NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2006		
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

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: Catogory 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
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
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 95.36 (83.65) 15.000 95.36 (83.65)
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 anaesthesic: (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	76.99 (67.54)	7.500	76.99 (67.54)			
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	171.64 (150.56)	27.000	171.64 (150.56)			
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	489.49 (429.38)	77.000	489.49 (429.38)			
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	734.23 (644.06)	115.500	734.23 (644.06)			
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	489.49 (429.38)	77.000	489.49 (429.38)			
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	203.42 (178.44)	32.000	203.42 (178.44)			
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	489.49 (429.38)	77.000	489.49 (429.38)			
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 (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare 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	286.07 (250.94)	45.000	286.07 (250.94)			
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	133.50 (117.11)	21.000	133.50 (117.11)			
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
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	36.35 (31.89)	6.000	36.35 (31.89)		
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
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	183.60 (161.10)				
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	336.70 (295.40)				

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	489.70 (429.60)				
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	642.70 (563.80)				
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	183.60 (161.10)				
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	336.70 (295.40)				
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	489.70 (429.60)				
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	642.70 (563.80)				

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	
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	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Cardiology	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Cardiothoracic Surgery	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Dermatology	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Gastroenterology	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
General Medical Practice	172.60 (151.40)	172.60 (151.40)	172.60 (151.40)	172.60 (151.40)	172.60 (151.40)	172.60 (151.40)	154.00 (135.10)		154.00 (135.10)	61.60 (54.00)	82.10 (72.00)	143.70 (126.10)	-	-
Medical Oncology	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Medicine (Specialist Physician)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Neurology	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Neurosurgery	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Nuclear Medicine	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Obstetrics and Gynaecology	184.80 (162.10)	184.80 (162.10)	184.80 (162.10)	184.80 (162.10)	184.80 (162.10)	184.80 (162.10)								
Opthalmology	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Orthopaedics	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Otorhinolaryngology	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Paediatric Cardiology	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)		231.00 (202.60)						
Paediatrics	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)		231.00 (202.60)						
Pathology (Anatomical)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Pathology (Clinical)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Physical Medicine	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								

Plastic and Reconstructive Surgery	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Psychiatry							183.60 (161.10)		183.60 (161.10)	73.50 (64.50)	97.90 (85.90)	171.40 (150.40)	-	-
Pulmonology	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Radiation Oncology	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Radiology	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Rheumatology	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)	266.90 (234.10)								
Specialists							154.00 (135.10)		154.00 (135.10)	61.60 (54.00)	82.10 (72.00)	143.70 (126.10)	-	-
Surgery	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								
Urology	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)	174.50 (153.10)								

I.e	**Pre-anaesthetic assessment**									
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
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	164.20 (144.00)	16.000	164.20 (144.00)
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	164.20 (144.00)	16.000	164.20 (144.00)
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	164.20 (144.00)	16.000	164.20 (144.00)
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	338.70 (297.10)	33.000	338.70 (297.10)		
	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	461.90 (405.20)	45.000	461.90 (405.20)		
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	123.20 (108.10)			
Cardiology	184.80 (162.10)			
Cardiothoracic Surgery	174.50 (153.10)			
Dermatology	123.20 (108.10)			
Gastroenterology	184.80 (162.10)			
General Medical Practice	123.20 (108.10)	51.30 (45.00)	92.40 (81.10)	220.00 (193.00)
Medical Oncology	184.80 (162.10)			
Medicine (Specialist Physician)	184.80 (162.10)			
Neurology	184.80 (162.10)			
Neurosurgery	184.80 (162.10)			
Nuclear Medicine	184.80 (162.10)			
Obstetrics and Gynaecology	123.20 (108.10)			
Opthalmology	123.20 (108.10)			
Orthopaedics	123.20 (108.10)			
Otorhinolaryngology	123.20 (108.10)			
Paediatric Cardiology	184.80 (162.10)			
Paediatrics	184.80 (162.10)			
Pathology (Anatomical)	123.20 (108.10)			
Pathology (Clinical)	123.20 (108.10)			
Physical Medicine	184.80 (162.10)			
Plastic and Reconstructive Surgery	123.20 (108.10)			
Psychiatry	146.90 (128.90)	61.20 (53.70)	122.40 (107.40)	
Pulmonology	184.80 (162.10)			
Radiation Oncology	123.20 (108.10)			
Radiology	123.20 (108.10)			
Rheumatology	184.80 (162.10)			
Specialists		51.30 (45.00)	92.40 (81.10)	220.00 (193.00)
Surgery	123.20 (108.10)			
Urology	123.20 (108.10)			

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	63.60 (55.80)	10.000	63.60 (55.80)		
II.d	**Own equipment used in treatment**								
5930	Surgical laser apparatus: Hire fee for own equipment	04.00		109.000	692.90 (607.80)	109.000	692.90 (607.80)		
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	76.99 (67.54)	7.500	76.99 (67.54)			
1	**General**									
1.1	**Injections, Infusions and Inhalation Sedation Treatment**									
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**		
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**	
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)			
0204	Inhalation sedation: Per additional quarter-hour or part thereof	04.00		3.000	19.10 (16.80)	3.000	19.10 (16.80)			
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	76.30 (66.90)	12.000	76.30 (66.90)			
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)			
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	50.90 (44.60)	8.000	50.90 (44.60)			
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)			
0209	Umbilical artery cannulation at birth	04.00		18.000	114.40 (100.40)	18.000	114.40 (100.40)			
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	04.00		3.250	20.70 (18.20)	3.250	20.70 (18.20)			
0211	Exchange transfusion: First and subsequent (including after-care)	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)			
	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	31.80 (27.90)	5.000	31.80 (27.90)			
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	57.20 (50.20)	9.000	57.20 (50.20)			
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	89.00 (78.10)	14.000	89.00 (78.10)			

