5994.50 (5258.30)				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	A		826.830	6088.80 (5341.10)				
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	A		1929.26 0	14207.10 (12462.40)				
20.11.8	Stereotactic Radiation								



### Medical Practitioners 2005

5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	A		3719.34 0	27389.20 (24025.60)				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	A		8678.46 0	63908.20 (56059.80)				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	A		4277.24 0	31497.60 (27629.50)				
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	A		9980.23 0	73494.40 (64468.80)				
20.12	Brachytherapy								
20.12.1	Isotope/Applicator Therapy								
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included	A		108.400	798.30 (700.30)				
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included	A		216.800	1596.50 (1400.40)				
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included	A		601.160	4426.90 (3883.20)				
20.12.2	Brachytherapy Implants								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included	A		216.800	1596.50 (1400.40)				
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included	A		786.800	5794.00 (5082.50)				
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included	A		1049.07 0	7725.40 (6776.70)				
20.12.3	Brachytherapy Treatment								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included	A		613.040	4514.40 (3960.00)				
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	A		415.960	3063.10 (2686.90)				
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	A		970.560	7147.20 (6269.50)				
20.12.4	Brachytherapy Imaging								

### Medical Practitioners 2005

5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	A		156.770	1154.50 (1012.70)				
21	Clinical Pathology								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee	C							
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values. Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.	C							
21.1	Haematology								
3705	Alkali resistant haemoglobin	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	C		3.650	25.60 (22.50)	2.450	17.20 (15.10)		
3710	Antibody titration	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
3711	Arneth count	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3712	Antibody identification	C		8.450	59.20 (51.90)	5.650	39.60 (34.70)		
3713	Bleeding time (does not include the cost of the simplate device)	C		6.940	48.60 (42.60)	4.630	32.40 (28.40)		
3714	Blood volume, dye method	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
3715	Buffy layer examination	C		19.900	139.40 (122.30)	13.270	93.00 (81.60)		
3716	Mean Cell Volume	C		2.250	-	1.500	-		
3717	Bone marrow cytological examination only	C		19.900	139.40 (122.30)	13.270	93.00 (81.60)		
3719	Bone marrow: Aspiration	C		8.400	58.90 (51.70)	5.600	39.20 (34.40)		
3720	Bone marrow trephine biopsy	C		32.600	228.40 (200.40)	21.700	152.00 (133.30)		
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	C		36.800	257.80 (226.10)	24.500	171.60 (150.50)		
3722	Capillary fragility: Hess	C		2.020	14.20 (12.50)	1.350	9.46 (8.30)		
3723	Circulating anticoagulants	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3724	Coagulation factor inhibitor assay	C		57.560	403.30 (353.80)	38.370	268.80 (235.80)		
3726	Activated protein C resistance	C		26.000	182.20 (159.80)	17.300	121.20 (106.30)		

### Medical Practitioners 2005

3727	Coagulation time	C		3.160	22.10 (19.40)	2.110	14.80 (13.00)		
3728	Anti-factor Xa Activity	C		53.600	375.50 (329.40)	35.730	250.30 (219.60)		
3729	Cold agglutinins	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3730	Protein S: Functional	C		37.500	262.70 (230.40)	25.000	175.20 (153.70)		
3731	Compatibility for blood transfusion	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3732	Cryoglobulin	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3734	Protein C (chromogenic)	C		30.290	212.20 (186.10)	20.190	141.50 (124.10)		
3735	Anti-thrombin III (chromogenic)	C		22.000	154.10 (135.20)	14.700	103.00 (90.40)		
3736	Plasminogen (chromogenic)	C		61.650	431.90 (378.90)	41.100	287.90 (252.50)		
3737	Lupus Russel Viper method	C		17.000	119.10 (104.50)	11.300	79.20 (69.50)		
3738	Lupus Kaolin Exner method	C		25.000	175.20 (153.70)	16.700	117.00 (102.60)		
3739	Erythrocyte count	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3740	Factors V and VII: Qualitative	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
3741	Coagulation factor assay: Functional	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
3742	Coagulation factor assay: Immunological	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3743	Erythrocyte sedimentation rate	U		3.000	21.00 (18.40)	2.000	14.00 (12.30)		
3744	Fibrin stabilizing factor (urea test)	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3746	Fibrin monomers	C		2.700	18.90 (16.60)	1.800	12.60 (11.10)		
3748	Plasminogen activator inhibitor (PAI-I)	C		65.950	462.00 (405.30)	43.970	308.10 (270.30)		
3750	Tissue plasminogen Activator (tPA)	C		67.790	474.90 (416.60)	45.190	316.60 (277.70)		
3751	Osmotic fragility (screen)	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3752	Osmotic fragility test: Quantitative	C		10.000	70.10 (61.50)	6.650	46.60 (40.90)		

### Medical Practitioners 2005

3753	Osmotic fragility (before and after incubation)	C		18.000	126.10 (110.60)	12.000	84.10 (73.80)		
3754	ABO Reverse Group	C		5.500	-	3.670	-		
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	C		10.500	73.60 (64.60)	7.000	49.00 (43.00)		
3756	Full cross match	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
3757	Coagulation factors: Quantitative	C		32.200	225.60 (197.90)	21.470	150.40 (131.90)		
3758	Factor VIII related antigen	C		60.460	423.60 (371.60)	40.310	282.40 (247.70)		
3759	Coagulation factor correction study	C		11.720	82.10 (72.00)	7.810	54.70 (48.00)		
3761	Factor XIII related antigen	C		61.110	428.10 (375.50)	40.740	285.40 (250.40)		
3762	Haemoglobin estimation	C		1.800	12.60 (11.10)	1.200	8.41 (7.38)		
3763	Contact activated product assay	C		16.200	113.50 (99.60)	10.800	75.70 (66.40)		
3764	Grouping: A B and O antigens	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3765	Grouping: Rh antigen	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3766	PIVKA	C		43.490	304.70 (267.30)	28.990	203.10 (178.20)		
3767	Euglobulin Lysis time	C		25.580	179.20 (157.20)	17.050	119.50 (104.80)		
3768	Haemoglobin A2 (column chromatography)	C		15.000	105.10 (92.20)	10.000	70.10 (61.50)		
3769	Haemoglobin electrophoresis	C		26.820	187.90 (164.80)	17.880	125.30 (109.90)		
3770	Haemoglobin-S (solubility test)	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3771	Factor III-availability test	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3772	Haptoglobin: Quantitative	U		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
3773	Ham's acidified serum test	C		8.000	56.00 (49.10)	5.330	37.30 (32.70)		
3775	Heinz bodies	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3776	Haemosiderin in urinary sediment	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		

# Medical Practitioners 2005

3781	Heparin tolerance	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
3783	Leucocyte differential count	C		6.200	43.40 (38.10)	4.150	29.10 (25.50)		
3785	Leucocytes: Total count	C		1.800	12.60 (11.10)	1.200	8.41 (7.38)		
3786	QBC malaria concentration and fluorescent staining	C		25.000	175.20 (153.70)	16.700	117.00 (102.60)		
3787	LE-cells	C		8.300	58.10 (51.00)	5.550	38.90 (34.10)		
3789	Neutrophil alkaline phosphatase	C		28.000	196.20 (172.10)	18.700	131.00 (114.90)		
3791	Packed cell volume: Haematocrit	C		1.800	12.60 (11.10)	1.200	8.41 (7.38)		
3792	Plasmodium falciparum: Monoclonal immunological identification	C		9.000	63.10 (55.40)	6.000	42.00 (36.80)		
3793	Plasma haemoglobin	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
3794	Platelet sensitivities	C		18.640	130.60 (114.60)	12.430	87.10 (76.40)		
3795	Platelet aggregation per aggregant	C		12.140	85.10 (74.60)	8.090	56.70 (49.70)		
3796	Platelet antibodies: Agglutination	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
3797	Platelet count	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3799	Platelet adhesiveness	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3801	Prothrombin consumption	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3803	Prothrombin determination (two stages)	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3805	Prothrombin index	C		6.000	42.00 (36.80)	4.000	28.00 (24.60)		
3806	Therapeutic drug level: Dosage	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3807	Recalcification time	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3809	Reticulocyte count	C		3.000	21.00 (18.40)	2.000	14.00 (12.30)		
3810	Schumm's test	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3811	Sickling test	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		

### Medical Practitioners 2005

3814	Sucrose lysis test for PNH	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	C		21.100	147.80 (129.60)	14.070	98.60 (86.50)		
3820	Thrombo - Elastogram	C		26.000	182.20 (159.80)	17.330	121.40 (106.50)		
3825	Fibrinogen titre	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	C		8.000	56.00 (49.10)	5.330	37.30 (32.70)		
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	C		16.000	112.10 (98.30)	10.700	75.00 (65.80)		
3832	Red cell pyruvate kinase: Quantitative	C		16.000	112.10 (98.30)	10.700	75.00 (65.80)		
3834	Red cell Rhesus phenotype	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3835	Haemoglobin F in blood smear	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3837	Partial thromboplastin time	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3841	Thrombin time (screen)	C		7.160	50.20 (44.00)	4.770	33.40 (29.30)		
3843	Thrombin time (serial)	C		7.650	53.60 (47.00)	5.100	35.70 (31.30)		
3847	Haemoglobin H	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3851	Fibrin degeneration products (diffusion plate)	C		10.350	72.50 (63.60)	6.900	48.30 (42.40)		
3853	Fibrin degeneration products (latex slide)	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3854	XDP (Dimer test or equivalent latex slide test)	C		8.500	59.60 (52.30)	5.670	39.70 (34.80)		
3855	Haemagglutination inhibition	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3856	D-Dimer (quantitative)	C		27.520	192.80 (169.10)	18.350	128.60 (112.80)		
3857	Ristocetin Cofactor	C		35.530	248.90 (218.30)	23.690	166.00 (145.60)		
3858	Heparin removal	C		28.880	202.30 (177.50)	19.250	134.90 (118.30)		
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	C		12.600	88.30 (77.50)	8.400	58.90 (51.70)		

