

Medical Practitioners 2007

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2007

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.	04.00
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 0190-0192, 0173-0175, 0161-0164, 0166-0169)	06.04
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	05.02
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	04.00
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	04.00
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	04.00
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	04.00
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days	04.00
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.	04.00
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	04.00
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	04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								04.00
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								04.00
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								04.00
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.								04.00
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 three 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)								06.05
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)								04.00
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.								04.00
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								04.00
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.								04.00
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								04.00
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								04.00
Z.	No fee is subject to more than one reduction								04.00
AA.	Procedures to exclude cost of isotope								04.00
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								04.00
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								04.00

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				RVU	Fee	RVU	Fee	RVU	Fee
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								04.00
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.								04.00
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								04.00
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").								04.00
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								04.00
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)								04.00
MODIFIERS GOVERNING THE STRUCTURE									
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								04.00
0004	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). See Section V (Section G in SAMA's DBT) for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Only the medical practitioner who owns the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms								06.05
0005	Multiple therapeutic procedures/operations under the same anaesthetic: 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. b) In the case of multiple fractures and/or dislocations the above values shall prevail. 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. 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. 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)								04.00
0006	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								04.00

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				RVU	Fee	RVU	Fee	RVU	Fee
0007	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. 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.	04.00		15.000	100.02 (87.74)	15.000	100.02 (87.74)		
0008	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								04.00
0009	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 procedures units								04.00
0010	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.								04.00
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of 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. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								06.04
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								04.00
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								04.00
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								04.00
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 part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	05.06		7.500	80.76 (70.84)	7.500	80.76 (70.84)		
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								04.00
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								04.00
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								04.00
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								04.00
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)	04.00		27.000	180.04 (157.93)	27.000	180.04 (157.93)		
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	04.11		77.000	513.44 (450.39)	77.000	513.44 (450.39)		

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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)	04.00		115.500	770.15 (675.57)	115.500	770.15 (675.57)		
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	04.11		77.000	513.44 (450.39)	77.000	513.44 (450.39)		
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	04.00		32.000	213.38 (187.18)	32.000	213.38 (187.18)		
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	04.11		77.000	513.44 (450.39)	77.000	513.44 (450.39)		
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								04.00
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								04.00
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								04.00
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure								04.00
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts								04.00
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								04.00
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								04.00
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)								04.00
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								04.00
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thorascope	04.00		45.000	300.06 (263.21)	45.000	300.06 (263.21)		
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								04.00
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%								04.00
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.								04.00
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.	04.00		21.000	140.03 (122.83)	21.000	140.03 (122.83)		
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)								04.00
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								04.00
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)								04.00
0080	Multiple examinations: Full Fee								04.00
0081	Repeat examinations: No reduction								04.00
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction								04.00

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				RVU	Fee	RVU	Fee	RVU	Fee	
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									04.00
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)									04.00
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									04.00
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									04.00
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)									04.00
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)									04.00
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)									04.00
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									04.00
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope									04.00
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									04.00
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									04.00
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	04.00		6.000	38.14 (33.46)	6.000	38.14 (33.46)			
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%									04.00
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									04.00
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									04.00
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee									04.00
6103	Post-contrast study: Bone tumour: 100% of the fee									04.00
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									04.00
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									04.00
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									04.00
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									04.00
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"									04.00
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									04.00
6110	MRI spectroscopy: 50% of fee									04.00
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)									04.00
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)									04.00
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)									04.00
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									04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
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									04.00
I.	Consultative Services									
I.a	General Practitioner visits									
I.b	Specialists tiered consultation structure									
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only									
Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
0161	Psychiatry ('22'): 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 between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	06.02		15.000	192.60 (168.90)					
0162	Psychiatry ('22'): 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 between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	06.02		27.500	353.20 (309.80)					
0163	Psychiatry ('22'): 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 between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	06.02		40.000	513.70 (450.60)					
0164	Psychiatry ('22'): 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 between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	06.02		52.500	674.20 (591.40)					
0166	Psychiatry (22): First hospital consultation/visit 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	06.06		15.000	192.60 (168.90)					
0167	Psychiatry (22): First hospital consultation/visit with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient for between 21 and 35 minutes	06.06		27.500	353.20 (309.80)					
0168	Psychiatry (22): First hospital consultation/visit with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient for between 36 and 45 minutes	06.06		40.000	513.70 (450.60)					
0169	Psychiatry (22): First hospital consultation/visit 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 46 and 60 minutes	06.06		52.500	674.20 (591.40)					
I.c	General practitioner and specialist services									
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure									06.02
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure									06.02

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology							
				RVU	Fee	RVU	Fee	RVU	Fee						
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								06.02						
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								06.02						
0174	First hospital consultation/visit of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								06.02						
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								06.02						
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) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)								06.04						
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit								06.04						
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes								06.06	+					
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								06.04	+					
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								06.05	+					
0147	For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								06.05	+					
0148	For elective after-hours services on request of the patient or family (non emergency) (refer to general rule B): ADD 50% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0148. Usage: This item is used when, for example, a patient or the family request the doctor for a non-emergency consultation/visit outside of the normal hours period as reflected in general rule B.								06.05	+					
0149	After-hours bona fide emergency consultation/visit (21:00-6:00 daily): ADD 25% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0149. Note: The after-hour period applicable to this item is from Monday to Sunday 21:00-6:00								06.05						
Practice Type		0190	0191	0192	0173	0174	0175	0109	0111	0129	0145	0146	0147	0148	0149
Anaesthesiology		183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)								
Cardiology		280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)								
Cardiothoracic Surgery		280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)								
Dermatology		183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)								
Gastroenterology		280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)								
General Medical Practice		181.10 (158.90)	181.10 (158.90)	181.10 (158.90)	181.10 (158.90)	181.10 (158.90)	181.10 (158.90)	161.50 (141.70)		161.50 (141.70)	64.60 (56.70)	86.10 (75.50)	150.80 (132.30)	-	
Medical Oncology		280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)								
Medicine (Specialist Physician)		280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)								
Neurology		280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)								

Code	Description							Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
									RVU	Fee	RVU	Fee	RVU	Fee	
Neurosurgery	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)									
Nuclear Medicine	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)									
Obstetrics and Gynaecology	193.80 (170.00)	193.80 (170.00)	193.80 (170.00)	193.80 (170.00)	193.80 (170.00)	193.80 (170.00)									
Ophthalmology	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Orthopaedics	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Otorhinolaryngology	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Paediatric Cardiology	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)		242.30 (212.50)							
Paediatrics	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)		242.30 (212.50)							
Pathology (Anatomical)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Pathology (Clinical)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Physical Medicine	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)									
Plastic and Reconstructive Surgery	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Psychiatry							192.60 (168.90)		192.60 (168.90)	77.10 (67.60)	102.70 (90.10)	179.80 (157.70)	-	-	
Pulmonology	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)									
Radiation Oncology	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Radiology	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Rheumatology	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)	280.00 (245.60)									
Specialists							161.50 (141.70)		161.50 (141.70)	64.60 (56.70)	86.10 (75.50)	150.80 (132.30)	-	-	
Surgery	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
Urology	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)	183.10 (160.60)									
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							06.04				16.000	172.30 (151.10)	16.000	172.30 (151.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	06.04				16.000	172.30 (151.10)	16.000	172.30 (151.10)
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	06.04				16.000	172.30 (151.10)	16.000	172.30 (151.10)
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 (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)	06.02		33.000	355.30 (311.70)	33.000	355.30 (311.70)		
	Item 0107 can be used once only for given confinement	04.00							
0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)	06.02		45.000	484.60 (425.10)	45.000	484.60 (425.10)		
I.g	Consultative services: Miscellaneous								
0130	Telephone consultation (all hours)							04.00	
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)							04.00	
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							04.00	
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							04.00	
Practice Type		0130	0132	0133	0199				
Anaesthesiology		129.20 (113.30)							
Cardiology		193.80 (170.00)							
Cardiothoracic Surgery		183.10 (160.60)							
Dermatology		129.20 (113.30)							
Gastroenterology		193.80 (170.00)							
General Medical Practice		129.20 (113.30)	53.80 (47.20)	96.90 (85.00)	230.80 (202.50)				
Medical Oncology		193.80 (170.00)							
Medicine (Specialist Physician)		193.80 (170.00)							
Neurology		193.80 (170.00)							
Neurosurgery		193.80 (170.00)							
Nuclear Medicine		193.80 (170.00)							
Obstetrics and Gynaecology		129.20 (113.30)							
Ophthalmology		129.20 (113.30)							
Orthopaedics		129.20 (113.30)							
Otorhinolaryngology		129.20 (113.30)							
Paediatric Cardiology		193.80 (170.00)							
Paediatrics		193.80 (170.00)							
Pathology (Anatomical)		129.20 (113.30)							
Pathology (Clinical)		129.20 (113.30)							
Physical Medicine		193.80 (170.00)							
Plastic and Reconstructive Surgery		129.20 (113.30)							
Psychiatry		154.10 (135.20)	64.20 (56.30)	128.40 (112.60)					

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
Pulmonology	193.80 (170.00)								
Radiation Oncology	129.20 (113.30)								
Radiology	129.20 (113.30)								
Rheumatology	193.80 (170.00)								
Specialists		53.80 (47.20)			96.90 (85.00)			230.80 (202.50)	
Surgery	129.20 (113.30)								
Urology	129.20 (113.30)								
II.	Medicine, material, supplies and use of own equipment								
II.a	Medicine codes								
II.a.1	Dispensing of medicine by licensed dispensing medical practitioners								
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.	06.02							
II.a.2	Once-off administration of medicine used during a consultation								
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.	06.02							
II.a.3	Cost of chemotherapy drugs								
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.	06.02							
II.b	Material codes								
II.b.1	Prosthesis and/or internal fixation								
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.	06.02							
II.b.2	Material used during a consultation								
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.	06.02							
II.c	Setting of sterile tray								
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 0201. as appropriate	05.06		10.000	66.70 (58.50)	10.000	66.70 (58.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
II.d	Own equipment used in treatment								
5930	Surgical laser apparatus: Hire fee for own equipment	04.00		109.000	726.80 (637.50)	109.000	726.80 (637.50)		
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)	04.00							
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	05.03							
GENERAL MODIFIERS GOVERNING THIS SECTION									
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of 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. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								06.04
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								04.00
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								04.00
MODIFIERS GOVERNING SECTION 1									
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								04.00
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 part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	05.06		7.500	80.76 (70.84)	7.500	80.76 (70.84)		
1	General								
1.1	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	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)		
0204	Inhalation sedation: Per additional quarter-hour or part thereof	04.00		3.000	20.00 (17.50)	3.000	20.00 (17.50)		
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	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)		
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)		
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)		
0209	Umbilical artery cannulation at birth	04.00		18.000	120.00 (105.30)	18.000	120.00 (105.30)		
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	04.00		3.250	21.70 (19.00)	3.250	21.70 (19.00)		
0211	Exchange transfusion: First and subsequent (including after-care)	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
	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)	04.00							
1.2	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	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
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	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
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	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)		
1.3	Oncology related services in non-oncology facilities								
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	06.06		394.860	2632.90 (2309.60) Z	315.890	2106.40 (1847.70) Z		
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	06.02		262.410	1749.70 (1534.80) Z	209.930	1399.80 (1227.90) Z		
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. The cost of materials is not included	06.02		77.810	518.80 (455.10) Z	77.810	518.80 (455.10) Z		
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	06.02		42.650	284.40 (249.50) Z	42.650	284.40 (249.50) Z		
MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS									
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.								06.06
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								06.04
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/anaesthetist 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.								06.05
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist 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.								06.05
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist/anaesthetist 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/anaesthetist 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/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								06.05
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								06.04
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute								06.06

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								06.04
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute								06.06
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								06.04
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								06.04
0033	Participating in general care of patients: When an anaesthesiologist/anaesthetist 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 an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by general practitioners.								06.05
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								06.04
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).								06.05
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 an 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 [refer to modifier 0023] plus the appropriate modifiers) applicable to an anaesthesiologist. Please note that the 4/5 (80%) principle will be applied to all anaesthetics administered by general practitioners with the proviso that no anaesthetic with a total number of units higher than 11.00 will be reduced to less than 11,00 units in total. The monetary value of the unit is the same for both an anaesthesiologist/anaesthetist.								06.05
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units	06.04						3.000	125.55 (110.13)
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								06.04
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								06.04
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units								06.04
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units	06.04						3.000	125.55 (110.13)
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	06.04						3.000	125.55 (110.13)
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	06.04						3.000	125.55 (110.13)
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	06.04						3.000	125.55 (110.13)
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.								06.06
	Modifiers 5441 to 5448								06.04
	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)								
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448	06.04						1.000	41.85 (36.71)
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and tempero-mandibular joint: Add two (2,00) anaesthetic units	06.04						2.000	83.70 (73.42)
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	06.04						3.000	125.55 (110.13)
5444	Shaft of femur: Add four (4,00) anaesthetic units	06.04						4.000	167.40 (146.84)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	06.04						5.000	209.25 (183.55)
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units	06.04						8.000	334.80 (293.68)
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)								06.04
2	Integumentary System								
2.1	Allergy								
0217	Allergy: Patch tests: First patch	04.00		4.000	26.70 (23.40)	4.000	26.70 (23.40)		
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	04.00		2.800	18.70 (16.40)	2.800	18.70 (16.40)		
0219	Allergy: Patch tests: Each additional patch	04.00		2.000	13.30 (11.70)	2.000	13.30 (11.70)		
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	04.00		1.900	12.70 (11.10)	1.900	12.70 (11.10)		
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	04.00		2.800	18.70 (16.40)	2.800	18.70 (16.40)		
2.2	Skin (general)								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	04.00		4.000	26.70 (23.40)	4.000	26.70 (23.40)		
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
0225	Epilation: Per session	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
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	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)	4.000	167.40 (146.80) T
0228	PUVA Treatment: Maximum of 21 treatments	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
0229	PUVA: Follow-up or maintenance therapy once a week	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
0230	UVR-Treatment	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
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	04.00		5.500	36.70 (32.20)	5.500	36.70 (32.20)		
0233	Biopsy without suturing: First lesion	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)	3.000	125.60 (110.20) T
0234	Biopsy without suturing: Subsequent lesions (each)	04.00		3.000	20.00 (17.50)	3.000	20.00 (17.50)	3.000	125.60 (110.20) T
0235	Biopsy without suturing: Maximum for multiple additional lesions	04.00		18.000	120.00 (105.30)	18.000	120.00 (105.30)	3.000	125.60 (110.20) T
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)	3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)	3.000	125.60 (110.20) T
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	04.00		3.000	20.00 (17.50)	3.000	20.00 (17.50)	3.000	125.60 (110.20) T
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	04.00		42.000	280.10 (245.70)	42.000	280.10 (245.70)	3.000	125.60 (110.20) T
0244	Repair of nail bed	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	3.000	125.60 (110.20) T
0245	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesion	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T
0246	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent lesions (each)	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)	3.000	125.60 (110.20) T
0251	Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: First lesion	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	3.000	125.60 (110.20) T
0252	Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)	3.000	125.60 (110.20) T
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
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	04.00		87.000	580.10 (508.90)	87.000	580.10 (508.90)	3.000	125.60 (110.20) T
0259	Removal of foreign body superficial to deep fascia (except hands)	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
0261	Removal of foreign body deep to deep fascia (except hands)	04.00		31.000	206.70 (181.30)	31.000	206.70 (181.30)	3.000	125.60 (110.20) T
0271	Kurtin planing for acne scarring: Whole face	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
0273	Kurtin planing for acne scarring: Extensive	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)	4.000	167.40 (146.80) T
0275	Kurtin planing for acne scarring: Limited	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	4.000	167.40 (146.80) T
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	04.00		103.000	686.80 (602.50)	103.000	686.80 (602.50)	4.000	167.40 (146.80) T
0279	Surgical treatment for axillary hyperhidrosis	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	4.000	167.40 (146.80) T
0280	Laser treatment for small skin lesions: First lesion	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)	3.000	125.60 (110.20) T
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	04.00		56.000	373.40 (327.50)	56.000	373.40 (327.50)	3.000	125.60 (110.20) T
0283	Laser treatment for large skin lesions: Limited area	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	4.000	167.40 (146.80) T
0284	Laser treatment for large skin lesions: Extensive area	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	04.00		56.630	377.60 (331.20) Z	56.630	377.60 (331.20) Z		
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	04.00		43.440	289.70 (254.10) Z	43.440	289.70 (254.10) Z		
2.3	Major plastic repair								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	04.00		234.000	1560.30 (1368.70)	187.200	1248.20 (1094.90)	4.000	167.40 (146.80) T
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	04.00		410.000	2733.90 (2398.20)	328.000	2187.10 (1918.50)	4.000	167.40 (146.80) T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	04.00		800.000	5334.40 (4679.30)	640.000	4267.50 (3743.40)	4.000	167.40 (146.80) T
0292	Distant flaps: First stage	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
0293	Contour grafts (excluding cost of material)	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	04.11		1200.00 0	8001.60 (7018.90)	960.000	6401.30 (5615.20)	6.000	251.10 (220.30) T
0295	Local skin flaps (large, complicated)	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
0296	Other procedures of major technical nature	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
0297	Subsequent major procedures for repair of same lesion	04.00		104.000	693.50 (608.30)	104.000	693.50 (608.30)	4.000	167.40 (146.80) T
0298	Lower abdominal dermo-lipectomy	04.00		170.000	1133.60 (994.40)	136.000	906.80 (795.40)	5.000	209.30 (183.60) T
0299	Major abdominal lipectomy with repositioning of umbilicus	04.00		275.000	1833.70 (1608.50)	220.000	1467.00 (1286.80)	5.000	209.30 (183.60) T
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)	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)	3.000	125.60 (110.20) T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	4.000	167.40 (146.80) T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
0304	Major debridement of wound, sloughectomy or secondary suture	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	3.000	125.60 (110.20) T
0305	Needle biopsy - soft tissue	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	3.000	125.60 (110.20) T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)	3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0308	Each additional small procedure done at the same time	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T
0310	Radical excision of nailbed	04.00		38.000	253.40 (222.30)	38.000	253.40 (222.30)	3.000	125.60 (110.20) T
0311	Excision of large benign tumour (more than 5 cm)	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)	3.000	125.60 (110.20) T
0313	Extensive resection for malignant soft tissue tumour including muscle	04.00		283.900	1893.00 (1660.50)	227.120	1514.40 (1328.40)	4.000	167.40 (146.80) T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	04.00		104.000	693.50 (608.30)	104.000	693.50 (608.30)	4.000	167.40 (146.80) T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)	3.000	125.60 (110.20) T
2.5	Breasts								
0316	Fine needle aspiration for soft tissue (all areas)	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)		
0317	Aspiration of cyst or tumour	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)	3.000	125.60 (110.20) T
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	04.00		42.000	280.10 (245.70)	42.000	280.10 (245.70)	3.000	125.60 (110.20) T
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	04.00		94.200	628.10 (551.00)	94.200	628.10 (551.00)	3.000	125.60 (110.20) T
0323	Subareolar cone excision of ducts of wedge excision of breast	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	3.000	125.60 (110.20) T
0324	Wedge excision of breast and axillary dissection	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	5.000	209.30 (183.60) T
0325	Total mastectomy	04.00		155.000	1033.50 (906.60)	124.000	826.80 (725.30)	5.000	209.30 (183.60) T
0327	Total mastectomy with axillary gland biopsy	04.00		185.000	1233.60 (1082.10)	148.000	986.90 (865.70)	5.000	209.30 (183.60) T
0329	Total mastectomy with axillary gland dissection	04.00		275.000	1833.70 (1608.50)	220.000	1467.00 (1286.80)	5.000	209.30 (183.60) T
0330	Nipple and areola reconstruction	04.00		95.000	633.50 (555.70)	95.000	633.50 (555.70)	4.000	167.40 (146.80) T
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	04.00		234.000	1560.30 (1368.70)	187.200	1248.20 (1094.90)	4.000	167.40 (146.80) T
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	04.00		410.000	2733.90 (2398.20)	328.000	2187.10 (1918.50)	4.000	167.40 (146.80) T
0334	Removal of breast implant by means of capsulectomy: Per breast	04.00		234.000	1560.30 (1368.70)	187.200	1248.20 (1094.90)	4.000	167.40 (146.80) T
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	04.00		234.000	1560.30 (1368.70)	187.200	1248.20 (1094.90)	5.000	209.30 (183.60) T
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	04.00		410.000	2733.90 (2398.20)	328.000	2187.10 (1918.50)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0341	Gynaecomastia: Unilateral	04.00		92.000	613.50 (538.20)	92.000	613.50 (538.20)	3.000	125.60 (110.20) T
0343	Gynaecomastia: Bilateral	04.00		161.000	1073.50 (941.70)	128.800	858.80 (753.30)	3.000	125.60 (110.20) T
2.6	Burns								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	04.00		276.000	1840.40 (1614.40)	220.800	1472.30 (1291.50)	5.000	209.30 (183.60) T
0353	Tangential excision and grafting: Small	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	5.000	209.30 (183.60) T
0354	Tangential excision and grafting: Large	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	5.000	209.30 (183.60) T
2.7	Hands (skin)								
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	04.00		147.400	982.90 (862.20)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
0357	Small skin graft in acute hand injury	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) T
0361	Z-plasty	04.00		220.100	1467.60 (1287.40)	176.080	1174.10 (1029.90)	3.000	125.60 (110.20) T
0363	Local flap and skin graft	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0365	Cross finger flap (all stages)	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) T
0367	Palmar flap (all stages)	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) T
0369	Distant flap: First stage	04.00		158.000	1053.50 (924.10)	126.400	842.80 (739.30)	3.000	125.60 (110.20) T
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) T
0373	Transfer neurovascular island flap	04.00		230.500	1537.00 (1348.20)	184.400	1229.60 (1078.60)	3.000	125.60 (110.20) T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	04.00		242.400	1616.30 (1417.80)	193.920	1293.10 (1134.30)	3.000	125.60 (110.20) T
0375	Dupuytren's contracture: Fasciotomy	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) T
0376	Dupuytren's contracture: Fasciectomy	04.00		218.000	1453.60 (1275.10)	174.400	1162.90 (1020.10)	3.000	125.60 (110.20) T
2.8	Acupuncture								
	Please note: General Rule M not applicable to section 2.8 of this price list								04.00
0377	Standard acupuncture	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
0378	Laser acupuncture using more than 6 points	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)		
0379	Electro-acupuncture	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)		
0380	Scalp acupuncture	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0381	Micro-acupuncture (ear, hand)	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
RULES GOVERNING THE SECTION ACUPUNCTURE									
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								04.00
3	Musculo-skeletal System								
MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS									
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								04.00
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)	04.00		27.000	180.04 (157.93)	27.000	180.04 (157.93)		
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	04.11		77.000	513.44 (450.39)	77.000	513.44 (450.39)		
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)	04.00		115.500	770.15 (675.57)	115.500	770.15 (675.57)		
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	04.11		77.000	513.44 (450.39)	77.000	513.44 (450.39)		
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	04.00		32.000	213.38 (187.18)	32.000	213.38 (187.18)		
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	04.11		77.000	513.44 (450.39)	77.000	513.44 (450.39)		
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								04.00
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								04.00
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula	04.00		-	- v	-	- v	3.000	125.60 (110.20) TM
0387	Fracture (reduction under general anaesthetic): Clavicle	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) TM
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	04.00		175.700	1171.60 (1027.70)	140.560	937.30 (822.20)	3.000	125.60 (110.20) TM
0389	Fracture (reduction under general anaesthetic): Humerus	04.00		111.600	744.10 (652.70)	111.600	744.10 (652.70)	3.000	125.60 (110.20) TM
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) TM
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	3.000	125.60 (110.20) TM
0402	Fracture (reduction under general anaesthetic): Carpal bone	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	3.000	125.60 (110.20) TM

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				RVU	Fee	RVU	Fee	RVU	Fee
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) TM
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	04.00		118.300	788.80 (691.90)	118.300	788.80 (691.90)	3.000	125.60 (110.20) TM
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	04.00		-	- ß	-	- ß	3.000	125.60 (110.20) TM
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	04.00		52.000	346.70 (304.10)	52.000	346.70 (304.10)	3.000	125.60 (110.20) TM
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	04.00		48.000	320.10 (280.80)	48.000	320.10 (280.80)	3.000	125.60 (110.20) T
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	04.00		102.000	680.10 (596.60)	102.000	680.10 (596.60)	3.000	125.60 (110.20) TM
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	04.00		-	- ß	-	- ß	3.000	125.60 (110.20) T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	3.000	125.60 (110.20) TM
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	04.00		237.000	1580.30 (1386.20)	189.600	1264.30 (1109.00)	3.000	125.60 (110.20) TM
0425	Fracture (reduction under general anaesthetic): Patella	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) TM
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0433	Fracture (reduction under general anaesthetic): Fibula shaft	04.00		-	- ß	-	- ß	3.000	125.60 (110.20) TM
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	04.00		58.000	386.70 (339.20)	58.000	386.70 (339.20)	3.000	125.60 (110.20) TM
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	04.00		198.700	1324.90 (1162.20)	158.960	1059.90 (929.70)	3.000	125.60 (110.20) TM
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	3.000	125.60 (110.20) TM
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	04.00		403.500	2690.50 (2360.10)	322.500	2150.40 (1886.30)	3.000	125.60 (110.20) TM
0441	Fracture (reduction under general anaesthetic): Metatarsal	04.00		41.800	278.70 (244.50)	41.800	278.70 (244.50)	3.000	125.60 (110.20) TM
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	04.00		-	- ß	-	- ß	3.000	125.60 (110.20) T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)	3.000	125.60 (110.20) TM
0447	Fracture (reduction under general anaesthetic): Other: Simple	04.00		26.000	173.40 (152.10)	26.000	173.40 (152.10)	3.000	125.60 (110.20) T
0449	Fracture (reduction under general anaesthetic): Other: Compound	04.00		52.000	346.70 (304.10)	52.000	346.70 (304.10)	3.000	125.60 (110.20) TM

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				RVU	Fee	RVU	Fee	RVU	Fee
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	04.00		-	- β	-	- β	3.000	125.60 (110.20) T
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	04.00		230.000	1533.60 (1345.30)	184.000	1226.90 (1076.20)	3.000	125.60 (110.20) TM
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	04.00		-	- β	-	- β	3.000	125.60 (110.20) TM
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	04.00		-	- β	-	- β	3.000	125.60 (110.20) TM
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	04.00		-	- v	-	- v	3.000	125.60 (110.20) TM
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	04.00		-	- v	-	- v	3.000	125.60 (110.20) TM
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	04.00		-	- v	-	- v	3.000	125.60 (110.20) TM
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	04.00		-	- v	-	- v	3.000	125.60 (110.20) TM
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)	04.00		288.000	1920.40 (1684.60)	230.400	1536.30 (1347.60)	3.000	125.60 (110.20) TM
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	04.00		43.000	286.70 (251.50)	43.000	286.70 (251.50)	3.000	125.60 (110.20) T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	04.00		282.000	1880.40 (1649.50)	225.600	1504.30 (1319.60)	3.000	125.60 (110.20) TM
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	04.00		154.000	1026.90 (900.80)	123.200	821.50 (720.60)	3.000	125.60 (110.20) TM
3.1.2	Bony operations								
3.1.2.1	Bony operations: Bone grafting								
0497	Resection of bone or tumour with or without grafting (benign)	04.00		282.000	1880.40 (1649.50)	225.600	1504.30 (1319.60)	3.000	125.60 (110.20) TM
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	04.00		340.000	2267.10 (1988.70)	272.000	1813.70 (1591.00)	3.000	125.60 (110.20) TM
0499	Grafts to cysts: Large bones	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) TM
0501	Grafts to cysts: Small bones	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0503	Grafts to cysts: Cartilage graft	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	3.000	125.60 (110.20) TM
0505	Grafts to cysts: Inter-metacarpal bone graft	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	3.000	125.60 (110.20) TM
3.1.2.2	Bony operations: Acute or chronic osteomyelitis								
0509	Acute or chronic osteomyelitis: Conservative treatment	04.00		-	- v	-	- v		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care	04.00							
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
3.1.2.3 Bony operations: Osteotomy									
0514	Osteotomy: Sternum: Repair of pectus excavatum	04.00		330.000	2200.40 (1930.20)	264.000	1760.40 (1544.20)	3.000	125.60 (110.20) TM
0515	Osteotomy: Sternum: Repair of pectus carinatum	04.00		330.000	2200.40 (1930.20)	264.000	1760.40 (1544.20)	3.000	125.60 (110.20) TM
0516	Osteotomy: Pelvic	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	3.000	125.60 (110.20) TM
0521	Osteotomy: Femoral: Proximal	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	3.000	125.60 (110.20) TM
0527	Osteotomy: Knee region	04.11		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	3.000	125.60 (110.20) TM
0528	Osteotomy: Os Calcis (Dwyer operation)	04.00		115.000	766.80 (672.60)	115.000	766.80 (672.60)	3.000	125.60 (110.20) TM
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	04.00		278.900	1859.70 (1631.30)	223.120	1487.80 (1305.10)	3.000	125.60 (110.20) TM
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0533	Osteotomy: Single metatarsal	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	3.000	125.60 (110.20) TM
0534	Osteotomy: Multiple metatarsal osteotomies	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
3.1.2.4 Bony operations: Exostosis									
0535	Exostosis: Excision: Readily accessible sites	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	3.000	125.60 (110.20) TM
0537	Exostosis: Excision: Less accessible sites	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) TM
3.1.2.5 Bony operations: Biopsy									
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)	4.000	167.40 (146.80) T
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)		
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3.2	Joints								
3.2.1	Joints: Dislocations								
0547	Joint: Dislocation: Clavicle either end	04.00		38.000	253.40 (222.30)	38.000	253.40 (222.30)	3.000	125.60 (110.20) TM
0549	Joint: Dislocation: Shoulder	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) TM
0551	Joint: Dislocation: Elbow	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) TM
0552	Joint: Dislocation: Wrist	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) TM
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	04.00		130.000	866.80 (760.40)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0555	Joint: Dislocation: Lunate	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) TM
0556	Joint: Dislocation: Carpo-metacarpo dislocation	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) TM
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	04.00		26.000	173.40 (152.10)	26.000	173.40 (152.10)	3.000	125.60 (110.20) TM
0559	Joint: Dislocation: Hip	04.00		109.000	726.80 (637.50)	109.000	726.80 (637.50)	3.000	125.60 (110.20) TM
0561	Joint: Dislocation: Knee	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) TM
0563	Joint: Dislocation: Patella	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)	3.000	125.60 (110.20) TM
0565	Joint: Dislocation: Ankle	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	3.000	125.60 (110.20) TM
0567	Joint: Dislocation: Sub-Talar dislocation	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	3.000	125.60 (110.20) TM
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) TM
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) TM
0573	Joint: Dislocation: Spine with or without paralysis	04.00		-	- v	-	- v		
3.2.2	Joints: Operations for dislocations								
0578	Operations for dislocations: Recurrent dislocation of shoulder	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	3.000	125.60 (110.20) TM
0579	Operations for dislocations: Recurrent dislocation of all other joints	04.00		161.000	1073.50 (941.70)	128.800	858.80 (753.30)	3.000	125.60 (110.20) TM
3.2.3	Joints: Capsular operations								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) TM
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0585	Capsulectomy digital joint	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	3.000	125.60 (110.20) TM
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	3.000	125.60 (110.20) TM
0587	Release of digital joint contracture	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
3.2.4	Joints: Synovectomy								
0589	Synovectomy: Digital joint	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) TM
0592	Synovectomy: Large joint	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0593	Tendon synovectomy	04.00		203.700	1358.30 (1191.50)	162.960	1086.60 (953.20)	3.000	125.60 (110.20) TM
3.2.5	Joints: Arthrodesis								
0597	Arthrodesis: Shoulder	04.00		224.000	1493.60 (1310.20)	179.200	1194.90 (1048.20)	3.000	125.60 (110.20) TM
0598	Arthrodesis: Elbow	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	3.000	125.60 (110.20) TM
0599	Arthrodesis: Wrist	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	3.000	125.60 (110.20) TM
0600	Arthrodesis: Digital joint	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0601	Arthrodesis: Hip	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	3.000	125.60 (110.20) TM
0602	Arthrodesis: Knee	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	3.000	125.60 (110.20) TM
0603	Arthrodesis: Ankle	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	3.000	125.60 (110.20) TM
0604	Arthrodesis: Sub-talar	04.00		130.000	866.80 (760.40)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	3.000	125.60 (110.20) TM
0607	Arthrodesis: Mid-tarsal wedge resection	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	3.000	125.60 (110.20) TM
3.2.6	Joints: Arthroplasty								
0614	Arthroplasty: Debridement large joints	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0615	Arthroplasty: Excision medial or lateral end of clavicle	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)	3.000	125.60 (110.20) TM
0617	Shoulder: Acromioplasty	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) TM
0619	Shoulder: Partial replacement	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	5.000	209.30 (183.60) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0620	Shoulder: Total replacement	04.00		416.000	2773.90 (2433.20)	332.800	2219.10 (1946.60)	5.000	209.30 (183.60) TM
0621	Elbow: Excision head of radius	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) TM
0622	Elbow: Excision	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) TM
0623	Elbow: Partial replacement	04.00		188.000	1253.60 (1099.60)	150.400	1002.90 (879.70)	3.000	125.60 (110.20) TM
0624	Elbow: Total replacement	04.00		282.000	1880.40 (1649.50)	225.600	1504.30 (1319.60)	3.000	125.60 (110.20) TM
0625	Wrist: Excision distal end of ulna	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) TM
0626	Wrist: Excision single bone	04.00		110.000	733.50 (643.40)	110.000	733.50 (643.40)	3.000	125.60 (110.20) TM
0627	Wrist: Excision proximal row	04.00		166.000	1106.90 (971.00)	132.800	885.50 (776.80)	3.000	125.60 (110.20) TM
0631	Wrist: Total replacement	04.00		249.000	1660.30 (1456.40)	199.200	1328.30 (1165.20)	3.000	125.60 (110.20) TM
0635	Digital Joint: Total replacement	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) TM
0637	Hip: Total replacement	04.00		416.000	2773.90 (2433.20)	332.800	2219.10 (1946.60)	3.000	125.60 (110.20) TM
0641	Hip: Prosthetic replacement of femoral head	04.00		288.000	1920.40 (1684.60)	230.400	1536.30 (1347.60)	3.000	125.60 (110.20) TM
0643	Hip: Girdlestone	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	3.000	125.60 (110.20) TM
0645	Knee: Partial replacement	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	3.000	125.60 (110.20) TM
0646	Knee: Total replacement	04.00		416.000	2773.90 (2433.20)	332.800	2219.10 (1946.60)	3.000	125.60 (110.20) TM
0649	Ankle: Total replacement	04.00		290.400	1936.40 (1698.60)	232.320	1549.10 (1358.90)	3.000	125.60 (110.20) TM
0650	Ankle: Astragalectomy	04.00		154.000	1026.90 (900.80)	123.200	821.50 (720.60)	3.000	125.60 (110.20) TM
3.2.7	Joints: Miscellaneous (joints)								
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)	3.000	125.60 (110.20) T
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	04.00		7.500	50.00 (43.90)	7.500	50.00 (43.90)	3.000	125.60 (110.20) T
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	04.00		4.000	26.70 (23.40)	4.000	26.70 (23.40)	3.000	125.60 (110.20) T
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	3.000	125.60 (110.20) T
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0669a	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	05.01		14.000	93.40 (81.90)	14.000	93.40 (81.90)	4.000	167.40 (146.80) T
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic	06.04		-	- F	-	- F	3.000	125.60 (110.20) T
0670a	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	05.01		-	- F	-	- F	4.000	167.40 (146.80) T
0673	Menisectomy or operation for other internal derangement of knee	04.00		109.000	726.80 (637.50)	109.000	726.80 (637.50)	3.000	125.60 (110.20) TM
3.2.8	Joints: Joint ligament reconstruction or suture								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0677	Joint ligament reconstruction or suture: Knee: Collateral	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0678	Joint ligament reconstruction or suture: Knee: Cruciate	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	3.000	125.60 (110.20) TM
0680	Joint ligament reconstruction or suture: Digital joint ligament	04.00		165.000	1100.20 (965.10)	132.000	880.20 (772.10)	3.000	125.60 (110.20) TM
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0682	Amputation: Fore-quarter amputation	04.00		294.000	1960.40 (1719.60)	235.200	1568.30 (1375.70)	9.000	376.70 (330.40) TM
0683	Amputation: Through shoulder	04.00		148.000	986.90 (865.70)	120.000	800.20 (701.90)	5.000	209.30 (183.60) TM
0685	Amputation: Upper arm or fore-arm	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)	3.000	125.60 (110.20) TM
0687	Partial amputation of the hand: One ray	04.00		102.000	680.10 (596.60)	102.000	680.10 (596.60)	3.000	125.60 (110.20) TM
0691	Amputation: Whole or part of finger	06.04		116.800	778.80 (683.20)	116.800	778.80 (683.20)	3.000	125.60 (110.20) TM
0693	Hindquarter amputation	04.00		420.000	2800.60 (2456.70)	336.000	2240.40 (1965.30)	6.000	251.10 (220.30) TM
0695	Amputation: Through hip joint region	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	6.000	251.10 (220.30) TM
0697	Amputation: Through thigh	04.00		205.000	1366.90 (1199.00)	164.000	1093.60 (959.30)	6.000	251.10 (220.30) TM
0699	Amputation: Below knee, through knee or Syme	04.00		194.000	1293.60 (1134.70)	155.200	1034.90 (907.80)	5.000	209.30 (183.60) TM
0701	Amputation: Trans-metatarsal or trans-tarsal	04.00		142.000	946.90 (830.60)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0703	Amputation: Foot: One ray	04.00		97.000	646.80 (567.40)	97.000	646.80 (567.40)	3.000	125.60 (110.20) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0705	Amputation: Toe	04.00		66.000	440.10 (386.10)	66.000	440.10 (386.10)	3.000	125.60 (110.20) TM
3.3.2	Amputations: Post-amputation reconstruction								
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	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	3.000	125.60 (110.20) TM
0707	Post-amputation reconstruction: Krukenberg reconstruction	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	3.000	125.60 (110.20) TM
0709	Post-amputation reconstruction: Metacarpal transfer	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) TM
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	04.00		282.000	1880.40 (1649.50)	225.600	1504.30 (1319.60)	3.000	125.60 (110.20) TM
0712	Post-amputation reconstruction: Toe to thumb transfer	04.00		800.000	5334.40 (4679.30)	640.000	4267.50 (3743.40)	3.000	125.60 (110.20) TM
3.4	Muscles, tendons and fasciae								
3.4.1	Muscles, tendons and fasciae: Investigations								
0713	Electromyography	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	3.000	125.60 (110.20) T
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	06.04		57.000	380.10 (333.40)	57.000	380.10 (333.40)	3.000	125.60 (110.20) T
0715	Strength duration curve per session	04.00		10.500	70.00 (61.40)	10.500	70.00 (61.40)	3.000	125.60 (110.20) T
0717	Electrical examination of single nerve or muscle	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)	3.000	125.60 (110.20) T
0718	Oxidative study for mitochondrial function	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)		
0721	Voltage integration during isometric contraction	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)	3.000	125.60 (110.20) T
0723	Tonometry with edrophonium	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)	3.000	125.60 (110.20) T
0725	Isometric tension studies with edrophonium	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)	3.000	125.60 (110.20) T
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T
0729	Tendon reflex time	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)	3.000	125.60 (110.20) T
0730	Limb brain somatosensory studies (per limb)	04.00		49.000	326.70 (286.60)	49.000	326.70 (286.60)		
0731	Vision and audio-sensory studies	04.00		49.000	326.70 (286.60)	49.000	326.70 (286.60)		
0733	Motor nerve conduction studies (single nerve)	04.00		26.000	173.40 (152.10)	26.000	173.40 (152.10)		