1.3	Oncology related services in non-oncology facilties								
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	2510.10 (2201.80)	315.890	2008.10 (1761.50)		
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	1668.10 (1463.20)	209.930	1334.50 (1170.60)		
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	494.60 (433.90)	77.810	494.60 (433.90)		
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	271.10 (237.80)	42.650	271.10 (237.80)		

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 modifers (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
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	119.69 (104.99)
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	119.69 (104.99)
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	06.04						3.000	119.69 (104.99)
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	119.69 (104.99)
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	119.69 (104.99)
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 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)								06.04
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	39.90 (35.00)
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	79.79 (69.99)
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	06.04						3.000	119.69 (104.99)
5444	Shaft of femur: Add four (4,00) anaesthetic units	06.04						4.000	159.58 (139.98)
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	06.04						5.000	199.48 (174.98)
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	319.16 (279.96)
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									
Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
0217	Allergy: Patch tests: First patch	04.00		4.000	25.40 (22.30)	4.000	25.40 (22.30)			
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	04.00		2.800	17.80 (15.60)	2.800	17.80 (15.60)			
0219	Allergy: Patch tests: Each additional patch	04.00		2.000	12.70 (11.10)	2.000	12.70 (11.10)			
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	04.00		1.900	12.10 (10.60)	1.900	12.10 (10.60)			
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	04.00		2.800	17.80 (15.60)	2.800	17.80 (15.60)			
2.2	Skin (general)									
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	04.00		4.000	25.40 (22.30)	4.000	25.40 (22.30)			
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)			
0225	Epilation: Per session	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)			
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	50.90 (44.60)	8.000	50.90 (44.60)	4.000	159.60 (140.00)	
0228	PUVA Treatment: Maximum of 21 treatments	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)			
0229	PUVA: Follow-up or maintenance therapy once a week	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)			
0230	UVR-Treatment	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)			
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	35.00 (30.70)	5.500	35.00 (30.70)			
0233	Biopsy without suturing: First lesion	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)	3.000	119.70 (105.00)	
0234	Biopsy without suturing: Subsequent lesions (each)	04.00		3.000	19.10 (16.80)	3.000	19.10 (16.80)	3.000	119.70 (105.00)	
0235	Biopsy without suturing: Maximum for multiple additional lesions	04.00		18.000	114.40 (100.40)	18.000	114.40 (100.40)	3.000	119.70 (105.00)	
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)	3.000	119.70 (105.00)	
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)	3.000	119.70 (105.00)	
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	04.00		3.000	19.10 (16.80)	3.000	19.10 (16.80)	3.000	119.70 (105.00)	
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	04.00		42.000	267.00 (234.20)	42.000	267.00 (234.20)	3.000	119.70 (105.00)	
0244	Repair of nail bed	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	3.000	119.70 (105.00)	
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)	
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)	3.000	119.70 (105.00)	

0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	3.000	119.70 (105.00)
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)	3.000	119.70 (105.00)
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
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	553.10 (485.20)	87.000	553.10 (485.20)	3.000	119.70 (105.00)
0259	Removal of foreign body superficial to deep fascia (except hands)	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
0261	Removal of foreign body deep to deep fascia (except hands)	04.00		31.000	197.10 (172.90)	31.000	197.10 (172.90)	3.000	119.70 (105.00)
0271	Kurtin planing for acne scarring: Whole face	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
0273	Kurtin planing for acne scarring: Extensive	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)	4.000	159.60 (140.00)
0275	Kurtin planing for acne scarring: Limited	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	4.000	159.60 (140.00)
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	04.00		103.000	654.80 (574.40)	103.000	654.80 (574.40)	4.000	159.60 (140.00)
0279	Surgical treatment for axillary hyperhidrosis	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	4.000	159.60 (140.00)
0280	Laser treatment for small skin lesions: First lesion	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)	3.000	119.70 (105.00)
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	04.00		56.000	356.00 (312.30)	56.000	356.00 (312.30)	3.000	119.70 (105.00)
0283	Laser treatment for large skin lesions: Limited area	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	4.000	159.60 (140.00)
0284	Laser treatment for large skin lesions: Extensive area	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)	4.000	159.60 (140.00)
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	04.00		56.630	360.00 (315.80)	56.630	360.00 (315.80)		
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	04.00		43.440	276.10 (242.20)	43.440	276.10 (242.20)		
2.3	**Major plastic repair**								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	04.00		234.000	1487.50 (1304.80)	187.200	1190.00 (1043.90)	4.000	159.60 (140.00)
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	04.00		410.000	2606.40 (2286.30)	328.000	2085.10 (1829.00)	4.000	159.60 (140.00)
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	04.00		800.000	5085.60 (4461.10)	640.000	4068.50 (3568.90)	4.000	159.60 (140.00)
0292	Distant flaps: First stage	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)