### Medical Practitioners 2005

3864	Entomological examination	C		20.700	145.00 (127.20)	13.800	96.70 (84.80)		
3865	Parasites in blood smear	C		5.600	39.20 (34.40)	3.730	26.10 (22.90)		
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	C		4.900	34.30 (30.10)	3.300	23.10 (20.30)		
3868	Fungus identification	C		8.300	58.10 (51.00)	5.500	38.50 (33.80)		
3869	Faeces (including parasites)	C		4.900	34.30 (30.10)	3.270	22.90 (20.10)		
3873	Transmission electron microscopy	C		85.000	595.50 (522.40)	57.000	399.30 (350.30)		
3874	Scanning electron microscopy	C		100.000	700.60 (614.60)	67.000	469.40 (411.80)		
3875	Inclusion bodies	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3878	Crystal identification polarized light microscopy	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3879	Campylobacter in stool: Fastidious culture	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3880	Antigen detection with polyclonal antibodies	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3881	Mycobacteria	C		3.000	21.00 (18.40)	2.000	14.00 (12.30)		
3882	Antigen detection with monoclonal antibodies	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
3883	Concentration techniques for parasites	C		3.000	21.00 (18.40)	2.000	14.00 (12.30)		
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	C		6.300	44.10 (38.70)	4.200	29.40 (25.80)		
3885	Cytochemical stain	C		5.450	38.20 (33.50)	3.650	25.60 (22.50)		
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	C		8.000	56.00 (49.10)	5.330	37.30 (32.70)		
3888	Adhesive tape preparation	C		2.700	18.90 (16.60)	1.800	12.60 (11.10)		
3889	Clostridium difficile toxin: Monoclonal immunological	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
3890	Antibiotic assay of tissues and fluids	C		13.900	97.40 (85.40)	9.270	64.90 (56.90)		
3891	Blood culture: Aerobic	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		

### Medical Practitioners 2005

3892	Blood culture: Anaerobic	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3893	Bacteriological culture: Miscellaneous	C		6.300	44.10 (38.70)	4.200	29.40 (25.80)		
3894	Radiometric blood culture	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
3895	Bacteriological culture: Fastidious organisms	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3896	In vivo culture: Bacteria	C		16.000	112.10 (98.30)	10.650	74.60 (65.40)		
3897	In vivo culture: Virus	C		16.000	112.10 (98.30)	10.650	74.60 (65.40)		
3898	Bacterial exotoxin production (in vitro assay)	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3899	Bacterial exotoxin production (in vivo assay)	C		20.700	145.00 (127.20)	13.800	96.70 (84.80)		
3901	Fungal culture	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3902	Clostridium difficile (cytotoxicity neutralisation)	C		30.000	210.20 (184.40)	20.000	140.10 (122.90)		
3903	Antibiotic level: Biological fluids	C		11.700	82.00 (71.90)	7.800	54.60 (47.90)		
3904	Rotavirus latex slide test	C		5.620	39.40 (34.60)	3.750	26.30 (23.10)		
3905	Identification of virus or rickettsia	C		20.700	145.00 (127.20)	13.800	96.70 (84.80)		
3906	Identification: Chlamydia	C		16.000	112.10 (98.30)	10.650	74.60 (65.40)		
3907	Culture for staphylococcus aureus	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3908	Anaerobe culture: Comprehensive	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3909	Anaerobe culture: Limited procedure	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3911	Beta-lactamase assay	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3914	Sterility control test: Biological method	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3915	Mycobacterium culture	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3916	Radiometric tuberculosis culture	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
3917	Mycoplasma culture: Limited	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		



### Medical Practitioners 2005

3918	Mycoplasma culture: Comprehensive	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3919	Identification of mycobacterium	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3920	Mycobacterium: Antibiotic sensitivity	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3921	Antibiotic synergistic study	C		20.700	145.00 (127.20)	13.800	96.70 (84.80)		
3922	Viable cell count	C		1.350	9.46 (8.30)	0.900	6.31 (5.54)		
3923	Biochemical identification of bacterium: Abridged	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
3924	Biochemical identification of bacterium: Extended	C		12.500	87.60 (76.80)	8.330	58.40 (51.20)		
3925	Serological identification of bacterium: Abridged	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
3926	Serological identification of bacterium: Extended	C		10.200	71.50 (62.70)	6.800	47.60 (41.80)		
3927	Grouping for streptococci	C		7.300	51.10 (44.80)	4.850	34.00 (29.80)		
3928	Antimicrobial substances	C		3.800	26.60 (23.30)	2.500	17.50 (15.40)		
3929	Radiometric mycobacterium identification	C		14.000	98.10 (86.10)	9.300	65.20 (57.20)		
3930	Radiometric mycobacterium antibiotic sensitivity	C		25.000	175.20 (153.70)	16.700	117.00 (102.60)		
3931	Helicobacter: Monoclonal immunological	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
4650	Antibiotic MIC per organism per antibiotic	C		8.000	56.00 (49.10)	5.330	37.30 (32.70)		
4651	Non-radiometric automated blood cultures	C		13.900	97.40 (85.40)	9.270	64.90 (56.90)		
4652	Rapid automated bacterial identification per organism	C		15.000	105.10 (92.20)	10.000	70.10 (61.50)		
4653	Rapid automated antibiotic susceptibility per organism	C		17.000	119.10 (104.50)	11.330	79.40 (69.60)		
4654	Rapid automated MIC per organism per antibiotic	C		17.000	119.10 (104.50)	11.330	79.40 (69.60)		
4655	Mycobacteria: MIC determination - E Test	A		16.500	115.60 (101.40)	11.000	77.10 (67.60)		
4656	Mycobacteria: Identification HPLC	A		35.000	245.20 (215.10)	23.330	163.50 (143.40)		
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain	A		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
21.4	Serology								

### Medical Practitioners 2005

3958	Anti Gad/la2 Ab	C		67.950	476.10 (417.60)	45.300	317.40 (278.40)		
3959	Rose Waaler agglutination test	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3960	Gonococcal, listeria or echinococcus agglutination	C		9.500	66.60 (58.40)	6.300	44.10 (38.70)		
3961	Slide agglutination test	C		2.630	18.40 (16.10)	1.750	12.30 (10.80)		
3962	Rebuck skin window	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
3963	Serum complement level: Each component	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
3965	Anti la2 Antibodies	C		36.000	252.20 (221.20)	24.000	168.10 (147.50)		
3966	Anti Gad Antibodies	C		36.000	252.20 (221.20)	24.000	168.10 (147.50)		
3967	Auto-antibody: Sensitized erythrocytes	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3968	Herpes virus typing: Monoclonal immunological	C		20.690	145.00 (127.20)	13.790	96.60 (84.70)		
3969	Western blot technique	C		74.000	518.40 (454.70)	49.000	343.30 (301.10)		
3970	Epstein-Barr virus antibody titer	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	C		14.100	98.80 (86.70)	9.400	65.90 (57.80)		
3933	IgE: Total: EMIT or ELISA	C		11.700	82.00 (71.90)	7.800	54.60 (47.90)		
3934	Auto antibodies by labelled antibodies	C		16.000	112.10 (98.30)	10.650	74.60 (65.40)		
3935	Sperm antibodies	C		16.000	112.10 (98.30)	10.650	74.60 (65.40)		
3936	Virus neutralisation test: First antibody	C		75.000	525.50 (461.00)	50.000	350.30 (307.30)		
3937	Virus neutralisation test: Each additional antibody	C		15.000	105.10 (92.20)	10.000	70.10 (61.50)		
3938	Precipitation test per antigen	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3939	Agglutination test per antigen	C		5.500	38.50 (33.80)	3.670	25.70 (22.50)		
3940	Haemagglutination test: Per antigen	C		9.900	69.40 (60.90)	6.600	46.20 (40.50)		
3941	Modified Coombs' test for brucellosis	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		

### Medical Practitioners 2005

3942	Hepatitis Rapid Viral Ab	C		12.240	85.80 (75.30)	8.160	57.20 (50.20)		
3943	Antibody titer to bacterial exotoxin	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
3945	Complement fixation test	C		5.850	41.00 (36.00)	3.900	27.30 (23.90)		
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	C		14.050	98.40 (86.30)	9.370	65.60 (57.50)		
3947	C-reactive protein	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	C		12.950	90.70 (79.60)	8.630	60.50 (53.10)		
3949	Qualitative Kahn, VDRL or other flocculation	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3950	Neutrophil phagocytosis	C		25.200	176.60 (154.90)	16.800	117.70 (103.20)		
3951	Quantitative Kahn, VDRL or other flocculation	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
3952	Neutrophil chemotaxis	C		67.950	476.10 (417.60)	45.300	317.40 (278.40)		
3953	Tube agglutination test	C		4.150	29.10 (25.50)	2.760	19.30 (16.90)		
3955	Paul Bunnell: Presumptive	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	C		8.500	59.60 (52.30)	5.670	39.70 (34.80)		
3957	Paul Bunnell: Absorption	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3971	Immuno-diffusion test: Per antigen	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
3972	Respiratory syncytial virus (ELISA technique)	C		35.000	245.20 (215.10)	23.000	161.10 (141.30)		
3973	Immuno electrophoresis: Per immune serum	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
3974	Polymerase chain reaction	C		75.000	525.50 (461.00)	50.000	350.30 (307.30)		
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	C		12.000	84.10 (73.80)	8.000	56.00 (49.10)		
3977	Counter immuno-electrophoresis	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
3978	Lymphocyte transformation	C		51.700	362.20 (317.70)	34.500	241.70 (212.00)		