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				RVU	Fee	RVU	Fee	RVU	Fee
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	04.00		31.000	206.70 (181.30)	31.000	206.70 (181.30)	3.000	125.60 (110.20) T
0737	Biopsy for motor nerve terminals and end plates	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	04.00		34.000	226.70 (198.90)	34.000	226.70 (198.90)	8.000	334.80 (293.70) T
0740	Muscle fatigue studies	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
0741	Muscle biopsy	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	8.000	334.80 (293.70) T
0742	Global fee for all muscle studies, including histochemical studies	04.00		262.000	1747.00 (1532.50)				
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	04.00		20.250	135.00 (118.40)				
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	04.00		33.300	222.00 (194.70)				
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	04.00		5.700	38.00 (33.30)				
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	04.00		1.600	10.70 (9.39)				
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	04.00		9.900	66.00 (57.90)				
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	04.00		13.700	91.40 (80.20)				
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	04.00		25.900	172.70 (151.50)				
4715	Biochemical estimations on muscle biopsy specimens: Enolase	04.00		32.700	218.00 (191.20)				
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	04.00		37.700	251.40 (220.50)				
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	04.00		15.750	105.00 (92.10)				
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	04.00		11.060	73.70 (64.60)				
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	04.00		34.700	231.40 (203.00)				
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	04.00		40.300	268.70 (235.70)				
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	04.00		28.800	192.00 (168.40)				
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	04.00		43.000	286.70 (251.50)				
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	04.00		14.000	93.40 (81.90)				
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	04.00		20.000	133.40 (117.00)				
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	04.00		71.000	473.40 (415.30)				
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	04.00		69.000	460.10 (403.60)				

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				RVU	Fee	RVU	Fee	RVU	Fee
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	04.00		82.000	546.80 (479.60)				
4744	Biochemical estimations on muscle biopsy specimens: Tension/cafeine/halothane procedure in malignant hyperthermia	04.00		143.000	953.50 (836.40)				
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	04.00		75.000	500.10 (438.70)				
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0744	Decompression operation: Fasciotomy only	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	3.000	125.60 (110.20) T
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	04.00		109.000	726.80 (637.50)	109.000	726.80 (637.50)	3.000	125.60 (110.20) T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) TM
0747	Muscle and tendon repair: Rotator cuff	04.00		134.000	893.50 (783.80)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
0748	Muscle and tendon repair: Debridement rotator cuff	04.00		139.700	931.50 (817.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	04.00		271.900	1813.00 (1590.40)	217.520	1450.40 (1272.30)	4.000	167.40 (146.80) T
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0757	Muscle and tendon repair: Achilles tendon repair	04.00		197.600	1317.60 (1155.80)	158.080	1054.10 (924.60)	4.000	167.40 (146.80) T
0759	Muscle and tendon repair: Other single tendon	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	3.000	125.60 (110.20) T
0763	Muscle and tendon repair: Tendon or ligament injection	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)	3.000	125.60 (110.20) T
0767	Hand: Flexor tendon suture: Primary (per tendon)	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0769	Hand: Flexor tendon suture: Secondary (per tendon)	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) T
0771	Extensor tendon suture: Primary (per tendon)	04.00		129.700	864.80 (758.60)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0773	Extensor tendon suture: Secondary (per tendon)	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	3.000	125.60 (110.20) T
0774	Repair of Boutonniere deformity or Mallet finger with graft	04.00		183.700	1224.90 (1074.50)	146.960	979.90 (859.60)	3.000	125.60 (110.20) T
3.4.4	Muscles, tendons and fasciae: Tendon graft								
0775	Free tendon graft	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) T

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				RVU	Fee	RVU	Fee	RVU	Fee
0776	Reconstruction of pulley for flexor tendon	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	3.000	125.60 (110.20) T
0777	Tendon graft: Finger: Flexor	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) T
0779	Tendon graft: Finger: Extensor	04.00		122.000	813.50 (713.60)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0780	Two stage flexor tendon graft using silastic rod	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	3.000	125.60 (110.20) T
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	3.000	125.60 (110.20) T
0782	Carpal tunnel syndrome	04.00		98.700	658.10 (577.30)	98.700	658.10 (577.30)	3.000	125.60 (110.20) T
0783	Tenolysis: De Quervain	04.00		38.000	253.40 (222.30)	38.000	253.40 (222.30)	3.000	125.60 (110.20) T
0784	Trigger finger	04.00		38.000	253.40 (222.30)	38.000	253.40 (222.30)	3.000	125.60 (110.20) T
0785	Flexor tendon freeing operation following free tendon graft or suture	04.00		186.800	1245.60 (1092.60)	149.440	996.50 (874.10)	3.000	125.60 (110.20) T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	04.00		180.900	1206.20 (1058.10)	144.720	965.00 (846.50)	3.000	125.60 (110.20) T
0788	Intrinsic tendon release per finger	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	3.000	125.60 (110.20) T
0789	Central tendon tenotomy for Boutonniere deformity	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	3.000	125.60 (110.20) T
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	3.000	125.60 (110.20) T
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) T
0792	Multiple tendon transfer	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0793	Hamstring to quadriceps transfer	04.00		141.000	940.20 (824.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	5.000	209.30 (183.60) T
0795	Tendon transfer at elbow	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)	3.000	125.60 (110.20) T
0802	Radial club hand repair - stand alone procedure	04.00		360.300	2402.50 (2107.50)	288.240	1922.00 (1686.00)	3.000	125.60 (110.20) T
0803	Hand tendons: Single tendon transfer (first)	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) T

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				RVU	Fee	RVU	Fee	RVU	Fee
0809	Hand tendons: Substitution for intrinsic paralysis of hand	04.00		224.000	1493.60 (1310.20)	179.200	1194.90 (1048.20)	3.000	125.60 (110.20) T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	04.00		220.600	1471.00 (1290.40)	176.480	1176.80 (1032.30)	3.000	125.60 (110.20) T
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	04.00		38.000	253.40 (222.30)	38.000	253.40 (222.30)	3.000	125.60 (110.20) T
0813	Torticollis	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	5.000	209.30 (183.60) T
0815	Scalenotomy	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
0817	Scalenotomy with excision of first rib	04.00		190.000	1266.90 (1111.30)	152.000	1013.50 (889.00)	3.000	125.60 (110.20) TM
0821	Tennis elbow	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) T
0822	Open release elbow (Mitals) - stand alone procedure	04.00		278.200	1855.00 (1627.20)	222.560	1484.00 (1301.80)	3.000	125.60 (110.20) TM
0823	Excision or slide for Volkmann's Contracture	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) T
0825	Hip: Open muscle release	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)	7.000	293.00 (257.00) T
0829	Knee: Quadriceps plasty	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) T
0831	Knee: Open tenotomy	04.00		141.000	940.20 (824.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
0835	Calf	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	4.000	167.40 (146.80) T
0837	Open elongation tendon Achilles	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	4.000	167.40 (146.80) T
0838	Percutaneous "Hoke" elongation tendo Achilles	04.00		79.300	528.80 (463.90)	79.300	528.80 (463.90)	4.000	167.40 (146.80) T
0845	Foot: Plantar fasciotomy	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)	3.000	125.60 (110.20) T
0846	Foot: Postero-medial release for club-foot	04.00		192.000	1280.30 (1123.10)	153.600	1024.20 (898.40)	3.000	125.60 (110.20) T
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	4.000	167.40 (146.80) T
0849	Excision: Prepatellar	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T
0851	Excision: Olecranon	04.00		81.800	545.40 (478.40)	81.800	545.40 (478.40)	3.000	125.60 (110.20) T
0853	Excision: Small bursa or ganglion	04.00		80.900	539.40 (473.20)	80.900	539.40 (473.20)	3.000	125.60 (110.20) T

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				RVU	Fee	RVU	Fee	RVU	Fee
0855	Excision: Compound palmar ganglion or synovectomy	04.00		128.000	853.50 (748.70)	128.000	853.50 (748.70)	3.000	125.60 (110.20) T
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)	3.000	125.60 (110.20) T
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	04.00		282.000	1880.40 (1649.50)	225.600	1504.30 (1319.60)	3.000	125.60 (110.20) TM
0861	Leg equalisation and congenital hips and feet: Leg lengthening	04.00		416.000	2773.90 (2433.20)	332.800	2219.10 (1946.60)	3.000	125.60 (110.20) TM
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)	3.000	125.60 (110.20) TM
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	04.00		109.000	726.80 (637.50)	109.000	726.80 (637.50)	3.000	125.60 (110.20) TM
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	06.04		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0868	Open reduction of congenital dislocation of the hip	04.00		186.000	1240.20 (1087.90)	148.800	992.20 (870.40)	3.000	125.60 (110.20) TM
0869	Subsequent plasters	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)		
0873	Congenital club foot: Manipulation and plaster: One foot	04.00		26.000	173.40 (152.10)	26.000	173.40 (152.10)	3.000	125.60 (110.20) T
0874	Ponseti technique assistant (medical practitioner)	05.03		13.000	86.70 (76.10) Z	13.000	86.70 (76.10) Z		
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	04.00		36.600	244.00 (214.00)	36.600	244.00 (214.00)		
0884	Removal of internal fixatives: Less accessible	04.00		75.500	503.40 (441.60)	75.500	503.40 (441.60)		
0885	Removal of prosthesis for infection soon after operation	04.00		128.000	853.50 (748.70)	120.000	800.20 (701.90)		
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	04.00	+	64.000	426.80 (374.40)	64.000	426.80 (374.40)	6.000	251.10 (220.30) TM
3.7	Plasters (exclusive of after-care)								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	04.00		13.000	86.70 (76.10) ø	13.000	86.70 (76.10) ø	3.000	125.60 (110.20) T
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)	4.000	167.40 (146.80) T
0891	Turnbuckle cast for scoliosis (excluding after-care)	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	5.000	209.30 (183.60) T
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	04.00		19.000	126.70 (111.10)	19.000	126.70 (111.10)	5.000	209.30 (183.60) T

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				RVU	Fee	RVU	Fee	RVU	Fee
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	04.00		302.700	2018.40 (1770.50)	242.160	1614.70 (1416.40)	3.000	125.60 (110.20) TM
0896	Club foot: Posterior release only - stand alone procedure	04.00		159.300	1062.20 (931.80)	127.440	849.80 (745.40)	3.000	125.60 (110.20) TM
0900	Excision tarsal coalition - stand alone procedure	04.00		141.500	943.50 (827.60)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0901	Tenotomy: Single tendon	04.00		63.300	422.10 (370.30)	63.300	422.10 (370.30)	3.000	125.60 (110.20) TM
0903	Hammer toe: One toe	04.00		99.500	663.50 (582.00)	99.500	663.50 (582.00)	3.000	125.60 (110.20) TM
0905	Filleting of toe or Ruiz-Mora procedure	04.00		99.500	663.50 (582.00)	99.500	663.50 (582.00)	3.000	125.60 (110.20) TM
0906	Arthrodesis Hallux	04.00		148.000	986.90 (865.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0907	Silver bunionectomy or similar for Hallux Valgus	04.00		126.200	841.50 (738.20)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0909	Excision arthroplasty	04.00		145.200	968.20 (849.30)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
0910	Cheilectomy or metatarsophangeal implant Hallux	04.00		183.000	1220.20 (1070.40)	146.400	976.20 (856.30)	3.000	125.60 (110.20) TM
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	04.00		189.200	1261.60 (1106.70)	151.360	1009.30 (885.40)	3.000	125.60 (110.20) TM
5730	Hallux Valgus double osteotomy etc.	04.00		182.600	1217.60 (1068.10)	146.080	974.10 (854.50)	3.000	125.60 (110.20) TM
5731	Distal soft tissue procedure for Hallux Valgus	04.00		173.600	1157.60 (1015.40)	138.880	926.10 (812.40)	3.000	125.60 (110.20) TM
5732	Aitkin procedure or similar	04.00		166.800	1112.20 (975.60)	133.440	889.80 (780.50)	3.000	125.60 (110.20) T
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	04.00		91.000	606.80 (532.30)	91.000	606.80 (532.30)	3.000	125.60 (110.20) TM
5735	Repair angular deformity toe (lesser toes)	04.00		97.200	648.10 (568.50)	97.200	648.10 (568.50)	3.000	125.60 (110.20) TM
5736	Sesamoidectomy	04.00		97.800	652.10 (572.00)	97.800	652.10 (572.00)	3.000	125.60 (110.20) TM
5737	Repair major foot tendons e.g. Tib Post	04.00		147.300	982.20 (861.60)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
5738	Repair of dislocating peroneal tendons	04.00		173.200	1154.90 (1013.10)	138.560	923.90 (810.40)	3.000	125.60 (110.20) T
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	04.00		202.300	1348.90 (1183.20)	161.840	1079.10 (946.60)	3.000	125.60 (110.20) TM
5740	Steindler strip - plantar fascia	04.00		97.200	648.10 (568.50)	97.200	648.10 (568.50)	3.000	125.60 (110.20) T

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5741	Kelikian syndactilly (one web space)	04.00		97.200	648.10 (568.50)	97.200	648.10 (568.50)	3.000	125.60 (110.20) T
5742	Tendon transfer foot	04.00		172.000	1146.90 (1006.10)	137.600	917.50 (804.80)	3.000	125.60 (110.20) T
5743	Capsulotomy metatarsophalangeal joints: Foot	04.00		86.800	578.80 (507.70)	86.800	578.80 (507.70)	3.000	125.60 (110.20) T
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	04.00		730.000	4867.60 (4269.80)	584.000	3894.10 (3415.90)	3.000	125.60 (110.20) TM
0913	Replantation of thumb	04.00		670.000	4467.60 (3918.90)	536.000	3574.00 (3135.10)	3.000	125.60 (110.20) TM
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	04.00		580.000	3867.40 (3392.50)	464.000	3094.00 (2714.00)	3.000	125.60 (110.20) TM
0915	Replantation operation through the palm	04.00		1270.00 0	8468.40 (7428.40)	1016.00 0	6774.70 (5942.70)	3.000	125.60 (110.20) TM
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) TM
0920	Tumours: Ganglion or fibroma	04.00		77.500	516.80 (453.30)	77.500	516.80 (453.30)	3.000	125.60 (110.20) TM
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	04.00		86.000	573.40 (503.00)	86.000	573.40 (503.00)	3.000	125.60 (110.20) TM
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	04.00		19.000	126.70 (111.10)	19.000	126.70 (111.10)	3.000	125.60 (110.20) TM
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)	3.000	125.60 (110.20) TM
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	05.01		37.000	246.70 (216.40)	37.000	246.70 (216.40)	3.000	125.60 (110.20) TM
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	04.00							
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)	3.000	125.60 (110.20) TM
3.8.5	Special areas: Spine								
	Please note the following with regard to section 3.8.5: Spine								04.00
	a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together:								
	1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis.								
	2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition.								
	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.								
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	04.00		207.000	1380.30 (1210.80)	165.600	1104.20 (968.60)	3.000	125.60 (110.20) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	04.00	+	42.000	280.10 (245.70)	42.000	280.10 (245.70)	3.000	125.60 (110.20) TM
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	5.000	209.30 (183.60) TM
0930	Posterior osteotomy of spine: One vertebral segment	04.00		339.000	2260.50 (1982.90)	271.200	1808.40 (1586.30)	3.000	125.60 (110.20) TM
0931	Posterior spinal fusion: One level	04.00		385.000	2567.20 (2251.90)	308.000	2053.70 (1801.50)	3.000	125.60 (110.20) TM
0932	Posterior osteotomy of spine: Each additional vertebral segment	04.00	+	103.000	686.80 (602.50)	103.000	686.80 (602.50)	3.000	125.60 (110.20) TM
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	04.00		315.000	2100.40 (1842.50)	252.000	1680.30 (1473.90)	3.000	125.60 (110.20) TM
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	04.00	+	103.000	686.80 (602.50)	103.000	686.80 (602.50)	3.000	125.60 (110.20) TM
0938	Anterior fusion base of skull to C2	04.00		449.000	2993.90 (2626.20)	359.200	2395.10 (2101.00)	4.000	167.40 (146.80) TM
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	3.000	125.60 (110.20) TM
0941	Anterior interbody fusion: One level	04.00		360.000	2400.50 (2105.70)	288.000	1920.40 (1684.60)	3.000	125.60 (110.20) TM
0942	Anterior interbody fusion: Each additional level	04.00	+	102.000	680.10 (596.60)	102.000	680.10 (596.60)	3.000	125.60 (110.20) TM
0944	Posterior fusion: Occiput to C2	04.00		390.000	2600.50 (2281.10)	312.000	2080.40 (1824.90)	4.000	167.40 (146.80) TM
0946	Posterior spinal fusion: Each additional level	04.00	+	111.000	740.10 (649.20)	111.000	740.10 (649.20)	3.000	125.60 (110.20) TM
0948	Posterior interbody lumbar fusion: One level	04.00		364.000	2427.20 (2129.10)	291.200	1941.70 (1703.20)	3.000	125.60 (110.20) TM
0950	Posterior interbody lumbar fusion: Each additional interspace	04.00	+	95.000	633.50 (555.70)	95.000	633.50 (555.70)	3.000	125.60 (110.20) TM
0959	Excision of coccyx	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) TM
0961	Costo-transversectomy	04.00		198.000	1320.30 (1158.20)	158.400	1056.20 (926.50)	3.000	125.60 (110.20) TM
0963	Antero-lateral decompression of spinal cord or anterior debridement	04.00		326.000	2173.80 (1906.80)	260.800	1739.00 (1525.40)	3.000	125.60 (110.20) T
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								04.00
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).								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0952	Posterior fusion for spinal deformity: Up to 6 levels	04.00		359.000	2393.80 (2099.80)	287.200	1915.00 (1679.80)	3.000	125.60 (110.20) TM
0954	Posterior fusion for spinal deformity: 7 to 12 levels	04.00		547.000	3647.40 (3199.50)	437.600	2917.90 (2559.60)	3.000	125.60 (110.20) TM
0955	Posterior fusion for spinal deformity: 13 or more levels	04.00		593.000	3954.10 (3468.50)	474.400	3163.30 (2774.80)	3.000	125.60 (110.20) TM
0956	Anterior fusion for spinal deformity: 2 or 3 levels	04.00		410.000	2733.90 (2398.20)	328.000	2187.10 (1918.50)	3.000	125.60 (110.20) TM
0957	Anterior fusion for spinal deformity: 4 to 7 levels	04.00		444.000	2960.60 (2597.00)	355.200	2368.50 (2077.60)	3.000	125.60 (110.20) TM
0958	Anterior fusion for spinal deformity: 8 or more levels	04.00		539.000	3594.10 (3152.70)	431.200	2875.20 (2522.10)	3.000	125.60 (110.20) TM
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								04.00
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	3.000	125.60 (110.20) TM
0960	Posterior non-segmental instrumentation	04.00		167.000	1113.60 (976.80)	133.600	890.80 (781.40)	5.000	209.30 (183.60) TM
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	04.00		176.000	1173.60 (1029.50)	140.800	938.90 (823.60)	5.000	209.30 (183.60) TM
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	04.00		201.000	1340.30 (1175.70)	160.800	1072.20 (940.50)	5.000	209.30 (183.60) TM
0966	Posterior segmental instrumentation:13 or more vertebrae	04.00		245.000	1633.70 (1433.10)	196.000	1306.90 (1146.40)	5.000	209.30 (183.60) TM
0968	Anterior instrumentation: 2 to 3 vertebrae	04.00		159.000	1060.20 (930.00)	127.200	848.20 (744.00)	5.000	209.30 (183.60) TM
0969	Skull or skull-femoral traction including two weeks after-care	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)		
0970	Anterior instrumentation: 4 to 7 vertebrae	04.00		185.000	1233.60 (1082.10)	148.000	986.90 (865.70)	5.000	209.30 (183.60) TM
0971	Halo-splint and POP jacket including two weeks after-care	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)		
0972	Anterior instrumentation: 8 or more vertebrae	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	5.000	209.30 (183.60) TM
0974	Additional pelvic fixation of instrumentation other than sacrum	04.00		108.000	720.10 (631.70)	108.000	720.10 (631.70)	5.000	209.30 (183.60) TM
5750	Reinsertion of instrumentation	04.00		276.000	1840.40 (1614.40)	220.800	1472.30 (1291.50)	6.000	251.10 (220.30) TM
5751	Removal of posterior non-segmental instrumentation	04.00		173.000	1153.60 (1011.90)	138.400	922.90 (809.60)	6.000	251.10 (220.30) TM
5752	Removal of posterior segmental instrumentation	04.00		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)	6.000	251.10 (220.30) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5753	Removal of anterior instrumentation	04.00		204.000	1360.30 (1193.20)	163.200	1088.20 (954.60)	6.000	251.10 (220.30) TM
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	04.00		295.000	1967.10 (1725.50)	236.000	1573.60 (1380.40)	3.000	125.60 (110.20) TM
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	04.00		304.000	2027.10 (1778.20)	243.200	1621.70 (1422.50)	3.000	125.60 (110.20) TM
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	04.00		321.000	2140.40 (1877.50)	256.800	1712.30 (1502.00)	3.000	125.60 (110.20) TM
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	04.00	+	63.000	420.10 (368.50)	63.000	420.10 (368.50)	3.000	125.60 (110.20) TM
5759	Laminectomy for decompression diskectomy, etc. revision operation	04.00		352.000	2347.10 (2058.90)	281.600	1877.70 (1647.10)	4.000	167.40 (146.80) TM
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	04.00		301.000	2007.10 (1760.60)	240.800	1605.70 (1408.50)	3.000	125.60 (110.20) TM
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	04.00	+	68.000	453.40 (397.70)	68.000	453.40 (397.70)	3.000	125.60 (110.20) TM
5763	Anterior disc removal and spinal decompression cervical: One level	04.00		344.000	2293.80 (2012.10)	275.200	1835.00 (1609.60)	3.000	125.60 (110.20) TM
5764	Anterior disc removal and spinal decompression cervical: Each additional level	04.00	+	81.000	540.10 (473.80)	81.000	540.10 (473.80)	3.000	125.60 (110.20) TM
5765	Vertebral corpectomy for spinal decompression: One level	04.00		466.000	3107.30 (2725.70)	372.800	2485.80 (2180.50)	3.000	125.60 (110.20) TM
5766	Vertebral corpectomy for spinal decompression: Each additional level	04.00		88.000	586.80 (514.70)	88.000	586.80 (514.70)	3.000	125.60 (110.20) TM
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	04.00		71.000	473.40 (415.30)	71.000	473.40 (415.30)		
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								04.00
0987	Repair of orbital floor (blowout fracture)	04.00		184.600	1230.90 (1079.70)	147.680	984.70 (863.80)	4.000	167.40 (146.80) TM
0988	Genioplasty	04.00		263.000	1753.70 (1538.30)	210.400	1402.90 (1230.60)	4.000	167.40 (146.80) TM
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	04.00		202.200	1348.30 (1182.70)	161.760	1078.60 (946.10)	4.000	167.40 (146.80) TM
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	04.00		302.000	2013.70 (1766.40)	241.600	1611.00 (1413.20)	4.000	167.40 (146.80) TM
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	04.00		433.000	2887.20 (2532.60)	346.400	2309.80 (2026.10)	4.000	167.40 (146.80) TM
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	04.00		970.000	6468.00 (5673.70)	776.000	5174.40 (4538.90)	4.000	167.40 (146.80) TM
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	04.00		302.000	2013.70 (1766.40)	241.600	1611.00 (1413.20)	4.000	167.40 (146.80) TM
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	04.00		1103.00 0	7354.80 (6451.60)	882.400	5883.80 (5161.20)	4.000	167.40 (146.80) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	04.00		1654.00 0	11028.90 (9674.50)	1323.20 0	8823.10 (7739.60)	4.000	167.40 (146.80) TM
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	04.00		-	- F	-	- F		
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	04.00		302.000	2013.70 (1766.40)	241.600	1611.00 (1413.20)	3.000	125.60 (110.20) TM
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	04.00		184.000	1226.90 (1076.20)	147.200	981.50 (861.00)	3.000	125.60 (110.20) TM
1001	Temporo-mandibular joint: Reconstruction for dysfunction	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) TM
1003	Manipulation: Immobilisation and follow-up of fractured nose	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) TM
1005	Nasal fracture without manipulation	04.00		-	- F	-	- F		
1007	Mandibulectomy	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	5.000	209.30 (183.60) TM
1009	Maxillectomy	04.00		382.500	2550.50 (2237.30)	306.000	2040.40 (1789.80)	4.000	167.40 (146.80) TM
1011	Bone graft to mandible	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) TM
1012	Adjustment of occlusion by ramisection	04.00		227.000	1513.60 (1327.70)	181.600	1210.90 (1062.20)	4.000	167.40 (146.80) TM
1013	Fracture of arch of zygoma without displacement	04.00		-	- F	-	- F		
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	04.00		131.000	873.50 (766.20)	120.000	800.20 (701.90)	3.000	125.60 (110.20) TM
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	04.00		262.000	1747.00 (1532.50)	209.600	1397.60 (1226.00)	3.000	125.60 (110.20) TM
4	Respiratory System								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	04.00		51.940	346.30 (303.80)	51.940	346.30 (303.80)		
1019	ENT endoscopy in rooms with rigid endoscope	04.00		12.000	80.00 (70.20)				
1020	Repair of perforated septum: Any method	06.04		141.900	946.20 (830.00)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1022	Functional reconstruction of nasal septum	04.00		121.200	808.20 (708.90)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	4.000	167.40 (146.80) T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	06.04		64.600	430.80 (377.90)	64.600	430.80 (377.90)	4.000	167.40 (146.80) T
1027	Dacrocystorhinostomy	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	5.000	209.30 (183.60) T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	06.04		62.600	417.40 (366.10)	62.600	417.40 (366.10)	4.000	167.40 (146.80) T
1030	Endoscopic turbinectomy: Laser or microdebrider	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1031	Removal of single nasal polyp at rooms (at initial consultation only)	04.00		25.400	169.40 (148.60)	25.400	169.40 (148.60)		
1033	Removal of multiple polyps in hospital under general anaesthetic	04.00		81.800	545.40 (478.40)	81.800	545.40 (478.40)	4.000	167.40 (146.80) T
1034	Autogenous nasal bone transplant: Bone removal included	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	4.000	167.40 (146.80) T
1035	Functional endoscopic sinus surgery: Unilateral	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1036	Functional endoscopic sinus surgery: Bilateral	04.00		245.000	1633.70 (1433.10)	196.000	1306.90 (1146.40)	4.000	167.40 (146.80) T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	4.000	167.40 (146.80) T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	6.000	251.10 (220.30) T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	6.000	251.10 (220.30) T
1045	Ligation anterior ethmoidal artery	04.00		135.400	902.80 (791.90)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
1047	Caldwell-Luc operation: Unilateral	04.00		137.300	915.50 (803.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1049	Ligation internal maxillary artery	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	6.000	251.10 (220.30) T
1050	Vidian neurectomy (transantral or transnasal)	04.00		113.000	753.50 (661.00)	113.000	753.50 (661.00)	4.000	167.40 (146.80) T
1051	Removal nasopharyngeal fibroma	04.00		285.000	1900.40 (1667.00)	228.000	1520.30 (1333.60)	6.000	251.10 (220.30) T
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
1053	Frontal sinus drainage, trephine operation	04.00		93.100	620.80 (544.60)	93.100	620.80 (544.60)	4.000	167.40 (146.80) T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	06.04		37.300	248.70 (218.20)				
1055	External frontal ethmoidectomy	04.00		190.700	1271.60 (1115.40)	152.560	1017.30 (892.40)	4.000	167.40 (146.80) T
1057	External ethmoidectomy and/or sphenoidectomy	04.00		199.400	1329.60 (1166.30)	159.520	1063.70 (933.10)	4.000	167.40 (146.80) T
1058	Sublabial transseptal sphenoidotomy	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1059	Frontal osteomyelitis	04.00		194.000	1293.60 (1134.70)	155.200	1034.90 (907.80)	4.000	167.40 (146.80) T
1060	Obliteration of frontal sinus	04.00		291.100	1941.10 (1702.70)	232.880	1552.80 (1362.10)	4.000	167.40 (146.80) T
1061	Lateral rhinotomy	04.00		164.000	1093.60 (959.30)	131.200	874.80 (767.40)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1062	Excision nasolabial cyst	04.00		186.100	1240.90 (1088.50)	148.880	992.70 (870.80)	4.000	167.40 (146.80) T
1063	Removal of foreign bodies from nose: At rooms	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
1065	Removal of foreign body from nose: Under general anaesthetic	04.00		38.600	257.40 (225.80)	38.600	257.40 (225.80)	4.000	167.40 (146.80) T
1067	Proof puncture at rooms: Unilateral	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	4.000	167.40 (146.80) T
1069	Proof puncture, uni- or bilateral under general anaesthetic	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	4.000	167.40 (146.80) T
1071	Proetz treatment (consultation fee only to be charged for first treatment)	04.00		4.000	26.70 (23.40)	4.000	26.70 (23.40)		
1077	Septum abscess: At rooms, including after-care	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
1079	Septum abscess: Under general anaesthetic	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	4.000	167.40 (146.80) T
1081	Oro-antral fistula (without Caldwell-Luc)	04.00		111.800	745.50 (653.90)	111.800	745.50 (653.90)	4.000	167.40 (146.80) T
1083	Choanal atresia: Intranasal approach	04.00		113.000	753.50 (661.00)	113.000	753.50 (661.00)	5.000	209.30 (183.60) T
1084	Choanal atresia: Transpalatal approach	04.00		194.000	1293.60 (1134.70)	155.200	1034.90 (907.80)	7.000	293.00 (257.00) T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	5.000	209.30 (183.60) T
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	5.000	209.30 (183.60) T
1089	Forehead rhinoplasty (all stages): Total	04.00		552.000	3680.70 (3228.70)	441.600	2944.60 (2583.00)	5.000	209.30 (183.60) T
1091	Forehead rhinoplasty (all stages): Partial	04.00		414.000	2760.60 (2421.60)	331.200	2208.40 (1937.20)	5.000	209.30 (183.60) T
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1095	Full nasal reconstruction for secondary cleft lip deformity	04.00		357.900	2386.50 (2093.40)	286.320	1909.20 (1674.70)	5.000	209.30 (183.60) T
1097	Partial nasal reconstruction for cleft lip deformity	04.00		199.700	1331.60 (1168.10)	159.760	1065.30 (934.50)	5.000	209.30 (183.60) T
1099	Columella reconstruction or lengthening	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
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								04.00
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	4.000	167.40 (146.80) T
1102	Laser tonsillectomy	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	6.000	251.10 (220.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1105	Removal of adenoids	04.11		40.000	266.70 (233.90)	40.000	266.70 (233.90)	4.000	167.40 (146.80) T
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	04.00		168.300	1122.20 (984.40)	134.640	897.80 (787.50)	5.000	209.30 (183.60) T
1107	Opening of quinsy: At rooms	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)	6.000	251.10 (220.30) T
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	04.00		85.000	566.80 (497.20)	85.000	566.80 (497.20)	5.000	209.30 (183.60) T
1109	Opening of quinsy: Under general anaesthetic	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	6.000	251.10 (220.30) T
1110	Ludwig's Angina: Drainage	04.00		42.000	280.10 (245.70)	42.000	280.10 (245.70)	9.000	376.70 (330.40) T
1111	Post tonsillectomy or adenoidectomy haemorrhage	04.00		46.000	306.70 (269.00)	46.000	306.70 (269.00)	6.000	251.10 (220.30) T
1112	Pharyngeal pouch operation	04.11		231.800	1545.60 (1355.80)	185.440	1236.50 (1084.60)	5.000	209.30 (183.60) T
1113	Retropharyngeal abscess: Internal approach	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	6.000	251.10 (220.30) T
1115	Retropharyngeal abscess: External approach	04.00		85.000	566.80 (497.20)	85.000	566.80 (497.20)	6.000	251.10 (220.30) T
1116	Functional reconstruction of palate and uvula	04.00		168.300	1122.20 (984.40)	134.640	897.80 (787.50)	5.000	209.30 (183.60) T
4.3	Larynx								
1117	Laryngeal intubation	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
1118	Laryngeal stroboscopy with video capture	04.00		39.000	260.10 (228.20)	39.000	260.10 (228.20)	6.000	251.10 (220.30) T
1119	Laryngectomy without block dissection of the neck	04.00		430.000	2867.20 (2515.10)	344.000	2293.80 (2012.10)	7.000	293.00 (257.00) T
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	04.00		35.000	233.40 (204.70)				
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	04.00		81.100	540.80 (474.40)	81.100	540.80 (474.40)	6.000	251.10 (220.30) T
1126	Post laryngectomy for voice restoration	04.00		139.500	930.20 (816.00)	120.000	800.20 (701.90)	9.000	376.70 (330.40) T
1127	Tracheotomy	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	9.000	376.70 (330.40) T
1128	Endolaryngeal operations	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	8.000	334.80 (293.70) T
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	04.00		294.400	1963.10 (1722.00)	235.520	1570.40 (1377.50)	8.000	334.80 (293.70) T
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	04.00		41.400	276.10 (242.20)	41.400	276.10 (242.20)	6.000	251.10 (220.30) T
1131	Direct laryngoscopy plus foreign body removal	04.00		64.600	430.80 (377.90)	64.600	430.80 (377.90)	6.000	251.10 (220.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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)								04.00
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								04.00
1132	Bronchoscopy: Diagnostic bronchoscopy	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	6.000	251.10 (220.30) T
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	8.000	334.80 (293.70) T
1134	Bronchoscopy: Bronchoscopy with laser	04.00		75.000	500.10 (438.70)			8.000	334.80 (293.70) T
1136	Nebulisation (in rooms)	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)	12.000	80.00 (70.20) ç
1137	Bronchial lavage	04.00						8.000	334.80 (293.70) T
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	12.000	502.20 (440.50) T
4.5	Pleura								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	3.000	125.60 (110.20) T
1141	Insertion of intercostal catheter (under water drainage)	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	6.000	251.10 (220.30) T
1142	Intra-pleural block	04.00		36.000	240.00 (210.50)	36.000	240.00 (210.50)	36.000	240.00 (210.50) ç
1143	Paracentesis chest: Diagnostic	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)	3.000	125.60 (110.20) T
1145	Paracentesis chest: Therapeutic	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)	3.000	125.60 (110.20) T
1147	Pneumothorax: Induction (diagnostic)	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)		
1149	Pleurectomy	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	11.000	460.40 (403.90) T
1151	Decortication of lung	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	11.000	460.40 (403.90) T
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)	3.000	125.60 (110.20) T
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)	5.000	209.30 (183.60) T
1157	Pneumonectomy	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	11.000	460.40 (403.90) T
1159	Pulmonary lobectomy	04.00		389.500	2597.20 (2278.20)	311.600	2077.70 (1822.50)	11.000	460.40 (403.90) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1161	Segmental lobectomy	04.00		365.000	2433.80 (2134.90)	292.000	1947.10 (1708.00)	11.000	460.40 (403.90) T
1163	Excision tracheal stenosis: Cervical	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	8.000	334.80 (293.70) T
1164	Excision tracheal stenosis: Intra thoracic	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	12.000	502.20 (440.50) T
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	04.00		215.000	1433.60 (1257.50)	172.000	1146.90 (1006.10)	12.000	502.20 (440.50) T
1168	Thoracoplasty: Complete	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	11.000	460.40 (403.90) T
1169	Thoracoplasty: Limited (osteoplastic)	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	11.000	460.40 (403.90) T
1171	Drainage empyema (including six weeks after treatment)	04.00		170.000	1133.60 (994.40)	136.000	906.80 (795.40)	11.000	460.40 (403.90) T
1173	Drainage of lung abscess (including six weeks after treatment)	04.00		170.000	1133.60 (994.40)	136.000	906.80 (795.40)	11.000	460.40 (403.90) T
1175	Thoracotomy (limited): For lung or pleural biopsy	04.00		115.000	766.80 (672.60)	115.000	766.80 (672.60)	11.000	460.40 (403.90) T
1177	Major: Diagnostic, as for inoperable carcinoma	04.00		215.000	1433.60 (1257.50)	172.000	1146.90 (1006.10)	11.000	460.40 (403.90) T
1179	Thoracoscopy	04.00		89.000	593.50 (520.60)	89.000	593.50 (520.60)	11.000	460.40 (403.90) T
1181	Lung transplant: Unilateral	04.00		600.000	4000.80 (3509.50)	480.000	3200.60 (2807.50)	15.000	627.80 (550.70) T
1182	Harvesting donor lung: Unilateral	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1183	Excision or plication of emphysematous cyst: Unilateral	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	11.000	460.40 (403.90) T
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	04.00		438.000	2920.60 (2561.90)	350.400	2336.50 (2049.60)	11.000	460.40 (403.90) T
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	11.000	460.40 (403.90) T
4.6.2	Pulmonary function tests								
1186	Flow volume test: Inspiration/expiration	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	30.000	200.00 (175.40) ç
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	50.000	333.40 (292.50) ç
1189	Forced expirogram only	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	10.000	66.70 (58.50) ç
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	04.00		45.310	302.10 (265.00)				
1191	N2 single breath distribution	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	10.000	66.70 (58.50) ç
1192	Peak expiratory flow only	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)	5.000	33.30 (29.20) ç