0293	Contour grafts (excluding cost of material)	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	04.11		1200.000	7628.40 (6691.60)	960.000	6102.70 (5353.20)	6.000	239.40 (210.00)
0295	Local skin flaps (large, complicated)	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
0296	Other procedures of major technical nature	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
0297	Subsequent major procedures for repair of same lesion	04.00		104.000	661.10 (579.90)	104.000	661.10 (579.90)	4.000	159.60 (140.00)
0298	Lower abdominal dermo-lipectomy	04.00		170.000	1080.70 (948.00)	136.000	864.60 (758.40)	5.000	199.50 (175.00)
0299	Major abdominal lipectomy with repositioning of umbilicus	04.00		275.000	1748.20 (1533.50)	220.000	1398.50 (1226.80)	5.000	199.50 (175.00)
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	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)	3.000	119.70 (105.00)
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	4.000	159.60 (140.00)
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
0304	Major debridement of wound, sloughectomy or secondary suture	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	3.000	119.70 (105.00)
0305	Needle biopsy - soft tissue	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	3.000	119.70 (105.00)
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)	3.000	119.70 (105.00)
0308	Each additional small procedure done at the same time	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
0310	Radical excision of nailbed	04.00		38.000	241.60 (211.90)	38.000	241.60 (211.90)	3.000	119.70 (105.00)
0311	Excision of large benign tumour (more than 5 cm)	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)	3.000	119.70 (105.00)
0313	Extensive resection for malignant soft tissue tumour including muscle	04.00		283.900	1804.80 (1583.20)	227.120	1443.80 (1266.50)	4.000	159.60 (140.00)
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	04.00		104.000	661.10 (579.90)	104.000	661.10 (579.90)	4.000	159.60 (140.00)
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)	3.000	119.70 (105.00)
2.5	**Breasts**								
0316	Fine needle aspiration for soft tissue (all areas)	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)		
0317	Aspiration of cyst or tumour	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)	3.000	119.70 (105.00)
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	04.00		42.000	267.00 (234.20)	42.000	267.00 (234.20)	3.000	119.70 (105.00)

0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	04.00		94.200	598.80 (525.30)	94.200	598.80 (525.30)	3.000	119.70 (105.00)
0323	Subareolar cone excision of ducts of wedge excision of breast	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	3.000	119.70 (105.00)
0324	Wedge excision of breast and axillary dissection	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	5.000	199.50 (175.00)
0325	Total mastectomy	04.00		155.000	985.30 (864.30)	124.000	788.30 (691.50)	5.000	199.50 (175.00)
0327	Total mastectomy with axillary gland biopsy	04.00		185.000	1176.00 (1031.60)	148.000	940.80 (825.30)	5.000	199.50 (175.00)
0329	Total mastectomy with axillary gland dissection	04.00		275.000	1748.20 (1533.50)	220.000	1398.50 (1226.80)	5.000	199.50 (175.00)
0330	Nipple and areola reconstruction	04.00		95.000	603.90 (529.70)	95.000	603.90 (529.70)	4.000	159.60 (140.00)
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	04.00		234.000	1487.50 (1304.80)	187.200	1190.00 (1043.90)	4.000	159.60 (140.00)
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	04.00		410.000	2606.40 (2286.30)	328.000	2085.10 (1829.00)	4.000	159.60 (140.00)
0334	Removal of breast implant by means of capsulectomy: Per breast	04.00		234.000	1487.50 (1304.80)	187.200	1190.00 (1043.90)	4.000	159.60 (140.00)
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	04.00		234.000	1487.50 (1304.80)	187.200	1190.00 (1043.90)	5.000	199.50 (175.00)
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	04.00		410.000	2606.40 (2286.30)	328.000	2085.10 (1829.00)	5.000	199.50 (175.00)
0341	Gynaecomastia: Unilateral	04.00		92.000	584.80 (513.00)	92.000	584.80 (513.00)	3.000	119.70 (105.00)
0343	Gynaecomastia: Bilateral	04.00		161.000	1023.50 (897.80)	128.800	818.80 (718.20)	3.000	119.70 (105.00)
2.6	**Burns**								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	04.00		276.000	1754.50 (1539.00)	220.800	1403.60 (1231.20)	5.000	199.50 (175.00)
0353	Tangential excision and grafting: Small	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	5.000	199.50 (175.00)
0354	Tangential excision and grafting: Large	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	5.000	199.50 (175.00)
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 flag e.g. Cutler	04.00		147.400	937.00 (821.90)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
0357	Small skin graft in acute hand injury	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0361	Z-plasty	04.00		220.100	1399.20 (1227.40)	176.080	1119.30 (981.80)	3.000	119.70 (105.00)