## Medical Practitioners 2005

3980	Bilharzia Ag Serum/Urine	C		14.500	101.60 (89.10)	9.670	67.70 (59.40)		
3982	Histone Ab	C		16.000	112.10 (98.30)	10.670	74.80 (65.60)		
4600	Anti-CCP	A		17.460	122.30 (107.30)	11.640	81.50 (71.50)		
4601	Panel typing: Antibody detection: Class I	C		36.000	252.20 (221.20)	24.000	168.10 (147.50)		
4602	Panel typing: Antibody detection: Class II	C		44.000	308.30 (270.40)	29.300	205.30 (180.10)		
4603	HLA test for specific locus/antigen - serology	C		27.000	189.20 (166.00)	18.000	126.10 (110.60)		
4604	HLA typing: Class I - serology	C		52.000	364.30 (319.60)	34.700	243.10 (213.20)		
4605	HLA typing: Class II - serology	C		52.000	364.30 (319.60)	34.700	243.10 (213.20)		
4606	HLA typing: Class I & II - serology	C		90.000	630.50 (553.10)	60.000	420.40 (368.80)		
4607	Cross matching T-cells (per tray)	C		18.000	126.10 (110.60)	12.000	84.10 (73.80)		
4608	Cross matching B-cells	C		38.000	266.20 (233.50)	25.300	177.30 (155.50)		
4609	Cross matching T- & B-cells	C		48.000	336.30 (295.00)	32.000	224.20 (196.70)		
4610	Helicobacter: Pylori antigen test	C		34.600	242.40 (212.60)	23.070	161.60 (141.80)		
4611	Erythropoietin	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4612	HTLV I/II	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4613	Anti-Gm1 Antibody Assay	C		75.000	525.50 (461.00)	50.000	350.30 (307.30)		
4614	HIV Ab - Rapid Test	C		12.000	84.10 (73.80)	8.000	56.00 (49.10)		
21.5	Skin tests								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section	C							
21.6	Biochemical tests: Blood								
3991	Abnormal pigments: Qualitative	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
3993	Abnormal pigments: Quantitative	C		9.000	63.10 (55.40)	6.000	42.00 (36.80)		
3995	Acid phosphate	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		

### Medical Practitioners 2005

3996	Serum Amyloid A	C		8.280	58.00 (50.90)	5.520	38.70 (33.90)		
3997	Acid phosphatase fractionation	C		1.800	12.60 (11.10)	1.200	8.41 (7.38)		
3998	Amino acids Quantitative (Post derivatisation HPLC)	C		78.120	547.30 (480.10)	52.080	364.90 (320.10)		
3999	Albumin	C		4.800	33.60 (29.50)	3.200	22.40 (19.60)		
4000	Alcohol	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
4001	Alkaline phosphatase	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4002	Alkaline phosphatase-iso-enzymes	C		11.700	82.00 (71.90)	7.800	54.60 (47.90)		
4003	Ammonia: Enzymatic	C		7.710	54.00 (47.40)	5.140	36.00 (31.60)		
4004	Ammonia: Monitor	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4005	Alpha-1-antitrypsin: Total	U		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
4006	Amylase	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4007	Arsenic in blood, hair or nails	C		36.250	254.00 (222.80)	24.170	169.30 (148.50)		
4008	Bilirubin - Reflectance	U		4.770	33.40 (29.30)	3.180	22.30 (19.60)		
4009	Bilirubin: Total	C		4.770	33.40 (29.30)	3.180	22.30 (19.60)		
4010	Bilirubin: Conjugated	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4011	Breath Hydrogen Test	C		21.560	151.00 (132.50)	14.370	100.70 (88.30)		
4012	CSF Nicotinic Acid	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4013	CSF Glutamine	C		11.250	78.80 (69.10)	7.500	52.50 (46.10)		
4014	Cadmium: Atomic absorption	C		18.120	126.90 (111.30)	12.080	84.60 (74.20)		
4016	Calcium: Ionized	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4017	Calcium: Spectrophotometric	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4018	Calcium: Atomic absorption	C		7.250	50.80 (44.60)	4.830	33.80 (29.60)		

### Medical Practitioners 2005

4019	Carotene	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4020	Carnitine (Total or free) in biological fluid: Each	C		11.690	81.90 (71.80)	7.790	54.60 (47.90)		
4021	Carnitine (Total or free) in muscle: Each	C		23.380	163.80 (143.70)	15.590	109.20 (95.80)		
4022	Acyl Carnitine	C		23.380	163.80 (143.70)	15.590	109.20 (95.80)		
4023	Chloride	C		2.590	18.10 (15.90)	1.730	12.10 (10.60)		
4025	Chol/HDL/LDL/Trig	C		27.070	189.70 (166.40)	18.050	126.50 (111.00)		
4026	LDL cholesterol (chemical determination)	C		6.900	48.30 (42.40)	4.600	32.20 (28.20)		
4027	Cholesterol total	C		5.340	37.40 (32.80)	3.560	24.90 (21.80)		
4028	HDL cholesterol	C		6.900	48.30 (42.40)	4.600	32.20 (28.20)		
4029	Cholinesterase: Serum or erythrocyte: Each	C		7.480	52.40 (46.00)	4.990	35.00 (30.70)		
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	C		9.000	63.10 (55.40)	6.000	42.00 (36.80)		
4031	Total CO2	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4032	Creatinine	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4033	CSF-Immunoglobulin G	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4034	C1-Esterase Inhibitor	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4035	CSF-Albumin	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4036	CSF-IgG Index	C		22.050	154.50 (135.50)	14.700	103.00 (90.40)		
4038	Glutamic acid	C		29.060	203.60 (178.60)	19.370	135.70 (119.00)		
4040	Homocysteine (random)	C		15.300	107.20 (94.00)	10.200	71.50 (62.70)		
4041	Homocysteine (after Methionine load)	C		18.100	126.80 (111.20)	12.060	84.50 (74.10)		
4042	D-Xylose absorption test: Two hours	C		13.150	92.10 (80.80)	8.750	61.30 (53.80)		
4045	Fibrinogen: Quantitative	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		

### Medical Practitioners 2005

4047	Hollander test	C		24.750	173.40 (152.10)	16.500	115.60 (101.40)		
4049	Glucose tolerance test (2 specimens)	C		8.970	62.80 (55.10)	5.980	41.90 (36.80)		
4050	Glucose strip-test with photometric reading	C		1.800	12.60 (11.10)	1.200	8.41 (7.38)		
4051	Galactose	C		11.250	78.80 (69.10)	7.500	52.50 (46.10)		
4052	Glucose tolerance test (3 specimens)	C		13.170	92.30 (81.00)	8.780	61.50 (53.90)		
4053	Glucose tolerance test (4 specimens)	C		17.370	121.70 (106.80)	11.580	81.10 (71.10)		
4057	Glucose: Quantitative	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4061	Glucose tolerance test (5 specimens)	C		21.560	151.00 (132.50)	14.370	100.70 (88.30)		
4062	Galactose-1-phosphate uridyl transferase	C		16.000	112.10 (98.30)	10.700	75.00 (65.80)		
4063	Fructosamine	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
4064	Glycated haemoglobin: Chromatography	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	C		46.880	328.40 (288.10)	31.250	218.90 (192.00)		
4067	Lithium: Flame ionisation	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4068	Lithium: Atomic absorption	C		7.480	52.40 (46.00)	4.990	35.00 (30.70)		
4071	Iron	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4073	Iron-binding capacity	C		7.650	53.60 (47.00)	5.100	35.70 (31.30)		
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	U		19.100	133.80 (117.40)	12.730	89.20 (78.20)		
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4079	Ketones in plasma: Qualitative	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4081	Drug level-biological fluid: Quantitative	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
4082	Tacrolimus assay	U		20.100	140.80 (123.50)	13.400	93.90 (82.40)		
4083	Lysosomal enzyme assay	C		36.560	256.10 (224.60)	24.370	170.70 (149.70)		

### Medical Practitioners 2005

4084	Thymidine kinase	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4085	Lipase	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4086	Lactate	C		16.000	112.10 (98.30)	10.670	74.80 (65.60)		
4091	Lipoprotein electrophoresis	C		9.000	63.10 (55.40)	6.000	42.00 (36.80)		
4092	Orosmucoid	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4093	Osmolality: Serum or urine	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4094	Magnesium: Spectrophotometric	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4095	Magnesium: Atomic absorption	C		7.250	50.80 (44.60)	4.830	33.80 (29.60)		
4096	Mercury: Atomic absorption	C		18.120	126.90 (111.30)	12.080	84.60 (74.20)		
4098	Copper: Atomic absorption	C		18.120	126.90 (111.30)	12.080	84.60 (74.20)		
4105	Protein electrophoresis	C		9.000	63.10 (55.40)	6.000	42.00 (36.80)		
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	U		20.000	140.10 (122.90)	13.200	92.50 (81.10)		
4109	Phosphate	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4111	Phospholipids	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
4113	Potassium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4114	Sodium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4117	Protein: Total	C		3.110	21.80 (19.10)	2.070	14.50 (12.70)		
4121	pH, pCO2 or pO2: Each	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4123	Pyruvic acid	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4125	Salicylates	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4126	Secretin-pancreozymin response	C		26.100	182.90 (160.40)	17.400	121.90 (106.90)		
4127	Caeruloplasmin	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		