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	04.00		37.760	251.80 (220.90)				
1195	Thoracic gas volume	04.00		37.930	252.90 (221.80)				
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	04.00		45.310	302.10 (265.00)				
1197	Compliance and resistance, using oesophageal balloon	04.00		24.000	160.00 (140.40)	24.000	160.00 (140.40)	24.000	160.00 (140.40) ç
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	04.00		55.890	372.70 (326.90)	55.890	372.70 (326.90)		
1199	Pulmonary stress testing: For determination of VO2 max	04.00		96.500	643.50 (564.50)	96.500	643.50 (564.50)		
1200	Carbon monoxide diffusing capacity, any method	04.00		38.060	253.80 (222.60)				
1201	Maximum inspiratory/expiratory pressure	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)	5.000	33.30 (29.20) ç
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 three 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)								06.05
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)								04.00
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.								04.00
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								04.00
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	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	40.000	266.70 (233.90) ç
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	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	30.000	200.00 (175.40) ç
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	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	100.000	666.80 (584.90) ç
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	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	50.000	333.40 (292.50) ç
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	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	30.000	200.00 (175.40) ç
	Please Note: The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1208	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	137.000	913.50 (801.30) ¢
1209	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	04.00		58.000	386.70 (339.20)	58.000	386.70 (339.20)	58.000	386.70 (339.20) ¢
1210	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	50.000	333.40 (292.50) ¢
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.	04.00							
1212	Ventilation: First day	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	75.000	500.10 (438.70) ¢
1213	Ventilation: Subsequent days, per day	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	50.000	333.40 (292.50) ¢
1214	Ventilation: After two weeks, per day	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	25.000	166.70 (146.20) ¢
1215	Insertion of arterial pressure cannula	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	25.000	166.70 (146.20) ¢
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	04.11		50.000	333.40 (292.50)	50.000	333.40 (292.50)	50.000	333.40 (292.50) ¢
1217	Insertion of central venous line via peripheral vein	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	10.000	66.70 (58.50) ¢
1218	Insertion of central venous line via subclavian or jugular veins	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	25.000	166.70 (146.20) ¢
1219	Hyperalimentation (daily tariff)	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)	15.000	100.00 (87.70) ¢
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	30.000	200.00 (175.40) ¢
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)	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	30.000	200.00 (175.40) ¢