0363	Local flap and skin graft	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0365	Cross finger flap (all stages)	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0367	Palmar flap (all stages)	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0369	Distant flap: First stage	04.00		158.000	1004.40 (881.10)	126.400	803.50 (704.80)	3.000	119.70 (105.00)
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0373	Transfer neurovascular island flap	04.00		230.500	1465.30 (1285.40)	184.400	1172.20 (1028.20)	3.000	119.70 (105.00)
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	04.00		242.400	1540.90 (1351.70)	193.920	1232.70 (1081.30)	3.000	119.70 (105.00)
0375	Dupuytren's contracture: Fasciotomy	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
0376	Dupuytren's contracture: Fasciectomy	04.00		218.000	1385.80 (1215.60)	174.400	1108.70 (972.50)	3.000	119.70 (105.00)
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	63.60 (55.80)	10.000	63.60 (55.80)		
0378	Laser acupuncture using more than 6 points	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)		
0379	Electro-acupuncture	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)		
0380	Scalp acupuncture	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
0381	Micro-acupuncture (ear, hand)	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	171.64 (150.56)	27.000	171.64 (150.56)		
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	489.49 (429.38)	77.000	489.49 (429.38)		

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	734.23 (644.06)	115.500	734.23 (644.06)		
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	489.49 (429.38)	77.000	489.49 (429.38)		
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	203.42 (178.44)	32.000	203.42 (178.44)		
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	489.49 (429.38)	77.000	489.49 (429.38)		
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		-	-	-	-	3.000	119.70 (105.00)
0387	Fracture (reduction under general anaesthetic): Clavicle	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	04.00		175.700	1116.90 (979.70)	140.560	893.50 (783.80)	3.000	119.70 (105.00)
0389	Fracture (reduction under general anaesthetic): Humerus	04.00		111.600	709.40 (622.30)	111.600	709.40 (622.30)	3.000	119.70 (105.00)
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	3.000	119.70 (105.00)
0402	Fracture (reduction under general anaesthetic): Carpal bone	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	3.000	119.70 (105.00)
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	04.00		118.300	752.00 (659.60)	118.300	752.00 (659.60)	3.000	119.70 (105.00)
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	04.00		-	-	-	-	3.000	119.70 (105.00)
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	04.00		52.000	330.60 (290.00)	52.000	330.60 (290.00)	3.000	119.70 (105.00)
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	04.00		48.000	305.10 (267.60)	48.000	305.10 (267.60)	3.000	119.70 (105.00)
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	04.00		102.000	648.40 (568.80)	102.000	648.40 (568.80)	3.000	119.70 (105.00)
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	04.00		-	-	-	-	3.000	119.70 (105.00)
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	3.000	119.70 (105.00)

0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	04.00		237.000	1506.60 (1321.60)	189.600	1205.30 (1057.30)	3.000	119.70 (105.00)
0425	Fracture (reduction under general anaesthetic): Patella	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0433	Fracture (reduction under general anaesthetic): Fibula shaft	04.00		-	-	-	-	3.000	119.70 (105.00)
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	04.00		58.000	368.70 (323.40)	58.000	368.70 (323.40)	3.000	119.70 (105.00)
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	04.00		198.700	1263.10 (1108.00)	158.960	1010.50 (886.40)	3.000	119.70 (105.00)
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	3.000	119.70 (105.00)
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	04.00		403.500	2565.00 (2250.00)	322.500	2050.10 (1798.30)	3.000	119.70 (105.00)
0441	Fracture (reduction under general anaesthetic): Metatarsal	04.00		41.800	265.70 (233.10)	41.800	265.70 (233.10)	3.000	119.70 (105.00)
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	04.00		-	-	-	-	3.000	119.70 (105.00)
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	04.00		32.000	203.40 (178.40)	32.000	203.40 (178.40)	3.000	119.70 (105.00)
0447	Fracture (reduction under general anaesthetic): Other: Simple	04.00		26.000	165.30 (145.00)	26.000	165.30 (145.00)	3.000	119.70 (105.00)
0449	Fracture (reduction under general anaesthetic): Other: Compound	04.00		52.000	330.60 (290.00)	52.000	330.60 (290.00)	3.000	119.70 (105.00)
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	04.00		-	-	-	-	3.000	119.70 (105.00)
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	1462.10 (1282.50)	184.000	1169.70 (1026.10)	3.000	119.70 (105.00)
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	04.00		-	-	-	-	3.000	119.70 (105.00)
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	04.00		-	-	-	-	3.000	119.70 (105.00)
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	04.00		-	-	-	-	3.000	119.70 (105.00)
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	04.00		-	-	-	-	3.000	119.70 (105.00)
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	04.00		-	-	-	-	3.000	119.70 (105.00)
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	04.00		-	-	-	-	3.000	119.70 (105.00)
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	1830.80 (1606.00)	230.400	1464.70 (1284.80)	3.000	119.70 (105.00)