### Medical Practitioners 2005

4128	Phenylalanine: Quantitative	C		11.250	78.80 (69.10)	7.500	52.50 (46.10)		
4129	Glutamate dehydrogenase (GDH)	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4130	Aspartate aminotransferase (AST)	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4131	Alanine aminotransferase (ALT)	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4132	Creatine kinase (CK)	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4133	Lactate dehydrogenase (LD)	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4134	Gamma glutamyl transferase (GGT)	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4135	Aldolase	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4136	Angiotensin converting enzyme (ACE)	C		9.000	63.10 (55.40)	6.000	42.00 (36.80)		
4137	Lactate dehydrogenase isoenzyme	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
4138	CK-MB: Immunoinhibition/precipitation	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
4139	Adenosine deaminase	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4142	Red cell enzymes: Each	C		7.800	54.60 (47.90)	5.200	36.40 (31.90)		
4143	Serum/plasma enzymes	U		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4144	Transferrin	C		11.700	82.00 (71.90)	7.800	54.60 (47.90)		
4146	Lead: Atomic absorption	C		15.000	105.10 (92.20)	10.000	70.10 (61.50)		
4147	Triglyceride	C		7.930	55.60 (48.80)	5.290	37.10 (32.50)		
4148	Tay - Sachs Study	C		36.560	256.10 (224.60)	24.370	170.70 (149.70)		
4149	Red cell magnesium	C		11.700	82.00 (71.90)	7.800	54.60 (47.90)		
4151	Urea	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4152	CK-MB: Mass determination: Quantitative (Automated)	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
4153	CK-MB: Mass determination: Quantitative (Not automated)	C		17.470	122.40 (107.40)	11.650	81.60 (71.60)		

### Medical Practitioners 2005

4154	Myoglobin quantitative: Monoclonal immunological	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
4155	Uric acid	C		3.780	26.50 (23.20)	2.520	17.70 (15.50)		
4156	Vitamin D3	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4157	Vitamin A-saturation test	C		15.300	107.20 (94.00)	10.200	71.50 (62.70)		
4158	Vitamin E (tocopherol)	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
4159	Vitamin A	C		6.300	44.10 (38.70)	4.200	29.40 (25.80)		
4160	Vitamin C (ascorbic acid)	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4161	Troponin isoforms: Each	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4163	Apoprotein AI: Turbidometric method	C		8.280	58.00 (50.90)	5.520	38.70 (33.90)		
4165	Apoprotein AII: Turbidometric method	C		8.280	58.00 (50.90)	5.520	38.70 (33.90)		
4167	Apoprotein B: Turbidometric method	C		8.280	58.00 (50.90)	5.520	38.70 (33.90)		
4170	Lipoprotein (a)(Lp(a)) assay	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4171	Sodium + potassium + chloride + CO2 + urea	C		15.840	111.00 (97.40)	10.560	74.00 (64.90)		
4172	ELISA/EMIT technique	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4173	Sirolimus Assay	C		78.000	546.50 (479.40)	52.000	364.30 (319.60)		
4181	Quantitative protein estimation: Mancini method	C		7.760	54.40 (47.70)	5.170	36.20 (31.80)		
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	C		8.280	58.00 (50.90)	5.520	38.70 (33.90)		
4183	Quantitative protein estimation: Labelled antibody	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4184	C-reactive protein (Ultra sensitive)	C		11.680	81.80 (71.80)	7.790	54.60 (47.90)		
4185	Lactose	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
4186	Vitamin B6	C		15.300	107.20 (94.00)	10.200	71.50 (62.70)		
4187	Zinc: Atomic absorption	C		18.120	126.90 (111.30)	12.080	84.60 (74.20)		

## Medical Practitioners 2005

21.7	Biochemical tests: Urine								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	C		1.500	10.50 (9.21)	1.000	7.01 (6.15)		
4189	Abnormal pigments	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4193	Alkapton test: Homogentisic acid	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4194	Amino acids: Quantitative (Post derivatisation HPLC)	C		78.120	547.30 (480.10)	52.080	364.90 (320.10)		
4195	Amino laevulinic acid	C		18.000	126.10 (110.60)	12.000	84.10 (73.80)		
4197	Amylase	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4198	Arsenic	C		18.120	126.90 (111.30)	12.080	84.60 (74.20)		
4199	Ascorbic acid	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4201	Bence-Jones protein	C		2.700	18.90 (16.60)	1.800	12.60 (11.10)		
4203	Phenol	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
4204	Calcium: Atomic absorption	C		7.250	50.80 (44.60)	4.830	33.80 (29.60)		
4205	Calcium: Spectrophotometric	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4206	Calcium: Absorption and excretion studies	C		25.000	175.20 (153.70)	16.700	117.00 (102.60)		
4209	Lead: Atomic absorption	C		15.000	105.10 (92.20)	10.000	70.10 (61.50)		
4210	Urine collagen telopeptides	C		36.500	255.70 (224.30)	24.330	170.50 (149.60)		
4211	Bile pigments: Qualitative	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4213	Protein: Quantitative	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4216	Mucopolysaccharides: Qualitative	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
4217	Oxalate	C		9.380	65.70 (57.60)	6.250	43.80 (38.40)		
4218	Glucose: Quantitative	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4219	Steroids: Chromatography (each)	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		
4220	Klinolab Newborn Screen	C		36.560	256.10 (224.60)	24.370	170.70 (149.70)		

### Medical Practitioners 2005

4221	Creatinine	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4223	Creatinine clearance	C		7.650	53.60 (47.00)	5.100	35.70 (31.30)		
4227	Electrophoresis: Qualitative	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4228	Fetal Lung Maturity	C		36.560	256.10 (224.60)	24.370	170.70 (149.70)		
4229	Uric acid clearance	C		7.650	53.60 (47.00)	5.100	35.70 (31.30)		
4230	Urine/Fluid - Specific Gravity	C		0.900	6.31 (5.54)	0.600	4.20 (3.68)		
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	A		37.500	262.70 (230.40)	25.000	175.20 (153.70)		
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	A		46.800	327.90 (287.60)	31.200	218.60 (191.80)		
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	A		37.500	262.70 (230.40)	25.000	175.20 (153.70)		
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	A		46.800	327.90 (287.60)	31.200	218.60 (191.80)		
4237	5-Hydroxy-indole-acetic acid: Screen test	C		2.700	18.90 (16.60)	1.800	12.60 (11.10)		
4238	5HIAA (Hplc)	C		78.120	547.30 (480.10)	52.080	364.90 (320.10)		
4239	5-Hydroxy-indole-acetic acid: Quantitative	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4247	Ketones: Excluding dip-stick method	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4248	Reducing substances	C		1.800	12.60 (11.10)	1.200	8.41 (7.38)		
4251	Metanephrines: Column chromatography	C		22.050	154.50 (135.50)	14.700	103.00 (90.40)		
4252	Metanephrine (Hplc)	C		78.120	547.30 (480.10)	52.080	364.90 (320.10)		
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	C		27.000	189.20 (166.00)	18.000	126.10 (110.60)		
4254	Nitrosonaphtol test for tyrosine	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4255	Orotic Acid - Urine	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4256	Very long Chain Fatty Acids	C		129.380	906.40 (795.10)	86.250	604.30 (530.10)		
4261	Micro Albumin: Quantitative	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		

### Medical Practitioners 2005

4262	Micro Albumin: Qualitative	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4263	pH: Excluding dip-stick method	C		0.900	6.31 (5.54)	0.600	4.20 (3.68)		
4265	Thin layer chromatography: One way	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4266	Thin layer chromatography: Two way	C		11.250	78.80 (69.10)	7.500	52.50 (46.10)		
4267	Total organic matter screen: Infrared	C		31.250	218.90 (192.00)	20.830	145.90 (128.00)		
4268	Organic acids: Quantitative: GCMS	C		109.380	766.30 (672.20)	72.920	510.90 (448.20)		
4269	Phenylpyruvic acid: Ferric chloride	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4270	Chromium Total Urine	C		18.120	126.90 (111.30)	12.080	84.60 (74.20)		
4271	Phosphate excretion index	C		22.050	154.50 (135.50)	14.700	103.00 (90.40)		
4272	Porphobilinogen qualitative screen: Urine	C		5.000	35.00 (30.70)	3.330	23.30 (20.40)		
4273	Porphobilinogen/ALA: Quantitative each	C		15.000	105.10 (92.20)	10.000	70.10 (61.50)		
4283	Magnesium: Spectrophotometric	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4284	Magnesium: Atomic absorption	C		7.250	50.80 (44.60)	4.830	33.80 (29.60)		
4285	Identification of carbohydrate	C		7.650	53.60 (47.00)	5.100	35.70 (31.30)		
4287	Identification of drug: Qualitative	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4288	Identification of drug: Quantitative	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
4293	Urea clearance	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4297	Copper: Spectrophotometric	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4298	Copper: Atomic absorption	C		18.120	126.90 (111.30)	12.080	84.60 (74.20)		
4300	Indican or indole: Qualitative	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
4301	Chloride	C		2.590	18.10 (15.90)	1.730	12.10 (10.60)		
4307	Ammonium chloride loading test	C		22.050	154.50 (135.50)	14.700	103.00 (90.40)		

# Medical Practitioners 2005

4309	Urobilinogen: Quantitative	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4313	Phosphates	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4315	Potassium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4316	Sodium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4319	Urea	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4321	Uric acid	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4322	Fluoride	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4323	Total protein and protein electrophoresis	C		11.250	78.80 (69.10)	7.500	52.50 (46.10)		
4325	VMA: Quantitative	C		11.250	78.80 (69.10)	7.500	52.50 (46.10)		
4326	Catecholamines (HPLC)	C		78.120	547.30 (480.10)	52.080	364.90 (320.10)		
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	C		46.880	328.40 (288.10)	31.250	218.90 (192.00)		
4328	Immunoglobulin D	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4335	Cystine: Quantitative	C		12.600	88.30 (77.50)	8.400	58.90 (51.70)		
4336	Dinitrophenol hydrazine test: Ketoacids	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4337	Hydroxyproline: Quantitative	C		18.900	132.40 (116.10)	12.600	88.30 (77.50)		
21.8	Biochemical tests: Faeces								
4339	Chloride	C		2.590	18.10 (15.90)	1.730	12.10 (10.60)		
4343	Fat: Qualitative	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
4345	Fat: Quantitative	C		22.050	154.50 (135.50)	14.700	103.00 (90.40)		
4347	Ph	C		0.900	6.31 (5.54)	0.600	4.20 (3.68)		
4351	Occult blood: Chemical test	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4352	Occult blood: Monoclonal antibodies	C		10.000	70.10 (61.50)	6.670	46.70 (41.00)		
4357	Potassium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		