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.8	Hyperbaric Oxygen Therapy								
	<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>								04.00
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	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)		
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	05.03		101.130	674.30 (591.50) Z	101.130	674.30 (591.50) Z		
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	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)		
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	875.20 (767.70) Z	131.260	875.20 (767.70) Z		
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	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)		
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	875.20 (767.70) Z	131.260	875.20 (767.70) Z		
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	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)		
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	05.03		214.180	1428.20 (1252.80) Z	214.180	1428.20 (1252.80) Z		
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	04.00		190.000	1266.90 (1111.30)	190.000	1266.90 (1111.30)		
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	05.03		386.420	2576.60 (2260.20) Z	386.420	2576.60 (2260.20) Z		
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	04.00		327.000	2180.40 (1912.60)	327.000	2180.40 (1912.60)		
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		680.850	4539.90 (3982.40) Z	680.850	4539.90 (3982.40) Z		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		678.280	4522.80 (3967.40) Z	678.280	4522.80 (3967.40) Z		
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		671.850	4479.90 (3929.70) Z	671.850	4479.90 (3929.70) Z		
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	04.00							
5	Mediastinal Procedures								
1222	Mediastinal tumours	04.00		285.000	1900.40 (1667.00)	228.000	1520.30 (1333.60)	11.000	460.40 (403.90) T
1223	Mediastinoscopy	04.00		95.000	633.50 (555.70)	95.000	633.50 (555.70)	5.000	209.30 (183.60) T
1224	Mediastinotomy	04.00		115.000	766.80 (672.60)	115.000	766.80 (672.60)	11.000	460.40 (403.90) T
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	11.000	460.40 (403.90) T
1226	Removal of single rib with a lesion	04.00		282.000	1880.40 (1649.50)	225.600	1504.30 (1319.60)	11.000	460.40 (403.90) T
6	Cardiovascular System								
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP									
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	20.000	133.40 (117.00) ç
	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	04.00							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	04.00				4.500	30.00 (26.30)		
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	04.00				6.500	43.30 (38.00)		
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added	04.00							
1230	Physician's fee for interpreting an ECG: Without effort	04.00		6.000	40.00 (35.10)				
1231	Physician's fee for interpreting an ECG: With and without effort	06.04		10.000	66.70 (58.50)				
	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	04.00							
1232	Electrocardiogram: Without effort	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
1233	Electrocardiogram: With and without effort	06.04		13.000	86.70 (76.10)	13.000	86.70 (76.10)		
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)		
1235	Multi-stage treadmill test	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)		
1236	Electrocardiogram without effort: Under 4 years old	06.04		18.000	120.00 (105.30)	18.000	120.00 (105.30)		
1237	24 Hour ambulatory blood pressure: Hire fee	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)		
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)		
1240	Signal averaged electrocardiogram	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)		
1241	X-ray Screening: Chest	04.00		4.000	26.70 (23.40)	4.000	26.70 (23.40)		
1242	X-ray screening: Prosthetic valves	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)		
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)		
1245	Angiography cerebral: First two series	04.00		34.300	228.70 (200.60)	34.300	228.70 (200.60)	4.000	167.40 (146.80) T
1246	Angiography peripheral: Per limb	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	4.000	167.40 (146.80) T
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	6.000	251.10 (220.30) T
1248	Paracentesis of pericardium	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	9.000	376.70 (330.40) T
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)		
MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER									
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%								04.00
6.2	Invasive Cardiology								
6.2.1	Invasive cardiology: Cardiac catheterisation								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	04.00		140.000	933.50 (818.90)			9.000	376.70 (330.40) T
1250	Endomyocardial biopsy	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)	9.000	376.70 (330.40) T
1251	Transeptal puncture	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)	9.000	376.70 (330.40) T
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	04.00		140.000	933.50 (818.90)			9.000	376.70 (330.40) T
1253	Right heart catheterisation (with or without biopsy)	04.00		70.000	466.80 (409.50)			9.000	376.70 (330.40) T
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	9.000	376.70 (330.40) T
1255	Tilt test	04.00		31.300	208.70 (183.10)	31.300	208.70 (183.10)		
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study	04.00		160.000	1066.90 (935.90)			9.000	376.70 (330.40) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1257	Full electrophysiological study	04.00		300.000	2000.40 (1754.70)			9.000	376.70 (330.40) T
6.2.3	Invasive cardiology: Pacemakers								
1258	Pacemaker: Permanent - single chamber	04.00		155.000	1033.50 (906.60)	124.000	826.80 (725.30)	9.000	376.70 (330.40) T
1259	Pacemaker: Permanent - dual chamber	04.00		230.000	1533.60 (1345.30)	184.000	1226.90 (1076.20)	9.000	376.70 (330.40) T
1260	AV nodal ablation	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	9.000	376.70 (330.40) T
1261	Accessory pathway ablation	04.00		600.000	4000.80 (3509.50)	480.000	3200.60 (2807.50)	9.000	376.70 (330.40) T
1262	Electrophysiological mapping	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)		
1263	Insertion transvenous implantable defibrillator	04.00		212.000	1413.60 (1240.00)	169.600	1130.90 (992.00)	15.000	627.80 (550.70) T
1264	Test for implantable transvenous defibrillator	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	15.000	627.80 (550.70) T
1265	Renewal of pacemaker unit only, team fee	04.00		125.000	833.50 (731.10)	120.000	800.20 (701.90)	9.000	376.70 (330.40) T
1266	Resiting pacemaker generator	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)		
1267	Repositioning of catheter electrode	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	9.000	376.70 (330.40) T
1268	Threshold testing: Own equipment	04.00		15.000	100.00 (87.70)				
1269	Threshold testing: Hospital equipment	04.00		11.000	73.30 (64.30)				
1270	Programming of atrio-ventricular sequential pacemaker	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)		
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	9.000	376.70 (330.40) T
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	9.000	376.70 (330.40) T
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	04.00		260.000	1733.70 (1520.80)	208.000	1386.90 (1216.60)	13.000	544.10 (477.30) T
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	13.000	544.10 (477.30) T
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	13.000	544.10 (477.30) T
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	13.000	544.10 (477.30) T
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	13.000	544.10 (477.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	13.000	544.10 (477.30) T
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	04.00		260.000	1733.70 (1520.80)	208.000	1386.90 (1216.60)	15.000	627.80 (550.70) T
1283	Use of balloon procedure as in item 1282: Second cardiologist	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	15.000	627.80 (550.70) T
1284	Atherectomy: Single lesion: First cardiologist	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)		
1285	Atherectomy: Single lesion: Second cardiologist	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)		
1286	Insertion of intravascular stent: First cardiologist	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)		
1287	Insertion of intravascular stent: Second cardiologist	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)		
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 patient ductus arteriosus	04.00		300.000	2000.40 (1754.70)			15.000	627.80 (550.70) T
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	04.00		160.000	1066.90 (935.90)			15.000	627.80 (550.70) T
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	12.000	502.20 (440.50) T
1289	Paediatric cardiac catheterisation: Infants below the age of one year	04.00		263.000	1753.70 (1538.30)	210.400	1402.90 (1230.60)	12.000	502.20 (440.50) T
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	13.000	544.10 (477.30) T
1295	Pericardiectomy for constrictive pericarditis	04.00		400.000	2667.20 (2339.60)	320.000	2133.80 (1871.80)	15.000	627.80 (550.70) T
1297	Coarctation of aorta	04.00		425.000	2833.90 (2485.90)	340.000	2267.10 (1988.70)	15.000	627.80 (550.70) T
1299	Systemo-pulmonary anastomosis	04.00		425.000	2833.90 (2485.90)	340.000	2267.10 (1988.70)	15.000	627.80 (550.70) T
1301	Mitral valvotomy: Closed heart technique	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	15.000	627.80 (550.70) T
1302	Heart transplant	04.00		875.000	5834.50 (5118.00)	700.000	4667.60 (4094.40)	15.000	627.80 (550.70) T
1303	Harvesting donor heart	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	5.000	209.30 (183.60) T
1305	Operative implantation of cardiac pacemaker by thoracotomy	04.00		220.000	1467.00 (1286.80)	176.000	1173.60 (1029.50)	15.000	627.80 (550.70) T
1307	Re-exploration after cardiac surgery	04.00		215.000	1433.60 (1257.50)	172.000	1146.90 (1006.10)	15.000	627.80 (550.70) T
1308	Heart and lung transplant	04.00		1000.00 0	6668.00 (5849.10)	800.000	5334.40 (4679.30)	15.000	627.80 (550.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1309	Harvesting donor heart and lungs	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1311	Pericardial drainage	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	13.000	544.10 (477.30) T
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	04.00		25.000	166.70 (146.20)				
1320	Repeat open heart surgery (additional fee above procedure fee)	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	15.000	627.80 (550.70) T
1321	Stand-by fee for coronary angioplasty	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	30.000	200.00 (175.40) ç
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	04.00		20.000	133.40 (117.00)				
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)	15.000	627.80 (550.70) T
1325	Atrial septal defect: Sinus venosus or osteum primum	04.00		563.000	3754.10 (3293.10)	450.400	3003.30 (2634.50)	15.000	627.80 (550.70) T
1327	Atrial septal defect: Ventricular septal defect	04.00		603.800	4026.10 (3531.70)	483.040	3220.90 (2825.40)	15.000	627.80 (550.70) T
1329	Atrial septal defect: Fallot's tetralogy	04.00		563.000	3754.10 (3293.10)	450.400	3003.30 (2634.50)	15.000	627.80 (550.70) T
1330	Atrial septal defect: Pulmonary stenosis	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)	15.000	627.80 (550.70) T
1331	Transposition of large vessels (venous repair)	04.00		563.000	3754.10 (3293.10)	450.400	3003.30 (2634.50)	15.000	627.80 (550.70) T
1332	Transposition of great arteries (arterial repair)	04.00		750.000	5001.00 (4386.80)	600.000	4000.80 (3509.50)	15.000	627.80 (550.70) T
1333	Ebstein's Anomaly	04.00		563.000	3754.10 (3293.10)	450.400	3003.30 (2634.50)	15.000	627.80 (550.70) T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	04.00		548.800	3659.40 (3210.00)	439.040	2927.50 (2568.00)	20.000	837.00 (734.20) T
1335	Total anomalous venous drainage	04.00		563.000	3754.10 (3293.10)	450.400	3003.30 (2634.50)	15.000	627.80 (550.70) T
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	04.00		658.900	4393.50 (3853.90)	527.120	3514.80 (3083.20)	20.000	837.00 (734.20) T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)	15.000	627.80 (550.70) T
1338	Fontan type repair	04.00		750.000	5001.00 (4386.80)	600.000	4000.80 (3509.50)	15.000	627.80 (550.70) T
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	04.00		657.000	4380.90 (3842.90)	525.600	3504.70 (3074.30)	15.000	627.80 (550.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1340	Mitral valvuloplasty	04.00		688.000	4587.60 (4024.20)	550.400	3670.10 (3219.40)	15.000	627.80 (550.70) T
1341	Aortic valve replacement	04.00		623.800	4159.50 (3648.70)	499.040	3327.60 (2918.90)	15.000	627.80 (550.70) T
1342	Tricuspid annulo plasty	04.00		188.000	1253.60 (1099.60)	150.400	1002.90 (879.70)	15.000	627.80 (550.70) T
1343	Double valve replacement	04.00		968.900	6460.60 (5667.20)	775.120	5168.50 (4533.80)	15.000	627.80 (550.70) T
1344	Acute dissecting aneurysm repair	04.00		750.000	5001.00 (4386.80)	600.000	4000.80 (3509.50)	15.000	627.80 (550.70) T
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	04.00		1000.00 0	6668.00 (5849.10)	800.000	5334.40 (4679.30)	15.000	627.80 (550.70) T
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)		
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	04.00		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	04.00		750.000	5001.00 (4386.80)	600.000	4000.80 (3509.50)	15.000	627.80 (550.70) T
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	04.00		781.000	5207.70 (4568.20)	624.800	4166.20 (3654.60)	15.000	627.80 (550.70) T
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	04.00		813.000	5421.10 (4755.40)	650.400	4336.90 (3804.30)	15.000	627.80 (550.70) T
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	04.00		875.000	5834.50 (5118.00)	700.000	4667.60 (4094.40)	15.000	627.80 (550.70) T
1352	Cardiac aneurysm	04.00		563.000	3754.10 (3293.10)	450.400	3003.30 (2634.50)	15.000	627.80 (550.70) T
1353	Ascending/descending thoracic aortic aneurysm repair	04.00		625.000	4167.50 (3655.70)	500.000	3334.00 (2924.60)	15.000	627.80 (550.70) T
1354	Arrhythmia surgery	04.00		688.000	4587.60 (4024.20)	550.400	3670.10 (3219.40)	15.000	627.80 (550.70) T
1355	Cardiac tumour	04.00		625.000	4167.50 (3655.70)	500.000	3334.00 (2924.60)	15.000	627.80 (550.70) T
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	04.00		188.000	1253.60 (1099.60)	150.400	1002.90 (879.70)	15.000	627.80 (550.70) T
1358	Harvesting of radial artery	04.00		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)		
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								04.00
6.4.1	Peripheral vascular system: Investigations								
1357	Skin temperature test: Response to reflex heating	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)		
1359	Skin temperature test: Response to reflex cooling	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1361	Cold sensitivity test	04.00		17.000	113.40 (99.50)	17.000	113.40 (99.50)		
1363	Oscillometry test	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
1365	Sweating test	04.00		17.000	113.40 (99.50)	17.000	113.40 (99.50)		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	04.00		26.300	175.40 (153.90)	26.300	175.40 (153.90)		
1367	Doppler blood tests	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)		
5369	Doppler arterial pressures	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)		
5371	Doppler arterial pressures with exercise	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
5373	Doppler segmental pressures and wave forms	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)		
5375	Venous doppler examination (both limbs)	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
5377	Venous plethysmography	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)		
5379	Supra-orbital doppler test	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
5381	Carotid non-invasive complex tests	04.00		39.000	260.10 (228.20)	39.000	260.10 (228.20)		
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)	04.00							
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	04.00		540.000	3600.70 (3158.50)	432.000	2880.60 (2526.80)	15.000	627.80 (550.70) T
1373	Abdominal aorta and iliac artery: Ruptured	04.00		600.000	4000.80 (3509.50)	480.000	3200.60 (2807.50)	15.000	627.80 (550.70) T
1375	Grafting and/or thrombo-endarterectomy for thrombosis	04.00		444.000	2960.60 (2597.00)	355.200	2368.50 (2077.60)	15.000	627.80 (550.70) T
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	04.00		594.000	3960.80 (3474.40)	475.200	3168.60 (2779.50)	15.000	627.80 (550.70) T
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	13.000	544.10 (477.30) T
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	04.00		255.000	1700.30 (1491.50)	204.000	1360.30 (1193.20)	5.000	209.30 (183.60) T
1387	Grafting vein: Vein grafting proximal to knee joint	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	5.000	209.30 (183.60) T
1388	Grafting vein: Distal to knee joint	04.00		444.000	2960.60 (2597.00)	355.200	2368.50 (2077.60)	5.000	209.30 (183.60) T
1389	Grafting vein: Endarterectomy when not part of another specified procedure	04.00		264.000	1760.40 (1544.20)	211.200	1408.30 (1235.40)	5.000	209.30 (183.60) T
1390	Grafting vein: Carotid endarterectomy	04.00		321.000	2140.40 (1877.50)	256.800	1712.30 (1502.00)	15.000	627.80 (550.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1393	Embolectomy: Peripheral embolectomy transfemoral	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	5.000	209.30 (183.60) T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	04.00		125.000	833.50 (731.10)	100.000	666.80 (584.90)	5.000	209.30 (183.60) T
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	04.00		264.000	1760.40 (1544.20)	211.200	1408.30 (1235.40)	15.000	627.80 (550.70) T
1397	Profundoplasty	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	5.000	209.30 (183.60) T
1399	Distal tibial (ankle region)	04.00		456.000	3040.60 (2667.20)	364.800	2432.50 (2133.80)	5.000	209.30 (183.60) T
1401	Femoro-femoral	04.00		254.000	1693.70 (1485.70)	203.200	1354.90 (1188.50)	5.000	209.30 (183.60) T
1402	Carotid-subclavian	04.00		288.000	1920.40 (1684.60)	230.400	1536.30 (1347.60)	8.000	334.80 (293.70) T
1403	Axillo-femoral: (Bifemoral + 50%)	04.00		288.000	1920.40 (1684.60)	230.400	1536.30 (1347.60)	8.000	334.80 (293.70) T
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	3.000	125.60 (110.20) T
1408	Placement of Hickman catheter or similar	04.00		91.000	606.80 (532.30)	91.000	606.80 (532.30)	4.000	167.40 (146.80) T
1410	Ligation of inferior vena cava: Abdominal	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	8.000	334.80 (293.70) T
1412	Umbrella operation on inferior vena cava: Abdominal	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	8.000	334.80 (293.70) T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	04.00		141.000	940.20 (824.70)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	04.00		247.000	1647.00 (1444.70)	197.600	1317.60 (1155.80)	3.000	125.60 (110.20) T
1417	Extensive sub-fascial ligation of perforating veins	04.00		125.000	833.50 (731.10)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
1419	Lesser varicose vein procedures	04.00		31.000	206.70 (181.30)	31.000	206.70 (181.30)	3.000	125.60 (110.20) T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	11.000	460.40 (403.90) T
1427	Thrombectomy: Illio-femoral	04.00		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)	6.000	251.10 (220.30) T
6.4.5	Peripheral vascular system: Portal hypertension								
1429	Porto-caval shunt	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)	11.000	460.40 (403.90) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)		
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)		
	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.	04.00							
7	Lympho Reticular System								
7.1	Spleen								
1435	Splenectomy (in all cases)	04.00		221.300	1475.60 (1294.40)	177.040	1180.50 (1035.50)	9.000	376.70 (330.40) T
1436	Splenorrhaphy	04.00		231.800	1545.60 (1355.80)	185.440	1236.50 (1084.60)	9.000	376.70 (330.40) T
7.2	Lymph nodes and lymphatic channels								
1439	Excision of lymph node for biopsy: Neck or axilla	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	4.000	167.40 (146.80) T
1441	Excision of lymph node for biopsy: Groin	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	3.000	125.60 (110.20) T
1443	Simple excision of lymph nodes for tuberculosis	04.00		91.000	606.80 (532.30)	91.000	606.80 (532.30)	3.000	125.60 (110.20) T
1445	Radical excision of lymph nodes of neck: Total: Unilateral	04.00		315.000	2100.40 (1842.50)	252.000	1680.30 (1473.90)	5.000	209.30 (183.60) T
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	04.00		235.000	1567.00 (1374.60)	188.000	1253.60 (1099.60)	5.000	209.30 (183.60) T
1449	Radical excision of lymph nodes of axilla	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	4.000	167.40 (146.80) T
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	04.00		58.000	386.70 (339.20)	58.000	386.70 (339.20)	5.000	209.30 (183.60) T
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	04.00		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)	4.000	167.40 (146.80) T
1453	Radical excision of lymph nodes of groin: Inguinal	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	04.00		39.000	260.10 (228.20)	39.000	260.10 (228.20)	5.000	209.30 (183.60) T
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	04.00		275.000	1833.70 (1608.50)	220.000	1467.00 (1286.80)	6.000	251.10 (220.30) T
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	04.00		42.000	280.10 (245.70)	42.000	280.10 (245.70)	5.000	209.30 (183.60) T
1457	Bone marrow biopsy: By trephine	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)	3.000	125.60 (110.20) T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
1459	Staging laparotomy for lymphoma (including splenectomy)	04.00		245.000	1633.70 (1433.10)	196.000	1306.90 (1146.40)	7.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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.								04.00
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.	04.00		21.000	140.03 (122.83)	21.000	140.03 (122.83)		
8.1	Oral cavity								
1461	All dental procedures	04.00						4.000	167.40 (146.80) T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	4.000	167.40 (146.80) T
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)	4.000	167.40 (146.80) T
1467	Drainage of intra-oral abscess	04.00		31.000	206.70 (181.30)	31.000	206.70 (181.30)	4.000	167.40 (146.80) T
1469	Local excision of mucosal lesion of oral cavity	04.00		23.000	153.40 (134.60)	23.000	153.40 (134.60)	4.000	167.40 (146.80) T
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	04.00		549.000	3660.70 (3211.10)	439.200	2928.60 (2568.90)	7.000	293.00 (257.00) T
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	04.00		-	- q	-	- q	7.000	293.00 (257.00) T
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	04.00		215.000	1433.60 (1257.50)	172.000	1146.90 (1006.10)	6.000	251.10 (220.30) T
1477	Cleft palate: Secondary repair	04.00		174.200	1161.60 (1018.90)	139.360	929.30 (815.20)	6.000	251.10 (220.30) T
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	6.000	251.10 (220.30) T
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	04.00		227.000	1513.60 (1327.70)	181.600	1210.90 (1062.20)	6.000	251.10 (220.30) T
1480	Repair of oronasal fistula (large) e.g. distant flap	04.00		227.000	1513.60 (1327.70)	181.600	1210.90 (1062.20)	6.000	251.10 (220.30) T
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1482	Repair of oronasal fistula (large): Second stage	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1483	Alveolar periosteal or other flaps for arch closure	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1486	Closure of anterior nasal floor	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	04.00		95.000	633.50 (555.70)	95.000	633.50 (555.70)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1485	Local excision of benign lesion of lip	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)	4.000	167.40 (146.80) T
1487	Resection for lip malignancy	04.00		91.000	606.80 (532.30)	91.000	606.80 (532.30)	4.000	167.40 (146.80) T
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	04.00		227.000	1513.60 (1327.70)	181.600	1210.90 (1062.20)	5.000	209.30 (183.60) T
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	04.00		251.600	1677.70 (1471.70)	201.280	1342.10 (1177.30)	5.000	209.30 (183.60) T
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	04.00		329.900	2199.80 (1929.60)	263.920	1759.80 (1543.70)	5.000	209.30 (183.60) T
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	04.00		227.000	1513.60 (1327.70)	181.600	1210.90 (1062.20)	5.000	209.30 (183.60) T
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	04.00		251.600	1677.70 (1471.70)	201.280	1342.10 (1177.30)	5.000	209.30 (183.60) T
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	04.00		91.000	606.80 (532.30)	91.000	606.80 (532.30)	5.000	209.30 (183.60) T
1495	Abbé or Estlander type flap (all stages included)	04.00		273.100	1821.00 (1597.40)	218.480	1456.80 (1277.90)	5.000	209.30 (183.60) T
1497	Vermilionectomy	04.00		94.900	632.80 (555.10)	94.900	632.80 (555.10)	4.000	167.40 (146.80) T
1499	Lip reconstruction following an injury: Direct repair	04.00		105.600	704.10 (617.60)	105.600	704.10 (617.60)	4.000	167.40 (146.80) T
1501	Lip reconstruction following an injury or tumour removal: Flap repair	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	04.00		104.000	693.50 (608.30)	104.000	693.50 (608.30)	4.000	167.40 (146.80) T
8.3	Tongue								
1505	Partial glossectomy	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	6.000	251.10 (220.30) T
1507	Local excision of lesion of tongue	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)	4.000	167.40 (146.80) T
8.4	Palate, uvula and salivary glands								
1509	Wide excision of lesion of palate	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	5.000	209.30 (183.60) T
1511	Radical resection of palate (including skin graft)	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	7.000	293.00 (257.00) T
1513	Excision of ranula	04.00		85.600	570.80 (500.70)	85.600	570.80 (500.70)	5.000	209.30 (183.60) T
1515	Excision of sublingual salivary gland	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1517	Excision of submandibular salivary gland	04.00		146.000	973.50 (853.90)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1519	Excision of submandibular salivary gland with suprahyoid dissection	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1521	Excision of submandibular salivary gland: With radical neck dissection	04.00		352.000	2347.10 (2058.90)	281.600	1877.70 (1647.10)	6.000	251.10 (220.30) T
1523	Local resection of parotid tumour	04.00		169.600	1130.90 (992.00)	135.680	904.70 (793.60)	5.000	209.30 (183.60) T
1525	Partial parotidectomy	04.00		310.000	2067.10 (1813.20)	248.000	1653.70 (1450.60)	5.000	209.30 (183.60) T
1526	Total parotidectomy with preservation of facial nerve	04.00		358.500	2390.50 (2096.90)	286.800	1912.40 (1677.50)	5.000	209.30 (183.60) T
1527	Total parotidectomy	04.00		358.500	2390.50 (2096.90)	286.800	1912.40 (1677.50)	5.000	209.30 (183.60) T
1529	Parotidectomy: Extracapsular	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	5.000	209.30 (183.60) T
1531	Drainage of parotid abscess	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	4.000	167.40 (146.80) T
1533	Closure of salivary fistula	04.00		91.000	606.80 (532.30)	91.000	606.80 (532.30)	4.000	167.40 (146.80) T
1535	Dilatation of salivary duct	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	4.000	167.40 (146.80) T
1537	Operative removal of salivary calculus	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)	4.000	167.40 (146.80) T
1539	Salivary duct: Meatotomy	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	4.000	167.40 (146.80) T
1541	Branchial cyst and/or fistula: Excision	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1543	Excision of cystic hygroma	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1544	Ludwig's Angina: Drainage	04.00		42.000	280.10 (245.70)	42.000	280.10 (245.70)	9.000	376.70 (330.40) T
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	04.00		47.000	313.40 (274.90)	47.000	313.40 (274.90)	4.000	167.40 (146.80) T
1549	Oesophagoscopy with dilatation of stricture	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)	4.000	167.40 (146.80) T
1550	Oesophagoscopy with removal of foreign body	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)	4.000	167.40 (146.80) T
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	4.000	167.40 (146.80) T
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	4.000	167.40 (146.80) T
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	4.000	167.40 (146.80) T
1554	Per-oral small bowel biopsy	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	04.00		400.000	2667.20 (2339.60)	320.000	2133.80 (1871.80)	15.000	627.80 (550.70) T
1557	Oesophageal dilatation	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	4.000	167.40 (146.80) T
1559	Oesophagectomy: Two stage	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)	11.000	460.40 (403.90) T
1560	Oesophagectomy: Three stage	04.00		550.000	3667.40 (3217.00)	440.000	2933.90 (2573.60)	11.000	460.40 (403.90) T
1561	Thoraco-abdominal oesophagogastrrectomy	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)	11.000	460.40 (403.90) T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	11.000	460.40 (403.90) T
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	11.000	460.40 (403.90) T
1566	Private fee: Gastroplasty	04.00		325.000	2167.10 (1901.00)	260.000	1733.70 (1520.80)	8.000	334.80 (293.70) T
1567	Bochdalek hernia repair in newborn	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	14.000	585.90 (513.90) T
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	11.000	460.40 (403.90) T
1569	Heller's operation	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	14.000	585.90 (513.90) T
1575	Insertion of indwelling oesophageal tube by laparotomy	04.00		142.000	946.90 (830.60)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
1578	Oesophageal motility (4 channel + pneumograph)	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	4.000	167.40 (146.80) T
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	04.00		400.000	2667.20 (2339.60)	320.000	2133.80 (1871.80)	11.000	460.40 (403.90) T
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	04.00		110.000	733.50 (643.40)	110.000	733.50 (643.40)	4.000	167.40 (146.80) T
1581	Removal of benign oesophageal tumours	04.00		285.000	1900.40 (1667.00)	228.000	1520.30 (1333.60)	11.000	460.40 (403.90) T
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1583	Excision of intrathoracic oesophageal diverticulum	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	11.000	460.40 (403.90) T
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 antimony pH probe)	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)		
1585	24 Hour oesophageal pH studies: Interpretation	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)		
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	04.00		48.750	325.10 (285.20) Z	48.750	325.10 (285.20) Z	4.000	167.40 (146.80) T
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	166.70 (146.20) Z	25.000	166.70 (146.20) Z	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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)	04.00	+	34.000	226.70 (198.90)	34.000	226.70 (198.90)	6.000	251.10 (220.30) T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	166.70 (146.20) Z	25.000	166.70 (146.20) Z	4.000	167.40 (146.80) T
1593	Augmented histamine test: Gastric intubation with x-ray screening	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
1597	Gastrostomy or Gastrotomy	04.00		147.500	983.50 (862.70)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
1598	Gastrotomy with suture repair of bleeding ulcer	05.03		251.200	1675.00 (1469.30) Z	200.960	1340.00 (1175.40) Z	6.000	251.10 (220.30) T
1599	Pyloromyotomy (Rammstedt)	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)	6.000	251.10 (220.30) T
1601	Local excision of ulcer or benign neoplasm	04.00		195.600	1304.30 (1144.10)	156.480	1043.40 (915.30)	6.000	251.10 (220.30) T
1603	Vagotomy: Abdominal	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
1604	Vagotomy: Thoracic	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	11.000	460.40 (403.90) T
1605	Truncal or selective with drainage procedures	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	6.000	251.10 (220.30) T
1607	Vagotomy and antrectomy	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	6.000	251.10 (220.30) T
1609	Highly selective vagotomy	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	6.000	251.10 (220.30) T
1611	Pyloroplasty	04.00		180.200	1201.60 (1054.00)	144.160	961.30 (843.20)	6.000	251.10 (220.30) T
1613	Gastroenterostomy	04.00		203.600	1357.60 (1190.90)	162.880	1086.10 (952.70)	6.000	251.10 (220.30) T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	7.000	293.00 (257.00) T
1617	Partial gastrectomy	04.00		328.300	2189.10 (1920.30)	262.640	1751.30 (1536.20)	7.000	293.00 (257.00) T
1619	Total gastrectomy	04.00		384.430	2563.40 (2248.60)	307.540	2050.70 (1798.90)	7.000	293.00 (257.00) T
1621	Revision of gastrectomy or gastro-enterostomy	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	7.000	293.00 (257.00) T
1625	Gastro-esophageal operation for portal hypertension (Tanner)	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	11.000	460.40 (403.90) T
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)	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
1627	Duodenal intubation (under X-ray screening)	04.00		8.000	53.30 (46.80)				
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	04.00		21.000	140.00 (122.80)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1631	Duodenal intubation: Under 3 years of age	06.04		15.000	100.00 (87.70)				
8.8	Intestines								
1632	H2 breath test (intestines)	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
1633	Complete test using lactose or lactulose	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)		
1634	Enterotomy or Enterostomy	04.11		202.600	1350.90 (1185.00)	162.080	1080.70 (948.00)	6.000	251.10 (220.30) T
1635	Intestinal obstruction of the newborn	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	7.000	293.00 (257.00) T
1637	Operation for relief of intestinal obstruction	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	7.000	293.00 (257.00) T
1639	Resection of small bowel with enterostomy or anastomosis	04.00		244.900	1633.00 (1432.50)	195.920	1306.40 (1146.00)	6.000	251.10 (220.30) T
1641	Entero-enterostomy or entero-colostomy for bypass	04.00		213.100	1421.00 (1246.50)	170.480	1136.80 (997.20)	6.000	251.10 (220.30) T
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)	05.03		150.000	1000.20 (877.40) Z	120.000	800.20 (701.90) Z		
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	05.03		90.000	600.10 (526.40) Z	90.000	600.10 (526.40) Z		
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	04.00		185.200	1234.90 (1083.20)	148.160	987.90 (866.60)	6.000	251.10 (220.30) T
1647	Closure of intestinal fistula	04.00		258.000	1720.30 (1509.00)	206.400	1376.30 (1207.30)	6.000	251.10 (220.30) T
1649	Excision of Meckel's diverticulum	04.00		179.800	1198.90 (1051.70)	143.840	959.10 (841.30)	6.000	251.10 (220.30) T
1651	Excision of lesion of mesentery	04.00		171.600	1144.20 (1003.70)	137.280	915.40 (803.00)	4.000	167.40 (146.80) T
1652	Laparotomy for mesenteric thrombosis	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	8.000	334.80 (293.70) T
1653	Total colonoscopy: With hospital equipment (including biopsy)	04.00		90.000	600.10 (526.40) Z	90.000	600.10 (526.40) Z	4.000	167.40 (146.80) T
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	04.00	+	30.000	200.00 (175.40) Z	30.000	200.00 (175.40) Z	4.000	167.40 (146.80) T
1656	Left-sided colonoscopy	04.00		60.000	400.10 (351.00) Z	60.000	400.10 (351.00) Z	4.000	167.40 (146.80) T
1657	Right or left hemicolectomy or segmental colectomy	04.00		325.000	2167.10 (1901.00)	260.000	1733.70 (1520.80)	6.000	251.10 (220.30) T
1658	Reconstruction of colon after Hartman's procedure	04.00		359.400	2396.50 (2102.20)	287.520	1917.20 (1681.80)	6.000	251.10 (220.30) T
1661	Colotomy: Including removal of tumour or foreign body	04.00		205.700	1371.60 (1203.20)	164.560	1097.30 (962.50)	6.000	251.10 (220.30) T
1663	Total colectomy	04.00		390.000	2600.50 (2281.10)	312.000	2080.40 (1824.90)	6.000	251.10 (220.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1665	Colostomy or ileostomy isolated procedure	04.00		233.800	1559.00 (1367.50)	187.040	1247.20 (1094.00)	6.000	251.10 (220.30) T
1666	Continent ileostomy pouch (all types)	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	6.000	251.10 (220.30) T
1667	Colostomy: Closure	04.00		179.100	1194.20 (1047.50)	143.280	955.40 (838.10)	5.000	209.30 (183.60) T
1668	Revision of ileostomy pouch	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	6.000	251.10 (220.30) T
1669	Total proctocolectomy and ileostomy	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	7.000	293.00 (257.00) T
1670	Proctocolectomy, ileostomy and ileostomy pouch	04.00		540.000	3600.70 (3158.50)	432.000	2880.60 (2526.80)	7.000	293.00 (257.00) T
1671	Colomyotomy (Reilly operation)	04.00		185.000	1233.60 (1082.10)	148.000	986.90 (865.70)	6.000	251.10 (220.30) T
8.9	Appendix								
1673	Drainage of appendix abscess	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1675	Appendicectomy	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	4.000	167.40 (146.80) T
8.10	Rectum and anus								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	04.00		48.750	325.10 (285.20) Z	48.750	325.10 (285.20) Z	3.000	125.60 (110.20) T
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)	3.000	125.60 (110.20) T
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	04.00	+	25.000	166.70 (146.20) Z	25.000	166.70 (146.20) Z	3.000	125.60 (110.20) T
1679	Sigmoidoscopy with removal of polyps, first and subsequent	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	3.000	125.60 (110.20) T
1681	Proctoscopy with removal of polyps: First time	04.00		21.000	140.00 (122.80)	21.000	140.00 (122.80)	3.000	125.60 (110.20) T
1683	Proctoscopy with removal of polyps: Subsequent times	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)	3.000	125.60 (110.20) T
1685	Endoscopic fulguration of tumour	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	04.00		381.300	2542.50 (2230.30)	305.040	2034.00 (1784.20)	6.000	251.10 (220.30) T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	04.00		445.000	2967.30 (2602.90)	356.000	2373.80 (2082.30)	8.000	334.80 (293.70) T
1689	Perineal resection of rectum	04.00		141.000	940.20 (824.70)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.	04.00							
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	04.00		409.300	2729.20 (2394.00)	327.440	2183.40 (1915.30)	7.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1692	Abdomino-perineal resection of rectum: Perineal surgeon	04.00		158.500	1056.90 (927.10)	126.800	845.50 (741.70)		
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	4.000	167.40 (146.80) T
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	04.00		400.000	2667.20 (2339.60)	320.000	2133.80 (1871.80)	7.000	293.00 (257.00) T
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	6.000	251.10 (220.30) T
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	6.000	251.10 (220.30) T
1701	Repair of prolapsed rectum: Abdominal: Perineal	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	4.000	167.40 (146.80) T
1705	Incision and drainage of peri-anal abscess	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	3.000	125.60 (110.20) T
1707	Drainage of submucous abscess	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	3.000	125.60 (110.20) T
1709	Drainage of ischio-rectal abscess	04.00		87.000	580.10 (508.90)	87.000	580.10 (508.90)	3.000	125.60 (110.20) T
1711	Excision of pelvi-rectal fistula	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	5.000	209.30 (183.60) T
1713	Excision of fistula-in-ano	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	3.000	125.60 (110.20) T
1715	Operation for fissure-in-ano	04.00		66.800	445.40 (390.70)	66.800	445.40 (390.70)	3.000	125.60 (110.20) T
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
1721	Sclerosing injection for haemorrhoids: Per injection	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
1723	Haemorrhoidectomy	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
1725	Drainage of external thrombosed pile	04.00		12.500	83.40 (73.20)	12.500	83.40 (73.20)	3.000	125.60 (110.20) T
1727	Multiple procedures (haemorrhoids, fissure, etc.)	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	3.000	125.60 (110.20) T
1728	Biopsy of ano-rectal wall, for congenital megacolon	05.03		60.600	404.10 (354.50) Z	60.600	404.10 (354.50) Z	5.000	209.30 (183.60) T
1729	Excision of anal skin tags	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	3.000	125.60 (110.20) T
1731	Operation for low imperforate anus	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	6.000	251.10 (220.30) T
1733	Anoplasty: Y-V-plasty	04.00		41.000	273.40 (239.80)	41.000	273.40 (239.80)	3.000	125.60 (110.20) T
1735	Anal sphincteroplasty for incontinence	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1737	Dilation of ano-rectal stricture	04.00		12.500	83.40 (73.20)	12.500	83.40 (73.20)	3.000	125.60 (110.20) T
1739	Closure of recto-vesical fistula	04.00		241.000	1607.00 (1409.60)	192.800	1285.60 (1127.70)	5.000	209.30 (183.60) T
1741	Closure of recto-urethral fistula	04.00		241.000	1607.00 (1409.60)	192.800	1285.60 (1127.70)	5.000	209.30 (183.60) T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)		
8.11	Liver								
1743	Needle biopsy of liver	04.00		30.300	202.00 (177.20)	30.300	202.00 (177.20)	3.000	125.60 (110.20) T
1745	Biopsy of liver by laparotomy	04.00		125.000	833.50 (731.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1747	Drainage of liver abscess or cyst	04.00		179.100	1194.20 (1047.50)	143.280	955.40 (838.10)	7.000	293.00 (257.00) T
1748	Body composition measured by bio-electrical impedance	04.00		3.000	20.00 (17.50)	3.000	20.00 (17.50)		
1749	Hemi-hepatectomy: Right	04.00		564.000	3760.80 (3298.90)	451.200	3008.60 (2639.10)	9.000	376.70 (330.40) T
1751	Hemi-hepatectomy: Left	04.00		521.100	3474.70 (3048.00)	416.880	2779.80 (2438.40)	9.000	376.70 (330.40) T
1752	Extended right or left hepatectomy	04.00		570.900	3806.80 (3339.30)	456.720	3045.40 (2671.40)	9.000	376.70 (330.40) T
1753	Partial or segmental hepatectomy	04.00		378.000	2520.50 (2211.00)	302.400	2016.40 (1768.80)	9.000	376.70 (330.40) T
1754	Hepatico-jejunostomy	04.00		369.200	2461.80 (2159.50)	295.360	1969.50 (1727.60)	9.000	376.70 (330.40) T
1755	Liver transplant	04.00		1400.800	9340.50 (8193.40)	1120.640	7472.40 (6554.70)	15.000	627.80 (550.70) T
1756	Harvesting donor hepatectomy	04.00		616.200	4108.80 (3604.20)	492.960	3287.10 (2883.40)	5.000	209.30 (183.60) T
1757	Suture of liver wound or injury	04.00		214.200	1428.30 (1252.90)	171.360	1142.60 (1002.30)	9.000	376.70 (330.40) T
8.12	Biliary tract								
1759	Cholecystostomy	04.00		171.600	1144.20 (1003.70)	137.280	915.40 (803.00)	6.000	251.10 (220.30) T
1761	Cholecystectomy	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	6.000	251.10 (220.30) T
1762	Cholecystectomy and operative cholangiogram	04.00		255.000	1700.30 (1491.50)	204.000	1360.30 (1193.20)	6.000	251.10 (220.30) T
1763	With exploration of common bile duct	04.00		264.500	1763.70 (1547.10)	211.600	1410.90 (1237.60)	6.000	251.10 (220.30) T
1765	Exploration of common bile duct: Secondary operation	04.00		327.700	2185.10 (1916.80)	262.160	1748.10 (1533.40)	6.000	251.10 (220.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1767	Reconstruction of common bile duct	04.00		371.700	2478.50 (2174.10)	297.360	1982.80 (1739.30)	6.000	251.10 (220.30) T
1768	Resection bile duct tumour with reconstruction	04.00		327.700	2185.10 (1916.80)	262.160	1748.10 (1533.40)	6.000	251.10 (220.30) T
1769	Cholecysto-enterostomy or gastrostomy	04.00		236.300	1575.60 (1382.10)	189.040	1260.50 (1105.70)	6.000	251.10 (220.30) T
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	06.04	+	25.600	170.70 (149.70)	25.600	170.70 (149.70)	6.000	251.10 (220.30) T
1773	Transduodenal sphincteroplasty	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	6.000	251.10 (220.30) T
1774	Balloon dilatation of common bile duct strictures	04.00		125.000	833.50 (731.10)	100.000	666.80 (584.90)	6.000	251.10 (220.30) T
1775	Excision choledochal cyst with reconstruction	04.00		327.700	2185.10 (1916.80)	262.160	1748.10 (1533.40)	6.000	251.10 (220.30) T
1777	Porto-enterostomy for biliary atresia	04.00		400.000	2667.20 (2339.60)	320.000	2133.80 (1871.80)	11.000	460.40 (403.90) T
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	04.00		105.900	706.10 (619.40)	105.900	706.10 (619.40)	4.000	167.40 (146.80) T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	04.00	+	15.820	105.50 (92.50)	15.820	105.50 (92.50)	4.000	167.40 (146.80) T
1780	Gastric and duodenal intubation	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
1781	Procedure (excluding laboratory tests)	04.00		21.000	140.00 (122.80)	21.000	140.00 (122.80)		