0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	04.00		43.000	273.40 (239.80)	43.000	273.40 (239.80)	3.000	119.70 (105.00)
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	04.00		282.000	1792.70 (1572.50)	225.600	1434.10 (1258.00)	3.000	119.70 (105.00)
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	04.00		154.000	979.00 (858.80)	123.200	783.20 (687.00)	3.000	119.70 (105.00)
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	1792.70 (1572.50)	225.600	1434.10 (1258.00)	3.000	119.70 (105.00)
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	04.00		340.000	2161.40 (1896.00)	272.000	1729.10 (1516.80)	3.000	119.70 (105.00)
0499	Grafts to cysts: Large bones	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0501	Grafts to cysts: Small bones	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0503	Grafts to cysts: Cartilage graft	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	3.000	119.70 (105.00)
0505	Grafts to cysts: Inter-metacarpal bone graft	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	3.000	119.70 (105.00)
3.1.2.2	**Bony operations: Acute or chronic osteomyelitis**								
0509	Acute or chronic osteomyelitis: Conservative treatment	04.00		-	-	-	-		
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	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
3.1.2.3	**Bony operations: Osteotomy**								
0514	Osteotomy: Sternum: Repair of pectus excavatum	04.00		330.000	2097.80 (1840.20)	264.000	1678.20 (1472.10)	3.000	119.70 (105.00)
0515	Osteotomy: Sternum: Repair of pectus carinatum	04.00		330.000	2097.80 (1840.20)	264.000	1678.20 (1472.10)	3.000	119.70 (105.00)
0516	Osteotomy: Pelvic	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	3.000	119.70 (105.00)
0521	Osteotomy: Femoral: Proximal	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	3.000	119.70 (105.00)
0527	Osteotomy: Knee region	04.11		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	3.000	119.70 (105.00)
0528	Osteotomy: Os Calcis (Dwyer operation)	04.00		115.000	731.10 (641.30)	115.000	731.10 (641.30)	3.000	119.70 (105.00)
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	04.00		278.900	1773.00 (1555.30)	223.120	1418.40 (1244.20)	3.000	119.70 (105.00)
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)

0533	Osteotomy: Single metatarsal	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	3.000	119.70 (105.00)
0534	Osteotomy: Multiple metatarsal osteotomies	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
3.1.2.4	**Bony operations: Exostosis**								
0535	Exostosis: Excision: Readily accessible sites	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	3.000	119.70 (105.00)
0537	Exostosis: Excision: Less accessible sites	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
3.1.2.5	**Bony operations: Biopsy**								
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	04.00		32.000	203.40 (178.40)	32.000	203.40 (178.40)	4.000	159.60 (140.00)
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)		
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)		
3.2	**Joints**								
3.2.1	**Joints: Dislocations**								
0547	Joint: Dislocation: Clavicle either end	04.00		38.000	241.60 (211.90)	38.000	241.60 (211.90)	3.000	119.70 (105.00)
0549	Joint: Dislocation: Shoulder	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
0551	Joint: Dislocation: Elbow	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
0552	Joint: Dislocation: Wrist	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	04.00		130.000	826.40 (724.90)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0555	Joint: Dislocation: Lunate	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0556	Joint: Dislocation: Carpo-metacarpo dislocation	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	04.00		26.000	165.30 (145.00)	26.000	165.30 (145.00)	3.000	119.70 (105.00)
0559	Joint: Dislocation: Hip	04.00		109.000	692.90 (607.80)	109.000	692.90 (607.80)	3.000	119.70 (105.00)
0561	Joint: Dislocation: Knee	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0563	Joint: Dislocation: Patella	04.00		32.000	203.40 (178.40)	32.000	203.40 (178.40)	3.000	119.70 (105.00)
0565	Joint: Dislocation: Ankle	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	3.000	119.70 (105.00)
0567	Joint: Dislocation: Sub-Talar dislocation	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	3.000	119.70 (105.00)

0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
0573	Joint: Dislocation: Spine with or without paralysis	04.00		-	-	-	-		
3.2.2	**Joints: Operations for dislocations**								
0578	Operations for dislocations: Recurrent dislocation of shoulder	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	3.000	119.70 (105.00)
0579	Operations for dislocations: Recurrent dislocation of all other joints	04.00		161.000	1023.50 (897.80)	128.800	818.80 (718.20)	3.000	119.70 (105.00)
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	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0585	Capsulectomy digital joint	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	3.000	119.70 (105.00)
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	3.000	119.70 (105.00)
0587	Release of digital joint contracture	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
3.2.4	**Joints: Synovectomy**								
0589	Synovectomy: Digital joint	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0592	Synovectomy: Large joint	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0593	Tendon synovectomy	04.00		203.700	1294.90 (1135.90)	162.960	1035.90 (908.70)	3.000	119.70 (105.00)
3.2.5	**Joints: Arthrodesis**								
0597	Arthrodesis: Shoulder	04.00		224.000	1424.00 (1249.10)	179.200	1139.20 (999.30)	3.000	119.70 (105.00)
0598	Arthrodesis: Elbow	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	3.000	119.70 (105.00)
0599	Arthrodesis: Wrist	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	3.000	119.70 (105.00)
0600	Arthrodesis: Digital joint	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0601	Arthrodesis: Hip	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	3.000	119.70 (105.00)
0602	Arthrodesis: Knee	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	3.000	119.70 (105.00)
0603	Arthrodesis: Ankle	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	3.000	119.70 (105.00)
0604	Arthrodesis: Sub-talar	04.00		130.000	826.40 (724.90)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	3.000	119.70 (105.00)