### Medical Practitioners 2005

4358	Sodium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4359	Secretory IgA	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4361	Stercobilin	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4362	Elastase quantitative ELISA	C		47.000	329.30 (288.90)	31.330	219.50 (192.50)		
4363	Stercobilinogen: Quantitative	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4364	Chymotrypsin determination: Enzymatic	C		7.470	52.30 (45.90)	4.980	34.90 (30.60)		
21.9	Biochemical tests: Miscellaneous								
4366	Porphyryn screen qualitative: Urine, stool, red blood cells: Each	C		5.000	35.00 (30.70)	3.330	23.30 (20.40)		
4367	Porphyryn qualitative analysis by TLC: Urine, stool, red blood cells: Each	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4368	Porphyryn: Total quantisation: Urine, stool, red blood cells: Each	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4369	Porphyryn quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	C		30.000	210.20 (184.40)	20.000	140.10 (122.90)		
4370	Drug level in biological fluid: Monoclonal immunological	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
4371	Amylase in exudate	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
4372	Fluoride in biological fluids and water	C		15.620	109.40 (96.00)	10.410	72.90 (63.90)		
4373	Breast milk analysis	C		6.750	47.30 (41.50)	4.500	31.50 (27.60)		
4374	Trace metals in biological fluid: Atomic absorption	C		18.130	127.00 (111.40)	12.090	84.70 (74.30)		
4375	Calcium in fluid: Spectrophotometric	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4376	Calcium in fluid: Atomic absorption	C		7.250	50.80 (44.60)	4.830	33.80 (29.60)		
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	C		21.880	153.30 (134.50)	14.590	102.20 (89.60)		
4378	Urea breath test	C		58.000	406.30 (356.40)	38.670	270.90 (237.60)		
4380	Lecithin in amniotic fluid: L/S ratio	C		27.000	189.20 (166.00)	18.000	126.10 (110.60)		
4381	Lamellar body count in amniotic fluid	C		10.000	70.10 (61.50)	6.700	46.90 (41.10)		

### Medical Practitioners 2005

4382	Bilirubin in amniotic fluid: Spectrophotometric essay	C		9.450	66.20 (58.10)	6.300	44.10 (38.70)		
4386	Oestrogen/Progesterone receptors: Fluorescent method	C		20.700	145.00 (127.20)	13.800	96.70 (84.80)		
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	C		230.000	1611.40 (1413.50)	153.000	1071.90 (940.30)		
4388	Gastric contents: Maximal stimulation test	C		27.000	189.20 (166.00)	18.000	126.10 (110.60)		
4389	Gastric fluid: Total acid per specimen	C		2.250	15.80 (13.90)	1.500	10.50 (9.21)		
4390	Foam test: Amniotic fluid	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
4391	Renal calculus: Chemistry	C		5.400	37.80 (33.20)	3.600	25.20 (22.10)		
4392	Renal calculus: Crystallography	C		16.250	113.80 (99.80)	10.800	75.70 (66.40)		
4393	Saliva: Potassium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4394	Saliva: Sodium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4395	Sweat: Sodium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4396	Sweat: Potassium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4397	Sweat: Chloride	C		2.590	18.10 (15.90)	1.730	12.10 (10.60)		
4399	Sweat collection by iontophoresis (excluding collection material)	C		4.500	31.50 (27.60)	3.000	21.00 (18.40)		
4400	Tryptophane loading test	C		22.050	154.50 (135.50)	14.700	103.00 (90.40)		
21.10	Cerebrospinal fluid								
4401	Cell count	C		3.450	24.20 (21.20)	2.300	16.10 (14.10)		
4407	Cell count, protein, glucose and chloride	C		7.650	53.60 (47.00)	5.100	35.70 (31.30)		
4409	Chloride	C		2.590	18.10 (15.90)	1.730	12.10 (10.60)		
4415	Potassium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4416	Sodium	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4417	Protein: Qualitative	C		0.900	6.31 (5.54)	0.600	4.20 (3.68)		
4419	Protein: Quantitative	C		3.110	21.80 (19.10)	2.070	14.50 (12.70)		



### Medical Practitioners 2005

4421	Glucose	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4423	Urea	C		3.620	25.40 (22.30)	2.410	16.90 (14.80)		
4425	Protein electrophoresis	C		12.600	88.30 (77.50)	8.400	58.90 (51.70)		
21.11	RNA/DNA based tests and andrology								
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests								
4424	HLA test for specific allele DNA-PCR	C		36.000	252.20 (221.20)	24.000	168.10 (147.50)		
4426	HLA typing low resolution Class I DNA-PCR per locus	C		100.000	700.60 (614.60)	67.000	469.40 (411.80)		
4427	HLA typing low resolution Class II DNA-PCR per locus	C		74.000	518.40 (454.70)	49.300	345.40 (303.00)		
4428	HLA typing high resolution Class I or II DNA-PCR per locus	C		66.000	462.40 (405.60)	44.000	308.30 (270.40)		
4429	Quantitative PCR (DNA/RNA)	C		84.300	590.60 (518.10)	56.200	393.70 (345.40)		
4430	Recombinant DNA technique	C		25.000	175.20 (153.70)	16.670	116.80 (102.50)		
4431	Ribosomal RNA targeting for bacteriological identification	C		35.000	245.20 (215.10)	23.330	163.50 (143.40)		
4432	Ribosomal RNA amplification for bacteriological identification	C		75.000	525.50 (461.00)	50.000	350.30 (307.30)		
4433	Bacteriological DNA identification (LCR)	C		25.000	175.20 (153.70)	16.670	116.80 (102.50)		
4434	Bacteriological DNA identification (PCR)	C		75.000	525.50 (461.00)	50.000	350.30 (307.30)		
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	A		150.000	1050.90 (921.80)	100.000	700.60 (614.60)		
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	C		6.600	46.20 (40.50)	4.400	30.80 (27.00)		
4436	Friberg test: Semen	C		14.500	101.60 (89.10)	9.670	67.70 (59.40)		
4437	Kremer test: Semen	C		3.600	25.20 (22.10)	2.400	16.80 (14.70)		
4440	Semen analysis: Cell count	C		7.650	53.60 (47.00)	5.100	35.70 (31.30)		
4441	Semen analysis: Cytology	C		7.200	50.40 (44.20)	4.800	33.60 (29.50)		

### Medical Practitioners 2005

4442	Semen analysis: Viability + motility - 6 hours	U		6.000	42.00 (36.80)	4.000	28.00 (24.60)		
4443	Semen analysis: Supravital stain	C		5.440	38.10 (33.40)	3.630	25.40 (22.30)		
4445	Seminal fluid: Alpha glucosidase	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4446	Seminal fluid fructose	C		3.150	22.10 (19.40)	2.100	14.70 (12.90)		
4447	Seminal fluid: Acid phosphatase	C		5.180	36.30 (31.80)	3.450	24.20 (21.20)		
21.12	Immunology								
4448	HCG: Latex agglutination: Qualitative (side room)	C		4.000	28.00 (24.60)	2.670	18.70 (16.40)		
4449	HCG: Latex agglutination: Semi-quantitative (side room)	C		9.310	65.20 (57.20)	6.210	43.50 (38.20)		
4450	HCG: Monoclonal immunological: Qualitative	C		10.000	70.10 (61.50)	6.670	46.70 (41.00)		
4451	HCG: Monoclonal immunological: Quantitative	C		12.400	86.90 (76.20)	8.270	57.90 (50.80)		
4452	Bone Specific Alk Phosphatase	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4455	Anti IgE receptor antibody test (10 samples and dilution)	C		161.560	1131.90 (992.90)	107.710	754.60 (661.90)		
4456	Eosinophil cationic protein	C		27.810	194.80 (170.90)	18.540	129.90 (113.90)		
4457	Mast cell tryptase	C		96.870	678.70 (595.40)	64.580	452.40 (396.80)		
4458	Micro-albuminuria: Radio-isotope method	C		12.420	87.00 (76.30)	8.300	58.10 (51.00)		
4459	Acetyl choline receptor antibody	C		158.120	1107.80 (971.80)	105.410	738.50 (647.80)		
4460	CA-199 tumour marker	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4461	Nuclear Matrix Protein 22	C		35.000	245.20 (215.10)	23.330	163.50 (143.40)		
4462	CA-125 tumour marker	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4463	C6 complement functional essay	C		45.000	315.30 (276.60)	30.000	210.20 (184.40)		
4464	House dust mite antigen ELIZA	C		20.310	142.30 (124.80)	13.540	94.90 (83.20)		
4466	Beta-2-microglobulin	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		