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	04.00	+	30.000	200.00 (175.40)	30.000	200.00 (175.40)	4.000	167.40 (146.80) T
1783	Drainage of pancreatic abscess	04.00		239.300	1595.70 (1399.70)	191.440	1276.50 (1119.70)	6.000	251.10 (220.30) T
1784	Debridement pancreatic necrosis	04.00		348.400	2323.10 (2037.80)	278.720	1858.50 (1630.30)	6.000	251.10 (220.30) T
1785	Internal drainage of pancreatic cyst	04.00		250.600	1671.00 (1465.80)	200.480	1336.80 (1172.60)	6.000	251.10 (220.30) T
1770	Endoscopic placement of bilioduodenal endoprosthesis: ADD to ERCP (item 1778)	04.00	+	30.000	200.00 (175.40)	30.000	200.00 (175.40)	6.000	251.10 (220.30) T
1786	Internal drainage of pancreatic cyst with Roux-Y	04.00		306.800	2045.70 (1794.50)	245.440	1636.60 (1435.60)	6.000	251.10 (220.30) T
1787	Operative pancreatogram: ADD	04.00	+	10.000	66.70 (58.50)	10.000	66.70 (58.50)		
1788	Biopsy of pancreas	04.00		177.700	1184.90 (1039.40)	142.160	947.90 (831.50)	6.000	251.10 (220.30) T
1789	Pancreatico-duodenectomy	04.00		704.800	4699.60 (4122.50)	563.840	3759.70 (3298.00)	8.000	334.80 (293.70) T
1791	Local, partial or subtotal pancreatectomy	04.00		351.300	2342.50 (2054.80)	281.040	1874.00 (1643.90)	8.000	334.80 (293.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1793	Distal pancreatectomy with internal drainage	04.00		377.400	2516.50 (2207.50)	301.920	2013.20 (1766.00)	8.000	334.80 (293.70) T
8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)	4.000	167.40 (146.80) T
1799	Pneumo-peritoneum: Repeat	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)	4.000	167.40 (146.80) T
1800	Peritoneal lavage	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
1801	Diagnostic paracentesis: Abdomen	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
1803	Therapeutic paracentesis: Abdomen	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)		
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	04.00	+	45.000	300.10 (263.20)	45.000	300.10 (263.20)	5.000	209.30 (183.60) T
1809	Laparotomy	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	4.000	167.40 (146.80) T
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	7.000	293.00 (257.00) T
1811	Suture of burst abdomen	04.00		188.300	1255.60 (1101.40)	150.640	1004.50 (881.10)	7.000	293.00 (257.00) T
1812	Laparotomy for control of surgical haemorrhage	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	9.000	376.70 (330.40) T
1813	Drainage of sub-phrenic abscess	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	7.000	293.00 (257.00) T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	04.00		248.400	1656.30 (1452.90)	198.720	1325.10 (1162.40)	5.000	209.30 (183.60) T
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	4.000	167.40 (146.80) T
9	Herniae								
1819	Inguinal or femoral hernia: Adult	04.00		125.000	833.50 (731.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1821	Inguinal or femoral hernia: Child under 14 years	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	4.000	167.40 (146.80) T
1823	Inguinal hernia: Infant under one year	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	4.000	167.40 (146.80) T
1825	Recurrent inguinal or femoral hernia	04.00		155.000	1033.50 (906.60)	124.000	826.80 (725.30)	4.000	167.40 (146.80) T
1827	Strangulated hernia or femoral hernia	04.00		238.000	1587.00 (1392.10)	190.400	1269.60 (1113.70)	7.000	293.00 (257.00) T
1829	Epigastric hernia	04.00		93.300	622.10 (545.70)	93.300	622.10 (545.70)	4.000	167.40 (146.80) T
1831	Umbilical hernia: Adult	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
1833	Umbilical hernia: Child under 14 years	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1835	Incisional hernia	04.00		166.800	1112.20 (975.60)	133.440	889.80 (780.50)	4.000	167.40 (146.80) T
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)	04.00	+	77.000	513.40 (450.40)	77.000	513.40 (450.40)	4.000	167.40 (146.80) T
1837	Repair of omphalocele in new-born (one or more procedures)	04.00		275.000	1833.70 (1608.50)	220.000	1467.00 (1286.80)	7.000	293.00 (257.00) T
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.								04.00
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	04.00		71.000	473.40 (415.30)	71.000	473.40 (415.30)	5.000	209.30 (183.60) T
1841	Renal biopsy: Needle	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	3.000	125.60 (110.20) T
1843	Peritoneal dialysis: First day	04.00		33.000	220.00 (193.00)	33.000	220.00 (193.00)		
1845	Peritoneal dialysis: Every subsequent day	04.00		33.000	220.00 (193.00)	33.000	220.00 (193.00)		
1847	Haemodialysis: Per hour or part thereof	04.00		21.000	140.00 (122.80)	21.000	140.00 (122.80)		
1849	Haemodialysis: Maximum: Eight hours	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)		
1851	Haemodialysis: Thereafter per week	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)		
1852	Continuous haemodiafiltration per day in intensive or high care unit	04.00		33.000	220.00 (193.00)	33.000	220.00 (193.00)		
1853	Nephrectomy: Primary nephrectomy	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	5.000	209.30 (183.60) T
1855	Nephrectomy: Secondary nephrectomy	04.00		267.000	1780.40 (1561.80)	213.600	1424.30 (1249.40)	5.000	209.30 (183.60) T
1857	Radical with regional lymph adenectomy for tumour	04.11		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	6.000	251.10 (220.30) T
1859	Nephrectomy: Partial	04.00		267.000	1780.40 (1561.80)	213.600	1424.30 (1249.40)	5.000	209.30 (183.60) T
1861	Symphysiotomy for horse-shoe kidney	04.00		287.000	1913.70 (1678.70)	229.600	1531.00 (1343.00)	6.000	251.10 (220.30) T
1863	Nephro-ureterectomy	04.00		305.000	2033.70 (1783.90)	244.000	1627.00 (1427.20)	5.000	209.30 (183.60) T
1865	Nephrotomy with drainage nephrostomy	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	6.000	251.10 (220.30) T
1869	Nephrolithotomy	04.00		227.000	1513.60 (1327.70)	181.600	1210.90 (1062.20)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	04.00		284.000	1893.70 (1661.10)	227.200	1515.00 (1328.90)	5.000	209.30 (183.60) T
1871	Staghorn stone: Surgical	04.00		341.000	2273.80 (1994.60)	272.800	1819.00 (1595.60)	6.000	251.10 (220.30) T
1873	Suture renal laceration (renorrhaphy)	04.00		193.000	1286.90 (1128.90)	154.400	1029.50 (903.10)	6.000	251.10 (220.30) T
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	04.00		34.000	226.70 (198.90)	34.000	226.70 (198.90)	3.000	125.60 (110.20) T
1877	Operation for renal cyst: Marsupialisation or excision	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
1879	Closure renal fistula	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
1881	Pyeloplasty	06.04		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	5.000	209.30 (183.60) T
1883	Pyelostomy	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
1885	Pyelolithotomy	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	04.00		223.000	1487.00 (1304.40)	178.400	1189.60 (1043.50)	5.000	209.30 (183.60) T
1889	Nephrectomy for Allograft: Living or dead	04.00		255.000	1700.30 (1491.50)	204.000	1360.30 (1193.20)	5.000	209.30 (183.60) T
1891	Perinephric abscess or renal abscess: Drainage	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	7.000	293.00 (257.00) T
1893	Aberrant renal vessels: Repositioning with pyeloplasty	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	5.000	209.30 (183.60) T
1894	Auto transplantation of kidney	04.00		420.000	2800.60 (2456.70)	336.000	2240.40 (1965.30)	10.000	418.50 (367.10) T
1895	Allo transplantation of kidney	04.00		420.000	2800.60 (2456.70)	336.000	2240.40 (1965.30)	10.000	418.50 (367.10) T
10.2	Ureter								
1897	Ureterorrhaphy: Suture of ureter	04.11		147.000	980.20 (859.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1898	Ureterorrhaphy: Lumbar approach	04.11		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
1899	Ureteroplasty	04.00		181.000	1206.90 (1058.70)	144.800	965.50 (846.90)	5.000	209.30 (183.60) T
1901	Ureterolysis	04.00		118.000	786.80 (690.20)	118.000	786.80 (690.20)	5.000	209.30 (183.60) T
1902	Ureterolysis: Lumbar approach	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
1903	Ureterectomy only	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1905	Ureterolithotomy	04.00		265.800	1772.40 (1554.70)	212.640	1417.90 (1243.80)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1907	Cutaneous ureterostomy: Unilateral	04.00		108.000	720.10 (631.70)	108.000	720.10 (631.70)	5.000	209.30 (183.60) T
1909	Cutaneous ureterostomy: Bilateral	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
1911	Uretero-enterostomy: Unilateral	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1913	Uretero-enterostomy: Bilateral	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	5.000	209.30 (183.60) T
1915	Uretero-ureterostomy	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1917	Transuretero-ureterostomy	04.00		155.000	1033.50 (906.60)	124.000	826.80 (725.30)	5.000	209.30 (183.60) T
1919	Closure of ureteric fistula	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1921	Immediate deligation of ureter	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1923	Ureterolysis for retrocaval ureter with anastomosis	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	5.000	209.30 (183.60) T
1925	Uretero-pyelostomy	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	5.000	209.30 (183.60) T
1927	Uretero-neo-cystostomy: Unilateral	04.00		316.100	2107.80 (1848.90)	252.880	1686.20 (1479.10)	5.000	209.30 (183.60) T
1929	Uretero-neo-cystostomy: Bilateral	04.00		474.150	3161.60 (2773.30)	379.320	2529.30 (2218.70)	5.000	209.30 (183.60) T
1931	Uretero-neo-cystostomy: With Boariplasty	04.00		351.800	2345.80 (2057.70)	281.440	1876.60 (1646.10)	5.000	209.30 (183.60) T
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	5.000	209.30 (183.60) T
1935	Uretero-ileal conduit	04.00		388.000	2587.20 (2269.50)	310.400	2069.70 (1815.50)	5.000	209.30 (183.60) T
1937	Replacement of ureter by bowel segment: Unilateral	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	5.000	209.30 (183.60) T
1939	Replacement of ureter by bowel segment: Bilateral	04.00		485.000	3234.00 (2836.80)	388.000	2587.20 (2269.50)	5.000	209.30 (183.60) T
1941	Ureterostomy-in-situ: Unilateral	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	5.000	209.30 (183.60) T
1943	Ureterostomy-in-situ: Bilateral	04.00		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)	5.000	209.30 (183.60) T
10.3	Bladder								
1952	J J Stent catheter	04.00	+	44.000	293.40 (257.40)	44.000	293.40 (257.40)	3.000	125.60 (110.20) T
1953	With hydrodilatation of the bladder for interstitial cystitis	04.00	+	5.000	33.30 (29.20)	5.000	33.30 (29.20)	3.000	125.60 (110.20) T
1954	Uretroscopy	04.00	+	35.000	233.40 (204.70)			3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	04.00	+	35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) T
1957	With dilatation of the ureter or ureters	04.00	+	25.000	166.70 (146.20)	25.000	166.70 (146.20)	3.000	125.60 (110.20) T
1959	With manipulation of ureteral calculus	04.00	+	20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
1961	With removal of foreign body or calculus from urethra or bladder	04.00	+	20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
1963	With fulguration or treatment of minor lesions, with or without biopsy	04.00	+	15.000	100.00 (87.70)	15.000	100.00 (87.70)	3.000	125.60 (110.20) T
1964	And control of haemorrhage and blood clot evacuation	04.00	+	15.000	100.00 (87.70)	15.000	100.00 (87.70)	3.000	125.60 (110.20) T
1965	And catheterisation of the ejaculatory duct	04.00	+	10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
1967	With ureteric meatotomy: Unilateral or bilateral	04.00	+	15.000	100.00 (87.70)	15.000	100.00 (87.70)	3.000	125.60 (110.20) T
1969	And cold biopsy	04.00	+	15.000	100.00 (87.70)	15.000	100.00 (87.70)	3.000	125.60 (110.20) T
1971	With cryosurgery for bladder or prostatic disease	04.00	+	55.000	366.70 (321.70)	55.000	366.70 (321.70)	3.000	125.60 (110.20) T
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	04.00	+	35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) T
1975	Ultraviolet cystoscopy for bladder tumour	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	3.000	125.60 (110.20) T
1976	Optic urethrotomy	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	3.000	125.60 (110.20) T
1977	Transurethral resection of ejaculatory duct	04.00		60.700	404.70 (355.00)	60.700	404.70 (355.00)	3.000	125.60 (110.20) T
1979	Internal urethrotomy: Female	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	3.000	125.60 (110.20) T
1981	Internal urethrotomy: Male	04.00		76.200	508.10 (445.70)	76.200	508.10 (445.70)	3.000	125.60 (110.20) T
1983	Transurethral resection of bladder tumour	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	5.000	209.30 (183.60) T
1984	Transurethral resection of bladder tumours: Large multiple tumours	04.00		115.000	766.80 (672.60)	115.000	766.80 (672.60)	5.000	209.30 (183.60) T
1985	Transurethral resection of bladder neck: Female or child	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	5.000	209.30 (183.60) T
1986	Transurethral resection of bladder neck: Male	04.00		125.000	833.50 (731.10)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
1987	Litholapaxy	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	5.000	209.30 (183.60) T
1989	Cystometrogram	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1991	Flometric bladder, studies with videocystograph	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	3.000	125.60 (110.20) T
1992	Without videocystograph	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	3.000	125.60 (110.20) T
1993	Voiding cysto-urethrogram	04.00		21.000	140.00 (122.80)	21.000	140.00 (122.80)	3.000	125.60 (110.20) T
1994	Rigiscan examination	04.00		66.000	440.10 (386.10)	66.000	440.10 (386.10)		
1995	Percutaneous aspiration of bladder	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
1996	Bladder catheterisation: Male (not at operation)	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)	3.000	125.60 (110.20) T
1997	Bladder catheterisation: Female (not at operation)	04.00		3.000	20.00 (17.50)	3.000	20.00 (17.50)		
1999	Percutaneous cystostomy	04.00		24.000	160.00 (140.40)	24.000	160.00 (140.40)	3.000	125.60 (110.20) T
1945	Instillation of radio-opaque material for cystography or urethrocytography	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)	3.000	125.60 (110.20) T
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
1949	Cystoscopy: Hospital equipment	04.00		44.000	293.40 (257.40)	44.000	293.40 (257.40)	3.000	125.60 (110.20) T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	04.00	+	10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
2001	Total cystectomy: After previous urinary diversion	04.00		294.000	1960.40 (1719.60)	235.200	1568.30 (1375.70)	8.000	334.80 (293.70) T
2003	Total cystectomy: With conduit construction and ureteric anastomosis	04.00		554.700	3698.70 (3244.50)	443.760	2959.00 (2595.60)	8.000	334.80 (293.70) T
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	04.00		650.000	4334.20 (3801.90)	520.000	3467.40 (3041.60)	8.000	334.80 (293.70) T
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	8.000	334.80 (293.70) T
2007	Partial cystectomy	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	04.00		600.000	4000.80 (3509.50)	480.000	3200.60 (2807.50)	8.000	334.80 (293.70) T
2009	Radical total cystectomy with block dissection, ileal conduit and transplplantation of ureters	04.00		462.000	3080.60 (2702.30)	369.600	2464.50 (2161.80)	8.000	334.80 (293.70) T
2010	Reversion of temporary conduit	04.00		360.000	2400.50 (2105.70)	288.000	1920.40 (1684.60)	8.000	334.80 (293.70) T
2011	Partial cystectomy with uretero-neo-cystostomy	04.00		202.000	1346.90 (1181.50)	161.600	1077.50 (945.20)	6.000	251.10 (220.30) T
2012	Reversion of conduit with major urinary tract reconstruction	04.00		600.000	4000.80 (3509.50)	480.000	3200.60 (2807.50)	8.000	334.80 (293.70) T
2013	Diverticulectomy (independent procedure): Multiple or single	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2015	Suprapubic cystostomy	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	5.000	209.30 (183.60) T
2016	Abdomino-neo-urethrostomy	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	5.000	209.30 (183.60) T
2017	Open loop fulguration or excision of bladder tumour	04.00		101.000	673.50 (590.80)	101.000	673.50 (590.80)	5.000	209.30 (183.60) T
2019	Operation for vesico-vaginal or urethra-vaginal fistula	04.00		155.000	1033.50 (906.60)	124.000	826.80 (725.30)	5.000	209.30 (183.60) T
2020	Repair of vesico vaginal fistula: Abdominal approach	04.00		255.000	1700.30 (1491.50)	204.000	1360.30 (1193.20)	5.000	209.30 (183.60) T
2021	Vesico-plication (Hamilton Stewart)	04.00		118.000	786.80 (690.20)	118.000	786.80 (690.20)	5.000	209.30 (183.60) T
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	04.11		195.000	1300.30 (1140.60)	156.000	1040.20 (912.50)	5.000	209.30 (183.60) T
2025	Vesico-urethropexy with rectus sling	04.11		229.400	1529.60 (1341.80)	183.520	1223.70 (1073.40)	5.000	209.30 (183.60) T
2027	Open operation for ureterocele: Unilateral	04.00		118.000	786.80 (690.20)	118.000	786.80 (690.20)	5.000	209.30 (183.60) T
2029	Open operation for ureterocele: Bilateral	04.00		207.000	1380.30 (1210.80)	165.600	1104.20 (968.60)	5.000	209.30 (183.60) T
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	04.00		264.000	1760.40 (1544.20)	211.200	1408.30 (1235.40)	8.000	334.80 (293.70) T
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	04.00		53.000	353.40 (310.00)	53.000	353.40 (310.00)	8.000	334.80 (293.70) T
2035	Cutaneous vesicostomy	04.00		118.000	786.80 (690.20)	118.000	786.80 (690.20)	5.000	209.30 (183.60) T
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	04.00		126.000	840.20 (737.00)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2039	Operation for ruptured bladder	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2042	Enterocystoplasty plus bowel anastomosis	04.00		419.900	2799.90 (2456.10)	335.920	2239.90 (1964.80)	5.000	209.30 (183.60) T
2043	Cysto-lithotomy	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2045	Excision of patent-urachus or urachal cyst	04.00		112.000	746.80 (655.10)	112.000	746.80 (655.10)	5.000	209.30 (183.60) T
2047	Drainage of perivesical or prevesical abscess	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	5.000	209.30 (183.60) T
2049	Evacuation of clots from bladder: Other than post-operative	04.00		132.100	880.80 (772.60)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
2050	Evacuation of clots from bladder: Post-operative	04.00						4.000	167.40 (146.80) T
2051	Simple bladder lavage: Including catheterisation	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)	3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2053	Bladder neck plasty: Male	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2057	Bladder neck plasty: Female	04.00		137.000	913.50 (801.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
10.4	Urethra								
2059	Open biopsy of urethra: Male	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T
2061	Open biopsy of urethra: Female	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
2069	Dilatation of female urethra	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)	3.000	125.60 (110.20) T
2071	Urethrorraphy: Suture of urethral wound or injury	04.00		139.000	926.90 (813.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2073	External urethrotomy: Pendulous urethra (anterior)	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	3.000	125.60 (110.20) T
2075	Urethraplasty: Pendulous urethra: First stage	04.00		71.000	473.40 (415.30)	71.000	473.40 (415.30)	4.000	167.40 (146.80) T
2077	Urethraplasty: Pendulous urethra: Second stage	04.00		145.000	966.90 (848.20)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2079	Reconstruction of female urethra	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2081	Reconstruction or repair of male anterior urethra (one stage)	04.00		261.600	1744.30 (1530.10)	209.280	1395.50 (1224.10)	4.000	167.40 (146.80) T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	6.000	251.10 (220.30) T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	6.000	251.10 (220.30) T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	04.00		294.000	1960.40 (1719.60)	235.200	1568.30 (1375.70)	6.000	251.10 (220.30) T
2087	Urethral diverticulectomy: Male or female	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	04.00		86.000	573.40 (503.00)	86.000	573.40 (503.00)		
2089	Marsupialisation of urethral diverticula: Male or female	04.00		115.100	767.50 (673.20)	115.100	767.50 (673.20)	4.000	167.40 (146.80) T
2091	Total urethrectomy: Female	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2093	Total urethrectomy: Male	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2095	Drainage of simple localised perineal urinary extravasation	04.00		128.800	858.80 (753.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	05.05		137.000	913.50 (801.30)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2099	Fulguration for urethral caruncle or polyp	04.00		53.600	357.40 (313.50)	53.600	357.40 (313.50)	3.000	125.60 (110.20) T
2101	Excision of urethral caruncle	04.00		53.600	357.40 (313.50)	53.600	357.40 (313.50)	3.000	125.60 (110.20) T
2103	Simple urethral meatotomy	04.00		26.300	175.40 (153.90)	26.300	175.40 (153.90)	3.000	125.60 (110.20) T
2105	Incision of deep peri-urethral abscess: Female	04.00		123.100	820.80 (720.00)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
2107	Incision of deep peri-urethral abscess: Male	04.00		123.100	820.80 (720.00)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
2109	Badenoch pull-through for intractable stricture or incontinence	04.00		181.000	1206.90 (1058.70)	144.800	965.50 (846.90)	5.000	209.30 (183.60) T
2111	External sphincterotomy	06.04		108.000	720.10 (631.70)	108.000	720.10 (631.70)	5.000	209.30 (183.60) T
2113	Drainage of Skene gland abscess or cyst	04.00		42.300	282.10 (247.50)	42.300	282.10 (247.50)	3.000	125.60 (110.20) T
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	5.000	209.30 (183.60) T
2116	Urethral meatoplasty	04.00		101.500	676.80 (593.70)	101.500	676.80 (593.70)	3.000	125.60 (110.20) T
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	04.00		150.300	1002.20 (879.10)	120.240	801.80 (703.30)	3.000	125.60 (110.20) T
2121	Closure of urethrovaginal fistula: Including diversionary procedures	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	5.000	209.30 (183.60) T
11	Male Genital System								
11.1	Penis								
2123	Biopsy of penis (independent procedure)	04.00		52.100	347.40 (304.70)	52.100	347.40 (304.70)	3.000	125.60 (110.20) T
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	06.04		16.600	110.70 (97.10)	16.600	110.70 (97.10)	3.000	125.60 (110.20) T
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	06.04		41.600	277.40 (243.30)	41.600	277.40 (243.30)	3.000	125.60 (110.20) T
2129	Electrodesiccation: Limited number	04.00		20.800	138.70 (121.70)	20.800	138.70 (121.70)	3.000	125.60 (110.20) T
2131	Electrodesiccation: Multiple extensive	04.00		41.600	277.40 (243.30)	41.600	277.40 (243.30)	3.000	125.60 (110.20) T
2132	Ligation of abnormal venous drainage	04.00		106.100	707.50 (620.60)	106.100	707.50 (620.60)	3.000	125.60 (110.20) T
2133	Circumcision: Clamp procedure	04.00		42.300	282.10 (247.50)	42.300	282.10 (247.50)	3.000	125.60 (110.20) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	3.000	125.60 (110.20) T
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	04.00		36.800	245.40 (215.30)	36.800	245.40 (215.30)	3.000	125.60 (110.20) T
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	04.00		101.000	673.50 (590.80)	101.000	673.50 (590.80)	3.000	125.60 (110.20) T
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	04.00		188.600	1257.60 (1103.20)	150.880	1006.10 (882.50)	3.000	125.60 (110.20) T
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	04.00		224.600	1497.60 (1313.70)	179.680	1198.10 (1051.00)	3.000	125.60 (110.20) T
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	3.000	125.60 (110.20) T
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	3.000	125.60 (110.20) T
2153	Reconstructive operation for epispadias with incontinence	04.00		168.000	1120.20 (982.60)	134.400	896.20 (786.10)	3.000	125.60 (110.20) T
2154	Induction of artificial erection	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)	3.000	125.60 (110.20) T
2155	Hypospadias: Urethral reconstruction	04.00		187.000	1246.90 (1093.80)	149.600	997.50 (875.00)	3.000	125.60 (110.20) T
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	04.00		84.000	560.10 (491.30)	84.000	560.10 (491.30)	3.000	125.60 (110.20) T
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	3.000	125.60 (110.20) T
2161	Total amputation of penis: Without gland dissection	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	4.000	167.40 (146.80) T
2163	Total amputation of penis: With gland-dissection	04.00		336.000	2240.40 (1965.30)	268.800	1792.40 (1572.30)	6.000	251.10 (220.30) T
2165	Partial amputation of penis: With gland-dissection	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	6.000	251.10 (220.30) T
2167	Partial amputation of penis: Without gland-dissection	04.00		84.000	560.10 (491.30)	84.000	560.10 (491.30)	4.000	167.40 (146.80) T
2169	Injection procedure for Peyronie's disease	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	04.00		42.000	280.10 (245.70)	42.000	280.10 (245.70)	3.000	125.60 (110.20) T
2173	Priapism operation: Shunt procedure: Any type	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	4.000	167.40 (146.80) T
2174	Priapism operation: Stab shunt	04.00		114.400	762.80 (669.10)	114.400	762.80 (669.10)	4.000	167.40 (146.80) T
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								04.00
2175	Testis biopsy: Needle (independent procedure)	04.00		18.500	123.40 (108.20)	18.500	123.40 (108.20)	3.000	125.60 (110.20) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	04.00		58.900	392.70 (344.50)	58.900	392.70 (344.50)	3.000	125.60 (110.20) T
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	04.00		58.900	392.70 (344.50)	58.900	392.70 (344.50)	3.000	125.60 (110.20) T
2181	Epididymis biopsy: Needle	04.00		86.100	574.10 (503.60)	86.100	574.10 (503.60)	3.000	125.60 (110.20) T
2183	Puncture aspiration hydrocele with or without injection of medication	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	3.000	125.60 (110.20) T
2185	Operation for mal descended testicle: Including herniotomy	04.00		135.000	900.20 (789.60)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2187	Operation for torsion appendix testis	04.00		119.200	794.80 (697.20)	119.200	794.80 (697.20)	4.000	167.40 (146.80) T
2189	Operation for torsion testis with fixation of contralateral testis	04.00		119.200	794.80 (697.20)	119.200	794.80 (697.20)	4.000	167.40 (146.80) T
2191	Orchidectomy (total or subcapsular): Unilateral	04.00		98.000	653.50 (573.20)	98.000	653.50 (573.20)	3.000	125.60 (110.20) T
2193	Orchidectomy (total or subcapsular): Bilateral	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
2195	Radical operation for malignant testis: Excluding gland dissection	04.00		155.300	1035.50 (908.30)	124.240	828.40 (726.70)	6.000	251.10 (220.30) T
2197	Operation for hydrocele or spermatocele	04.00		99.800	665.50 (583.80)	99.800	665.50 (583.80)	4.000	167.40 (146.80) T
2199	Varicocelectomy	04.00		106.100	707.50 (620.60)	106.100	707.50 (620.60)	4.000	167.40 (146.80) T
2201	Abdominal ligation of spermatic vein for varicocele	04.00		112.800	752.20 (659.80)	112.800	752.20 (659.80)	4.000	167.40 (146.80) T
2203	Epididymectomy: Unilateral	04.00		114.400	762.80 (669.10)	114.400	762.80 (669.10)	3.000	125.60 (110.20) T
2205	Epididymectomy: Bilateral	04.00		158.200	1054.90 (925.40)	126.560	843.90 (740.30)	3.000	125.60 (110.20) T
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	04.00		55.900	372.70 (326.90)	55.900	372.70 (326.90)	3.000	125.60 (110.20) T
2209	Vasotomy: Unilateral or bilateral	04.00		70.400	469.40 (411.80)	70.400	469.40 (411.80)	3.000	125.60 (110.20) T
2210	Vasogram, seminal vesiculogram: Unilateral	04.00		58.100	387.40 (339.80)	58.100	387.40 (339.80)	3.000	125.60 (110.20) T
2211	Vasogram, seminal vesiculogram: Bilateral	04.00		58.100	387.40 (339.80)	58.100	387.40 (339.80)	3.000	125.60 (110.20) T
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	04.00		91.200	608.10 (533.40)	91.200	608.10 (533.40)	4.000	167.40 (146.80) T
2213	Suture or repair of testicular injury	04.00		110.300	735.50 (645.20)	110.300	735.50 (645.20)	4.000	167.40 (146.80) T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	04.00		90.000	600.10 (526.40)	90.000	600.10 (526.40)	4.000	167.40 (146.80) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2217	Excision of local lesion of testis or epididymis	04.00		90.800	605.50 (531.10)	90.800	605.50 (531.10)	4.000	167.40 (146.80) T
2219	Vaso-vasostomy: Unilateral	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	3.000	125.60 (110.20) T
2221	Vaso-vasostomy: Bilateral	04.00		117.000	780.20 (684.40)	117.000	780.20 (684.40)	3.000	125.60 (110.20) T
2223	Epididymo-vasostomy: Unilateral	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	3.000	125.60 (110.20) T
2225	Epididymo-vasostomy: Bilateral	04.00		117.000	780.20 (684.40)	117.000	780.20 (684.40)	3.000	125.60 (110.20) T
2227	Incision and drainage of scrotal wall abscess	04.00		42.700	284.70 (249.70)	42.700	284.70 (249.70)	3.000	125.60 (110.20) T
2229	Excision of Mullerian duct cyst	04.00		189.000	1260.30 (1105.50)	151.200	1008.20 (884.40)	4.000	167.40 (146.80) T
2231	Excision of lesion of spermatic cord	04.00		84.000	560.10 (491.30)	84.000	560.10 (491.30)	3.000	125.60 (110.20) T
2233	Seminal Vesiculectomy	04.00		220.000	1467.00 (1286.80)	176.000	1173.60 (1029.50)	5.000	209.30 (183.60) T
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	04.00		23.300	155.40 (136.30)	23.300	155.40 (136.30)	3.000	125.60 (110.20) T
2237	Biopsy prostate: Incisional, any approach	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	4.000	167.40 (146.80) T
2239	Transurethral drainage of prostatic abscess	04.00		117.400	782.80 (686.70)	117.400	782.80 (686.70)	4.000	167.40 (146.80) T
2241	Perineal drainage of prostatic abscess	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	4.000	167.40 (146.80) T
2243	Trans-urethral cryo-surgical removal of prostate	04.00		126.000	840.20 (737.00)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2245	Trans-urethral resection of prostate	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	6.000	251.10 (220.30) T
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	04.00		126.000	840.20 (737.00)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2249	Trans-urethral resection of post-operative bladder neck contracture	04.00		126.000	840.20 (737.00)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2251	Prostatectomy: Perineal: Sub-total	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	6.000	251.10 (220.30) T
2253	Prostatectomy: Perineal: Radical	04.00		336.000	2240.40 (1965.30)	268.800	1792.40 (1572.30)	8.000	334.80 (293.70) T
2254	Pelvic lymph adenectomy	04.11		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)	8.000	334.80 (293.70) T
2255	Supra-pelvic, transversical	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	6.000	251.10 (220.30) T
2257	Retropubic: Sub-total	04.00		252.000	1680.30 (1473.90)	201.600	1344.30 (1179.20)	6.000	251.10 (220.30) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2259	Retropubic: Radical	04.00		336.000	2240.40 (1965.30)	268.800	1792.40 (1572.30)	8.000	334.80 (293.70) T
2260	Prostate brachytherapy	04.00		230.000	1533.60 (1345.30)	184.000	1226.90 (1076.20)	8.000	334.80 (293.70) T
12	Female Genital System								
12.1	Vulva and introitus								
2271	Removal of tag or polyp	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)	3.000	125.60 (110.20) T
2272	Removal of small superficial benign lesions	04.00		23.000	153.40 (134.60)	23.000	153.40 (134.60)	3.000	125.60 (110.20) T
2273	Biopsy with suture in theatre (excluding after-care)	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)	3.000	125.60 (110.20) T
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	04.00		71.000	473.40 (415.30)	71.000	473.40 (415.30)	3.000	125.60 (110.20) T
2275	Reduction labial hypertrophy	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	4.000	167.40 (146.80) T
2277	Removal of extensive benign vulva tumour	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	4.000	167.40 (146.80) T
2279	Secondary perineal repair: Repair second degree tear	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	6.000	251.10 (220.30) T
2280	Secondary perineal repair: Repair third degree tear	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	6.000	251.10 (220.30) T
2281	Excision of inclusion cyst	04.00		43.000	286.70 (251.50)	43.000	286.70 (251.50)	4.000	167.40 (146.80) T
2283	Hymenectomy	04.00		43.000	286.70 (251.50)	43.000	286.70 (251.50)	4.000	167.40 (146.80) T
2285	Drainage haematocolpos	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	4.000	167.40 (146.80) T
2287	Clitoris repair for injury: Including skin graft, if required	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	4.000	167.40 (146.80) T
2288	Clitoral reduction	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	4.000	167.40 (146.80) T
2289	Denervation or alcohol infiltration vulva (Woodruff)	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	4.000	167.40 (146.80) T
2291	Vulva: Undercutting skin (ball)	04.00		58.000	386.70 (339.20)	58.000	386.70 (339.20)	4.000	167.40 (146.80) T
2293	Vulva and introitus: Drainage of abscess	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)	3.000	125.60 (110.20) T
2295	Bartholin gland: Bartholin abscess marsupialisation	04.00		36.000	240.00 (210.50)	36.000	240.00 (210.50)	3.000	125.60 (110.20) T
2297	Bartholin gland: Bartholin gland excision	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T
2299	Bartholin gland: Bartholin radical excision for malignant lesion	04.00		357.000	2380.50 (2088.20)	285.600	1904.40 (1670.50)	6.000	251.10 (220.30) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2301	Operation for enlarging introitus: Fenton plasty	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
2303	Operation for enlarging introitus: Bilateral Z-plastic	04.00		88.000	586.80 (514.70)	88.000	586.80 (514.70)	4.000	167.40 (146.80) T
2305	Vulvectomy: Partial	04.00		161.000	1073.50 (941.70)	128.800	858.80 (753.30)	4.000	167.40 (146.80) T
2307	Vulvectomy	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	6.000	251.10 (220.30) T
2309	Radical vulvectomy with bilateral lymphadenectomy	04.00		357.000	2380.50 (2088.20)	285.600	1904.40 (1670.50)	6.000	251.10 (220.30) T
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	04.00		402.000	2680.50 (2351.30)	321.600	2144.40 (1881.10)	6.000	251.10 (220.30) T
12.2	Vaginal procedures and operations								
2312	Artificial insemination	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)		
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	04.00		25.500	170.00 (149.10)	25.500	170.00 (149.10)	3.000	125.60 (110.20) T
2314	Intra uterine insemination	04.00		18.000	120.00 (105.30)	18.000	120.00 (105.30)		
2315	Simms Hühner test plus wet smear	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	3.000	125.60 (110.20) T
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)	3.000	125.60 (110.20) T
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	04.00		56.000	373.40 (327.50)	56.000	373.40 (327.50)	3.000	125.60 (110.20) T
2319	Excision of cysts or tumours	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	3.000	125.60 (110.20) T
2321	Drainage of vaginal abscess	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	3.000	125.60 (110.20) T
2322	Pudendal nerve block	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)		
2323	Reconstruction of vagina after atresia	04.00		107.000	713.50 (625.90)	107.000	713.50 (625.90)	5.000	209.30 (183.60) T
2325	Construction of artificial vagina: Labial fusion	04.00		179.000	1193.60 (1047.00)	143.200	954.90 (837.60)	4.000	167.40 (146.80) T
2327	Construction of artificial vagina: Macindoe type	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	5.000	209.30 (183.60) T
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	04.11		241.000	1607.00 (1409.60)	192.800	1285.60 (1127.70)	6.000	251.10 (220.30) T
2331	Vaginal septum removal	04.00		107.000	713.50 (625.90)	107.000	713.50 (625.90)	4.000	167.40 (146.80) T
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	04.00		243.300	1622.30 (1423.10)	194.640	1297.90 (1138.50)	6.000	251.10 (220.30) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	04.00		243.300	1622.30 (1423.10)	194.640	1297.90 (1138.50)	6.000	251.10 (220.30) T
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	04.00		166.900	1112.90 (976.20)	133.520	890.30 (781.00)	6.000	251.10 (220.30) T
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	04.00		166.900	1112.90 (976.20)	133.520	890.30 (781.00)	6.000	251.10 (220.30) T
2339	Colpotomy: Diagnostic (excluding after-care)	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	4.000	167.40 (146.80) T
2341	Colpotomy: Therapeutic, with or without sterilisation	04.00		103.000	686.80 (602.50)	103.000	686.80 (602.50)	4.000	167.40 (146.80) T
2343	Vaginal hysterectomy: Without repair	04.00		210.500	1403.60 (1231.20)	168.400	1122.90 (985.00)	6.000	251.10 (220.30) T
2345	Vaginal hysterectomy: With repair	04.00		231.700	1545.00 (1355.30)	185.360	1236.00 (1084.20)	6.000	251.10 (220.30) T
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	6.000	251.10 (220.30) T
2361	Vaginal hysterectomy and repair for total prolapse	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	6.000	251.10 (220.30) T
2363	Fothergill or Manchester repair operation	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	5.000	209.30 (183.60) T
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	04.00		232.000	1547.00 (1357.00)	185.600	1237.60 (1085.60)	5.000	209.30 (183.60) T
2366	Posterior repair alone	04.00		107.000	713.50 (625.90)	107.000	713.50 (625.90)	5.000	209.30 (183.60) T
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	04.00		161.000	1073.50 (941.70)	128.800	858.80 (753.30)	5.000	209.30 (183.60) T
2368	Uterovesical fistula	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	5.000	209.30 (183.60) T
2369	Repair of Vesico- or urethro-vaginal fistula	04.00		179.000	1193.60 (1047.00)	143.200	954.90 (837.60)	5.000	209.30 (183.60) T
2370	Repair of VVF - Obstetric or radiation	04.00		232.000	1547.00 (1357.00)	185.600	1237.60 (1085.60)	5.000	209.30 (183.60) T
2371	Closure of uretero-vaginal fistula	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	5.000	209.30 (183.60) T
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	5.000	209.30 (183.60) T
2373	Closure of recto-vaginal fistula	04.00		134.000	893.50 (783.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2374	Closure of recto-vaginal fistula: Obstetric or radiation	04.00		151.000	1006.90 (883.20)	120.800	805.50 (706.60)	5.000	209.30 (183.60) T
2375	Colpocleisis	04.00		129.000	860.20 (754.60)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2377	Le Fort operation	04.00		129.000	860.20 (754.60)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2379	Schauta operation	04.00		357.000	2380.50 (2088.20)	285.600	1904.40 (1670.50)	8.000	334.80 (293.70) T
2381	Vaginectomy	04.00		268.000	1787.00 (1567.50)	214.400	1429.60 (1254.00)	8.000	334.80 (293.70) T
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	04.00		429.000	2860.60 (2509.30)	343.200	2288.50 (2007.50)	8.000	334.80 (293.70) T
2385	Vaginal laceration or trauma: Repair	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
12.3	Cervix								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	06.05		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
2391	Cervix: Canal reconstruction	04.00		147.000	980.20 (859.80)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)		
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	04.00		22.000	146.70 (128.70)	22.000	146.70 (128.70)	3.000	125.60 (110.20) T
2396	Laser or harmonic scalpel treatment of the cervix	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	3.000	125.60 (110.20) T
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	04.00		31.000	206.70 (181.30)	31.000	206.70 (181.30)	3.000	125.60 (110.20) T
2399	Punch biopsy (excluding after-care)	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)	3.000	125.60 (110.20) T
2400	Biopsy during pregnancy (excluding after-care)	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)	3.000	125.60 (110.20) T
2403	Wedge biopsy: Cervix (excluding after-care)	04.00		18.000	120.00 (105.30)	18.000	120.00 (105.30)	3.000	125.60 (110.20) T
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	04.00		24.000	160.00 (140.40)	24.000	160.00 (140.40)	3.000	125.60 (110.20) T
2405	Cone biopsy: Cervix (excluding after-care)	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	3.000	125.60 (110.20) T
2407	Amputation: Cervix	04.00		67.000	446.80 (391.90)	67.000	446.80 (391.90)	3.000	125.60 (110.20) T
2409	Cervix encircage: McDonald stitch	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) T
2411	Cervix encircage: Shirodkar suture	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	3.000	125.60 (110.20) T
2413	Cervix encircage: Lash	04.00		49.000	326.70 (286.60)	49.000	326.70 (286.60)	3.000	125.60 (110.20) T
2415	Cervix encircage: Removal items 2409 and 2411: Without anaesthetic	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	3.000	125.60 (110.20) T
2417	Repair of tears: Emmet repair of tears	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2418	Repair of tears: Sturmdorff repair of tears	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	3.000	125.60 (110.20) T
2421	Extirpation of cervical stump: Vaginal	04.00		134.000	893.50 (783.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2423	Extirpation of cervical stump: Abdominal	04.00		134.000	893.50 (783.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2425	Removal of cervical polyps (excluding after-care)	04.00		13.000	86.70 (76.10)	13.000	86.70 (76.10)	3.000	125.60 (110.20) T
2427	Removal of cervical myomata	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	3.000	125.60 (110.20) T
2429	Colposcopy (excluding after-care)	04.00		27.000	180.00 (157.90)	27.000	180.00 (157.90)	3.000	125.60 (110.20) T
12.4	Uterus								
2433	Embryo transfer	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	4.000	167.40 (146.80) T
2434	Endometrial biopsy (excluding after-care)	04.00		18.000	120.00 (105.30)	18.000	120.00 (105.30)	3.000	125.60 (110.20) T
2435	Hysterosalpingogram (excluding after-care)	04.00		22.000	146.70 (128.70)	22.000	146.70 (128.70)	3.000	125.60 (110.20) T
2436	Hysteroscopy (excluding after-care)	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)	3.000	125.60 (110.20) T
2437	Hysteroscopy and D&C (excluding after-care)	04.00		58.000	386.70 (339.20)	58.000	386.70 (339.20)	3.000	125.60 (110.20) T
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	3.000	125.60 (110.20) T
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	04.00		63.000	420.10 (368.50)	63.000	420.10 (368.50)	3.000	125.60 (110.20) T
2440	Hysteroscopy and polypectomy (excluding after-care)	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	3.000	125.60 (110.20) T
2441	Hysteroscopy and myomectomy (excluding after-care)	04.00		130.000	866.80 (760.40)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	06.04		18.000	120.00 (105.30)	18.000	120.00 (105.30)	3.000	125.60 (110.20) T
2443	Dilatation and curettage (D&C) (excluding after-care)	06.04		35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) T
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	06.04		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	04.00		71.000	473.40 (415.30)	71.000	473.40 (415.30)	4.000	167.40 (146.80) T
2448	Termination of pregnancy before 12 weeks	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
2449	Evacuation: Missed abortion: Before 12 weeks gestation	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2451	Evacuation: Missed abortion: After 12 weeks gestation	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	4.000	167.40 (146.80) T
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	4.000	167.40 (146.80) T
2453	Evacuation hydatidiform mole	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	5.000	209.30 (183.60) T
2455	Evacuation uterus post-partum	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)	6.000	251.10 (220.30) T
2461	Ventrosuspension	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	4.000	167.40 (146.80) T
2463	Uteroplasty: Strassman	04.00		143.000	953.50 (836.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2465	Uteroplasty: Tompkins	04.00		143.000	953.50 (836.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2467	Myomectomy	04.00		143.000	953.50 (836.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	04.00		254.100	1694.30 (1486.20)	203.280	1355.50 (1189.00)	6.000	251.10 (220.30) T
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	04.00		252.200	1681.70 (1475.20)	201.760	1345.30 (1180.10)	6.000	251.10 (220.30) T
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	04.00		355.000	2367.10 (2076.40)	284.000	1893.70 (1661.10)	6.000	251.10 (220.30) T
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	04.00		472.800	3152.60 (2765.40)	378.240	2522.10 (2212.40)	8.000	334.80 (293.70) T
2477	Abdominal hysterotomy with or without sterilisation	04.00		188.000	1253.60 (1099.60)	150.400	1002.90 (879.70)	6.000	251.10 (220.30) T
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	6.000	251.10 (220.30) T