0607	Arthrodesis: Mid-tarsal wedge resection	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	3.000	119.70 (105.00)
3.2.6	**Joints: Arthroplasty**								
0614	Arthroplasty: Debridement large joints	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0615	Arthroplasty: Excision medial or lateral end of clavicle	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)	3.000	119.70 (105.00)
0617	Shoulder: Acromioplasty	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0619	Shoulder: Partial replacement	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	5.000	199.50 (175.00)
0620	Shoulder: Total replacement	04.00		416.000	2644.50 (2319.70)	332.800	2115.60 (1855.80)	5.000	199.50 (175.00)
0621	Elbow: Excision head of radius	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0622	Elbow: Excision	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0623	Elbow: Partial replacement	04.00		188.000	1195.10 (1048.30)	150.400	956.10 (838.70)	3.000	119.70 (105.00)
0624	Elbow: Total replacement	04.00		282.000	1792.70 (1572.50)	225.600	1434.10 (1258.00)	3.000	119.70 (105.00)
0625	Wrist: Excision distal end of ulna	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0626	Wrist: Excision single bone	04.00		110.000	699.30 (613.40)	110.000	699.30 (613.40)	3.000	119.70 (105.00)
0627	Wrist: Excision proximal row	04.00		166.000	1055.30 (925.70)	132.800	844.20 (740.50)	3.000	119.70 (105.00)
0631	Wrist: Total replacement	04.00		249.000	1582.90 (1388.50)	199.200	1266.30 (1110.80)	3.000	119.70 (105.00)
0635	Digital Joint: Total replacement	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0637	Hip: Total replacement	04.00		416.000	2644.50 (2319.70)	332.800	2115.60 (1855.80)	3.000	119.70 (105.00)
0641	Hip: Prosthetic replacement of femoral head	04.00		288.000	1830.80 (1606.00)	230.400	1464.70 (1284.80)	3.000	119.70 (105.00)
0643	Hip: Girdlestone	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	3.000	119.70 (105.00)
0645	Knee: Partial replacement	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	3.000	119.70 (105.00)
0646	Knee: Total replacement	04.00		416.000	2644.50 (2319.70)	332.800	2115.60 (1855.80)	3.000	119.70 (105.00)
0649	Ankle: Total replacement	04.00		290.400	1846.10 (1619.40)	232.320	1476.90 (1295.50)	3.000	119.70 (105.00)
0650	Ankle: Astragalectomy	04.00		154.000	979.00 (858.80)	123.200	783.20 (687.00)	3.000	119.70 (105.00)

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	57.20 (50.20)	9.000	57.20 (50.20)	3.000	119.70 (105.00)
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	04.00		7.500	47.70 (41.80)	7.500	47.70 (41.80)	3.000	119.70 (105.00)
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	04.00		4.000	25.40 (22.30)	4.000	25.40 (22.30)	3.000	119.70 (105.00)
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	3.000	119.70 (105.00)
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
0669a	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	05.01		14.000	89.00 (78.10)	14.000	89.00 (78.10)	4.000	159.60 (140.00)
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic	06.04		-	-	-	-	3.000	119.70 (105.00)
0670a	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	05.01		-	-	-	-	4.000	159.60 (140.00)
0673	Meniscectomy or operation for other internal derangement of knee	04.00		109.000	692.90 (607.80)	109.000	692.90 (607.80)	3.000	119.70 (105.00)
3.2.8	**Joints: Joint ligament reconstruction or suture**								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0677	Joint ligament reconstruction or suture: Knee: Collateral	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0678	Joint ligament reconstruction or suture: Knee: Cruciate	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	3.000	119.70 (105.00)
0680	Joint ligament reconstruction or suture: Digital joint ligament	04.00		165.000	1048.90 (920.10)	132.000	839.10 (736.10)	3.000	119.70 (105.00)
3.3	**Amputations**								
3.3.1	**Amputations: Specific Amputations**								
0682	Amputation: Fore-quarter amputation	04.00		294.000	1869.00 (1639.50)	235.200	1495.20 (1311.60)	9.000	359.10 (315.00)
0683	Amputation: Through shoulder	04.00		148.000	940.80 (825.30)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
0685	Amputation: Upper arm or fore-arm	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)	3.000	119.70 (105.00)
0687	Partial amputation of the hand: One ray	04.00		102.000	648.40 (568.80)	102.000	648.40 (568.80)	3.000	119.70 (105.00)
0691	Amputation: Whole or part of finger	06.04		116.800	742.50 (651.30)	116.800	742.50 (651.30)	3.000	119.70 (105.00)
0693	Hindquarter amputation	04.00		420.000	2669.90 (2342.00)	336.000	2136.00 (1873.70)	6.000	239.40 (210.00)
0695	Amputation: Through hip joint region	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	6.000	239.40 (210.00)