### Medical Practitioners 2005

4467	Chromograqnin A	C		47.000	329.30 (288.90)	31.330	219.50 (192.50)		
4468	CA-549	C		20.000	140.10 (122.90)	13.300	93.20 (81.80)		
4469	Tumour markers: Monoclonal immunological (each)	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4470	CA-195 tumour marker	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4471	Carcino-embryonic antigen	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4472	MCA antigen tumour marker	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4473	TSH Receptor Ab	C		17.480	122.50 (107.50)	11.650	81.60 (71.60)		
4474	Cast Per Allergen	C		27.810	194.80 (170.90)	18.540	129.90 (113.90)		
4475	CA-724	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4476	Neopterin	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4477	Neuron specific enolase	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4478	Osteocalcin	C		31.400	220.00 (193.00)	20.930	146.60 (128.60)		
4479	Vitamin B12-absorption: Shilling test	C		11.700	82.00 (71.90)	7.800	54.60 (47.90)		
4480	Serotonin	C		18.750	131.40 (115.30)	12.500	87.60 (76.80)		
4482	Free thyroxine (FT4)	C		17.480	122.50 (107.50)	11.650	81.60 (71.60)		
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	U		37.080	259.80 (227.90)	24.720	173.20 (151.90)		
4485	Insulin	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4486	C-Peptide	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4487	Calcitonin	C		18.900	132.40 (116.10)	12.600	88.30 (77.50)		
4488	B-Type Natriuretic Peptide	U		47.040	329.60 (289.10)	31.360	219.70 (192.70)		
4490	Releasing hormone response	C		50.000	350.30 (307.30)	33.350	233.70 (205.00)		
4491	Vitamin B12	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		

### Medical Practitioners 2005

4492	Vitamin D3: Calcitriol (RIA)	C		75.000	525.50 (461.00)	50.000	350.30 (307.30)		
4493	Drug concentration: Quantitative	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4494	Free hormone assay	C		17.480	122.50 (107.50)	11.650	81.60 (71.60)		
4495	Growth hormone	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4496	Hormone concentration: Quantitative	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4497	Carbohydrate deficient transferrin	C		29.060	203.60 (178.60)	19.370	135.70 (119.00)		
4499	Cortisol	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4500	DHEA sulphate	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4501	Testosterone	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4502	Free testosterone	C		17.480	122.50 (107.50)	11.650	81.60 (71.60)		
4503	Oestradiol	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4505	Oestriol	C		10.800	75.70 (66.40)	7.200	50.40 (44.20)		
4506	Multiple antigen specific IgE screening test for Atopy	C		37.260	261.00 (228.90)	24.800	173.70 (152.40)		
4507	Thyrotropin (TSH)	C		19.600	137.30 (120.40)	13.070	91.60 (80.40)		
4508	Combined antigen specific IgE	C		24.480	171.50 (150.40)	16.600	116.30 (102.00)		
4509	Free tri-iodothyronine (FT3)	C		17.480	122.50 (107.50)	11.650	81.60 (71.60)		
4511	Renin activity	C		18.900	132.40 (116.10)	12.600	88.30 (77.50)		
4512	Parathormone	C		17.080	119.70 (105.00)	11.390	79.80 (70.00)		
4513	IgE: Total	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4514	Antigen specific IgE	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4515	Aldosterone	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4516	Follitropin (FSH)	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		

### Medical Practitioners 2005

4517	Lutropin (LH)	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4518	Soluble transferrin receptor	C		11.250	78.80 (69.10)	7.500	52.50 (46.10)		
4519	Prostate specific antigen	C		14.490	101.50 (89.00)	9.660	67.70 (59.40)		
4520	17 Hydroxy progesterone	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4521	Progesterone	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4522	Alpha-feto protein	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4523	ACTH	C		21.740	152.30 (133.60)	14.490	101.50 (89.00)		
4524	Free PSA	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4526	Sex hormone binding globulin	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4527	Gastrin	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4528	Ferritin	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4529	Anti-DNA antibodies	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4530	Antiplatelet antibodies	C		15.300	107.20 (94.00)	10.200	71.50 (62.70)		
4531	Hepatitis: Per antigen or antibody	C		14.490	101.50 (89.00)	9.660	67.70 (59.40)		
4532	Transcobalamine	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4533	Folic acid	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4534	Prostatic acid phosphatase	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4536	Erythrocyte folate	C		17.480	122.50 (107.50)	11.650	81.60 (71.60)		
4537	Prolactin	C		12.420	87.00 (76.30)	8.280	58.00 (50.90)		
4538	Procalcitonin: Semi-quantitative	C		32.000	224.20 (196.70)	21.330	149.40 (131.10)		
4539	Procalcitonin: Quantitative	C		46.000	322.30 (282.70)	30.670	214.90 (188.50)		
4540	HCG: Quantitative as used for Down's screen	C		15.000	105.10 (92.20)	10.000	70.10 (61.50)		

## Medical Practitioners 2005

4546	First trimester Downs screen	C		53.500	374.80 (328.80)	35.670	249.90 (219.20)		
4552	Second Trimester Down's screen	C		33.620	235.50 (206.60)	22.410	157.00 (137.70)		
4553	Thyroglobulin	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
4554	SCC marker	C		20.000	140.10 (122.90)	13.330	93.40 (81.90)		
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre	C		27.000	189.20 (166.00)				
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.	U							
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on <a href="mailto:coding@samedical.org">coding@samedical.org</a> to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)	U							
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately	C							
22	Anatomical Pathology								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values	C							
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	C		13.400	108.30 (95.00)	8.900	71.90 (63.10)		
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	C		7.800	63.00 (55.30)	5.200	42.00 (36.80)		
4564	Performance of fine-needle aspiration for cytology	C		15.000	121.20 (106.30)				
4565	Examination of fine needle aspiration in theatre	U		90.000	727.10 (637.80)	60.000	484.70 (425.20)		
4566	Vaginal or cervical smears, each	C		11.000	88.90 (78.00)	7.000	56.60 (49.60)		
22.2	Histology								
4567	Histology per sample	C		20.000	153.00 (134.20)	13.300	101.70 (89.20)		
4571	Histology per additional block, each	C		11.600	88.70 (77.80)	7.700	58.90 (51.70)		
4575	Histology and frozen section in laboratory	C		22.700	173.60 (152.30)	15.100	115.50 (101.30)		

### Medical Practitioners 2005

4577	Histology and frozen section in theatre	U		90.000	688.30 (603.80)	60.000	458.90 (402.50)		
4578	Second and subsequent frozen sections, each	C		20.000	153.00 (134.20)	13.400	102.50 (89.90)		
4579	Attendance in theatre - no frozen section performed	U		45.000	344.20 (301.90)	30.000	229.40 (201.20)		
4582	Serial step sections (including item 4567)	C		23.300	178.20 (156.30)	15.600	119.30 (104.60)		
4584	Serial step sections per additional block, each	C		13.500	103.20 (90.50)	9.000	68.80 (60.40)		
4587	Histology consultation	C		10.100	77.20 (67.70)	6.700	51.20 (44.90)		
4589	Special stains	C		6.700	51.20 (44.90)	4.500	34.40 (30.20)		
4591	Immunofluorescence studies	C		20.700	158.30 (138.90)	13.800	105.50 (92.50)		
4592	Immunoperoxidase studies	C		40.000	305.90 (268.30)	26.670	204.00 (178.90)		
4593	Electron microscopy	C		94.000	718.90 (630.60)	63.000	481.80 (422.60)		
4595	Foetal autopsy excluding histology	C		73.000	558.30 (489.70)	48.670	372.20 (326.50)		
23	Human Genetics								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values	C							
23.1	Cytogenetic								
4750	Cell culture: Lymphocytes, cord blood	C		15.000	107.60 (94.40)	15.000	107.60 (94.40)		
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	C		45.000	322.90 (283.20)	45.000	322.90 (283.20)		
4752	Cell culture: Chorionic villi	C		60.000	430.50 (377.60)	60.000	430.50 (377.60)		
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	C		135.000	968.60 (849.60)	135.000	968.60 (849.60)		
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukaemia bloods: Idiograms, karyotyping, one staining technique	U		270.000	1937.30 (1699.40)	270.000	1937.30 (1699.40)		
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	C		70.000	502.30 (440.60)	70.000	502.30 (440.60)		
4760	FISH procedure, including cell culture	C		115.000	825.10 (723.80)	115.000	825.10 (723.80)		
4761	FISH analysis per probe system	C		35.000	251.10 (220.30)	35.000	251.10 (220.30)		
23.2	DNA-testing								

### Medical Practitioners 2005

4763	Blood: DNA extraction	C		45.000	322.90 (283.20)	45.000	322.90 (283.20)		
4764	Blood: Genotype per person: Southern blotting	C		89.000	638.60 (560.20)	89.000	638.60 (560.20)		
4765	Blood: Genotype per person: PCR	C		60.000	430.50 (377.60)	60.000	430.50 (377.60)		
4766	HIV Drug Resistance Testing	C		513.000	3680.80 (3228.80)	342.000	2453.90 (2152.50)		
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	C		90.000	645.80 (566.50)	90.000	645.80 (566.50)		
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	C		188.000	1348.90 (1183.20)	188.000	1348.90 (1183.20)		
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	C		120.000	861.00 (755.30)	120.000	861.00 (755.30)		
IV.	Travelling Expenses								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.	U							
5003	R6,67 for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 19-16=3 X R6,67 = R20,01	U							
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	C		18.000	109.10 (95.70)				
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	U				18.000	109.10 (95.70)		
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them	C							
V.	LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED								
Modifier 0004 is not applicable to the following sections:									
All anaesthetic services									
Section 19: Radiology									
Section 20: Radiation Oncology									
Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied)									
Section 22: Anatomical Pathology									
Section 23: Human Genetic									



## Medical Practitioners 2005

Please note : This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.