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	6.000	251.10 (220.30) T
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	04.00		120.000	800.20 (701.90)				
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								04.00
2481	Insufflation Fallopian tubes (excluding after-care)	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)	3.000	125.60 (110.20) T
2483	Salpingolysis	04.00		125.000	833.50 (731.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2485	Salpingostomy	04.00		161.000	1073.50 (941.70)	128.800	858.80 (753.30)	4.000	167.40 (146.80) T
2487	Tuboplasty tubal anastomosis or re-implantation	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	4.000	167.40 (146.80) T
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	04.00		125.000	833.50 (731.10)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	04.00		161.000	1073.50 (941.70)	128.800	858.80 (753.30)	6.000	251.10 (220.30) T
2491	Ectopic pregnancy - after 12 weeks	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	6.000	251.10 (220.30) T
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	04.00		94.000	626.80 (549.80)	94.000	626.80 (549.80)	5.000	209.30 (183.60) T
	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	04.00							
2493	Diagnostic laparoscopy (excluding after-care)	04.00		94.400	629.50 (552.20)	94.400	629.50 (552.20)	5.000	209.30 (183.60) T
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	04.00	+	18.000	120.00 (105.30)	18.000	120.00 (105.30)	5.000	209.30 (183.60) T
2497	Laparoscopy: Plus sterilisation	04.00	+	40.000	266.70 (233.90)	40.000	266.70 (233.90)	5.000	209.30 (183.60) T
2499	Laparoscopy: Plus biopsy (excluding after-care)	04.00	+	18.000	120.00 (105.30)	18.000	120.00 (105.30)	5.000	209.30 (183.60) T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	04.00	+	51.000	340.10 (298.30)	51.000	340.10 (298.30)	5.000	209.30 (183.60) T
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	04.00	+	18.000	120.00 (105.30)	18.000	120.00 (105.30)	5.000	209.30 (183.60) T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	04.00	+	52.000	346.70 (304.10)	52.000	346.70 (304.10)	5.000	209.30 (183.60) T
2503	Laparoscopy: Plus ovarian drilling	04.00	+	40.000	266.70 (233.90)	40.000	266.70 (233.90)	5.000	209.30 (183.60) T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	04.00	+	107.000	713.50 (625.90)	107.000	713.50 (625.90)	5.000	209.30 (183.60) T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	04.00	+	52.000	346.70 (304.10)	52.000	346.70 (304.10)	5.000	209.30 (183.60) T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	04.00		58.000	386.70 (339.20)	58.000	386.70 (339.20)		
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	4.000	167.40 (146.80) T
2527	Removal of ovarian tumour or cyst	04.00		187.000	1246.90 (1093.80)	149.600	997.50 (875.00)	4.000	167.40 (146.80) T
2529	Oophorectomy: Uni- or bilateral	04.00		134.500	896.80 (786.70)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2531	Ovarian carcinoma debulking and omentectomy	04.00		357.000	2380.50 (2088.20)	285.600	1904.40 (1670.50)	6.000	251.10 (220.30) T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	04.00		469.000	3127.30 (2743.20)	375.200	2501.80 (2194.60)	6.000	251.10 (220.30) T
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	04.00		402.000	2680.50 (2351.30)	321.600	2144.40 (1881.10)	8.000	334.80 (293.70) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2537	Exenteration: Posterior Exenteration	04.00		402.000	2680.50 (2351.30)	321.600	2144.40 (1881.10)	8.000	334.80 (293.70) T
2539	Exenteration: Total	04.00		625.000	4167.50 (3655.70)	500.000	3334.00 (2924.60)	8.000	334.80 (293.70) T
2541	Presacral neurectomy	04.00		98.000	653.50 (573.20)	98.000	653.50 (573.20)	5.000	209.30 (183.60) T
2543	Moschowitz operation	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	04.00		193.100	1287.60 (1129.50)	154.480	1030.10 (903.60)	5.000	209.30 (183.60) T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	04.00		195.000	1300.30 (1140.60)	156.000	1040.20 (912.50)	5.000	209.30 (183.60) T
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	04.00		149.000	993.50 (871.50)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2547	Operations for stress incontinence: Burch colposuspension	04.00		161.000	1073.50 (941.70)	128.800	858.80 (753.30)	5.000	209.30 (183.60) T
2548	Operation for stress incontinence: Use of tape	04.00		229.400	1529.60 (1341.80)	183.520	1223.70 (1073.40)	5.000	209.30 (183.60) T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	5.000	209.30 (183.60) T
2551	Laparotomy	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	4.000	167.40 (146.80) T
2552	Removal benign retroperitoneal tumour	04.00		223.000	1487.00 (1304.40)	178.400	1189.60 (1043.50)	6.000	251.10 (220.30) T
2553	Radical removal of malignant retroperitoneal tumour	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	8.000	334.80 (293.70) T
2554	Drainage of pelvic abscess per abdomen	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	6.000	251.10 (220.30) T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	5.000	209.30 (183.60) T
2558	Drainage intra-abdominal abscess: Delayed closure	04.00		268.000	1787.00 (1567.50)	214.400	1429.60 (1254.00)	6.000	251.10 (220.30) T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	6.000	251.10 (220.30) T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	6.000	251.10 (220.30) T
2565	Implantation hormone pellets (excluding after-care)	04.00		3.000	20.00 (17.50)	3.000	20.00 (17.50)		
2570	Ligation of internal iliac vessels (when not part of another procedure)	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	8.000	334.80 (293.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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.								
13.1	Pre-natal care and procedures								
2603	External cephalic version (excluding after-care)	04.00		22.000	146.70 (128.70)	22.000	146.70 (128.70)		
2605	Amniocentesis (excluding after-care)	04.00		36.000	240.00 (210.50)	36.000	240.00 (210.50)		
2607	Amnioscopy (excluding after-care)	04.00		18.000	120.00 (105.30)	18.000	120.00 (105.30)		
2609	Intra-uterine transfusion of foetus or cordocentesis	04.00		134.000	893.50 (783.80)	120.000	800.20 (701.90)		
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)		
2611	Chorion villus sampling (excluding after-care)	04.00		54.000	360.10 (315.90)	54.000	360.10 (315.90)		
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)	04.11		282.000	1880.40 (1649.50)	225.600	1504.30 (1319.60)	6.000	251.10 (220.30) T
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)	04.00		267.000	1780.40 (1561.80)	213.600	1424.30 (1249.40)	6.000	251.10 (220.30) T
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	04.00		190.000	1266.90 (1111.30)	152.000	1013.50 (889.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
	Global obstetric care includes o All modes of delivery (including Caesarean) o All inductions of labour (medical or surgical) o Intrapartum paracervical and pudential blocks o Intrapartum amnioscopy o Foetal blood sampling o Application of scalp leads o Symphysiotomy o Manual removal of placenta o Repair cervical tears o Correction of uterine inversion o Drainage of vulval haematoma o Repair third degree tear o Repair second degree tear o Repair episiotomy o Resuscitation of newborn by obstetrician o Tracheal intubation o Missed confinement	04.00							
	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								04.00
13.3	Operative procedures (excluding antenatal care)								
2653	Caesarean-hysterectomy	04.00		335.000	2233.80 (1959.50)	268.000	1787.00 (1567.50)	9.000	376.70 (330.40) T
2657	Post-partum hysterectomy	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	8.000	334.80 (293.70) T
2669	Abdominal operation for ruptured gravid uterus: Repair	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	9.000	376.70 (330.40) T
14	Nervous System								
14.1	Diagnostic procedures								
2681	Visual evoked potentials (VEP): Unilateral	04.00		50.000	333.40 (292.50)				
2682	Visual evoked potentials (VEP): Bilateral	04.00		88.000	586.80 (514.70)				
2683	Electro-retinography (Ganzfeld method): Unilateral	04.00		60.000	400.10 (351.00)				
2684	Electro-retinography (Ganzfeld method): Bilateral	04.00		105.000	700.10 (614.10)				
2685	Electro-oculography: Unilateral	04.00		30.000	200.00 (175.40)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2686	Electro-oculography: Bilateral	04.00		53.000	353.40 (310.00)				
2687	VEP stable condition (photic drive): Unilateral	04.00		50.000	333.40 (292.50)				
2689	VEP stable condition (photic drive): Bilateral	04.00		88.000	586.80 (514.70)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	04.00		150.000	1000.20 (877.40)				
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry	04.00							
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	04.00		48.000	320.10 (280.80)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	04.00		6.000	40.00 (35.10)	6.000	40.00 (35.10)		
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	04.00		220.000	1467.00 (1286.80)				
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	04.00		80.000	533.40 (467.90)				
2709	Full spinogram including bilateral median and posterior-tibial studies	04.00		140.000	933.50 (818.90)				
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)	04.00							
2711	Electro-encephalography: Taking of record	04.00		36.100	240.70 (211.10)	36.100	240.70 (211.10)		
2712	Electro-encephalography: Interpretation	04.00		24.000	160.00 (140.40)	24.000	160.00 (140.40)		
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	06.02		18.400	122.70 (107.60)	18.400	122.70 (107.60) Z		
2714	Cisternal puncture and/or intrathecal injections	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)		
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	04.00		136.000	906.80 (795.40)				
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	04.00		30.000	200.00 (175.40)				
2717	Electromyography: First	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)		
2718	Electromyography: Subsequent	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)		
2719	Overnight polysomnogram and sleep staging: Hire	04.00		125.000	833.50 (731.10)				
2720	Overnight polysomnogram and sleep staging: Interpretation	04.00		23.000	153.40 (134.60)				
2721	Daytime polysomnogram: Hire	04.00		125.000	833.50 (731.10)				
2722	Daytime polysomnogram: Interpretation	04.00		17.000	113.40 (99.50)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2723	Multiple sleep latency test: Interpretation	04.00		125.000	833.50 (731.10)				
2724	Overnight continuous positive airways pressure (CPAP) titration	04.00		155.000	1033.50 (906.60)	124.000	826.80 (725.30)		
2725	Angiography carotis: Unilateral	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	4.000	167.40 (146.80) T
2726	Angiography carotis: Bilateral	04.00		44.000	293.40 (257.40)	44.000	293.40 (257.40)	4.000	167.40 (146.80) T
2727	Vertebral artery: Direct needling	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
2729	Vertebral catheterisation	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	06.02		60.000	400.10 (351.00) Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	04.00		14.500	96.70 (84.80)			4.000	167.40 (146.80) T
2733	Cortical Stimulation	04.00		58.900	392.70 (344.50)	58.900	392.70 (344.50)		
2734	Sodium Amytal Testing (WADA test)	04.00		88.700	591.50 (518.90)	88.700	591.50 (518.90)	13.000	544.10 (477.30) T
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	04.00		31.500	210.00 (184.20)	-	- v		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
2739	Ventricular needling without burring: Tapping only	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)	4.000	167.40 (146.80) T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	04.00		43.000	286.70 (251.50)	43.000	286.70 (251.50)	4.000	167.40 (146.80) T
2743	Subdural tapping: First sitting	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)	4.000	167.40 (146.80) T
2745	Subdural tapping: Subsequent	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	4.000	167.40 (146.80) T
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	04.00		36.100	240.70 (211.10)	36.100	240.70 (211.10)		
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	04.00		24.500	163.40 (143.30)	24.500	163.40 (143.30)		
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	04.00		36.100	240.70 (211.10)	36.100	240.70 (211.10)		
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	04.00		24.500	163.40 (143.30)	24.500	163.40 (143.30)		
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	04.00		294.600	1964.40 (1723.20)	235.680	1571.50 (1378.50)		
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	04.00		128.600	857.50 (752.20)	120.000	800.20 (701.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.2	Introduction of burr holes for								
2747	Ventriculography	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
2749	Catheterisation for ventriculography and/or drainage	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
2751	Biopsy of brain tumour	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
2753	Subdural haematoma or hygroma	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
2755	Subdural empyema	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
2757	Brain abscess	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
14.3	Nerve procedures								
2759	Nerve biopsy: Peripheral	04.00		37.000	246.70 (216.40)	37.000	246.70 (216.40)	4.000	167.40 (146.80) T
2763	Nerve biopsy: Cranial nerves: Extra-cranial	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	4.000	167.40 (146.80) T
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	04.00		26.000	173.40 (152.10)	26.000	173.40 (152.10)	4.000	167.40 (146.80) T
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	04.00		25.000	166.70 (146.20)				
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	04.00		30.000	200.00 (175.40)				
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	04.00		35.000	233.40 (204.70)				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	04.00		35.000	233.40 (204.70)				
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	04.00		50.000	333.40 (292.50)				
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	6.000	251.10 (220.30) T
2769	Suture: Large nerve: Primary	04.00		134.000	893.50 (783.80)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
2771	Suture: Large nerve: Secondary	04.00		202.000	1346.90 (1181.50)	161.600	1077.50 (945.20)	5.000	209.30 (183.60) T
2773	Digital nerve: Primary	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	3.000	125.60 (110.20) T
2775	Digital nerve: Secondary	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) T
2777	Nerve graft: Simple	04.00		202.000	1346.90 (1181.50)	161.600	1077.50 (945.20)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2779	Fascicular: First fasciculus	04.00		202.000	1346.90 (1181.50)	161.600	1077.50 (945.20)	4.000	167.40 (146.80) T
2781	Fascicular: Each additional fasciculus	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)	4.000	167.40 (146.80) T
2783	Fascicular: Nerve flap: To include all stages	04.00		224.000	1493.60 (1310.20)	179.200	1194.90 (1048.20)	4.000	167.40 (146.80) T
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	04.00		124.000	826.80 (725.30)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2787	Fascicular: Grafting of facial nerve	04.00		215.000	1433.60 (1257.50)	172.000	1146.90 (1006.10)	5.000	209.30 (183.60) T
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
2791	Trigeminal ganglion: Injection of cortisone	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	3.000	125.60 (110.20) T
2793	Trigeminal ganglion: Coagulation through high frequency	04.00		170.000	1133.60 (994.40)	136.000	906.80 (795.40)	3.000	125.60 (110.20) T
2799	Procedures for pain relief: Intrathecal injections for pain	04.00		36.000	240.00 (210.50)	36.000	240.00 (210.50)	4.000	167.40 (146.80) T
2800	Procedures for pain relief: Plexus nerve block	04.00		36.000	240.00 (210.50)	36.000	240.00 (210.50)	36.000	240.00 (210.50) ç
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)	04.00		36.000	240.00 (210.50)	36.000	240.00 (210.50)		
2802	Procedures for pain relief: Peripheral nerve block	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)	25.000	166.70 (146.20) ç
2803	Alcohol injection in peripheral nerves for pain: Unilateral	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	04.00	+	10.000	66.70 (58.50)	10.000	66.70 (58.50)	10.000	66.70 (58.50) ç
2805	Alcohol injection in peripheral nerves for pain: Bilateral	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) T
2809	Peripheral nerve section for pain	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)	3.000	125.60 (110.20) T
2811	Pudendal neurectomy: Bilateral	04.00		116.000	773.50 (678.50)	116.000	773.50 (678.50)	3.000	125.60 (110.20) T
2813	Obturator or Stoffels	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) T
2815	Interdigital	04.00		82.300	548.80 (481.40)	82.300	548.80 (481.40)	3.000	125.60 (110.20) T
2825	Excision: Neuroma: Peripheral	04.00		109.500	730.10 (640.40)	109.500	730.10 (640.40)	3.000	125.60 (110.20) T
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	04.00		100.000	666.80 (584.90)	100.000	666.80 (584.90)	3.000	125.60 (110.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2829	Neurolysis: Minor	04.00		51.000	340.10 (298.30)	51.000	340.10 (298.30)	3.000	125.60 (110.20) T
2831	Neurolysis: Major	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	3.000	125.60 (110.20) T
2833	Neurolysis: Digital	04.00		96.000	640.10 (561.50)	96.000	640.10 (561.50)	3.000	125.60 (110.20) T
2835	Scalenotomy	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
2837	Brachial plexus, suture or neurolysis (item 2767)	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	6.000	251.10 (220.30) T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	04.00		895.200	5969.20 (5236.10)	716.160	4775.40 (4188.90)	6.000	251.10 (220.30) T
2841	Carpal Tunnel	04.00		64.000	426.80 (374.40)	64.000	426.80 (374.40)	3.000	125.60 (110.20) T
2843	Lumbar sympathectomy: Unilateral	04.00		153.000	1020.20 (894.90)	122.400	816.20 (716.00)	4.000	167.40 (146.80) T
2845	Lumbar sympathectomy: Bilateral	04.00		268.000	1787.00 (1567.50)	214.400	1429.60 (1254.00)	6.000	251.10 (220.30) T
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	04.00						11.000	460.40 (403.90) T
2847	Cervical sympathectomy: Unilateral	04.00		153.000	1020.20 (894.90)	122.400	816.20 (716.00)	4.000	167.40 (146.80) T
2848	Cervical sympathectomy: Bilateral	04.00		268.000	1787.00 (1567.50)	214.400	1429.60 (1254.00)	6.000	251.10 (220.30) T
2849	Sympathetic block: Other levels: Unilateral	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	3.000	125.60 (110.20) T
2851	Sympathetic block: Other levels: Bilateral	04.00		35.000	233.40 (204.70)	35.000	233.40 (204.70)	3.000	125.60 (110.20) T
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	4.000	167.40 (146.80) T
14.4	Skull procedures								
2855	Removal of skull tumour: With or without plastic repair: Small	04.00		170.000	1133.60 (994.40)	136.000	906.80 (795.40)	5.000	209.30 (183.60) T
2857	Removal of skull tumour: With or without plastic repair: Major	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	8.000	334.80 (293.70) T
2859	Repair of depressed fracture of skull: Without brain laceration: Major	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	8.000	334.80 (293.70) T
2860	Repair of depressed fracture of skull: Without brain laceration: Small	04.00		170.000	1133.60 (994.40)	136.000	906.80 (795.40)	8.000	334.80 (293.70) T
2861	Repair of depressed fracture of skull: With brain lacerations: Small	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	8.000	334.80 (293.70) T
2862	Repair of depressed fracture of skull: With brain lacerations: Major	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	8.000	334.80 (293.70) T
2863	Cranioplasty	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	8.000	334.80 (293.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2864	Encephalocele (excluding frontal)	04.11		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	8.000	334.80 (293.70) T
2865	Craniostenosis: Few suturae	04.00		213.000	1420.30 (1245.90)	170.400	1136.20 (996.70)	9.000	376.70 (330.40) T
2867	Craniostenosis: Multiple suturae	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	9.000	376.70 (330.40) T
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	8.000	334.80 (293.70) T
2871	Ventriculo-caval shunt	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	11.000	460.40 (403.90) T
2873	Ventriculo-peritoneal shunt	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	8.000	334.80 (293.70) T
2875	Theco-peritoneal C.S.F. shunt	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	8.000	334.80 (293.70) T
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	15.000	627.80 (550.70) T
2877	Extracranial to intracranial vascular	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	15.000	627.80 (550.70) T
2878	Posterior fossa arteriovenous anomalies	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	15.000	627.80 (550.70) T
14.7	Posterior fossa surgery								
2879	Glosso pharyngeal nerve	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	6.000	251.10 (220.30) T
2881	Eighth nerve: Intracranial	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	8.000	334.80 (293.70) T
2883	Eighth nerve: Extracranial	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	4.000	167.40 (146.80) T
2884	Sub-temporal section of the trigeminal nerve	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	9.000	376.70 (330.40) T
2885	Trigeminal tractotomy	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	9.000	376.70 (330.40) T
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	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	9.000	376.70 (330.40) T
2887	Vestibular nerve	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	9.000	376.70 (330.40) T
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	06.04		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	11.000	460.40 (403.90) T
2891	Posterior fossa tumour removal: Glioma, secondary deposits	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	11.000	460.40 (403.90) T
2893	Posterior fossa tumour removal: Abscess	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	11.000	460.40 (403.90) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2895	Excision of tumour of glomus jugulare: Intracranial	04.00		420.000	2800.60 (2456.70)	336.000	2240.40 (1965.30)	11.000	460.40 (403.90) T
2897	Excision of tumour of glomus jugulare: Extracranial	04.00		420.000	2800.60 (2456.70)	336.000	2240.40 (1965.30)	9.000	376.70 (330.40) T
2898	Excision of tumour of glomus jugulare: Hemispherectomy	04.00		500.000	3334.00 (2924.60)	400.000	2667.20 (2339.60)	15.000	627.80 (550.70) T
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	11.000	460.40 (403.90) T
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	11.000	460.40 (403.90) T
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	11.000	460.40 (403.90) T
2903	Craniotomy for Abscess, Glioma	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	11.000	460.40 (403.90) T
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	11.000	460.40 (403.90) T
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	11.000	460.40 (403.90) T
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	04.11		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	11.000	460.40 (403.90) T
2907	Craniotomy for Temporal lobectomy	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	11.000	460.40 (403.90) T
2908	Craniotomy for Torkildsen anastomosis	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	11.000	460.40 (403.90) T
2909	Craniotomy for CSF-leaks	04.00		450.000	3000.60 (2632.10)	360.000	2400.50 (2105.70)	11.000	460.40 (403.90) T
2910	Craniotomy for removal of arteriovenous malformation	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	11.000	460.40 (403.90) T
14.8.1	Craniotomy for Stereo-tactic cerebral and spinal cord procedures								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	4.000	167.40 (146.80) T
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	04.00		196.000	1306.90 (1146.40)	156.800	1045.50 (917.10)	4.000	167.40 (146.80) T
2915	Transnasal hypophysectomy	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	11.000	460.40 (403.90) T
2916	Transfrontal hypophysectomy	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	11.000	460.40 (403.90) T
2917	Transnasal hypophyseal implants	04.00		172.000	1146.90 (1006.10)	137.600	917.50 (804.80)	11.000	460.40 (403.90) T
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	04.00		-	-	-	-		
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures								
									04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2923	Chordotomy: Unilateral	04.00		178.000	1186.90 (1041.10)	142.400	949.50 (832.90)	3.000	125.60 (110.20) TM
2925	Chordotomy: Open	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	3.000	125.60 (110.20) TM
2927	Rhizotomy: Extradural, but intraspinal	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	3.000	125.60 (110.20) TM
2928	Rhizotomy: Intradural	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	3.000	125.60 (110.20) TM
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	8.000	334.80 (293.70) T
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	8.000	334.80 (293.70) T
2931	Removal of spinal cord tumour: Extradurellary, but intradural: Posterior approach	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	3.000	125.60 (110.20) TM
2932	Removal of spinal cord tumour: Extradurellary, but intradural: Anterio-lateral approach	04.00		350.000	2333.80 (2047.20)	280.000	1867.00 (1637.70)	8.000	334.80 (293.70) T
2933	Removal of spinal cord tumour: Extradurellary, but intradural: Intraspinal, but extradural: Posterior approach	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	7.000	293.00 (257.00) T
2935	Removal of spinal cord tumour: Extradurellary, but intradural: Transcutaneous chordotomy	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	3.000	125.60 (110.20) T
2937	Repair of meningocele, involving nerve tissue	04.00		250.000	1667.00 (1462.30)	200.000	1333.60 (1169.80)	9.000	376.70 (330.40) T
2938	Simple	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	9.000	376.70 (330.40) T
2939	Excision of arterial vascular malformations and cysts of the spinal cord	04.00		700.000	4667.60 (4094.40)	560.000	3734.10 (3275.50)	9.000	376.70 (330.40) T
2940	Lumbar osteophyte removal	04.00		187.000	1246.90 (1093.80)	149.600	997.50 (875.00)	3.000	125.60 (110.20) TM
2941	Cervical or thoracic osteophyte removal	04.00		285.000	1900.40 (1667.00)	228.000	1520.30 (1333.60)	3.000	125.60 (110.20) TM
14.10	Arterial ligations								
2951	Carotis: Trauma	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
2953	Carotis: For aneurysm (AV anomaly)	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	8.000	334.80 (293.70) T
2955	Removal of carotid body tumour (without vascular reconstruction)	04.00		335.600	2237.80 (1963.00)	268.480	1790.20 (1570.40)	8.000	334.80 (293.70) T
14.11	Medical psychotherapy								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	04.00		20.000	256.80 (225.30)	16.000	106.70 (93.60)		
2958	Psychoanalytic therapy: Per 60-minute session	04.00		60.000	770.50 (675.90)	48.000	320.10 (280.80)		
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	04.00		20.000	256.80 (225.30)	16.000	106.70 (93.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2963	Pairs, marriage or sex therapy: Per 20-minute session	04.00		20.000	256.80 (225.30)	16.000	106.70 (93.60)		
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	04.00		26.000	333.90 (292.90)	8.000	53.30 (46.80)		
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	04.00		40.000	513.70 (450.60)	32.000	213.40 (187.20)		
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	04.00		60.000	770.50 (675.90)	48.000	320.10 (280.80)		
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	04.00		40.000	513.70 (450.60)	32.000	213.40 (187.20)		
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	04.00		60.000	770.50 (675.90)	48.000	320.10 (280.80)		
RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY									
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								04.00
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)								04.00
14.12	Physical treatment methods								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)	04.00		15.000	192.60 (168.90)	17.000	113.40 (99.50)	3.000	125.60 (110.20) T
14.13	Psychiatric examination methods								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session	06.05		60.000	770.50 (675.90)	16.000	106.70 (93.60)		
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	04.00		20.000	256.80 (225.30)	16.000	106.70 (93.60)		
15	Endocrine System								
15.1	Thyroid								
2983	Lobectomy: Partial	04.00		198.100	1320.90 (1158.70)	158.480	1056.70 (926.90)	5.000	209.30 (183.60) T
2985	Lobectomy: Total	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	5.000	209.30 (183.60) T
2987	Thyroidectomy: Subtotal	04.00		266.000	1773.70 (1555.90)	212.800	1419.00 (1244.70)	5.000	209.30 (183.60) T
2989	Thyroidectomy: Total	04.00		279.000	1860.40 (1631.90)	223.200	1488.30 (1305.50)	5.000	209.30 (183.60) T
2991	Thyroglossal cyst or fistula excision	04.00		126.200	841.50 (738.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
15.2	Parathyroid								
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	04.00		275.000	1833.70 (1608.50)	220.000	1467.00 (1286.80)	5.000	209.30 (183.60) T
15.3	Adrenals								
2995	Adrenalectomy: Unilateral	04.00		225.000	1500.30 (1316.10)	180.000	1200.20 (1052.80)	9.000	376.70 (330.40) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2997	Bilateral exploration of adrenal glands: Including removal	04.00		394.000	2627.20 (2304.60)	315.200	2101.80 (1843.70)	11.000	460.40 (403.90) T
15.4	Hypophysis								
2999	Transethmoidal hypophysectomy	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	11.000	460.40 (403.90) T
3000	Transnasal hypophysectomy (see also item 2915)	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	11.000	460.40 (403.90) T
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	04.00		3.000	20.00 (17.50)	3.000	20.00 (17.50)		
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								04.00
16.1.1	Eye investigations								
3002	Gonioscopy	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
3006	Keratometry	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
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	04.00	+	11.680	77.90 (68.30)				
3012	Pre-surgical retinal examination before retinal surgery	04.00		32.000	213.40 (187.20)	32.000	213.40 (187.20)		
3013	Ocular motility assessment: Comprehensive examination	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)		
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
16.1.2	Special eye investigations								
3005	Endothelial cell count	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
3007	Potential acuity measurement	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
3008	Contrast sensitivity test	04.00		7.000	46.70 (41.00)	7.000	46.70 (41.00)		
3010	Orthoptics consultation	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
3011	Orthoptic subsequent sessions	04.00		5.000	33.30 (29.20)	5.000	33.30 (29.20)		
3015	Charting of visual field with manual perimeter	04.00		28.000	186.70 (163.80)	28.000	186.70 (163.80)		
3016	Retinal threshold test without storage facilities	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)		
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	04.00		74.000	493.40 (432.80)	74.000	493.40 (432.80)		
3018	Retinal threshold trend evaluation (additional to item 3017)	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)		
3019	Ocular muscle function with Hess screen or perimeter	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	04.00		46.000	306.70 (269.00)	46.000	306.70 (269.00)		
3022	Digital fluorescein video angiography	04.00		68.000	453.40 (397.70)	68.000	453.40 (397.70)	9.000	376.70 (330.40) T
3023	Digital indocyanine video angiography	04.00		110.000	733.50 (643.40)	110.000	733.50 (643.40)	9.000	376.70 (330.40) T
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)		
3025	Electronic tonography	04.00		19.000	126.70 (111.10)	19.000	126.70 (111.10)		
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	04.00		19.300	128.70 (112.90)	19.300	128.70 (112.90)		
3027	Fundus photography	04.00		21.000	140.00 (122.80)	21.000	140.00 (122.80)		
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	04.00		40.000	266.70 (233.90)	40.000	266.70 (233.90)		
3029	Anterior segment microphotography	04.00		21.000	140.00 (122.80)	21.000	140.00 (122.80)		
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	04.00		45.000	300.10 (263.20)	45.000	300.10 (263.20)		
3032	Eyelid and orbit photography	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)		
3034	Determination of lens implant power per eye	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)		
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	04.00		22.000	146.70 (128.70)	22.000	146.70 (128.70)		
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)	04.00		36.000	240.00 (210.50)	36.000	240.00 (210.50)		
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	04.00		306.900	2046.40 (1795.10)	245.520	1637.10 (1436.10)	6.000	251.10 (220.30) T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	6.000	251.10 (220.30) T
3041	Pan retinal photocoagulation (per eye): Done in one sitting	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
3044	Removal of encircling band and/or buckling material	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	6.000	251.10 (220.30) T
16.3	Cataract								
3045	Cataract: Intra-capsular	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	7.000	293.00 (257.00) T
3047	Cataract: Extra-capsular (including capsulotomy)	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	7.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	04.00		57.000	380.10 (333.40)	57.000	380.10 (333.40)	7.000	293.00 (257.00) T
3050	Repositioning of intra ocular lens	04.00		171.100	1140.90 (1000.80)	136.880	912.70 (800.60)	7.000	293.00 (257.00) T
3051	Needling or capsulotomy	04.00		130.000	866.80 (760.40)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3052	Laser capsulotomy	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	4.000	167.40 (146.80) T
3057	Removal of lenticulus	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	7.000	293.00 (257.00) T
3058	Exchange of intra ocular lens	04.00		236.000	1573.60 (1380.40)	188.800	1258.90 (1104.30)	7.000	293.00 (257.00) T
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	7.000	293.00 (257.00) T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	04.00		4.000	26.70 (23.40)				
16.4	Glaucoma								
3061	Drainage operation	04.00		247.600	1651.00 (1448.20)	198.080	1320.80 (1158.60)	6.000	251.10 (220.30) T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	04.00		60.000	400.10 (351.00)	60.000	400.10 (351.00)	6.000	251.10 (220.30) T
3063	Cyclocryotherapy or cyclodiathermy	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	6.000	251.10 (220.30) T
3064	Laser trabeculoplasty	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	6.000	251.10 (220.30) T
3065	Removal of blood from anterior chamber	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	4.000	167.40 (146.80) T
3067	Goniotomy	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	7.000	293.00 (257.00) T
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	04.00		127.000	846.80 (742.80)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	6.000	251.10 (220.30) T
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)	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	04.00		175.600	1170.90 (1027.10)	140.480	936.70 (821.70)	5.000	209.30 (183.60) T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)	5.000	209.30 (183.60) T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	04.00		120.000	800.20 (701.90)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
16.7	Globe								
3079	Transcleral biopsy	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3080	Examination of eyes under general anaesthetic where no surgery is done	04.00		80.000	533.40 (467.90)	80.000	533.40 (467.90)	4.000	167.40 (146.80) T
3081	Treatment of minor perforating injury	04.00		161.600	1077.50 (945.20)	129.280	862.00 (756.10)	6.000	251.10 (220.30) T
3083	Treatment of major perforating injury	04.00		267.500	1783.70 (1564.60)	214.000	1427.00 (1251.80)	6.000	251.10 (220.30) T
3085	Enucleation or Evisceration	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	5.000	209.30 (183.60) T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	04.00		160.000	1066.90 (935.90)	128.000	853.50 (748.70)	5.000	209.30 (183.60) T
3088	Hydroxyapatite insertion (additional to item 3087)	04.00	+	40.000	266.70 (233.90)	40.000	266.70 (233.90)	5.000	209.30 (183.60) T
3089	Subconjunctival injection if not done at time of operation	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	5.000	209.30 (183.60) T
3090	Intra vitreal injection drug	05.06		47.600	317.40 (278.40)	47.600	317.40 (278.40)	4.000	167.40 (146.80) T
3091	Retrobulbar injection (if not done at time of operation)	04.00		16.000	106.70 (93.60)	16.000	106.70 (93.60)	4.000	167.40 (146.80) T
3092	External laser treatment for superficial lesions	04.00		53.000	353.40 (310.00)	53.000	353.40 (310.00)		
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	04.00		209.000	1393.60 (1222.50)	167.200	1114.90 (978.00)	6.000	251.10 (220.30) T
3094	Implantation of intra vitreal drug delivery system	04.00		247.600	1651.00 (1448.20)	198.080	1320.80 (1158.60)	4.000	167.40 (146.80) T
3095	Biopsy of vitreous body or anterior chamber contents	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	6.000	251.10 (220.30) T
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	04.00		130.000	866.80 (760.40)	120.000	800.20 (701.90)	7.000	293.00 (257.00) T
3097	Anterior vitrectomy	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	6.000	251.10 (220.30) T
3098	Removal of silicon from globe	04.00		280.000	1867.00 (1637.70)	224.000	1493.60 (1310.20)	6.000	251.10 (220.30) T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	04.00		419.000	2793.90 (2450.80)	335.200	2235.10 (1960.60)	6.000	251.10 (220.30) T
3100	Lensectomy done at time of posterior vitrectomy	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	7.000	293.00 (257.00) T
16.8	Orbit								
3101	Drainage of orbital abscess	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3103	Orbit: Removal of tumour	04.00		240.000	1600.30 (1403.80)	192.000	1280.30 (1123.10)	5.000	209.30 (183.60) T
3104	Removal orbital prosthesis	04.00		212.700	1418.30 (1244.10)	170.160	1134.60 (995.30)	5.000	209.30 (183.60) T
3105	Orbit: Exenteration	04.00		275.000	1833.70 (1608.50)	220.000	1467.00 (1286.80)	5.000	209.30 (183.60) T
3107	Orbitotomy requiring bone flap	04.00		393.000	2620.50 (2298.70)	314.400	2096.40 (1838.90)	5.000	209.30 (183.60) T
3108	Eye socket reconstruction	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	5.000	209.30 (183.60) T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	04.00		300.000	2000.40 (1754.70)	240.000	1600.30 (1403.80)	5.000	209.30 (183.60) T
3110	Second stage hydroxyapatite implantation	04.00		110.000	733.50 (643.40)	110.000	733.50 (643.40)	5.000	209.30 (183.60) T
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	04.00		-	- F	-	- F		
3112	Fitting of contact lens for treatment of disease including supply of lens	04.00		12.200	81.30 (71.30)	12.200	81.30 (71.30)		
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	04.00		200.000	1333.60 (1169.80)	160.000	1066.90 (935.90)		
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	04.00		78.850	525.80 (461.20)				
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	04.00		166.000	1106.90 (971.00)	132.800	885.50 (776.80)		
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	04.00		135.200	901.50 (790.80)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
3117	Removal of foreign body: On the basis of fee per consultation	04.00		-	- F	-	- F	4.000	167.40 (146.80) T
3118	Curettage of cornea after removal of foreign body (after-care excluded)	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
3119	Tattooing	04.00		26.000	173.40 (152.10)	26.000	173.40 (152.10)	4.000	167.40 (146.80) T
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
3121	Corneal graft (Lamellar or full thickness)	04.00		289.000	1927.10 (1690.40)	231.200	1541.60 (1352.30)	6.000	251.10 (220.30) T
3122	Epikeratophakia	04.00		289.000	1927.10 (1690.40)	231.200	1541.60 (1352.30)		
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	04.00		254.000	1693.70 (1485.70)	203.200	1354.90 (1188.50)	6.000	251.10 (220.30) T
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)		
3125	Keratotomy	04.00		127.000	846.80 (742.80)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	04.00	+	52.180	347.90 (305.20)	52.180	347.90 (305.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	4.000	167.40 (146.80) T
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
3129	Additional to item 3128 for the use of own diamond knives	04.00	+	40.000	266.70 (233.90)	40.000	266.70 (233.90)		
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	04.00		96.900	646.10 (566.80)	96.900	646.10 (566.80)	4.000	167.40 (146.80) T
3131	Cornea: Paracentesis	04.00		53.000	353.40 (310.00)	53.000	353.40 (310.00)	4.000	167.40 (146.80) T
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	04.00		150.000	1000.20 (877.40)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	04.00		116.300	775.50 (680.30)	116.300	775.50 (680.30)	4.000	167.40 (146.80) T
3136	Conjunctival flap or graft (not for use with pterigium surgery)	04.00		95.700	638.10 (559.70)	95.700	638.10 (559.70)	6.000	251.10 (220.30) T
3138	Removal corneal epithelium and chelating agent for band keratopathy	04.00		69.500	463.40 (406.50)	69.500	463.40 (406.50)	4.000	167.40 (146.80) T
16.10	Ducts								
3133	Probing and/or syringing, per duct	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	4.000	167.40 (146.80) T
3135	Insert polythene tubes	04.00		51.800	345.40 (303.00)	51.800	345.40 (303.00)	4.000	167.40 (146.80) T
3137	Excision of lacrimal sac: Unilateral	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3139	Dacrocystorhinostomy (Single) with or without polythene tube	04.00		210.000	1400.30 (1228.30)	168.000	1120.20 (982.60)	5.000	209.30 (183.60) T
3141	Sealing Punctum surgical or by cautery: Per eye	04.00		24.900	166.00 (145.60)	24.900	166.00 (145.60)	4.000	167.40 (146.80) T
3142	Sealing Punctum with plugs: Per eye	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)	4.000	167.40 (146.80) T
3143	Three-snip operation	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	4.000	167.40 (146.80) T
3145	Repair of caniculus: Primary procedure	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3147	Repair of caniculus: Secondary procedure	04.00		175.000	1166.90 (1023.60)	140.000	933.50 (818.90)	4.000	167.40 (146.80) T
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3151	Excision of iris tumour	04.00		185.000	1233.60 (1082.10)	148.000	986.90 (865.70)	6.000	251.10 (220.30) T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	04.00		105.000	700.10 (614.10)	105.000	700.10 (614.10)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3155	Iridocyclectomy for tumour	04.00		266.000	1773.70 (1555.90)	212.800	1419.00 (1244.70)	6.000	251.10 (220.30) T
3157	Division of anterior synechiae as isolated procedure	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3158	Repair iris as in dialysis: Anterior chamber reconstruction	04.00		142.400	949.50 (832.90)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
16.12	Lids								
3161	Tarsorrhaphy	04.00		47.000	313.40 (274.90)	47.000	313.40 (274.90)	4.000	167.40 (146.80) T
3163	Excision of superficial lid tumour	04.00		47.000	313.40 (274.90)	47.000	313.40 (274.90)	4.000	167.40 (146.80) T
3165	Repair of skin laceration lid: Simple	04.00		27.300	182.00 (159.60)	27.300	182.00 (159.60)	4.000	167.40 (146.80) T
3167	Diathermy to wart on lid margin	04.00		12.000	80.00 (70.20)	12.000	80.00 (70.20)	4.000	167.40 (146.80) T
3169	Electrolysis of any number of eyelashes: Per eye	04.00		15.000	100.00 (87.70)	15.000	100.00 (87.70)		
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	04.00		20.400	136.00 (119.30)	20.400	136.00 (119.30)	4.000	167.40 (146.80) T
3173	Epicanthal folds	04.00		128.700	858.20 (752.80)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	04.00		25.000	166.70 (146.20)				
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	04.00		35.000	233.40 (204.70)				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	04.00		187.000	1246.90 (1093.80)	149.600	997.50 (875.00)	4.000	167.40 (146.80) T
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)	4.000	167.40 (146.80) T
3179	Entropion or ectropion by Suture	04.00		49.400	329.40 (288.90)	49.400	329.40 (288.90)	4.000	167.40 (146.80) T
3181	Entropion or ectropion by Open operation	04.00		111.500	743.50 (652.20)	111.500	743.50 (652.20)	4.000	167.40 (146.80) T
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	04.00		122.600	817.50 (717.10)	122.600	817.50 (717.10)	4.000	167.40 (146.80) T
16.12.2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	04.00		259.000	1727.00 (1514.90)	207.200	1381.60 (1211.90)	4.000	167.40 (146.80) T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	04.00		206.000	1373.60 (1204.90)	164.800	1098.90 (963.90)	4.000	167.40 (146.80) T
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	04.00		136.500	910.20 (798.40)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T