0697	Amputation: Through thigh	04.00		205.000	1303.20 (1143.20)	164.000	1042.50 (914.50)	6.000	239.40 (210.00)
0699	Amputation: Below knee, through knee or Syme	04.00		194.000	1233.30 (1081.80)	155.200	986.60 (865.40)	5.000	199.50 (175.00)
0701	Amputation: Trans-metatarsal or trans-tarsal	04.00		142.000	902.70 (791.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0703	Amputation: Foot: One ray	04.00		97.000	616.60 (540.90)	97.000	616.60 (540.90)	3.000	119.70 (105.00)
0705	Amputation: Toe	04.00		66.000	419.60 (368.10)	66.000	419.60 (368.10)	3.000	119.70 (105.00)
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	476.80 (418.20)	75.000	476.80 (418.20)	3.000	119.70 (105.00)
0707	Post-amputation reconstruction: Krukenberg reconstruction	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	3.000	119.70 (105.00)
0709	Post-amputation reconstruction: Metacarpal transfer	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	04.00		282.000	1792.70 (1572.50)	225.600	1434.10 (1258.00)	3.000	119.70 (105.00)
0712	Post-amputation reconstruction: Toe to thumb transfer	04.00		800.000	5085.60 (4461.10)	640.000	4068.50 (3568.90)	3.000	119.70 (105.00)
3.4	**Muscles, tendons and fasciae**								
3.4.1	**Muscles, tendons and fasciae: Investigations**								
0713	Electromyography	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	3.000	119.70 (105.00)
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	06.04		57.000	362.30 (317.80)	57.000	362.30 (317.80)	3.000	119.70 (105.00)
0715	Strength duration curve per session	04.00		10.500	66.70 (58.50)	10.500	66.70 (58.50)	3.000	119.70 (105.00)
0717	Electrical examination of single nerve or muscle	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)	3.000	119.70 (105.00)
0718	Oxidative study for mitochondrial function	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)		
0721	Voltage integration during isometric contraction	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)	3.000	119.70 (105.00)
0723	Tonometry with edrophonium	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)	3.000	119.70 (105.00)
0725	Isometric tension studies with edrophonium	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)	3.000	119.70 (105.00)
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
0729	Tendon reflex time	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)	3.000	119.70 (105.00)
0730	Limb brain somatosensory studies (per limb)	04.00		49.000	311.50 (273.20)	49.000	311.50 (273.20)		

0731	Vision and audio-sensory studies	04.00		49.000	311.50 (273.20)	49.000	311.50 (273.20)		
0733	Motor nerve conduction studies (single nerve)	04.00		26.000	165.30 (145.00)	26.000	165.30 (145.00)		
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	04.00		31.000	197.10 (172.90)	31.000	197.10 (172.90)	3.000	119.70 (105.00)
0737	Biopsy for motor nerve terminals and end plates	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	04.00		34.000	216.10 (189.60)	34.000	216.10 (189.60)	8.000	319.20 (280.00)
0740	Muscle fatigue studies	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
0741	Muscle biopsy	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	8.000	319.20 (280.00)
0742	Global fee for all muscle studies, including histochemical studies	04.00		262.000	1665.50 (1461.00)				
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	04.00		20.250	128.70 (112.90)				
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	04.00		33.300	211.70 (185.70)				
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	04.00		5.700	36.20 (31.80)				
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	04.00		1.600	10.20 (8.95)				
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	04.00		9.900	62.90 (55.20)				
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	04.00		13.700	87.10 (76.40)				
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	04.00		25.900	164.60 (144.40)				
4715	Biochemical estimations on muscle biopsy specimens: Enolase	04.00		32.700	207.90 (182.40)				
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	04.00		37.700	239.70 (210.30)				
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	04.00		15.750	100.10 (87.80)				
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	04.00		11.060	70.30 (61.70)				
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	04.00		34.700	220.60 (193.50)				
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	04.00		40.300	256.20 (224.70)				
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	04.00		28.800	183.10 (160.60)				
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	04.00		43.000	273.40 (239.80)				
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	04.00		14.000	89.00 (78.10)				
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	04.00		20.000	127.10 (111.50)				
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	04.00		71.000	451.30 (395.90)				

4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	04.00		69.000	438.60 (384.70)				
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	04.00		82.000	521.30 (457.30)				
4744	Biochemical estimations on muscle biopsy specimens: Tension/caffeine/halothane procedure in malignant hyperthermia	04.00		143.000	909.10 (797.50)				
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	04.00		75.000	476.80 (418.20)				
3.4.2	**Muscles, tendons and fasciae: Decompression Operations**								
0743	Major compartmental decompression	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0744	Decompression operation: Fasciotomy only	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	3.000	119.70 (105.00)
3.4.3	**Muscles, tendons and fasciae: Muscle and tendon repair**								
0745	Muscle and tendon repair: Biceps humeri	04.00		109.000	692.90 (607.80)	109.000	692.90 (607.80)	3.000	119.70 (105.00)
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0747	Muscle and tendon repair: Rotator cuff	04.00		134.000	851.80 (747.20)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
0748	Muscle and tendon repair: Debridement rotator cuff	04.00		139.700	888.10 (779.00)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	04.00		271.900	1728.50 (1516.20)	217.520	1382.80 (1213.00)	4.000	159.60 (140.00)
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0757	Muscle and tendon repair: Achilles tendon repair	04.00		197.600	1256.10 (1101.80)	158.080	1004.90 (881.50)	4.000	159.60 (140.00)
0759	Muscle and tendon repair: Other single tendon	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	3.000	119.70 (105.00)
0763	Muscle and tendon repair: Tendon or ligament injection	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)	3.000	119.70 (105.00)
0767	Hand: Flexor tendon suture: Primary (per tendon)	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0769	Hand: Flexor tendon suture: Secondary (per tendon)	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0771	Extensor tendon suture: Primary (per tendon)	04.00		129.700	824.50 (723.20)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0773	Extensor tendon suture: Secondary (per tendon)	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	3.000	119.70 (105.00)
0774	Repair of Boutonniere deformity or Mallet finger with graft	04.00		183.700	1167.80 (1024.40)	146.960	934.20 (819.50)	3.000	119.70 (105.00)
3.4.4	**Muscles, tendons and fasciae: Tendon graft**								
0775	Free tendon graft	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0776	Reconstruction of pulley for flexor tendon	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	3.000	119.70 (105.00)