II	REMUNERATION FOR SUPPLIES, MATERIALS AND SPECIAL MEDICINE USED IN TREATMENT
0202	Setting of sterile tray
1.	INJECTIONS, INFUSIONS AND INHALATION SEDATION
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof
0204	Inhalation sedation: Per additional quarter-hour or part thereof
0206	Intravenous infusions (push-in), patients over two years: Insertion of cannula. Chargeable once per 24 hours
0208	Therapeutic venesection (not to be used when blood is drawn for the purpose of laboratory investigations)
0213	Chemotherapy: Intramuscular or subcutaneous: Per injection
0214	Chemotherapy: Intravenous bolus technique: Per injection
0215	Chemotherapy: Intravenous infusion technique: Per injection
2.	INTEGUMENTARY SYSTEM
0217	Allergy: First patch
0219	Allergy: Each additional patch
0222	Skin: Intralesional Injection: Single
0223	Skin: Intralesional Injection: Multiple
0225	Skin: Epilation: per session
0227	Skin: Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session
0228	Skin: PUVA treatment: Maximum of 21 treatments
0229	Skin: PUVA: Follow-up or maintenance once a week
0230	Skin: UVR treatment
0231	Skin: UVR follow-up: For use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp
0233	Skin: Biopsy without suturing: First lesion
0234	Skin: Biopsy without suturing: Subsequent lesions
0235	Skin: Biopsy without suturing: Maximum for multiple additional lesions
0237	Skin: Deep skin biopsy by surgical incision with local anaesthetic and suturing
0241	Skin: Treatment of benign skin lesion by chemo-cryotherapy: First lesion
0242	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesion
0243	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions
0244	Skin: Repair of nail bed
0245	Skin: Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesion
0246	Skin: Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent

## Medical Practitioners 2005

	lesion
0251	Skin: Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: First lesion
0252	Skin: Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: Subsequent lesion
0255	Skin: Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail
0259	Skin: Removal of foreign body superficial to deep fascia (except hands)
0280	Skin: Laser treatment for small skin lesions: First lesion
0281	Skin: Laser treatment for small skin lesions: Second lesion
0282	Skin: Laser treatment for small skin lesions: Maximum for multiple additional lesions
0283	Skin: Laser treatment for large skin lesions: Limited area
0300	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Stitching of a wound (with or without local anaesthesia): Including normal after-care
0301	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Additional wounds stitched at same session (each)
0305	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Needle Biopsy: soft tissue
0307	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude
0308	Each additional small procedure done at the same time
0316	Breasts: Fine needle aspiration for soft tissue (all areas)
0317	Breasts: Aspiration of cyst or tumour
0377	Standard acupuncture
0378	Laser acupuncture using more than 6 points
0379	Electro-acupuncture
0380	Scalp acupuncture
0381	Micro-acupuncture (ear, hand)
3.	MUSCULO-SKELETAL SYSTEM
0547	Dislocation: Clavicle: either end
0549	Dislocation: Shoulder
0551	Dislocation: Elbow
0713	Electromyography
0715	Strength duration curve per session
0717	Electrical examination of single nerve or muscle
0721	Voltage integration during isometric contraction
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral
0729	Tendon reflex time
0730	Limb-brain somatosensory studies (per limb)
0731	Visio and audio-sensory studies

## Medical Practitioners 2005

0733	Motor nerve conduction studies (single nerve)
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)
0740	Muscle fatigue studies
0759	Other single tendon
0887	Limb cast (modifier 0005 not applicable)
0922	Removal of foreign bodies requiring incision: Under local anaesthetic
4.	RESPIRATORY SYSTEM
1019	Nasendoscopy in rooms with either rigid or flexible endoscopy (may only be charged for together with a first consultation)
1031	Removal of single nasal polyp at rooms (at initial consultation only)
1037	Diathermy to nose or pharynx, exclusive of consultation fee, uni-or bilateral: Under local anaesthetic
1063	Removal of foreign body from nose at rooms
1067	Proof puncture at rooms (unilateral)
1071	Proetz treatment (consultation fee only to be charged for first treatment)
1077	Septum abscess, at rooms, including after-care
1107	Opening of quinsy, at rooms
1117	Laryngeal intubation
1123	Botulinum toxin injection for adductor disphonia (+ item 0201 + item 0202)
1136	Nebulisation (in rooms)
1143	Paracentesis chest: Diagnostic
1145	Paracentesis chest: Therapeutic
1186	Pulmonary Function Tests: Flow volume test: Inspiration/expiration
1188	Pulmonary Function Tests: Flow volume test: Inspiration/expiration, pre and post bronchodilator, (to be charged for only with first consultation - thereafter item 1186 applies)
1189	Forced expirogram only
1191	N2 single breath distribution
1192	Peak expiratory flow only
1193	Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method
1195	Thoracic gas volume
1196	Determination of resistance to airflow, oscillatory or plethysnographic methods
1197	Compliance and resistance using oesophageal balloon
1198	Prolonged postexposure evaluation of bronchospasm with multiple sirometric determinations after antigen, cold air, methacholine or other chemical agents with subsequent spirometrics
1199	Pulmonary stress testing; simple (eg. prolonged exercise test for bronchospasm with pre- and post-spirometry)
1200	Carbon monoxide diffusing capacity, any method
1201	Maximum inspiratory/expiratory pressure

## Medical Practitioners 2005

6.	CARDIOVASCULAR SYSTEM
1228	General practitioner's fee for the taking of an ECG only: without effort (1/2 of item 1232)
1229	General practitioner's fee for the taking of an ECG only: without and with effort (1/2 of item 1233)
1230	Physician's fee for interpreting an ECG: without effort
1231	Physician's fee for interpreting an ECG: without and with effort
1232	Electrocardiogram: without effort
1233	Electrocardiogram: without and with effort
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
1235	Multi-stage treadmill test
1236	Electrocardiogram: without effort: Under 4 years
1237	24 hour ambulatory blood pressure: Hire fee
1238	24 hour ambulatory ECG monitoring (holter): Hire fee
1239	24 hour ambulatory ECG monitoring (holter): Interpretation
1240	Signal averaged electrocardiogram
1241	X-ray screening: Chest
1242	X-ray screening: Prosthetic valves
1243	2 week event triggered ambulatory ECG monitoring: Hire fee
1244	2 week event triggered ambulatory ECG monitoring: Interpretation
1268	Threshold testing: Own equipment
1312	Evaluation of coronary angiogram by cardiothoracic surgeon
1357	Response to reflex heating
1359	Response to reflex cooling
1361	Cold sensitivity test
1363	Oscillometry test
1365	Sweat test
1367	Doppler blood tests
5369	Doppler arterial pressures
5371	Doppler arterial pressures with exercise
5373	Doppler segmental pressures and wave forms
5375	Venous doppler examination (both limbs)
5377	Venous plethysmography
5379	Supra-orbital doppler test
5381	Carotid non-invasive complex tests
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material)
1431	Phase II: Exercise rehabilitation: Per patient per 60 min session with a maximum of 5 patients per group
1432	Phase III: Exercise rehabilitation: Per patient per 60 min session with a maximum of 10 patients per group

## Medical Practitioners 2005

8.	DIGESTIVE SYSTEM
1469	Local excision of mucosal lesion of oral cavity
1485	Local excision of benign lesion of lip
1499	Lip reconstruction following an injury: Direct repair
1507	Local excision of lesion of tongue
1547	Oesophageal acid perfusion test
1580	Oesophageal motility (6 channel + pneumograph + pH pull-through)
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)
1587	Upper gastro-intestinal fibre-optic endoscopy: own equipment
1593	Augmented histamine test: Gastric intubation with x-ray screening
1632	H2 breath test (intestines)
1633	Complete test using lactose or lactulose
1678	Fibre-optic sigmoidoscopy, plus polypectomy
1681	Proctoscopy with removal of polyps: First time
1683	Proctoscopy with removal of polyps: Subsequent times
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid
1721	Sclerosing injection for haemorrhoids: Per injection
1725	Drainage of external thrombosed pile
1729	Excision of anal skin tags
1748	Body composition measured by bio-electrical impedance
1780	Gastric and duodenal intubation
1797	Pneumo-peritoneum: First
1799	Pneumo-peritoneum: Repeat
1801	Diagnostic paracentesis: Abdomen
1803	Therapeutic paracentesis: Abdomen
10.	URINARY SYSTEM
1841	Renal biopsy (needle)
1847	Haemodialysis: Per hour or part thereof
1849	Haemodialysis: Maximum: Eight hours
1851	Haemodialysis: Thereafter per week
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy
1945	Instillation of radio-opaque material for cystography or urethrocytography
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder
1949	Cystoscopy

## Medical Practitioners 2005

1989	Cystometrogram
1991	Flometric bladder studies with videocystograph
1992	Flometric bladder studies without videocystograph
1996	Bladder catheterisation: Male (not during operation)
1997	Bladder catheterisation: Female (not during operation)
11.	MALE GENITAL SYSTEM
2154	Induction of artificial erection
12.	FEMALE GENITAL SYSTEM
2271	Removal of tag or polyp
2272	Removal of small superficial benign lesions
2312	Artificial insemination
2314	Intra-uterine insemination
2315	Simms Huhner test plus wet smear
2339	Colpotomy: diagnostic
2389	Paracervical nerve block
2392	Cryo- or electro- cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting rooms
2399	Punch biopsy
2400	Biopsy during pregnancy
2415	Cervix encirclage: Removal items 2409 and 2411 without anaesthetic
2425	Removal of cervical polyps
2429	Colpomicroscopy
2434	Endometrial biopsy
2435	Hysterosalpingogram
2442	Insertion of IUCD
2506	Transcervical gamete/embryo intrafallopian tube transfer (TET/TEST)
2565	Implantation hormone pellets (excluding after-care)
13.	OBSTETRIC PROCEDURES
2603	External cephalic version
2605	Amniocentesis
2610	Tococardiography pre-natal and intrapartum: Including stress and non-stress test (own machine)
2611	Chorion villus biopsy
14.	NERVOUS SYSTEM