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				RVU	Fee	RVU	Fee	RVU	Fee
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	04.00		150.200	1001.50 (878.50)	120.160	801.20 (702.80)	4.000	167.40 (146.80) T
3172	Blepharoplasty lower eyelid plus fat pad	04.00		125.800	838.80 (735.80)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
16.12.3	Lids: Ptosis								
3193	Repair by superior rectus, levator or frontalis muscle operation	04.00		190.000	1266.90 (1111.30)	152.000	1013.50 (889.00)	4.000	167.40 (146.80) T
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	04.00		137.600	917.50 (804.80)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	04.00		166.000	1106.90 (971.00)	132.800	885.50 (776.80)	4.000	167.40 (146.80) T
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	04.00		132.000	880.20 (772.10)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T
3200	Repair of lacerated conjunctiva	04.00		47.000	313.40 (274.90)	47.000	313.40 (274.90)	4.000	167.40 (146.80) T
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.								04.00
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	04.00		109.000	726.80 (637.50)				
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	04.00							
3196	Diamond knife: Use of own diamond knife during intraocular surgery	04.00		12.000	80.00 (70.20)				
3198	Excimer laser: Hire fee (per eye)	04.00		284.130	1894.60 (1661.90)				
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	04.00		109.000	726.80 (637.50)				
3202	Phako emulsification apparatus: Hire fee	04.00		109.000	726.80 (637.50)				
3203	Vitrectomy apparatus: Hire fee	04.00		120.000	800.20 (701.90)				
17	Ear								
17.1	External ear (Pinna)								
3267	Major congenital deformity reconstruction of external ear: Unilateral	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
3269	Major congenital deformity reconstruction of external ear: Bilateral	04.00		242.000	1613.70 (1415.50)	193.600	1290.90 (1132.40)	5.000	209.30 (183.60) T
3270	Excision of superficial pre-auricular fistula	04.00		55.000	366.70 (321.70)	55.000	366.70 (321.70)	4.000	167.40 (146.80) T
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	04.00		-	- f				
3272	Excision of complicated pre-auricular fistula	04.00		140.000	933.50 (818.90)	120.000	800.20 (701.90)	4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	04.00		-	- F	-	- F		
3205	External ear canal: Removal of foreign body: Under general anaesthetic	04.00		21.000	140.00 (122.80)	21.000	140.00 (122.80)	4.000	167.40 (146.80) T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	04.00		164.000	1093.60 (959.30)	131.200	874.80 (767.40)	4.000	167.40 (146.80) T
3217	Meatus atresia: Congenital	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	4.000	167.40 (146.80) T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	04.00		77.000	513.40 (450.40)	77.000	513.40 (450.40)	4.000	167.40 (146.80) T
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	04.00		215.000	1433.60 (1257.50)	172.000	1146.90 (1006.10)	4.000	167.40 (146.80) T
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	04.00		8.000	53.30 (46.80)	8.000	53.30 (46.80)		
3207	Myringotomy: Unilateral	04.00		28.000	186.70 (163.80)	28.000	186.70 (163.80)	4.000	167.40 (146.80) T
3209	Myringotomy: Bilateral	04.00		46.000	306.70 (269.00)	46.000	306.70 (269.00)	4.000	167.40 (146.80) T
3211	Unilateral myringotomy with insertion of ventilation tube	04.00		38.000	253.40 (222.30)	38.000	253.40 (222.30)	4.000	167.40 (146.80) T
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	04.00		57.000	380.10 (333.40)	57.000	380.10 (333.40)	4.000	167.40 (146.80) T
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	04.00		65.000	433.40 (380.20)	65.000	433.40 (380.20)	4.000	167.40 (146.80) T
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	04.00		255.000	1700.30 (1491.50)	204.000	1360.30 (1193.20)	5.000	209.30 (183.60) T
3237	Exploratory tympanotomy	04.00		158.900	1059.50 (929.40)	127.120	847.60 (743.50)	5.000	209.30 (183.60) T
3243	Myringoplasty	04.00		138.000	920.20 (807.20)	120.000	800.20 (701.90)	5.000	209.30 (183.60) T
3245	Functional reconstruction of tympanic membrane	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	5.000	209.30 (183.60) T
3249	Stapedotomy and stapedectomy	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	5.000	209.30 (183.60) T
3257	Cortical mastoidectomy	04.00		188.500	1256.90 (1102.50)	150.800	1005.50 (882.00)	5.000	209.30 (183.60) T
3259	Radical mastoidectomy (excluding minor procedures)	04.00		277.400	1849.70 (1622.50)	221.920	1479.80 (1298.10)	5.000	209.30 (183.60) T
3261	Muscle grafting to mastoid cavity without tympanoplasty	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	5.000	209.30 (183.60) T
3263	Autogenous bone graft to mastoid cavity	04.00		180.000	1200.20 (1052.80)	144.000	960.20 (842.30)	5.000	209.30 (183.60) T
3264	Tympanomastoidectomy	04.00		375.000	2500.50 (2193.40)	300.000	2000.40 (1754.70)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3265	Reconstruction of posterior canal wall, following radical mastoid	04.00		320.000	2133.80 (1871.80)	256.000	1707.00 (1497.40)	5.000	209.30 (183.60) T
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	04.00		30.000	200.00 (175.40)	30.000	200.00 (175.40)	5.000	209.30 (183.60) T
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	04.00		9.000	60.00 (52.60)	9.000	60.00 (52.60)	4.000	167.40 (146.80) T
3224	Electroneurography (ENOG)	04.00		75.000	500.10 (438.70)	75.000	500.10 (438.70)	4.000	167.40 (146.80) T
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	04.00		297.000	1980.40 (1737.20)	237.600	1584.30 (1389.70)	5.000	209.30 (183.60) T
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	04.00		436.000	2907.20 (2550.20)	348.800	2325.80 (2040.20)	5.000	209.30 (183.60) T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	04.00		436.000	2907.20 (2550.20)	348.800	2325.80 (2040.20)	5.000	209.30 (183.60) T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	04.00		124.000	826.80 (725.30)	120.000	800.20 (701.90)	6.000	251.10 (220.30) T
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	04.00		50.000	333.40 (292.50)				
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	04.00		88.000	586.80 (514.70)				
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	04.00		60.000	400.10 (351.00)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	04.00		105.000	700.10 (614.10)				
2695	Audiology 40Hz response: Unilateral	04.00		30.000	200.00 (175.40)				
2696	Audiology 40Hz response: Bilateral	04.00		53.000	353.40 (310.00)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	04.00		30.000	200.00 (175.40)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	04.00		53.000	353.40 (310.00)				
2699	Electro-cochleography: Unilateral	04.00		50.000	333.40 (292.50)				
2700	Electro-cochleography: Bilateral	04.00		88.000	586.80 (514.70)				
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	04.00		140.000	933.50 (818.90)			4.000	167.40 (146.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3248	Otoacoustic emission performed as a screening test	05.03		33.240	221.60 (194.40) Z	33.240	221.60 (194.40) Z		
3250	Otoacoustic emission (high risk patients only)	04.00		66.480	443.30 (388.90)	66.480	443.30 (388.90)		
3273	Pure tone audiometry (air conduction)	04.00		6.500	43.30 (38.00)	6.500	43.30 (38.00)		
3274	Pure tone audiometry (bone conduction with masking)	04.00		6.500	43.30 (38.00)	6.500	43.30 (38.00)		
3275	Impedance audiometry (tympanometry)	04.00		6.500	43.30 (38.00)	6.500	43.30 (38.00)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	04.00		6.500	43.30 (38.00)	6.500	43.30 (38.00)		
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	06.04		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	04.00		6.500	43.30 (38.00)	6.500	43.30 (38.00)		
17.5.2 Inner ear: Balance tests									
3251	Minimal caloric test (excluding consultation fee)	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
3252	Bithermal Halpike caloric test (excluding consultation fee)	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
3253	Electro-nystagmography for spontaneous and positional nystagmus	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)		
3254	Video nystagmoscopy (monocular)	04.00		25.000	166.70 (146.20)	25.000	166.70 (146.20)		
3255	Caloric test done with electronystamography	04.00		70.000	466.80 (409.50)	70.000	466.80 (409.50)		
3256	Video nystagmoscopy (binocular)	04.00		50.000	333.40 (292.50)	50.000	333.40 (292.50)		
3258	Otolith repositioning manoeuvre	04.00		14.000	93.40 (81.90)	14.000	93.40 (81.90)	4.000	167.40 (146.80) T
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	04.00		71.480	476.60 (418.10) Z	71.480	476.60 (418.10) Z		
17.5.3 Inner ear surgery									
3233	Labyrinthectomy via the middle ear or mastoid	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	5.000	209.30 (183.60) T
3240	Endolymphatic sac surgery	04.00		277.000	1847.00 (1620.20)	221.600	1477.60 (1296.10)	4.000	167.40 (146.80) T
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	04.00		310.000	2067.10 (1813.20)	248.000	1653.70 (1450.60)	5.000	209.30 (183.60) T
3246	Cochlear implant surgery	04.00		340.500	2270.50 (1991.70)	272.400	1816.40 (1593.30)	5.000	209.30 (183.60) T
17.6 Microsurgery of the skull base									
17.6.1 Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)									
3229	Facial nerve: Exploration of the labyrinthine segment	04.00		420.000	2800.60 (2456.70)	336.000	2240.40 (1965.30)	5.000	209.30 (183.60) T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	06.04		510.000	3400.70 (2983.10)	408.000	2720.50 (2386.40)	11.000	460.40 (403.90) T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	06.04		620.000	4134.20 (3626.50)	496.000	3307.30 (2901.10)	11.000	460.40 (403.90) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	04.00		530.000	3534.00 (3100.00)	424.000	2827.20 (2480.00)	11.000	460.40 (403.90) T
5224	Removal of acoustic neuroma via the middle fossa approach	04.00		660.000	4400.90 (3860.40)	528.000	3520.70 (3088.30)	11.000	460.40 (403.90) T
17.6.2	Microsurgery of the skull base: Translabyrinthine approach								
3239	Acoustic neuroma removal translabyrinthine	04.00		660.000	4400.90 (3860.40)	528.000	3520.70 (3088.30)	5.000	209.30 (183.60) T
5227	Cochleo-vestibular neurectomy	04.00		530.000	3534.00 (3100.00)	424.000	2827.20 (2480.00)	11.000	460.40 (403.90) T
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	06.04		660.000	4400.90 (3860.40)	528.000	3520.70 (3088.30)	11.000	460.40 (403.90) T
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	04.00		660.000	4400.90 (3860.40)	528.000	3520.70 (3088.30)	11.000	460.40 (403.90) T
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	04.00		710.000	4734.30 (4152.90)	568.000	3787.40 (3322.30)	11.000	460.40 (403.90) T
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
5238	Removal of tumour of the petrous apex	04.00		620.000	4134.20 (3626.50)	496.000	3307.30 (2901.10)	11.000	460.40 (403.90) T
5239	Removal of tumour of the clivus	04.00		620.000	4134.20 (3626.50)	496.000	3307.30 (2901.10)	11.000	460.40 (403.90) T
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	04.00		520.000	3467.40 (3041.60)	416.000	2773.90 (2433.20)	8.000	334.80 (293.70) T
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	04.00		520.000	3467.40 (3041.60)	416.000	2773.90 (2433.20)	11.000	460.40 (403.90) T
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	04.00		600.000	4000.80 (3509.50)	480.000	3200.60 (2807.50)	11.000	460.40 (403.90) T
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	04.00		480.000	3200.60 (2807.50)	384.000	2560.50 (2246.10)	11.000	460.40 (403.90) T
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	04.00		520.000	3467.40 (3041.60)	416.000	2773.90 (2433.20)	11.000	460.40 (403.90) T
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	04.00		600.000	4000.80 (3509.50)	480.000	3200.60 (2807.50)	8.000	334.80 (293.70) T
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	04.00		660.000	4400.90 (3860.40)	528.000	3520.70 (3088.30)	8.000	334.80 (293.70) T
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)	04.00	+	0.750	5.00 (4.39)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	04.00		13.500	90.00 (78.90)				
3281	Ultrasonic therapy	04.00		10.000	66.70 (58.50)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3282	Shortwave diathermy	04.00		10.000	66.70 (58.50)				
3284	Sensory nerve conduction studies	04.00		31.000	206.70 (181.30)				
3285	Motor nerve conduction studies	04.00		26.000	173.40 (152.10)				
3287	Spinal joint and ligament injection	04.00		20.000	133.40 (117.00)	20.000	133.40 (117.00)		
3288	Epidural injection	04.00		36.000	240.00 (210.50)				
3289	Multiple injections: First joint	04.00		7.500	50.00 (43.90)				
3290	Multiple injections: Each additional joint	04.00		4.500	30.00 (26.30)				
3291	Tendon or ligament injection	04.00		9.000	60.00 (52.60)				
3292	Aspiration of joint or inter-articular injection	04.00		9.000	60.00 (52.60)				
3293	Aspiration or injection of bursa or ganglion	04.00		9.000	60.00 (52.60)				
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	06.05		20.000	133.40 (117.00)				
3295	Paravertebral root block: Unilateral	04.00		20.000	133.40 (117.00)				
3296	Paravertebral root block: Bilateral	04.00		30.000	200.00 (175.40)				
3297	Manipulation of spine performed by a specialist in Physical Medicine	04.00		14.000	93.40 (81.90)				
3298	Spinal traction	04.00		6.000	40.00 (35.10)				
3299	Manipulation of large joints: Under general anaesthesia	04.00		14.000	93.40 (81.90)			3.000	125.60 (110.20) T
3299a	Manipulation of large joints: Under general anaesthesia	05.01		14.000	93.40 (81.90)			4.000	167.40 (146.80) T
3300	Manipulation of large joints: Without anaesthetic	04.00		-	- F	-	- F		
3301	Muscle fatigue studies	04.00		20.000	133.40 (117.00)				
3302	Strength duration curve per session	04.00		10.500	70.00 (61.40)				
3303	Electromyography	04.00		75.000	500.10 (438.70)				
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)	04.00		10.000	66.70 (58.50)	10.000	66.70 (58.50)		
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)								04.00
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								04.00
RULES GOVERNING THE SECTION RADIOLOGY									
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								04.00
Z.	No fee is subject to more than one reduction								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
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									04.00
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").									04.00
MODIFIERS GOVERNING THE SECTION										
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									04.00
0080	Multiple examinations: Full Fee									04.00
0081	Repeat examinations: No reduction									04.00
0082	“+” Means that this item is complementary to a preceding item and is therefore not subject to reduction									04.00
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									04.00
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)									04.00
19.1	Skeleton									
19.1.1	Skeleton: Limbs									
3305	Finger, toe	04.00				6.300	59.50 (52.20)			
3309	Smith-Petersen or equivalent control, in theatre	04.00				38.700	365.60 (320.70)			
3311	Stress studies, e.g, joint	04.00				7.700	72.70 (63.80)			
3313	Full length study, both legs	04.00				15.500	146.40 (128.40)			
3315	Skeletal survey under 5 years	04.00				19.900	188.00 (164.90)			
3317	Skeletal survey over 5 years	04.00				28.000	264.50 (232.00)			
3319	Arthrography per joint	04.00				15.400	145.50 (127.60)			
3320	Introduction of contrast medium or air: ADD	04.00	+			13.800	130.40 (114.40)			
6500	Hand	04.00				7.700	72.70 (63.80)			
6501	Wrist (specify region)	04.00				7.700	72.70 (63.80)			
6503	Scaphoid	04.00				7.700	72.70 (63.80)			
6504	Radius and ulna	04.00				7.700	72.70 (63.80)			
6505	Elbow	04.00				7.700	72.70 (63.80)			
6506	Humerus	04.00				7.700	72.70 (63.80)			
6507	Shoulder	04.00				7.700	72.70 (63.80)			
6508	Acromio-Clavicular joint	04.00				7.700	72.70 (63.80)			
6509	Clavicle	04.00				7.700	72.70 (63.80)			
6510	Scapula	04.00				7.700	72.70 (63.80)			
6511	Foot	04.00				7.700	72.70 (63.80)			
6512	Ankle	04.00				7.700	72.70 (63.80)			
6513	Calcaneus	04.00				7.700	72.70 (63.80)			