## Medical Practitioners 2005

2681	Visual evoked potentials (VEP): Unilateral
2682	Visual evoked potentials (VEP): Bilateral
2683	Electroretinography (Ganzfeld method): Unilateral
2684	Electroretinography (Ganzfeld method): Bilateral
2685	Electro-oculography: Unilateral
2686	Electro-oculography: Bilateral
2687	VEP stable condition (photic drive): Unilateral
2689	VEP stable condition (photic drive): Bilateral
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and V.E.P.
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial - or Lumbosacral plexus, spinal cord and cortex.
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain: Per treatment
2707	Full fee for complete neurological evoked potential evaluation, including neurological AEP, bilateral VEP and bilateral median and/or posterior tibial stimulation.
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus
2709	Full spinogram including bilateral median and posterior-tibial studies
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: intravenous infusion) (excluding injection material)
2711	Electro-encephalography: Taking of record
2712	Electro-encephalography: Interpretation
6001	Sleep electro-encephalography: infants that fit into a perambulator: taking of record
6002	Sleep electro-encephalography: infants that fit into a perambulator: interpretation
6003	Sleep electro-encephalography: adults and children over infant age: taking of record
6004	Sleep electro-encephalography: adults and children over infant age: interpretation
2717	Electromyography: First
2718	Electromyography: Subsequent
2725	Angiography carotis: Unilateral
2726	Angiography carotis: Bilateral
2727	Vertebral artery: Direct needling
2729	Vertebral catheterisation
2731	Air encephalography and posterior fossa tomography: injection of air (independent procedure)
2735	Posterior fossa tomography attendance by clinician
2737	Visual field charting on Bjerrum Screen
2739	Ventricular needling without burring: Tapping only
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography
2743	Subdural tapping: First sitting
2745	Subdural tapping: Subsequent
2765	Nerve conduction studies (see item 0733 and 3285)

## Medical Practitioners 2005

6005	Botulinum toxin injections: For blepharospasm (+ item 0201+ item 0202)
6006	Botulinum toxin injections: For hemifacial spasm (+ item 0201 + item 0202)
6007	Botulinum toxin injections: For adductor disphonia (+ item 0201 + item 0202)
6008	Botulinum toxin injections: In extra-ocular muscles (+ item 0201 + item 0202)
6009	Botulinum toxin injections: For spasmodic torticollis and/or cranial dystonia (+ item 0201 + item 0202)
2789	Trigeminal: Injection of alcohol
2791	Trigeminal: Injection of cortisone
2793	Trigeminal: Coagulation through high frequency
2800	Procedures for pain relief: Plexus nerve block
2802	Procedures for pain relief: Peripheral nerve block
2803	Alcohol injection in peripheral nerves for pain: Unilateral
2805	Alcohol injection in peripheral nerves for pain: Bilateral
2815	Interdigital
2849	Sympathetic block: Other levels: Unilateral
2851	Sympathetic block: Other levels: Bilateral
2853	Sympathetic block: Other levels: Diagnostic
2957	Individual psychotherapy (specific type): Including play therapy for children: Per short session (20 minutes)
2974	Individual psychotherapy (specific type): Including play therapy for children: Per intermediate session (40 minutes)
2975	Individual psychotherapy (specific type): Including play therapy for children: Per extended session (60 minutes)
2958	Psychoanalytic therapy: Per 60-minute session
2962	Directive therapy to family, parent(s), spouse: Per 20 minute session
2963	Pairs, marriage or sex therapy: Per 20 minute session
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40 minute session
2977	Extended treatment where either items 2962 or 2963 are used: Per 60 minute session
2968	Group therapy
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)
2971	Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours)
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per session
15.	ENDOCRINE SYSTEM
3001	Implantation of pellets (excluding cost of material)
16.	EYE
3002	Gonioscopy
3003	Fundus contact lens or 90 D lens examination
3004	Peripheral fundus examination with indirect ophthalmoscope



## Medical Practitioners 2005

3005	Endothelial cell count
3006	Keratometry
3007	Potential acuity measurement
3008	Contrast sensitivity test
3010	Orthoptic consultation
3011	Orthoptic subsequent sessions
3012	Pre-surgical retinal examination before retinal surgery
3013	Ocular motility assessment: Comprehensive examination
3014	Tonometry: Per test with maximum of 2 tests for provocative tonometry(one or both eyes)
3015	Charting of visual field with manual perimeter
3016	Retinal threshold test without storage facilities
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs
3018	Retinal threshold trend evaluation (additional to item 3017)
3019	Ocular muscle function with Hess screen or perimeter
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations
3022	Digital fluorescein video angiography
3023	Digital indocyanine video angiography
3025	Electronic tonography
3027	Fundus photography
3029	Anterior segment microphotography
3032	Eyelid and orbit photography
3033	Interpretation of item 3031 referred by other clinician
3034	Determination of lens implant power per eye
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)
3060	Use of own surgical microscope for surgery or examination (not for slitlamp microscope) (for use by ophthalmologists only)
3074	Adjustment of sutures if not done at the time of operation (additional fee for sterile tray - see item 0202)
3089	Subconjunctival injection if not done at time of operation
3091	Retrobulbar injection if not done at time of operation
3092	External laser treatment for superficial
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for 1 year
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included
3117	Cornea: Removal of foreign body: On the basis of fee per consultation
3118	Curettage of cornea after removal of foreign body

## Medical Practitioners 2005

3119	Cornea: Tattooing
3124	Removal of corneal stitches under microscope (maximum of 2 procedures) Additional fee for sterile tray (see item 0202)
3127	Cauterization of cornea (by chemical, thermal or cryotherapy methods)
3141	Sealing of punctum
3143	Three-snip operation
3163	Excision of superficial lid tumour
3167	Diathermy to wart on lid margin
3169	Electrolysis of any number of eyelashes
3171	Excision of meibomian cyst
3174	Botulinum toxin injection for blefarospasm
3177	Entropion or ectropion by: Cautery
3192	If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R11.10 per minute may be charged
3198	Excimer laser: Hire fee
3201	Laser apparatus: Hire fee for one or both eyes done in one sitting
3202	Phako emulsification apparatus: Hire fee
3203	Vitrectomy apparatus: Hire fee
17.	EAR
3204	External ear canal: Removal of foreign body at rooms
3206	Microscopic examination of tympanic membrane including microsuction
3210	Microscope instrument fee used in consulting rooms
3260	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems
3223	Percutaneous stimulation of the facial nerve
3224	Electroneurography (ENOG)
2693	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels: Unilateral
2694	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels: Bilateral
2695	Audiology 40Hz response: unilateral
2696	Audiology 40Hz response: Bilateral
2697	Mid- and long latency auditory evoked potentials: unilateral
2698	Mid- and long latency auditory evoked potentials: Bilateral
3250	Otoacoustic emission (high risk patients only)
3251	Minimal caloric test (excluding consultation fee)
3252	Bithermal Halpike caloric test (excluding consultation fee)
3253	Electro-nystagmography for spontaneous and positional nystagmus
3254	Video nystagmoscopy (monocular)

## Medical Practitioners 2005

3255	Caloric test done with electro-nystagmography
3256	Video nystagmoscopy (binocular)
3273	Pure tone audiometry (air conduction)
3274	Pure tone audiometry (bone conduction)
3275	Impedance audiometry (tympanometry)
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.
3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)
2691	Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral
2692	Bilateral.
18.	PHYSICAL TREATMENT
3279	Domiciliary or nursing/home treatment (only applicable where a patient is physically incapable of attending rooms, and equipment has to be transported to patient)
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)
3281	Ultrasonic therapy
3282	Shortwave diathermy
3284	Sensory nerve conduction studies
3285	Motor nerve conduction studies
3287	Spinal joint and ligament injection
3289	Multiple injections: First joint
3290	Multiple injections: Each additional joint
3291	Tendon or ligament injection
3292	Aspiration of joint or inter-articular injection
3293	Aspiration or injection of bursa or ganglion
3294	Paracervical nerve block
3295	Paravertebral root block: Unilateral
3296	Paravertebral root block: Bilateral
3297	Manipulation of spine performed by a specialist in Physical Medicine
3298	Spinal traction
3300	Manipulation of large joints without anaesthetic
3301	Muscle fatigue studies
3302	Strength duration curve per session
3303	Electromyography
3304	All other physical treatment: specify treatment

## Medical Practitioners 2005

19.	RADIOLOGY
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)
3612	Ultrasonic bone densitometry
3615	Ultrasonic investigations: Fetal maturity
3617	Ultrasonic investigations: Fetal maturity follow up (same pregnancy)
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide therapeutic interventions. The composition and distribution of the plaque can be visualised by a cross-sectional "slice" of the artery (per vessel)
3618	Ultrasonic investigations: Pelvic organs (vaginal or abdominal probe)
3620	Ultrasonic investigations: Cardiac examination plus Doppler colour mapping
3621	Ultrasonic investigations: Cardiac examination (M.Mode)
3622	Ultrasonic investigations: Cardiac examination: 2 Dimensional
3623	Ultrasonic investigations: Cardiac examination + effort
3624	Ultrasonic investigations: Cardiac examinations + contrast
3625	Ultrasonic investigations: Cardiac examinations + doppler
3626	Ultrasonic investigations: Cardiac examination + phonocardiography
3627	Ultrasonic investigations: Ultrasound examination must include whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)
3628	Ultrasonic investigations: Renal tract
3629	Ultrasonic investigations: High definition scan (small parts): Thyroid, breast lump, scrotum, etc.
3631	Ultrasonic investigations: Ophthalmic examination
3632	Ultrasonic investigations: Axial length measurement and calculation of intraocular lens power
3634	Ultrasonic investigations: Peripheral vascular scan
3635	Ultrasonic investigations: + Doppler
3636	Ultrasonic investigations: Trans-oesophageal echocardiography including passing the device.
3637	Ultrasonic investigations: + Colour Duplex (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)