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6514	Tibia and fibula	04.00				7.700	72.70 (63.80)		
6515	Knee	04.00				7.700	72.70 (63.80)		
6516	Patella	04.00				7.700	72.70 (63.80)		
6517	Femur	04.00				7.700	72.70 (63.80)		
6518	Hip	04.00				7.700	72.70 (63.80)		
6519	Sesamoid Bone	04.00				7.700	72.70 (63.80)		
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	04.00				11.000	103.90 (91.10)		
3325	Stress studies	04.00				11.000	103.90 (91.10)		
3329	Scoliosis studies	04.00				21.000	198.40 (174.00)		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	04.00				11.000	103.90 (91.10)		
3333	Myelography: Lumbar	04.00				28.900	273.00 (239.50)	4.000	167.40 (146.80) T
3334	Myelography: Thoracic	04.00				22.200	209.70 (183.90)	4.000	167.40 (146.80) T
3335	Myelography: Cervical	04.00				35.500	335.30 (294.10)	4.000	167.40 (146.80) T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	04.00						4.000	167.40 (146.80) T
3344	Introduction of contrast medium	04.00	+			18.700	176.60 (154.90)		
3345	Discography	04.00				34.600	326.80 (286.70)	4.000	167.40 (146.80) T
3347	Introduction of contrast medium per disc level: ADD	04.00	+			28.200	266.40 (233.70)		
19.1.3	Skeleton: Skull								
3349	Skull studies	04.00				15.700	148.30 (130.10)		
3351	Paranasal sinuses	04.00				11.000	103.90 (91.10)		
3353	Facial bones and/or orbits	04.00				12.600	119.00 (104.40)		
3355	Mandible	04.00				9.400	88.80 (77.90)		
3357	Nasal bone	04.00				7.800	73.70 (64.60)		
3359	Mastoid: Bilateral	04.00				18.000	170.00 (149.10)		
3361	Teeth: One quadrant	04.00				3.700	35.00 (30.70)		
3363	Teeth: Two quadrants	04.00				6.300	59.50 (52.20)		
3365	Teeth: Full mouth	04.00				11.000	103.90 (91.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3366	Teeth: Rotation tomography of the teeth and jaws	04.00				13.300	125.60 (110.20)		
3367	Teeth: Tempero-mandibular joints: Per side	04.00				11.000	103.90 (91.10)		
3369	Teeth: Tomography: Per side	04.00				11.000	103.90 (91.10)		
3371	Localisation of foreign body in the eye	04.00				15.700	148.30 (130.10)		
3381	Ventriculography	04.00				27.300	257.90 (226.20)	4.000	167.40 (146.80) T
3385	Post-nasal studies: Lateral neck	04.00				6.300	59.50 (52.20)		
3387	Maxillo-facial cephalometry	04.00				8.800	83.10 (72.90)		
3389	Dacrocystography	04.00				11.000	103.90 (91.10)	4.000	167.40 (146.80) T
3391	For introduction of contrast medium: ADD	04.00	+			11.000	103.90 (91.10)		
19.2	Alimentary tract								
3393	Bowel washout: ADD	04.00	+			4.800	45.30 (39.70)		
3395	Sialography (plus 80% for each additional gland)	04.00				12.700	120.00 (105.30)	4.000	167.40 (146.80) T
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	04.00	+			11.000	103.90 (91.10)		
3399	Pharynx and oesophagus	04.00				12.700	120.00 (105.30)		
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00				20.000	188.90 (165.70)		
3405	Double contrast: ADD	04.00	+			7.300	69.00 (60.50)		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	04.00				20.000	188.90 (165.70)		
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	04.00				28.900	273.00 (239.50)		
3409	Barium enema (control film of abdomen included)	04.00				18.300	172.90 (151.70)		
3411	Air contrast study: ADD	04.00	+			19.300	182.30 (159.90)		
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	04.00				23.300	220.10 (193.10)	4.000	167.40 (146.80) T
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	04.00				15.500	146.40 (128.40)	4.000	167.40 (146.80) T
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	04.00							
3417	Gastric/oesophageal/duodenal intubation control	04.00				5.900	55.70 (48.90)		
3419	Gastric/oesophageal intubation insertion of tube: ADD	04.00	+			5.600	52.90 (46.40)		
3421	Duodenal intubation: Insertion of tube: ADD	04.00	+			11.000	103.90 (91.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3423	Hypotonic duodenography (item 3403 and item 3405 included)	04.00	+			29.300	276.80 (242.80)		
19.3	Biliary tract								
3425	Oral cholecystography	04.00				15.700	148.30 (130.10)		
3427	Cholangiography: Intravenous	04.00				22.000	207.80 (182.30)		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	04.00				21.000	198.40 (174.00)		
3433	Post operative: T-tube	04.00				16.700	157.70 (138.30)		
3435	Introduction of contrast medium: ADD	04.00	+			5.600	52.90 (46.40)		
3437	Trans hepatic, percutaneous	04.00				18.300	172.90 (151.70)		
3439	Introduction of contrast medium: ADD	04.00	+			33.100	312.70 (274.30)		
3441	Tomography of biliary tract: ADD	04.00	+			9.400	88.80 (77.90)		
19.4	Chest								
3443	Larynx (Tomography included)	04.00				12.500	118.10 (103.60)		
3445	Chest (item 3601 included)	04.00				9.400	88.80 (77.90)		
3447	Chest and cardiac studies (item 3601)	04.00				12.600	119.00 (104.40)		
3449	Ribs	04.00				12.300	116.20 (101.90)		
3451	Sternum or sterno-clavicular joints	04.00				12.600	119.00 (104.40)		
3453	Bronchography: Unilateral	04.00				12.600	119.00 (104.40)	8.000	334.80 (293.70) T
3455	Bronchography: Bilateral	04.00				22.100	208.80 (183.20)	8.000	334.80 (293.70) T
3457	Introduction of contrast medium included	04.00				35.700	337.20 (295.80)		
3461	Pleurography	04.00				12.600	119.00 (104.40)	3.000	125.60 (110.20) T
3463	For introduction of contrast medium: ADD	04.00	+			2.800	26.40 (23.20)		
3465	Laryngography	04.00				11.000	103.90 (91.10)		
3467	For introduction of contrast medium: ADD	04.00	+			10.000	94.50 (82.90)		
3468	Thoracic inlet	04.00				6.300	59.50 (52.20)		
19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	04.00				9.400	88.80 (77.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3479	Acute abdomen or equivalent studies	04.00				15.700	148.30 (130.10)		
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	04.00				25.100	237.10 (208.00)		
3493	Waterload test: ADD	04.00	+			12.200	115.20 (101.10)		
3497	Cystography only or urethrography only (retrograde)	04.00				19.300	182.30 (159.90)		
3499	Cysto-urethrography: Retrograde	04.00				31.900	301.30 (264.30)		
3503	Cysto-urethrography: Introduction of contrast medium	04.00	+			3.700	35.00 (30.70)		
3505	Retrograde-prograde pyelography	04.00				18.300	172.90 (151.70)	3.000	125.60 (110.20) T
3511	Aspiration renal cyst	04.00				18.400	173.80 (152.50)		
3513	Tomography of renal tract: ADD	04.00	+			9.400	88.80 (77.90)		
19.7	Gynaecology and obstetrics								
3515	Pregnancy	04.00				9.400	88.80 (77.90)		
3517	Pelvimetry	04.00				17.400	164.40 (144.20)		
3519	Hystero-salpingography	04.00				12.500	118.10 (103.60)	3.000	125.60 (110.20) T
3521	Introduction of contrast medium: ADD	04.00	+			15.300	144.50 (126.80)		
19.8	Vascular studies								
	<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>								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
MODIFIER GOVERNING VASCULAR STUDIES									
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								04.00
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)								04.00
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)								04.00
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)								04.00
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								04.00
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								04.00
19.8.1	Vascular studies: Film Series								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								04.00
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment	04.00							
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment	04.00							
3538	Analogue monoplane table with DSA attachment	04.00							
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment	04.00							
3540	Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof	04.00							
3545	Venography: Per limb	04.00				16.500	155.90 (136.80)		
3548	Analogue monoplane screening table	04.00							
3550	Digital monoplane screening table	04.00							
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	04.00				166.800	1575.60 (1382.10)		
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	04.00				48.600	459.10 (402.70)	4.000	167.40 (146.80) T
3558	Translumbar aortic puncture, with full study	04.00				69.600	657.40 (576.70)	5.000	209.30 (183.60) T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	04.00				57.000	538.40 (472.30)	4.000	167.40 (146.80) T
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram	06.04				65.400	617.80 (541.90)	4.000	167.40 (146.80) T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	04.00				73.200	691.40 (606.50)	4.000	167.40 (146.80) T
3564	Direct femoral arterial or venous or jugular venous puncture	04.00				37.200	351.40 (308.20)		
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)	04.00				85.800	810.50 (711.00)	5.000	209.30 (183.60) T
3569	Intravascular pressure studies, arterial or venous, once off per case	04.00				19.800	187.00 (164.00)		
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	04.00				130.800	1235.50 (1083.80)	5.000	209.30 (183.60) T
3572	Transcatheter selective blood sampling, arterial or venous	04.00				32.400	306.10 (268.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3574	Spinal angiogram (global fee) including all selective catheterisations	04.00				480.000	4534.10 (3977.30)	5.000	209.30 (183.60) T
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb	04.00	+			7.400	69.90 (61.30)		
3575	Cut-downs for venography: ADD	04.00	+			11.000	103.90 (91.10)		
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								04.00
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	04.00							
3579	Tomography (multi-dimensional in motion): ADD 150%	04.00							
3581	Cinematography: For first series: ADD 100%	04.00							
3583	Cinematography: For each series after the first: ADD 80% of the primary fee	04.00							
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	04.00							
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)	04.00							
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)	04.00				-	-		
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)	04.00				-	-		
6400	Plus spiral CT	04.00							
6401	Plus 3D reconstruction	04.00							
6402	Plus high resolution study	04.00							
6403	CT limb uncontrasted	04.00						5.000	209.30 (183.60) T
6404	CT limb with contrast only	04.00						5.000	209.30 (183.60) T
6405	CT limb pre- AND post contrast	04.00						5.000	209.30 (183.60) T
6406	CT joint uncontrasted	04.00						5.000	209.30 (183.60) T
6407	CT joint with contrast only	04.00						5.000	209.30 (183.60) T
6408	CT joint pre AND post contrast	04.00						5.000	209.30 (183.60) T
6409	CT brain uncontrasted (including posterior fossa)	04.00						5.000	209.30 (183.60) T
6410	CT brain with contrast only (including posterior fossa)	04.00						5.000	209.30 (183.60) T
6411	CT brain pre AND post contrast (including posterior fossa)	04.00						5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6412	CT orbits complete study, axial OR coronal, uncontrasted	04.00						5.000	209.30 (183.60) T
6413	CT orbits complete study, axial AND coronal, uncontrasted	04.00						5.000	209.30 (183.60) T
6414	CT orbits complete study, axial OR coronal pre AND post contrast	04.00						5.000	209.30 (183.60) T
6415	CT orbits complete study, axial AND coronal pre AND post contrast	04.00						5.000	209.30 (183.60) T
6416	CT paranasal sinuses limited study axial OR coronal	04.00						5.000	209.30 (183.60) T
6417	CT paranasal sinuses limited study axial AND coronal	04.00						5.000	209.30 (183.60) T
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	04.00						5.000	209.30 (183.60) T
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	04.00						5.000	209.30 (183.60) T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	04.00						5.000	209.30 (183.60) T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	04.00						5.000	209.30 (183.60) T
6422	CT pituitary fossa, uncontrasted	04.00						5.000	209.30 (183.60) T
6423	CT pituitary fossa, pre AND post contrast	04.00						5.000	209.30 (183.60) T
6424	CT internal auditory meati, uncontrasted	04.00						5.000	209.30 (183.60) T
6425	CT internal auditory meati, pre AND post contrast	04.00						5.000	209.30 (183.60) T
6426	CT mastoids	04.00						5.000	209.30 (183.60) T
6427	CT ear structures, limited study	04.00						5.000	209.30 (183.60) T
6428	CT middle AND inner ear, complete study including reconstructions	04.00						5.000	209.30 (183.60) T
6429	CT facial bones	04.00						5.000	209.30 (183.60) T
6430	CT neck soft tissue, uncontrasted	04.00						5.000	209.30 (183.60) T
6431	CT neck soft tissue with contrast only	04.00						5.000	209.30 (183.60) T
6432	CT neck pre AND post contrast	04.00						5.000	209.30 (183.60) T
6433	CT cervical spine uncontrasted	04.00						5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6434	CT cervical spine pre AND post contrast	04.00						5.000	209.30 (183.60) T
6435	CT cervical spine post myelogram	04.00						5.000	209.30 (183.60) T
6436	CT dorsal spine uncontrasted	04.00						5.000	209.30 (183.60) T
6437	CT dorsal spine pre AND post contrast	04.00						5.000	209.30 (183.60) T
6438	CT dorsal spine post myelogram	04.00						5.000	209.30 (183.60) T
6439	CT lumbar spine uncontrasted	04.00						5.000	209.30 (183.60) T
6440	CT lumbar spine pre AND post contrast	04.00						5.000	209.30 (183.60) T
6441	CT lumbar spine post myelogram	04.00						5.000	209.30 (183.60) T
6442	CT pelvimetry (topogram only)	04.00						5.000	209.30 (183.60) T
6443	CT chest uncontrasted	04.00						5.000	209.30 (183.60) T
6444	CT chest with contrast	04.00						5.000	209.30 (183.60) T
6445	CT chest pre AND post contrast	04.00						5.000	209.30 (183.60) T
6446	CT chest high resolution lungs, limited study	04.00						5.000	209.30 (183.60) T
6447	CT high resolution lungs, complete study	04.00						5.000	209.30 (183.60) T
6448	CT abdomen uncontrasted	04.00						5.000	209.30 (183.60) T
6449	CT abdomen with contrast	04.00						5.000	209.30 (183.60) T
6450	CT abdomen pre AND post contrast	04.00						5.000	209.30 (183.60) T
6451	CT abdomen triphasic study	04.00						5.000	209.30 (183.60) T
6452	CT pelvis uncontrasted	04.00						5.000	209.30 (183.60) T
6453	CT pelvis with contrast	04.00						5.000	209.30 (183.60) T
6454	CT pelvis pre AND post contrast	04.00						5.000	209.30 (183.60) T
6455	CT abdomen AND pelvis uncontrasted	04.00						5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6456	CT abdomen AND pelvis with contrast	04.00						5.000	209.30 (183.60) T
6457	CT abdomen AND pelvis pre AND post contrast	04.00						5.000	209.30 (183.60) T
6458	CT chest, abdomen AND pelvis with contrast	04.00						5.000	209.30 (183.60) T
6459	CT base of skull to symphysis pubis with contrast	04.00						5.000	209.30 (183.60) T
6460	CT for dental implants maxilla OR mandible	04.00							
6461	CT for dental implants maxilla AND mandible	04.00							
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)	04.00						5.000	209.30 (183.60) T
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	04.00						5.000	209.30 (183.60) T
6464	CT limited study, any region. Region to be identified on the account	04.00						5.000	209.30 (183.60) T
6465	CT guidance for aspiration, biopsy or drainage	04.00						11.000	460.40 (403.90) T
6466	CT guidance for aspiration at time of CT diagnostic study	04.00							
6467	CT stereotactic localisation for biopsy	04.00						11.000	460.40 (403.90) T
6468	CT for radiotherapy planning (not to be used as an add-on)	04.00							
6469	Quantitative CT for bone mineral density	04.00							
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast	04.00						5.000	209.30 (183.60) T
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast	04.00						5.000	209.30 (183.60) T
6472	Computer Aided Diagnosis for Mammography	04.00							
19.10	Radiology: Miscellaneous								
3594	Mammogram of surgically removed breast biopsy specimen	04.00							
3600	Peripheral bone densitometry utilizing ionizing radiation	04.00		13.000	122.80 (107.70)	13.000	122.80 (107.70)		
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	04.00	+			7.700	72.70 (63.80)		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	04.00				10.700	101.10 (88.70)		
3603	Sinography	04.00				18.400	173.80 (152.50)		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	04.00		77.000	727.30 (638.00)	77.000	727.30 (638.00)		
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	04.00				33.000	311.70 (273.40)		
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	04.00				21.000	198.40 (174.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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)	04.00				5.600	52.90 (46.40)		
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	04.00				40.000	377.80 (331.40)	3.000	125.60 (110.20) T
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	04.00				-	-		
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	04.00	+			11.000	103.90 (91.10)		
3613	Setting of sterile trays	04.00				3.300	31.20 (27.40)		
5029	Mammotome - stereotaxis: Hand held	04.00							
5034	Fine needle aspiration or biopsy or core biopsy of mamma	04.00				25.000	236.20 (207.20)	6.000	251.10 (220.30) T
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values								04.00
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								04.00
3596	Intravascular ultrasound per case, arterial or venous, for intervention	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)		
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	04.00		110.000	699.20 (613.30)	110.000	699.20 (613.30)	5.000	209.30 (183.60) T
3612	Ultrasonic bone densitometry	04.00		19.000	120.80 (106.00)	19.000	120.80 (106.00)		
3614	Transvaginal aspiration of ova	04.00		110.000	699.20 (613.30)	110.000	699.20 (613.30)		
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3616	Contrast media: General Rule Y applies	04.00							
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	04.00		40.000	254.20 (223.00)	40.000	254.20 (223.00)		
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	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	9.000	376.70 (330.40) T
3620	Cardiac examination plus Doppler colour mapping	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3621	Cardiac examination (MMode)	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)		
3622	Cardiac examination: 2 Dimensional	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3623	Cardiac examination + effort	04.00	+	10.000	63.60 (55.80)	10.000	63.60 (55.80)		
3624	Cardiac examinations + contrast	04.00	+	10.000	63.60 (55.80)	10.000	63.60 (55.80)		
3625	Cardiac examinations + doppler	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3626	Cardiac examination + phonocardiography	04.00	+	10.000	63.60 (55.80)	10.000	63.60 (55.80)		
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)	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)		
3628	Renal tract	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3631	Ophthalmic examination	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3633	Neonatal head scan	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
3634	Peripheral vascular study, B mode only	04.00		39.000	247.90 (217.50)	39.000	247.90 (217.50)		
3635	+ Doppler	04.00		39.000	247.90 (217.50)	39.000	247.90 (217.50)		
3636	Trans-oesophageal echocardiography including passing the device	04.00		100.000	635.60 (557.50)	100.000	635.60 (557.50)		
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)	04.00		78.000	495.80 (434.90)	78.000	495.80 (434.90)		
5026	Ultrasound guided amniocentesis	04.00		39.000	247.90 (217.50)			6.000	251.10 (220.30) T
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
5101	Pleural space ultrasound	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
5103	Ultrasound soft tissue, any region	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
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	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)		
5107	Ultrasound after 24 weeks - motivation required	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)		
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)		
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	04.00		128.000	813.60 (713.70)	120.000	762.70 (669.00)		
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)	04.00		206.000	1309.30 (1148.50)	164.800	1047.50 (918.90)		
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	04.00		117.000	743.70 (652.40)	117.000	743.70 (652.40)		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	04.00		117.000	743.70 (652.40)	117.000	743.70 (652.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	04.00		178.000	1131.40 (992.50)	142.400	905.10 (793.90)		
5115	Intra-operative ultrasound study	04.00		50.000	317.80 (278.80)	50.000	317.80 (278.80)	3.000	125.60 (110.20) T
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	04.00		88.000	559.30 (490.60)	88.000	559.30 (490.60)		
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	04.00		44.000	279.70 (245.40)	44.000	279.70 (245.40)		
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS									
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								04.00
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	04.00		6.000	38.14 (33.46)	6.000	38.14 (33.46)		
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								04.00
GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY									
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								04.00
19.12	Portable unit examinations								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	04.00	+			7.000	66.10 (58.00)		
3640	Theatre investigations with fixed installation	04.00	+			3.000	28.30 (24.80)		
19.13	Diagnostic procedures requiring the use of radio-isotopes								
AA.	Procedures to exclude cost of isotope								04.00
3641	Tracer test	04.00		33.200	313.60 (275.10)	22.100	208.80 (183.20)		
3642	Repeat of further tracer tests for same investigation: Half of above fee	04.00		16.600	156.80 (137.50)	11.100	104.90 (92.00)		
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee	04.00							
3644	Tracer test of complete body or brain tumour location	04.00		82.200	776.50 (681.10)	54.800	517.60 (454.00)		
3645	Other organ scanning with use of relevant radio isotopes	04.00		82.200	776.50 (681.10)	54.800	517.60 (454.00)		
3646	Thyroid scanning	04.00		28.800	272.00 (238.60)	19.200	181.40 (159.10)		
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera	04.00							
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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>								04.00
	Note: In regard to multiple examinations see modifier 0080								04.00
5002	Percutaneous transluminal angioplasty: Aortic/IVC	04.00				102.600	969.20 (850.20)	13.000	544.10 (477.30) T
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	04.00				102.600	969.20 (850.20)	13.000	544.10 (477.30) T
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	04.00				102.600	969.20 (850.20)	13.000	544.10 (477.30) T
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	04.00				139.200	1314.90 (1153.40)	13.000	544.10 (477.30) T
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	04.00				139.200	1314.90 (1153.40)	13.000	544.10 (477.30) T
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	04.00				172.200	1626.60 (1426.80)	13.000	544.10 (477.30) T
5014	Atherectomy (per vessel)	04.00				204.600	1932.70 (1695.40)		
5016	Aspiration thrombectomy (per vessel)	04.00				131.400	1241.20 (1088.80)		
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	04.00				106.800	1008.80 (884.90)	5.000	209.30 (183.60) T
5022	Embolisation non-intracranial, per vessel	04.00				106.800	1008.80 (884.90)	9.000	376.70 (330.40) T
5030	Percutaneous nephrostomy for further procedure or drainage	04.00				73.800	697.10 (611.50)	6.000	251.10 (220.30) T
5031	Antegrade ureteric stent insertion	04.00				69.600	657.40 (576.70)	6.000	251.10 (220.30) T
5033	Percutaneous cystostomy in radiology suite	04.00				30.000	283.40 (248.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5035	Urethral balloon dilatation in radiology suite	04.00				22.800	215.40 (188.90)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	04.00				34.200	323.10 (283.40)		
5037	Urethral stenting in radiology suite	04.00				102.600	969.20 (850.20)		
5038	Intracranial/spinal AVM embolisation (per session)	04.00				335.400	3168.20 (2779.10)	13.000	544.10 (477.30) T
5039	Intracranial thrombolysis (on-table) per session	04.00				139.200	1314.90 (1153.40)	13.000	544.10 (477.30) T
5040	Intracranial aneurysm occlusion	04.00				286.800	2709.10 (2376.40)	13.000	544.10 (477.30) T
5041	Balloon occlusion/Wada test	04.00				106.800	1008.80 (884.90)	9.000	376.70 (330.40) T
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	06.04				286.800	2709.10 (2376.40)	13.000	544.10 (477.30) T
5043	Intracranial angioplasty	04.00				204.600	1932.70 (1695.40)	13.000	544.10 (477.30) T
5044	Transhepatic portogram	04.00				139.200	1314.90 (1153.40)	9.000	376.70 (330.40) T
5045	Hepatic arterial infusion catheter insertion	04.00				156.000	1473.60 (1292.60)	6.000	251.10 (220.30) T
5046	Percutaneous biliary drainage (external)	04.00				102.600	969.20 (850.20)	9.000	376.70 (330.40) T
5047	Combined internal/external biliary drainage	04.00				102.600	969.20 (850.20)	9.000	376.70 (330.40) T
5048	Biliary stent insertion	04.00				139.200	1314.90 (1153.40)	9.000	376.70 (330.40) T
5049	Percutaneous gall bladder drainage	04.00				69.600	657.40 (576.70)	9.000	376.70 (330.40) T
5050	Percutaneous or renal gall bladder stone removal	04.00				172.200	1626.60 (1426.80)	5.000	209.30 (183.60) T
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1314.90 (1153.40)	13.000	544.10 (477.30) T
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1314.90 (1153.40)	13.000	544.10 (477.30) T
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1314.90 (1153.40)	13.000	544.10 (477.30) T
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	04.00				172.200	1626.60 (1426.80)	13.000	544.10 (477.30) T
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	04.00				204.600	1932.70 (1695.40)	13.000	544.10 (477.30) T
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	04.00				204.600	1932.70 (1695.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	04.00				311.400	2941.50 (2580.30)	13.000	544.10 (477.30) T
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	04.00				82.200	776.50 (681.10)	5.000	209.30 (183.60) T
5074	IVC filter insertion jugular or femoral route	04.00				156.000	1473.60 (1292.60)	9.000	376.70 (330.40) T
5076	Intravascular foreign body removal, arterial or venous, any route	04.00				204.600	1932.70 (1695.40)	9.000	376.70 (330.40) T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	04.00				70.200	663.10 (581.70)	5.000	209.30 (183.60) T
5080	Transjugular intrahepatic porto-systemic shunt	04.00				335.400	3168.20 (2779.10)	13.000	544.10 (477.30) T
5082	Transjugular liver biopsy	04.00				69.600	657.40 (576.70)	9.000	376.70 (330.40) T
5084	Endoluminal fallopian tube recanalisation	04.00				172.200	1626.60 (1426.80)	6.000	251.10 (220.30) T
5086	Renal cyst aspiration/ablation	04.00				22.800	215.40 (188.90)		
5088	Oesophageal stent insertion in radiology suite	04.00				102.600	969.20 (850.20)	6.000	251.10 (220.30) T
5090	Tracheal stent insertion	04.00				102.600	969.20 (850.20)	6.000	251.10 (220.30) T
5091	GIT balloon dilatation under fluoroscopy	04.00				66.600	629.10 (551.80)	6.000	251.10 (220.30) T
5092	Other GIT stent insertion	04.00				102.600	969.20 (850.20)	6.000	251.10 (220.30) T
5093	Percutaneous gastrostomy in radiology suite	04.00				85.800	810.50 (711.00)		
5094	Cutting needle biopsy with image guidance	04.00				22.800	215.40 (188.90)		
5095	Chest drain insertion in radiology suite	04.00				32.400	306.10 (268.50)		
5096	Percutaneous cyst or tumour ablation (non aspiration)	04.00				54.600	515.80 (452.50)		
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level	04.00						13.000	544.10 (477.30) T
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES									
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)								04.00
19.15	Magnetic Resonance Imaging (MRI)								
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								04.00
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								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								04.00
6103	Post-contrast study: Bone tumour: 100% of the fee								04.00
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								04.00
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								04.00
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								04.00
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								04.00
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"								04.00
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								04.00
6110	MRI spectroscopy: 50% of fee								04.00
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								04.00
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								04.00
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	04.00				400.000	2875.60 (2522.50)	5.000	209.30 (183.60) T
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA	04.00							
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	04.00				70.000	503.20 (441.40)	5.000	209.30 (183.60) T
20	Radiation Oncology								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST								04.00
	(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								04.00
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values								04.00
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								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								
20.7	Technical aids								
5141	Radiation materials (see modifier 0095)	05.03							
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.								04.11
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities								04.11
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)	04.11		42.950	286.40 (251.20) Z	42.950	286.40 (251.20) Z		
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	05.03		24.490	163.30 (143.20) Z	24.490	163.30 (143.20) Z		
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	05.03		30.610	204.10 (179.00) Z	30.610	204.10 (179.00) Z		
	Non-infusional chemotherapy: Consultations are charged separately.	05.05							
	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.								04.11
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)	04.11		159.470	1063.30 (932.70) Z	127.580	850.70 (746.20) Z		
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	05.03		90.030	600.30 (526.60) Z	90.030	600.30 (526.60) Z		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	04.11		112.540	750.40 (658.20) Z	112.540	750.40 (658.20) Z		
	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).	04.11							
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	05.03		42.560	344.90 (302.50) Z				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		99.320	804.90 (706.10) Z				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		56.180	455.30 (399.40) Z				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		131.100	1062.40 (931.90) Z				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		76.620	620.90 (544.60) Z				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		178.770	1448.80 (1270.90) Z				
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		170.260	1379.80 (1210.40) Z				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		397.270	3219.50 (2824.10) Z				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		238.360	1931.70 (1694.50) Z				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		556.180	4507.30 (3953.80) Z				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		297.950	2414.60 (2118.10) Z				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		695.220	5634.10 (4942.20) Z				
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 (excludes imaging costs for CT and MRI)	06.02		240.230	1946.80 (1707.70) Z				
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		977.200	7919.20 (6946.70) Z				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		407.750	3304.40 (2898.60) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1368.070	11086.80 (9725.30) Z				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		554.330	4492.30 (3940.60) Z				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1710.090	13858.60 (12156.70) Z				
20.11.4 Intensity Modulated Radiotherapy Planning Procedures									
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		642.920	5210.20 (4570.40) Z				
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1916.810	15533.80 (13626.10) Z				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		232.180	1881.60 (1650.50) Z				
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		958.400	7766.90 (6813.10) Z				
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 (excludes imaging costs for CT and MRI)	06.02		753.350	6105.10 (5355.40) Z				
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 (excludes imaging costs for CT and MRI)	06.02		2174.480	17622.00 (15457.90) Z				
20.11.5 Kilovolt Radiation Treatment									
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	05.03		49.080	397.70 (348.90) Z				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	05.01		114.520	928.10 (814.10) Z				
20.11.6 Short Course Radiation Treatment									
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		105.740	856.90 (751.70) Z				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		246.730	1999.50 (1753.90) Z				
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		148.040	1199.70 (1052.40) Z				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		345.410	2799.20 (2455.40) Z				
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		190.330	1542.40 (1353.00) Z				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	05.01		444.110	3599.10 (3157.10) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	05.03		193.860	1571.00 (1378.10) Z				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		452.330	3665.70 (3215.50) Z				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		246.730	1999.50 (1753.90) Z				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		575.690	4665.40 (4092.50) Z				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		317.220	2570.80 (2255.10) Z				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	05.01		740.180	5998.40 (5261.80) Z				
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	05.03		236.240	1914.50 (1679.40) Z				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	05.01		551.210	4467.00 (3918.40) Z				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		330.730	2680.20 (2351.10) Z				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		771.710	6253.90 (5485.90) Z				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	05.03		425.230	3446.10 (3022.90) Z				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	05.01		992.190	8040.70 (7053.20) Z				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	05.03		348.870	2827.20 (2480.00) Z				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	05.01		814.030	6596.90 (5786.80) Z				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	05.03		826.830	6700.60 (5877.70) Z				
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	05.01		1929.260	15634.70 (13714.60) Z				
20.11.8	Stereotactic Radiation								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	05.03		3719.340	30141.50 (26439.90) Z				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	05.01		8678.460	70330.20 (61693.20) Z				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	05.03		4277.240	34662.80 (30406.00) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	05.01		9980.230	80879.80 (70947.20) Z				
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	05.03		108.400	878.50 (770.60) Z				
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	05.03		216.800	1756.90 (1541.10) Z				
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	05.03		601.160	4871.80 (4273.50) Z				
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	05.03		216.800	1756.90 (1541.10) Z				
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	05.03		786.800	6376.20 (5593.20) Z				
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	05.03		1049.070	8501.70 (7457.60) Z				
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	05.03		613.040	4968.10 (4358.00) Z				
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	05.03		415.960	3370.90 (2956.90) Z				
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	05.03		970.560	7865.40 (6899.50) Z				
20.12.4	Brachytherapy Imaging								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	05.03		156.770	1270.50 (1114.50) Z				
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								04.00
	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.								04.00
21.1	Haematology								
3705	Alkali resistant haemoglobin	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	04.00		3.650	28.10 (24.60)	2.450	18.90 (16.60)		
3710	Antibody titration	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
3711	Armeth count	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3712	Antibody identification	04.00		8.450	65.10 (57.10)	5.650	43.60 (38.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3713	Bleeding time (does not include the cost of the simplate device)	04.00		6.940	53.50 (46.90)	4.630	35.70 (31.30)		
3714	Blood volume, dye method	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
3715	Buffy layer examination	04.00		19.900	153.40 (134.60)	13.270	102.30 (89.70)		
3716	Mean Cell Volume	04.00		2.250	-	1.500	-		
3717	Bone marrow cytological examination only	04.00		19.900	153.40 (134.60)	13.270	102.30 (89.70)		
3719	Bone marrow: Aspiration	04.00		8.400	64.80 (56.80)	5.600	43.20 (37.90)		
3720	Bone marrow trephine biopsy	04.00		32.600	251.30 (220.40)	21.700	167.30 (146.80)		
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	04.00		36.800	283.70 (248.90)	24.500	188.90 (165.70)		
3722	Capillary fragility: Hess	04.00		2.020	15.60 (13.70)	1.350	10.40 (9.12)		
3723	Circulating anticoagulants	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3724	Coagulation factor inhibitor assay	04.00		57.560	443.70 (389.20)	38.370	295.80 (259.50)		
3726	Activated protein C resistance	04.00		26.000	200.40 (175.80)	17.300	133.40 (117.00)		
3727	Coagulation time	04.00		3.160	24.40 (21.40)	2.110	16.30 (14.30)		
3728	Anti-factor Xa Activity	04.00		53.600	413.20 (362.50)	35.730	275.40 (241.60)		
3729	Cold agglutinins	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3730	Protein S: Functional	04.00		37.500	289.10 (253.60)	25.000	192.70 (169.00)		
3731	Compatibility for blood transfusion	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3732	Cryoglobulin	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3734	Protein C (chromogenic)	04.00		30.290	233.50 (204.80)	20.190	155.60 (136.50)		
3735	Anti-thrombin III (chromogenic)	04.00		22.000	169.60 (148.80)	14.700	113.30 (99.40)		
3736	Plasminogen (chromogenic)	04.00		61.650	475.30 (416.90)	41.100	316.80 (277.90)		
3737	Lupus Russel Viper method	04.00		17.000	131.10 (115.00)	11.300	87.10 (76.40)		
3738	Lupus Kaolin Exner method	04.00		25.000	192.70 (169.00)	16.700	128.70 (112.90)		
3739	Erythrocyte count	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3740	Factors V and VII: Qualitative	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
3741	Coagulation factor assay: Functional	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
3742	Coagulation factor assay: Immunological	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3743	Erythrocyte sedimentation rate	04.00		3.000	23.10 (20.30)	2.000	15.40 (13.50)		
3744	Fibrin stabilizing factor (urea test)	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3746	Fibrin monomers	04.00		2.700	20.80 (18.20)	1.800	13.90 (12.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3748	Plasminogen activator inhibitor (PAI-I)	04.00		65.950	508.40 (446.00)	43.970	339.00 (297.40)		
3750	Tissue plasminogen Activator (tPA)	04.00		67.790	522.60 (458.40)	45.190	348.40 (305.60)		
3751	Osmotic fragility (screen)	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3752	Osmotic fragility test: Quantitative	04.00		10.000	77.10 (67.60)	6.650	51.30 (45.00)		
3753	Osmotic fragility (before and after incubation)	04.00		18.000	138.80 (121.80)	12.000	92.50 (81.10)		
3754	ABO Reverse Group	04.00		5.500	-	3.670	-		
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	04.00		10.500	80.90 (71.00)	7.000	54.00 (47.40)		
3756	Full cross match	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
3757	Coagulation factors: Quantitative	04.00		32.200	248.20 (217.70)	21.470	165.50 (145.20)		
3758	Factor VIII related antigen	04.00		60.460	466.10 (408.90)	40.310	310.70 (272.50)		
3759	Coagulation factor correction study	04.00		11.720	90.30 (79.20)	7.810	60.20 (52.80)		
3761	Factor XIII related antigen	04.00		61.110	471.10 (413.20)	40.740	314.10 (275.50)		
3762	Haemoglobin estimation	04.00		1.800	13.90 (12.20)	1.200	9.25 (8.11)		
3763	Contact activated product assay	04.00		16.200	124.90 (109.60)	10.800	83.30 (73.10)		
3764	Grouping: A B and O antigens	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3765	Grouping: Rh antigen	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3766	PIVKA	04.00		43.490	335.30 (294.10)	28.990	223.50 (196.10)		
3767	Euglobulin Lysis time	04.00		25.580	197.20 (173.00)	17.050	131.40 (115.30)		
3768	Haemoglobin A2 (column chromatography)	04.00		15.000	115.60 (101.40)	10.000	77.10 (67.60)		
3769	Haemoglobin electrophoresis	04.00		26.820	206.80 (181.40)	17.880	137.80 (120.90)		
3770	Haemoglobin-S (solubility test)	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3771	Factor III-availability test	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3772	Haptoglobin: Quantitative	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
3773	Ham's acidified serum test	04.00		8.000	61.70 (54.10)	5.330	41.10 (36.10)		
3775	Heinz bodies	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3776	Haemosiderin in urinary sediment	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3781	Heparin tolerance	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
3783	Leucocyte differential count	04.00		6.200	47.80 (41.90)	4.150	32.00 (28.10)		
3785	Leucocytes: Total count	04.00		1.800	13.90 (12.20)	1.200	9.25 (8.11)		
3786	QBC malaria concentration and fluorescent staining	04.00		25.000	192.70 (169.00)	16.700	128.70 (112.90)		
3787	LE-cells	04.00		8.300	64.00 (56.10)	5.550	42.80 (37.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3789	Neutrophil alkaline phosphatase	04.00		28.000	215.90 (189.40)	18.700	144.20 (126.50)		
3791	Packed cell volume: Haematocrit	04.00		1.800	13.90 (12.20)	1.200	9.25 (8.11)		
3792	Plasmodium falciparum: Monoclonal immunological identification	04.00		9.000	69.40 (60.90)	6.000	46.30 (40.60)		
3793	Plasma haemoglobin	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
3794	Platelet sensitivities	04.00		18.640	143.70 (126.10)	12.430	95.80 (84.00)		
3795	Platelet aggregation per aggregant	04.00		12.140	93.60 (82.10)	8.090	62.40 (54.70)		
3796	Platelet antibodies: Agglutination	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
3797	Platelet count	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3799	Platelet adhesiveness	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3801	Prothrombin consumption	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3803	Prothrombin determination (two stages)	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3805	Prothrombin index	04.00		6.000	46.30 (40.60)	4.000	30.80 (27.00)		
3806	Therapeutic drug level: Dosage	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3807	Recalcification time	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3809	Reticulocyte count	04.00		3.000	23.10 (20.30)	2.000	15.40 (13.50)		
3810	Schumm's test	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3811	Sickling test	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3814	Sucrose lysis test for PNH	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	04.00		21.100	162.70 (142.70)	14.070	108.50 (95.20)		
3820	Thrombo - Elastogram	04.00		26.000	200.40 (175.80)	17.330	133.60 (117.20)		
3825	Fibrinogen titre	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	04.00		8.000	61.70 (54.10)	5.330	41.10 (36.10)		
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	04.00		16.000	123.30 (108.20)	10.700	82.50 (72.40)		
3832	Red cell pyruvate kinase: Quantitative	04.00		16.000	123.30 (108.20)	10.700	82.50 (72.40)		
3834	Red cell Rhesus phenotype	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3835	Haemoglobin F in blood smear	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3837	Partial thromboplastin time	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3841	Thrombin time (screen)	04.00		7.160	55.20 (48.40)	4.770	36.80 (32.30)		
3843	Thrombin time (serial)	04.00		7.650	59.00 (51.80)	5.100	39.30 (34.50)		
3847	Haemoglobin H	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3851	Fibrin degeneration products (diffusion plate)	04.00		10.350	79.80 (70.00)	6.900	53.20 (46.70)		
3853	Fibrin degeneration products (latex slide)	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3854	XDP (Dimer test or equivalent latex slide test)	04.00		8.500	65.50 (57.50)	5.670	43.70 (38.30)		
3855	Haemagglutination inhibition	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3856	D-Dimer (quantitative)	04.00		27.520	212.20 (186.10)	18.350	141.50 (124.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3857	Ristocetin Cofactor	04.00		35.530	273.90 (240.30)	23.690	182.60 (160.20)		
3858	Heparin removal	04.00		28.880	222.60 (195.30)	19.250	148.40 (130.20)		
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	04.00		12.600	97.10 (85.20)	8.400	64.80 (56.80)		
3864	Entomological examination	04.00		20.700	159.60 (140.00)	13.800	106.40 (93.30)		
3865	Parasites in blood smear	04.00		5.600	43.20 (37.90)	3.730	28.80 (25.30)		
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	04.00		4.900	37.80 (33.20)	3.300	25.40 (22.30)		
3868	Fungus identification	04.00		8.300	64.00 (56.10)	5.500	42.40 (37.20)		
3869	Faeces (including parasites)	04.00		4.900	37.80 (33.20)	3.270	25.20 (22.10)		
3873	Transmission electron microscopy	04.00		85.000	655.30 (574.80)	57.000	439.40 (385.40)		
3874	Scanning electron microscopy	04.00		100.000	770.90 (676.20)	67.000	516.50 (453.10)		
3875	Inclusion bodies	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3878	Crystal identification polarized light microscopy	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3879	Campylobacter in stool: Fastidious culture	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3880	Antigen detection with polyclonal antibodies	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3881	Mycobacteria	04.00		3.000	23.10 (20.30)	2.000	15.40 (13.50)		
3882	Antigen detection with monoclonal antibodies	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
3883	Concentration techniques for parasites	04.00		3.000	23.10 (20.30)	2.000	15.40 (13.50)		
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	04.00		6.300	48.60 (42.60)	4.200	32.40 (28.40)		
3885	Cytochemical stain	04.00		5.450	42.00 (36.80)	3.650	28.10 (24.60)		
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	04.00		8.000	61.70 (54.10)	5.330	41.10 (36.10)		
3888	Adhesive tape preparation	04.00		2.700	20.80 (18.20)	1.800	13.90 (12.20)		
3889	Clostridium difficile toxin: Monoclonal immunological	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
3890	Antibiotic assay of tissues and fluids	04.00		13.900	107.20 (94.00)	9.270	71.50 (62.70)		
3891	Blood culture: Aerobic	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3892	Blood culture: Anaerobic	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		
3893	Bacteriological culture: Miscellaneous	04.00		6.300	48.60 (42.60)	4.200	32.40 (28.40)		
3894	Radiometric blood culture	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
3895	Bacteriological culture: Fastidious organisms	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3896	In vivo culture: Bacteria	04.00		16.000	123.30 (108.20)	10.650	82.10 (72.00)		
3897	In vivo culture: Virus	04.00		16.000	123.30 (108.20)	10.650	82.10 (72.00)		
3898	Bacterial exotoxin production (in vitro assay)	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3899	Bacterial exotoxin production (in vivo assay)	04.00		20.700	159.60 (140.00)	13.800	106.40 (93.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3901	Fungal culture	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3902	Clostridium difficile (cytotoxicity neutralisation)	04.00		30.000	231.30 (202.90)	20.000	154.20 (135.30)		
3903	Antibiotic level: Biological fluids	04.00		11.700	90.20 (79.10)	7.800	60.10 (52.70)		
3904	Rotavirus latex slide test	04.00		5.620	43.30 (38.00)	3.750	28.90 (25.40)		
3905	Identification of virus or rickettsia	04.00		20.700	159.60 (140.00)	13.800	106.40 (93.30)		
3906	Identification: Chlamydia	04.00		16.000	123.30 (108.20)	10.650	82.10 (72.00)		
3907	Culture for staphylococcus aureus	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3908	Anaerobe culture: Comprehensive	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3909	Anaerobe culture: Limited procedure	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3911	Beta-lactamase assay	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3914	Sterility control test: Biological method	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3915	Mycobacterium culture	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3916	Radiometric tuberculosis culture	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
3917	Mycoplasma culture: Limited	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3918	Mycoplasma culture: Comprehensive	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3919	Identification of mycobacterium	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3920	Mycobacterium: Antibiotic sensitivity	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3921	Antibiotic synergistic study	04.00		20.700	159.60 (140.00)	13.800	106.40 (93.30)		
3922	Viable cell count	04.00		1.350	10.40 (9.12)	0.900	6.94 (6.09)		
3923	Biochemical identification of bacterium: Abridged	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
3924	Biochemical identification of bacterium: Extended	04.00		12.500	96.40 (84.60)	8.330	64.20 (56.30)		
3925	Serological identification of bacterium: Abridged	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
3926	Serological identification of bacterium: Extended	04.00		10.200	78.60 (68.90)	6.800	52.40 (46.00)		
3927	Grouping for streptococci	04.00		7.300	56.30 (49.40)	4.850	37.40 (32.80)		
3928	Antimicrobial substances	04.00		3.800	29.30 (25.70)	2.500	19.30 (16.90)		
3929	Radiometric mycobacterium identification	04.00		14.000	107.90 (94.60)	9.300	71.70 (62.90)		
3930	Radiometric mycobacterium antibiotic sensitivity	04.00		25.000	192.70 (169.00)	16.700	128.70 (112.90)		
3931	Helicobacter: Monoclonal immunological	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
4650	Antibiotic MIC per organism per antibiotic	04.00		8.000	61.70 (54.10)	5.330	41.10 (36.10)		
4651	Non-radiometric automated blood cultures	04.00		13.900	107.20 (94.00)	9.270	71.50 (62.70)		
4652	Rapid automated bacterial identification per organism	04.00		15.000	115.60 (101.40)	10.000	77.10 (67.60)		
4653	Rapid automated antibiotic susceptibility per organism	04.00		17.000	131.10 (115.00)	11.330	87.30 (76.60)		
4654	Rapid automated MIC per organism per antibiotic	04.00		17.000	131.10 (115.00)	11.330	87.30 (76.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4655	Mycobacteria: MIC determination - E Test	05.03		16.500	127.20 (111.60) Z	11.000	84.80 (74.40) Z		
4656	Mycobacteria: Identification HPLC	05.03		35.000	269.80 (236.70) Z	23.330	179.90 (157.80) Z		
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain	05.03		9.900	76.30 (66.90) Z	6.600	50.90 (44.60) Z		
21.4	Serology								
3958	Anti Gad/Ia2 Ab	04.00		67.950	523.80 (459.50)	45.300	349.20 (306.30)		
3959	Rose Waaler agglutination test	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3960	Gonococcal, listeria or echinococcus agglutination	04.00		9.500	73.20 (64.20)	6.300	48.60 (42.60)		
3961	Slide agglutination test	04.00		2.630	20.30 (17.80)	1.750	13.50 (11.80)		
3962	Rebuck skin window	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
3963	Serum complement level: Each component	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
3965	Anti Ia2 Antibodies	04.00		36.000	277.50 (243.40)	24.000	185.00 (162.30)		
3966	Anti Gad Antibodies	04.00		36.000	277.50 (243.40)	24.000	185.00 (162.30)		
3967	Auto-antibody: Sensitized erythrocytes	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3968	Herpes virus typing: Monoclonal immunological	04.00		20.690	159.50 (139.90)	13.790	106.30 (93.20)		
3969	Western blot technique	04.00		74.000	570.50 (500.40)	49.000	377.70 (331.30)		
3970	Epstein-Barr virus antibody titer	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	04.00		14.100	108.70 (95.40)	9.400	72.50 (63.60)		
3933	IgE: Total: EMIT or ELISA	04.00		11.700	90.20 (79.10)	7.800	60.10 (52.70)		
3934	Auto antibodies by labelled antibodies	04.00		16.000	123.30 (108.20)	10.650	82.10 (72.00)		
3935	Sperm antibodies	04.00		16.000	123.30 (108.20)	10.650	82.10 (72.00)		
3936	Virus neutralisation test: First antibody	04.00		75.000	578.20 (507.20)	50.000	385.50 (338.20)		
3937	Virus neutralisation test: Each additional antibody	04.00		15.000	115.60 (101.40)	10.000	77.10 (67.60)		
3938	Precipitation test per antigen	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3939	Agglutination test per antigen	04.00		5.500	42.40 (37.20)	3.670	28.30 (24.80)		
3940	Haemagglutination test: Per antigen	04.00		9.900	76.30 (66.90)	6.600	50.90 (44.60)		
3941	Modified Coombs' test for brucellosis	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3942	Hepatitis Rapid Viral Ab	04.00		12.240	94.40 (82.80)	8.160	62.90 (55.20)		
3943	Antibody titer to bacterial exotoxin	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
3945	Complement fixation test	04.00		5.850	45.10 (39.60)	3.900	30.10 (26.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	04.00		14.050	108.30 (95.00)	9.370	72.20 (63.30)		
3947	C-reactive protein	04.00		10.840	83.60 (73.30)	7.227	55.70 (48.90)		
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.950	99.80 (87.50)	8.630	66.50 (58.30)		
3949	Qualitative Kahn, VDRL or other flocculation	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3950	Neutrophil phagocytosis	04.00		25.200	194.30 (170.40)	16.800	129.50 (113.60)		
3951	Quantitative Kahn, VDRL or other flocculation	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
3952	Neutrophil chemotaxis	04.00		67.950	523.80 (459.50)	45.300	349.20 (306.30)		
3953	Tube agglutination test	04.00		4.150	32.00 (28.10)	2.760	21.30 (18.70)		
3955	Paul Bunnell: Presumptive	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	04.00		8.500	65.50 (57.50)	5.670	43.70 (38.30)		
3957	Paul Bunnell: Absorption	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3971	Immuno-diffusion test: Per antigen	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
3972	Respiratory syncytial virus (ELISA technique)	04.00		35.000	269.80 (236.70)	23.000	177.30 (155.50)		
3973	Immuno electrophoresis: Per immune serum	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
3974	Polymerase chain reaction	04.00		75.000	578.20 (507.20)	50.000	385.50 (338.20)		
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	04.00		12.000	92.50 (81.10)	8.000	61.70 (54.10)		
3977	Counter immuno-electrophoresis	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
3978	Lymphocyte transformation	04.00		51.700	398.60 (349.60)	34.500	266.00 (233.30)		
3980	Bilharzia Ag Serum/Urine	04.00		14.500	111.80 (98.10)	9.670	74.50 (65.40)		
3982	Histone Ab	04.00		16.000	123.30 (108.20)	10.670	82.30 (72.20)		
4600	Anti-CCP	05.03		17.460	134.60 (118.10) Z	11.640	89.70 (78.70) Z		
4601	Panel typing: Antibody detection: Class I	04.00		36.000	277.50 (243.40)	24.000	185.00 (162.30)		
4602	Panel typing: Antibody detection: Class II	04.00		44.000	339.20 (297.50)	29.300	225.90 (198.20)		
4603	HLA test for specific locus/antigen - serology	04.00		27.000	208.10 (182.50)	18.000	138.80 (121.80)		
4604	HLA typing: Class I - serology	04.00		52.000	400.90 (351.70)	34.700	267.50 (234.60)		
4605	HLA typing: Class II - serology	04.00		52.000	400.90 (351.70)	34.700	267.50 (234.60)		
4606	HLA typing: Class I & II - serology	04.00		90.000	693.80 (608.60)	60.000	462.50 (405.70)		
4607	Cross matching T-cells (per tray)	04.00		18.000	138.80 (121.80)	12.000	92.50 (81.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4608	Cross matching B-cells	04.00		38.000	292.90 (256.90)	25.300	195.00 (171.10)		
4609	Cross matching T- & B-cells	04.00		48.000	370.00 (324.60)	32.000	246.70 (216.40)		
4610	Helicobacter: Pylori antigen test	04.00		34.600	266.70 (233.90)	23.070	177.80 (156.00)		
4611	Erythropoietin	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4612	HTLV I/II	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4613	Anti-Gm1 Antibody Assay	04.00		75.000	578.20 (507.20)	50.000	385.50 (338.20)		
4614	HIV Ab - Rapid Test	04.00		12.000	92.50 (81.10)	8.000	61.70 (54.10)		
21.5	Skin tests								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section								04.00
21.6	Biochemical tests: Blood								
3991	Abnormal pigments: Qualitative	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
3993	Abnormal pigments: Quantitative	04.00		9.000	69.40 (60.90)	6.000	46.30 (40.60)		
3995	Acid phosphate	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
3996	Serum Amyloid A	04.00		8.280	63.80 (56.00)	5.520	42.60 (37.40)		
3997	Acid phosphatase fractionation	04.00		1.800	13.90 (12.20)	1.200	9.25 (8.11)		
3998	Amino acids Quantitative (Post derivatisation HPLC)	04.00		78.120	602.20 (528.20)	52.080	401.50 (352.20)		
3999	Albumin	04.00		4.800	37.00 (32.50)	3.200	24.70 (21.70)		
4000	Alcohol	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
4001	Alkaline phosphatase	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4002	Alkaline phosphatase-iso-enzymes	04.00		11.700	90.20 (79.10)	7.800	60.10 (52.70)		
4003	Ammonia: Enzymatic	04.00		7.710	59.40 (52.10)	5.140	39.60 (34.70)		
4004	Ammonia: Monitor	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4005	Alpha-1-antitrypsin: Total	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
4006	Amylase	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4007	Arsenic in blood, hair or nails	04.00		36.250	279.50 (245.20)	24.170	186.30 (163.40)		
4008	Bilirubin - Reflectance	04.00		4.770	36.80 (32.30)	3.180	24.50 (21.50)		
4009	Bilirubin: Total	04.00		4.770	36.80 (32.30)	3.180	24.50 (21.50)		
4010	Bilirubin: Conjugated	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4011	Breath Hydrogen Test	04.00		21.560	166.20 (145.80)	14.370	110.80 (97.20)		
4012	CSF Nicotinic Acid	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4013	CSF Glutamine	04.00		11.250	86.70 (76.10)	7.500	57.80 (50.70)		
4014	Cadmium: Atomic absorption	04.00		18.120	139.70 (122.50)	12.080	93.10 (81.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4016	Calcium: Ionized	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4017	Calcium: Spectrophotometric	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4018	Calcium: Atomic absorption	04.00		7.250	55.90 (49.00)	4.830	37.20 (32.60)		
4019	Carotene	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4020	Carnitine (Total or free) in biological fluid: Each	04.00		11.690	90.10 (79.00)	7.790	60.10 (52.70)		
4021	Carnitine (Total or free) in muscle: Each	04.00		23.380	180.20 (158.10)	15.590	120.20 (105.40)		
4022	Acyl Carnitine	04.00		23.380	180.20 (158.10)	15.590	120.20 (105.40)		
4023	Chloride	04.00		2.590	20.00 (17.50)	1.730	13.30 (11.70)		
4025	Chol/HDL/LDL/Trig	04.00		27.070	208.70 (183.10)	18.050	139.10 (122.00)		
4026	LDL cholesterol (chemical determination)	04.00		6.900	53.20 (46.70)	4.600	35.50 (31.10)		
4027	Cholesterol total	04.00		5.340	41.20 (36.10)	3.560	27.40 (24.00)		
4028	HDL cholesterol	04.00		6.900	53.20 (46.70)	4.600	35.50 (31.10)		
4029	Cholinesterase: Serum or erythrocyte: Each	04.00		7.480	57.70 (50.60)	4.990	38.50 (33.80)		
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	04.00		9.000	69.40 (60.90)	6.000	46.30 (40.60)		
4031	Total CO2	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4032	Creatinine	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4033	CSF-Immunoglobulin G	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4034	C1-Esterase Inhibitor	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4035	CSF-Albumin	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4036	CSF-IgG Index	04.00		22.050	170.00 (149.10)	14.700	113.30 (99.40)		
4038	Glutamic acid	04.00		29.060	224.00 (196.50)	19.370	149.30 (131.00)		
4040	Homocysteine (random)	04.00		15.300	117.90 (103.40)	10.200	78.60 (68.90)		
4041	Homocysteine (after Methionine load)	04.00		18.100	139.50 (122.40)	12.060	93.00 (81.60)		
4042	D-Xylose absorption test: Two hours	04.00		13.150	101.40 (88.90)	8.750	67.50 (59.20)		
4045	Fibrinogen: Quantitative	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
4047	Hollander test	04.00		24.750	190.80 (167.40)	16.500	127.20 (111.60)		
4049	Glucose tolerance test (2 specimens)	04.00		8.970	69.10 (60.60)	5.980	46.10 (40.40)		
4050	Glucose strip-test with photometric reading	04.00		1.800	13.90 (12.20)	1.200	9.25 (8.11)		
4051	Galactose	04.00		11.250	86.70 (76.10)	7.500	57.80 (50.70)		
4052	Glucose tolerance test (3 specimens)	04.00		13.170	101.50 (89.00)	8.780	67.70 (59.40)		
4053	Glucose tolerance test (4 specimens)	04.00		17.370	133.90 (117.50)	11.580	89.30 (78.30)		
4057	Glucose: Quantitative	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4061	Glucose tolerance test (5 specimens)	04.00		21.560	166.20 (145.80)	14.370	110.80 (97.20)		
4062	Galactose-1-phosphate uridyl transferase	04.00		16.000	123.30 (108.20)	10.700	82.50 (72.40)		
4063	Fructosamine	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
4064	HbA1C	06.04		14.250	109.90 (96.40)	9.500	73.20 (64.20)		
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.00		46.880	361.40 (317.00)	31.250	240.90 (211.30)		
4067	Lithium: Flame ionisation	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4068	Lithium: Atomic absorption	04.00		7.480	57.70 (50.60)	4.990	38.50 (33.80)		
4071	Iron	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4073	Iron-binding capacity	04.00		7.650	59.00 (51.80)	5.100	39.30 (34.50)		
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	04.00		19.100	147.20 (129.10)	12.730	98.10 (86.10)		
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	04.11		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4079	Ketones in plasma: Qualitative	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4081	Drug level-biological fluid: Quantitative	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
4082	Tacrolimus assay	04.00		20.100	155.00 (136.00)	13.400	103.30 (90.60)		
4083	Lysosomal enzyme assay	04.00		36.560	281.80 (247.20)	24.370	187.90 (164.80)		
4084	Thymidine kinase	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4085	Lipase	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4086	Lactate	04.00		16.000	123.30 (108.20)	10.670	82.30 (72.20)		
4091	Lipoprotein electrophoresis	04.00		9.000	69.40 (60.90)	6.000	46.30 (40.60)		
4092	Orosmucoid	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4093	Osmolality: Serum or urine	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4094	Magnesium: Spectrophotometric	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4095	Magnesium: Atomic absorption	04.00		7.250	55.90 (49.00)	4.830	37.20 (32.60)		
4096	Mercury: Atomic absorption	04.00		18.120	139.70 (122.50)	12.080	93.10 (81.70)		
4098	Copper: Atomic absorption	04.00		18.120	139.70 (122.50)	12.080	93.10 (81.70)		
4105	Protein electrophoresis	04.00		9.000	69.40 (60.90)	6.000	46.30 (40.60)		
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	04.00		20.000	154.20 (135.30)	13.200	101.80 (89.30)		
4109	Phosphate	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4111	Phospholipids	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
4113	Potassium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4114	Sodium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4117	Protein: Total	04.00		3.110	24.00 (21.10)	2.070	16.00 (14.00)		
4121	pH, pCO2 or pO2: Each	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4123	Pyruvic acid	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4125	Salicylates	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4126	Secretin-pancreozymin response	04.00		26.100	201.20 (176.50)	17.400	134.10 (117.60)		
4127	Caeruloplasmin	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4128	Phenylalanine: Quantitative	04.00		11.250	86.70 (76.10)	7.500	57.80 (50.70)		
4129	Glutamate dehydrogenase (GDH)	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4130	Aspartate aminotransferase (AST)	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4131	Alanine aminotransferase (ALT)	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4132	Creatine kinase (CK)	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4133	Lactate dehydrogenase (LD)	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4134	Gamma glutamyl transferase (GGT)	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4135	Aldolase	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4136	Angiotensin converting enzyme (ACE)	04.00		9.000	69.40 (60.90)	6.000	46.30 (40.60)		
4137	Lactate dehydrogenase isoenzyme	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
4138	CK-MB: Immunoinhibition/precipitation	04.11		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
4139	Adenosine deaminase	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4142	Red cell enzymes: Each	04.00		7.800	60.10 (52.70)	5.200	40.10 (35.20)		
4143	Serum/plasma enzymes	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4144	Transferrin	04.00		11.700	90.20 (79.10)	7.800	60.10 (52.70)		
4146	Lead: Atomic absorption	04.00		15.000	115.60 (101.40)	10.000	77.10 (67.60)		
4147	Triglyceride	04.00		7.930	61.10 (53.60)	5.290	40.80 (35.80)		
4148	Tay - Sachs Study	04.00		36.560	281.80 (247.20)	24.370	187.90 (164.80)		
4149	Red cell magnesium	04.00		11.700	90.20 (79.10)	7.800	60.10 (52.70)		
4151	Urea	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4152	CK-MB: Mass determination: Quantitative (Automated)	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
4153	CK-MB: Mass determination: Quantitative (Not automated)	04.00		17.470	134.70 (118.20)	11.650	89.80 (78.80)		
4154	Myoglobin quantitative: Monoclonal immunological	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
4155	Uric acid	04.00		3.780	29.10 (25.50)	2.520	19.40 (17.00)		
4156	Vitamin D3	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4157	Vitamin A-saturation test	04.00		15.300	117.90 (103.40)	10.200	78.60 (68.90)		
4158	Vitamin E (tocopherol)	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
4159	Vitamin A	04.00		6.300	48.60 (42.60)	4.200	32.40 (28.40)		
4160	Vitamin C (ascorbic acid)	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4161	Troponin isoforms: Each	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4163	Apoprotein AI: Turbidometric method	04.00		8.280	63.80 (56.00)	5.520	42.60 (37.40)		
4165	Apoprotein AII: Turbidometric method	04.00		8.280	63.80 (56.00)	5.520	42.60 (37.40)		
4167	Apoprotein B: Turbidometric method	04.00		8.280	63.80 (56.00)	5.520	42.60 (37.40)		
4170	Lipoprotein (a)(Lp(a)) assay	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4171	Sodium + potassium + chloride + CO2 + urea	04.00		15.840	122.10 (107.10)	10.560	81.40 (71.40)		
4172	ELISA/EMIT technique	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4173	Sirolimus Assay	04.00		78.000	601.30 (527.50)	52.000	400.90 (351.70)		
4181	Quantitative protein estimation: Mancini method	04.00		7.760	59.80 (52.50)	5.170	39.90 (35.00)		
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	04.00		8.280	63.80 (56.00)	5.520	42.60 (37.40)		
4183	Quantitative protein estimation: Labelled antibody	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4184	C-reactive protein (Ultra sensitive)	04.00		11.680	90.00 (78.90)	7.790	60.10 (52.70)		
4185	Lactose	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
4186	Vitamin B6	04.00		15.300	117.90 (103.40)	10.200	78.60 (68.90)		
4187	Zinc: Atomic absorption	04.00		18.120	139.70 (122.50)	12.080	93.10 (81.70)		
21.7	Biochemical tests: Urine								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	04.00		1.500	11.60 (10.20)	1.000	7.71 (6.76)		
4189	Abnormal pigments	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4193	Alkapton test: Homogentisic acid	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4194	Amino acids: Quantitative (Post derivatisation HPLC)	04.00		78.120	602.20 (528.20)	52.080	401.50 (352.20)		
4195	Amino laevulinic acid	04.00		18.000	138.80 (121.80)	12.000	92.50 (81.10)		
4197	Amylase	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4198	Arsenic	04.00		18.120	139.70 (122.50)	12.080	93.10 (81.70)		
4199	Ascorbic acid	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4201	Bence-Jones protein	04.00		2.700	20.80 (18.20)	1.800	13.90 (12.20)		
4203	Phenol	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
4204	Calcium: Atomic absorption	04.00		7.250	55.90 (49.00)	4.830	37.20 (32.60)		
4205	Calcium: Spectrophotometric	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4206	Calcium: Absorption and excretion studies	04.00		25.000	192.70 (169.00)	16.700	128.70 (112.90)		
4209	Lead: Atomic absorption	04.00		15.000	115.60 (101.40)	10.000	77.10 (67.60)		
4210	Urine collagen telopeptides	04.00		36.500	281.40 (246.80)	24.330	187.60 (164.60)		
4211	Bile pigments: Qualitative	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4213	Protein: Quantitative	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4216	Mucopolysaccharides: Qualitative	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4217	Oxalate	04.00		9.380	72.30 (63.40)	6.250	48.20 (42.30)		
4218	Glucose: Quantitative	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4219	Steroids: Chromatography (each)	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
4220	Klinolab Newborn Screen	04.00		36.560	281.80 (247.20)	24.370	187.90 (164.80)		
4221	Creatinine	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4223	Creatinine clearance	04.00		7.650	59.00 (51.80)	5.100	39.30 (34.50)		
4227	Electrophoresis: Qualitative	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4228	Fetal Lung Maturity	04.00		36.560	281.80 (247.20)	24.370	187.90 (164.80)		
4229	Uric acid clearance	04.00		7.650	59.00 (51.80)	5.100	39.30 (34.50)		
4230	Urine/Fluid - Specific Gravity	04.00		0.900	6.94 (6.09)	0.600	4.63 (4.06)		
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	289.10 (253.60) Z	25.000	192.70 (169.00) Z		
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	360.80 (316.50) Z	31.200	240.50 (211.00) Z		
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	289.10 (253.60) Z	25.000	192.70 (169.00) Z		
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	360.80 (316.50) Z	31.200	240.50 (211.00) Z		
4237	5-Hydroxy-indole-acetic acid: Screen test	04.00		2.700	20.80 (18.20)	1.800	13.90 (12.20)		
4238	5HIAA (Hplc)	04.00		78.120	602.20 (528.20)	52.080	401.50 (352.20)		
4239	5-Hydroxy-indole-acetic acid: Quantitative	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4247	Ketones: Excluding dip-stick method	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4248	Reducing substances	04.00		1.800	13.90 (12.20)	1.200	9.25 (8.11)		
4251	Metanephrines: Column chromatography	04.00		22.050	170.00 (149.10)	14.700	113.30 (99.40)		
4252	Metanephrine (Hplc)	04.00		78.120	602.20 (528.20)	52.080	401.50 (352.20)		
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	04.00		27.000	208.10 (182.50)	18.000	138.80 (121.80)		
4254	Nitrosonaphtol test for tyrosine	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4255	Orotic Acid - Urine	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4256	Very long Chain Fatty Acids	04.00		129.380	997.40 (874.90)	86.250	664.90 (583.20)		
4261	Micro Albumin: Quantitative	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4262	Micro Albumin: Qualitative	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4263	pH: Excluding dip-stick method	04.00		0.900	6.94 (6.09)	0.600	4.63 (4.06)		
4265	Thin layer chromatography: One way	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4266	Thin layer chromatography: Two way	04.00		11.250	86.70 (76.10)	7.500	57.80 (50.70)		
4267	Total organic matter screen: Infrared	04.00		31.250	240.90 (211.30)	20.830	160.60 (140.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4268	Organic acids: Quantitative: GCMS	04.00		109.380	843.20 (739.60)	72.920	562.10 (493.10)		
4269	Phenylpyruvic acid: Ferric chloride	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4270	Chromium Total Urine	04.00		18.120	139.70 (122.50)	12.080	93.10 (81.70)		
4271	Phosphate excretion index	04.00		22.050	170.00 (149.10)	14.700	113.30 (99.40)		
4272	Porphobilinogen qualitative screen: Urine	04.00		5.000	38.50 (33.80)	3.330	25.70 (22.50)		
4273	Porphobilinogen/ALA: Quantitative each	04.00		15.000	115.60 (101.40)	10.000	77.10 (67.60)		
4283	Magnesium: Spectrophotometric	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4284	Magnesium: Atomic absorption	04.00		7.250	55.90 (49.00)	4.830	37.20 (32.60)		
4285	Identification of carbohydrate	04.00		7.650	59.00 (51.80)	5.100	39.30 (34.50)		
4287	Identification of drug: Qualitative	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4288	Identification of drug: Quantitative	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
4293	Urea clearance	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4297	Copper: Spectrophotometric	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4298	Copper: Atomic absorption	04.00		18.120	139.70 (122.50)	12.080	93.10 (81.70)		
4300	Indican or indole: Qualitative	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
4301	Chloride	04.00		2.590	20.00 (17.50)	1.730	13.30 (11.70)		
4307	Ammonium chloride loading test	04.00		22.050	170.00 (149.10)	14.700	113.30 (99.40)		
4309	Urobilinogen: Quantitative	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4313	Phosphates	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4315	Potassium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4316	Sodium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4319	Urea	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4321	Uric acid	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4322	Fluoride	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4323	Total protein and protein electrophoresis	04.00		11.250	86.70 (76.10)	7.500	57.80 (50.70)		
4325	VMA: Quantitative	04.00		11.250	86.70 (76.10)	7.500	57.80 (50.70)		
4326	Catecholamines (HPLC)	04.00		78.120	602.20 (528.20)	52.080	401.50 (352.20)		
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.11		46.880	361.40 (317.00)	31.250	240.90 (211.30)		
4328	Immunoglobulin D	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4335	Cystine: Quantitative	04.00		12.600	97.10 (85.20)	8.400	64.80 (56.80)		
4336	Dinitrophenol hydrazine test: Ketoacids	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4337	Hydroxyproline: Quantitative	04.00		18.900	145.70 (127.80)	12.600	97.10 (85.20)		
21.8	Biochemical tests: Faeces								
4339	Chloride	04.00		2.590	20.00 (17.50)	1.730	13.30 (11.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4343	Fat: Qualitative	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
4345	Fat: Quantitative	04.00		22.050	170.00 (149.10)	14.700	113.30 (99.40)		
4347	Ph	04.00		0.900	6.94 (6.09)	0.600	4.63 (4.06)		
4351	Occult blood: Chemical test	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4352	Occult blood: Monoclonal antibodies	04.00		10.000	77.10 (67.60)	6.670	51.40 (45.10)		
4357	Potassium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4358	Sodium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4359	Secretory IgA	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4361	Stercobilin	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4362	Elastase quantitative ELISA	04.00		47.000	362.30 (317.80)	31.330	241.50 (211.80)		
4363	Stercobilinogen: Quantitative	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4364	Chymotrypsin determination: Enzymatic	04.00		7.470	57.60 (50.50)	4.980	38.40 (33.70)		
21.9	Biochemical tests: Miscellaneous								
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	04.00		5.000	38.50 (33.80)	3.330	25.70 (22.50)		
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	04.00		30.000	231.30 (202.90)	20.000	154.20 (135.30)		
4370	Drug level in biological fluid: Monoclonal immunological	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
4371	Amylase in exudate	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
4372	Fluoride in biological fluids and water	04.00		15.620	120.40 (105.60)	10.410	80.30 (70.40)		
4373	Breast milk analysis	04.00		6.750	52.00 (45.60)	4.500	34.70 (30.40)		
4374	Trace metals in biological fluid: Atomic absorption	04.00		18.130	139.80 (122.60)	12.090	93.20 (81.80)		
4375	Calcium in fluid: Spectrophotometric	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4376	Calcium in fluid: Atomic absorption	04.00		7.250	55.90 (49.00)	4.830	37.20 (32.60)		
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	04.11		21.880	168.70 (148.00)	14.590	112.50 (98.70)		
4378	Urea breath test	04.00		58.000	447.10 (392.20)	38.670	298.10 (261.50)		
4380	Lecithin in amniotic fluid: L/S ratio	04.00		27.000	208.10 (182.50)	18.000	138.80 (121.80)		
4381	Lamellar body count in amniotic fluid	04.00		10.000	77.10 (67.60)	6.700	51.70 (45.40)		
4382	Bilirubin in amniotic fluid: Spectrophotometric essay	04.00		9.450	72.90 (63.90)	6.300	48.60 (42.60)		
4386	Oestrogen/Progesterone receptors: Fluorescent method	04.00		20.700	159.60 (140.00)	13.800	106.40 (93.30)		
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	04.00		230.000	1773.10 (1555.40)	153.000	1179.50 (1034.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4388	Gastric contents: Maximal stimulation test	04.00		27.000	208.10 (182.50)	18.000	138.80 (121.80)		
4389	Gastric fluid: Total acid per specimen	04.00		2.250	17.30 (15.20)	1.500	11.60 (10.20)		
4390	Foam test: Amniotic fluid	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
4391	Renal calculus: Chemistry	04.00		5.400	41.60 (36.50)	3.600	27.80 (24.40)		
4392	Renal calculus: Crystallography	04.00		16.250	125.30 (109.90)	10.800	83.30 (73.10)		
4393	Saliva: Potassium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4394	Saliva: Sodium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4395	Sweat: Sodium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4396	Sweat: Potassium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4397	Sweat: Chloride	04.00		2.590	20.00 (17.50)	1.730	13.30 (11.70)		
4399	Sweat collection by iontophoresis (excluding collection material)	04.00		4.500	34.70 (30.40)	3.000	23.10 (20.30)		
4400	Tryptophane loading test	04.00		22.050	170.00 (149.10)	14.700	113.30 (99.40)		
21.10	Cerebrospinal fluid								
4401	Cell count	04.00		3.450	26.60 (23.30)	2.300	17.70 (15.50)		
4407	Cell count, protein, glucose and chloride	04.00		7.650	59.00 (51.80)	5.100	39.30 (34.50)		
4409	Chloride	04.00		2.590	20.00 (17.50)	1.730	13.30 (11.70)		
4415	Potassium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4416	Sodium	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4417	Protein: Qualitative	04.00		0.900	6.94 (6.09)	0.600	4.63 (4.06)		
4419	Protein: Quantitative	04.00		3.110	24.00 (21.10)	2.070	16.00 (14.00)		
4421	Glucose	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4423	Urea	04.00		3.620	27.90 (24.50)	2.410	18.60 (16.30)		
4425	Protein electrophoresis	04.00		12.600	97.10 (85.20)	8.400	64.80 (56.80)		
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	04.00		36.000	277.50 (243.40)	24.000	185.00 (162.30)		
4426	HLA typing low resolution Class I DNA-PCR per locus	04.00		100.000	770.90 (676.20)	67.000	516.50 (453.10)		
4427	HLA typing low resolution Class II DNA-PCR per locus	04.00		74.000	570.50 (500.40)	49.300	380.10 (333.40)		
4428	HLA typing high resolution Class I or II DNA-PCR per locus	04.00		66.000	508.80 (446.30)	44.000	339.20 (297.50)		
4429	Quantitative PCR (DNA/RNA)	04.00		84.300	649.90 (570.10)	56.200	433.20 (380.00)		
4430	Recombinant DNA technique	04.00		25.000	192.70 (169.00)	16.670	128.50 (112.70)		
4431	Ribosomal RNA targeting for bacteriological identification	04.00		35.000	269.80 (236.70)	23.330	179.90 (157.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4432	Ribosomal RNA amplification for bacteriological identification	04.00		75.000	578.20 (507.20)	50.000	385.50 (338.20)		
4433	Bacteriological DNA identification (LCR)	04.00		25.000	192.70 (169.00)	16.670	128.50 (112.70)		
4434	Bacteriological DNA identification (PCR)	04.00		75.000	578.20 (507.20)	50.000	385.50 (338.20)		
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	05.03		150.000	1156.40 (1014.40) Z	100.000	770.90 (676.20) Z		
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	04.00		6.600	50.90 (44.60)	4.400	33.90 (29.70)		
4436	Friberg test: Semen	04.00		14.500	111.80 (98.10)	9.670	74.50 (65.40)		
4437	Kremer test: Semen	04.00		3.600	27.80 (24.40)	2.400	18.50 (16.20)		
4440	Semen analysis: Cell count	04.00		7.650	59.00 (51.80)	5.100	39.30 (34.50)		
4441	Semen analysis: Cytology	04.00		7.200	55.50 (48.70)	4.800	37.00 (32.50)		
4442	Semen analysis: Viability + motility - 6 hours	04.00		6.000	46.30 (40.60)	4.000	30.80 (27.00)		
4443	Semen analysis: Supravital stain	04.00		5.440	41.90 (36.80)	3.630	28.00 (24.60)		
4445	Seminal fluid: Alpha glucosidase	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4446	Seminal fluid fructose	04.00		3.150	24.30 (21.30)	2.100	16.20 (14.20)		
4447	Seminal fluid: Acid phosphatase	04.00		5.180	39.90 (35.00)	3.450	26.60 (23.30)		
21.12	Immunology								
4448	HCG: Latex agglutination: Qualitative (side room)	04.00		4.000	30.80 (27.00)	2.670	20.60 (18.10)		
4449	HCG: Latex agglutination: Semi-quantitative (side room)	04.00		9.310	71.80 (63.00)	6.210	47.90 (42.00)		
4450	HCG: Monoclonal immunological: Qualitative	04.00		10.000	77.10 (67.60)	6.670	51.40 (45.10)		
4451	HCG: Monoclonal immunological: Quantitative	04.00		12.400	95.60 (83.90)	8.270	63.80 (56.00)		
4452	Bone Specific Alk Phosphatase	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4455	Anti IgE receptor antibody test (10 samples and dilution)	04.00		161.560	1245.50 (1092.50)	107.710	830.30 (728.30)		
4456	Eosinophil cationic protein	04.00		27.810	214.40 (188.10)	18.540	142.90 (125.40)		
4457	Mast cell tryptase	04.00		96.870	746.80 (655.10)	64.580	497.80 (436.70)		
4458	Micro-albuminuria: Radio-isotope method	04.00		12.420	95.70 (83.90)	8.300	64.00 (56.10)		
4459	Acetyl choline receptor antibody	04.00		158.120	1218.90 (1069.20)	105.410	812.60 (712.80)		
4460	CA-199 tumour marker	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4461	Nuclear Matrix Protein 22	04.00		35.000	269.80 (236.70)	23.330	179.90 (157.80)		
4462	CA-125 tumour marker	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4463	C6 complement functional essay	04.00		45.000	346.90 (304.30)	30.000	231.30 (202.90)		
4464	House dust mite antigen ELIZA	04.00		20.310	156.60 (137.40)	13.540	104.40 (91.60)		
4466	Beta-2-microglobulin	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4467	Chromograqnin A	04.00		47.000	362.30 (317.80)	31.330	241.50 (211.80)		
4468	CA-549	04.00		20.000	154.20 (135.30)	13.300	102.50 (89.90)		
4469	Tumour markers: Monoclonal immunological (each)	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4470	CA-195 tumour marker	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4471	Carcino-embryonic antigen	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4472	MCA antigen tumour marker	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4473	TSH Receptor Ab	04.00		17.480	134.80 (118.20)	11.650	89.80 (78.80)		
4474	Cast Per Allergen	04.00		27.810	214.40 (188.10)	18.540	142.90 (125.40)		
4475	CA-724	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4476	Neopterin	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4477	Neuron specific enolase	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4478	Osteocalcin	04.00		31.400	242.10 (212.40)	20.930	161.30 (141.50)		
4479	Vitamin B12-absorption: Shilling test	04.00		11.700	90.20 (79.10)	7.800	60.10 (52.70)		
4480	Serotonin	04.00		18.750	144.50 (126.80)	12.500	96.40 (84.60)		
4482	Free thyroxine (FT4)	04.00		17.480	134.80 (118.20)	11.650	89.80 (78.80)		
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	04.00		37.080	285.80 (250.70)	24.720	190.60 (167.20)		
4485	Insulin	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4486	C-Peptide	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4487	Calcitonin	04.00		18.900	145.70 (127.80)	12.600	97.10 (85.20)		
4488	B-Type Natriuretic Peptide	04.00		47.040	362.60 (318.10)	31.360	241.80 (212.10)		
4490	Releasing hormone response	04.00		50.000	385.50 (338.20)	33.350	257.10 (225.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4491	Vitamin B12	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4492	Vitamin D3: Calcitriol (RIA)	04.00		75.000	578.20 (507.20)	50.000	385.50 (338.20)		
4493	Drug concentration: Quantitative	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4494	Free hormone assay	04.00		17.480	134.80 (118.20)	11.650	89.80 (78.80)		
4495	Growth hormone	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4496	Hormone concentration: Quantitative	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4497	Carbohydrate deficient transferrin	04.00		29.060	224.00 (196.50)	19.370	149.30 (131.00)		
4499	Cortisol	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4500	DHEA sulphate	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4501	Testosterone	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4502	Free testosterone	04.00		17.480	134.80 (118.20)	11.650	89.80 (78.80)		
4503	Oestradiol	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4505	Oestriol	04.00		10.800	83.30 (73.10)	7.200	55.50 (48.70)		
4506	Multiple antigen specific IgE screening test for Atopy	04.00		37.260	287.20 (251.90)	24.800	191.20 (167.70)		
4507	Thyrotropin (TSH)	04.00		19.600	151.10 (132.50)	13.070	100.80 (88.40)		
4508	Combined antigen specific IgE	04.00		24.480	188.70 (165.50)	16.600	128.00 (112.30)		
4509	Free tri-iodothyronine (FT3)	04.00		17.480	134.80 (118.20)	11.650	89.80 (78.80)		
4511	Renin activity	04.00		18.900	145.70 (127.80)	12.600	97.10 (85.20)		
4512	Parathormone	04.00		17.080	131.70 (115.50)	11.390	87.80 (77.00)		
4513	IgE: Total	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4514	Antigen specific IgE	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4515	Aldosterone	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4516	Follitropin (FSH)	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4517	Lutropin (LH)	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4518	Soluble transferrin receptor	04.00		11.250	86.70 (76.10)	7.500	57.80 (50.70)		
4519	Prostate specific antigen	04.00		14.490	111.70 (98.00)	9.660	74.50 (65.40)		
4520	17 Hydroxy progesterone	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4521	Progesterone	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4522	Alpha-feto protein	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4523	ACTH	04.00		21.740	167.60 (147.00)	14.490	111.70 (98.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4524	Free PSA	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4526	Sex hormone binding globulin	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4527	Gastrin	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4528	Ferritin	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4529	Anti-DNA antibodies	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4530	Antiplatelet antibodies	04.00		15.300	117.90 (103.40)	10.200	78.60 (68.90)		
4531	Hepatitis: Per antigen or antibody	04.00		14.490	111.70 (98.00)	9.660	74.50 (65.40)		
4532	Transcobalamine	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4533	Folic acid	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4534	Prostatic acid phosphatase	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4536	Erythrocyte folate	04.00		17.480	134.80 (118.20)	11.650	89.80 (78.80)		
4537	Prolactin	04.00		12.420	95.70 (83.90)	8.280	63.80 (56.00)		
4538	Procalcitonin: Semi-quantitative	04.00		32.000	246.70 (216.40)	21.330	164.40 (144.20)		
4539	Procalcitonin: Quantitative	04.00		46.000	354.60 (311.10)	30.670	236.40 (207.40)		
4540	HCG: Quantitative as used for Down's screen	04.00		15.000	115.60 (101.40)	10.000	77.10 (67.60)		
4546	First trimester Downs screen	04.00		53.500	412.40 (361.80)	35.670	275.00 (241.20)		
4552	Second Trimester Down's screen	04.00		33.620	259.20 (227.40)	22.410	172.80 (151.60)		
4553	Thyroglobulin	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
4554	SCC marker	04.00		20.000	154.20 (135.30)	13.330	102.80 (90.20)		
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre	04.00		27.000	208.10 (182.50)				
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.	04.00							
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 coding@samedical.org 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)	04.00							
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
22	Anatomical Pathology								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								04.00
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	04.00		13.400	119.10 (104.50)	8.900	79.10 (69.40)		
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	04.00		7.800	69.30 (60.80)	5.200	46.20 (40.50)		
4564	Performance of fine-needle aspiration for cytology	04.00		15.000	133.40 (117.00)				
4565	Examination of fine needle aspiration in theatre	04.00		90.000	800.10 (701.80)	60.000	533.40 (467.90)		
4566	Vaginal or cervical smears, each	04.00		11.000	97.80 (85.80)	7.000	62.20 (54.60)		
22.2	Histology								
4567	Histology per sample	04.00		20.000	168.30 (147.60)	13.300	111.90 (98.20)		
4571	Histology per additional block, each	04.00		11.600	97.60 (85.60)	7.700	64.80 (56.80)		
4575	Histology and frozen section in laboratory	04.00		22.700	191.00 (167.50)	15.100	127.10 (111.50)		
4577	Histology and frozen section in theatre	04.00		90.000	757.40 (664.40)	60.000	505.00 (443.00)		
4578	Second and subsequent frozen sections, each	04.00		20.000	168.30 (147.60)	13.400	112.80 (98.90)		
4579	Attendance in theatre - no frozen section performed	04.00		45.000	378.70 (332.20)	30.000	252.50 (221.50)		
4582	Serial step sections (including item 4567)	04.00		23.300	196.10 (172.00)	15.600	131.30 (115.20)		
4584	Serial step sections per additional block, each	04.00		13.500	113.60 (99.60)	9.000	75.70 (66.40)		
4587	Histology consultation	04.00		10.100	85.00 (74.60)	6.700	56.40 (49.50)		
4589	Special stains	04.00		6.700	56.40 (49.50)	4.500	37.90 (33.20)		
4591	Immunofluorescence studies	04.00		20.700	174.20 (152.80)	13.800	116.10 (101.80)		
4592	Immunoperoxidase studies	04.00		40.000	336.60 (295.30)	26.670	224.50 (196.90)		
4593	Electron microscopy	04.00		94.000	791.10 (693.90)	63.000	530.20 (465.10)		
4595	Foetal autopsy excluding histology	04.00		73.000	614.40 (538.90)	48.670	409.60 (359.30)		
23	Human Genetics								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								04.00
23.1	Cytogenetic								
4750	Cell culture: Lymphocytes, cord blood	04.00		15.000	118.40 (103.90)	15.000	118.40 (103.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	04.00		45.000	355.30 (311.70)	45.000	355.30 (311.70)		
4752	Cell culture: Chorionic villi	04.00		60.000	473.80 (415.60)	60.000	473.80 (415.60)		
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	04.00		135.000	1066.00 (935.10)	135.000	1066.00 (935.10)		
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idiograms, karyotyping, one staining technique	04.00		270.000	2131.90 (1870.10)	270.000	2131.90 (1870.10)		
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	04.00		70.000	552.70 (484.80)	70.000	552.70 (484.80)		
4760	FISH procedure, including cell culture	04.00		115.000	908.00 (796.50)	115.000	908.00 (796.50)		
4761	FISH analysis per probe system	04.00		35.000	276.40 (242.50)	35.000	276.40 (242.50)		
23.2	DNA-testing								
4763	Blood: DNA extraction	04.00		45.000	355.30 (311.70)	45.000	355.30 (311.70)		
4764	Blood: Genotype per person: Southern blotting	04.00		89.000	702.70 (616.40)	89.000	702.70 (616.40)		
4765	Blood: Genotype per person: PCR	04.00		60.000	473.80 (415.60)	60.000	473.80 (415.60)		
4766	HIV Drug Resistance Testing	04.00		513.000	4050.60 (3553.20)	342.000	2700.40 (2368.80)		
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	04.00		90.000	710.60 (623.30)	90.000	710.60 (623.30)		
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	04.00		188.000	1484.40 (1302.10)	188.000	1484.40 (1302.10)		
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	04.00		120.000	947.50 (831.10)	120.000	947.50 (831.10)		
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.								04.00
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	04.00							
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	04.00		18.000	120.00 (105.30)				
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	04.00				18.000	120.00 (105.30)		
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
V.	LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED								
	<p>Modifier 0004 is not applicable to the following sections:</p> <p>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</p> <p>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.</p>								04.00
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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 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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								
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)								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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 Lubosacral 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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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)								
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)								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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)								
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)								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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								
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)								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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)								