0777	Tendon graft: Finger: Flexor	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0779	Tendon graft: Finger: Extensor	04.00		122.000	775.60 (680.40)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0780	Two stage flexor tendon graft using silastic rod	04.00		240.000	1525.70 (1338.30)	192.000	1220.50 (1070.60)	3.000	119.70 (105.00)
3.4.5	**Muscles, tendons and fasciae: Tendolysis**								
0781	Tendon freeing operation, except where specified elsewhere	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	3.000	119.70 (105.00)
0782	Carpal tunnel syndrome	04.00		98.700	627.40 (550.40)	98.700	627.40 (550.40)	3.000	119.70 (105.00)
0783	Tenolysis: De Quervain	04.00		38.000	241.60 (211.90)	38.000	241.60 (211.90)	3.000	119.70 (105.00)
0784	Trigger finger	04.00		38.000	241.60 (211.90)	38.000	241.60 (211.90)	3.000	119.70 (105.00)
0785	Flexor tendon freeing operation following free tendon graft or suture	04.00		186.800	1187.50 (1041.70)	149.440	950.00 (833.30)	3.000	119.70 (105.00)
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	04.00		180.900	1150.00 (1008.80)	144.720	920.00 (807.00)	3.000	119.70 (105.00)
0788	Intrinsic tendon release per finger	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	3.000	119.70 (105.00)
0789	Central tendon tenotomy for Boutonniere deformity	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	3.000	119.70 (105.00)
3.4.6	**Muscles, tendons and fasciae: Tenodesis**								
0790	Tenodesis: Digital joint	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	3.000	119.70 (105.00)
3.4.7	**Muscles, tendons and fasciae: Muscle tendon and facia transfer**								
0791	Single tendon transfer	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0792	Multiple tendon transfer	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0793	Hamstring to quadriceps transfer	04.00		141.000	896.30 (786.20)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	5.000	199.50 (175.00)
0795	Tendon transfer at elbow	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)	3.000	119.70 (105.00)
0802	Radial club hand repair - stand alone procedure	04.00		360.300	2290.40 (2009.10)	288.240	1832.30 (1607.30)	3.000	119.70 (105.00)
0803	Hand tendons: Single tendon transfer (first)	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0809	Hand tendons: Substitution for intrinsic paralysis of hand	04.00		224.000	1424.00 (1249.10)	179.200	1139.20 (999.30)	3.000	119.70 (105.00)
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	04.00		220.600	1402.40 (1230.20)	176.480	1121.90 (984.10)	3.000	119.70 (105.00)

3.4.8	**Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening**								
0812	Percutaneous Tenotomy: All sites	04.00		38.000	241.60 (211.90)	38.000	241.60 (211.90)	3.000	119.70 (105.00)
0813	Torticollis	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	5.000	199.50 (175.00)
0815	Scalenotomy	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
0817	Scalenotomy with excision of first rib	04.00		190.000	1207.80 (1059.50)	152.000	966.30 (847.60)	3.000	119.70 (105.00)
0821	Tennis elbow	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0822	Open release elbow (Mitals) - stand alone procedure	04.00		278.200	1768.50 (1551.30)	222.560	1414.80 (1241.10)	3.000	119.70 (105.00)
0823	Excision or slide for Volkmann's Contracture	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
0825	Hip: Open muscle release	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)	7.000	279.30 (245.00)
0829	Knee: Quadriceps plasty	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0831	Knee: Open tenotomy	04.00		141.000	896.30 (786.20)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0835	Calf	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	4.000	159.60 (140.00)
0837	Open elongation tendon Achilles	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	4.000	159.60 (140.00)
0838	Percutaneous "Hoke" elongation tendo Achilles	04.00		79.300	504.10 (442.20)	79.300	504.10 (442.20)	4.000	159.60 (140.00)
0845	Foot: Plantar fasciotomy	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)	3.000	119.70 (105.00)
0846	Foot: Postero-medial release for club-foot	04.00		192.000	1220.50 (1070.60)	153.600	976.40 (856.50)	3.000	119.70 (105.00)
3.5	**Bursae and ganglia**								
0847	Excision: Semimembranosus	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	4.000	159.60 (140.00)
0849	Excision: Prepatellar	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
0851	Excision: Olecranon	04.00		81.800	520.00 (456.10)	81.800	520.00 (456.10)	3.000	119.70 (105.00)
0853	Excision: Small bursa or ganglion	04.00		80.900	514.30 (451.10)	80.900	514.30 (451.10)	3.000	119.70 (105.00)
0855	Excision: Compound palmar ganglion or synovectomy	04.00		128.000	813.70 (713.80)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)	3.000	119.70 (105.00)

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	1792.70 (1572.50)	225.600	1434.10 (1258.00)	3.000	119.70 (105.00)
0861	Leg equalisation and congenital hips and feet: Leg lengthening	04.00		416.000	2644.50 (2319.70)	332.800	2115.60 (1855.80)	3.000	119.70 (105.00)
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)	3.000	119.70 (105.00)
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	04.00		109.000	692.90 (607.80)	109.000	692.90 (607.80)	3.000	119.70 (105.00)
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	06.04		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0868	Open reduction of congenital dislocation of the hip	04.00		186.000	1182.40 (1037.20)	148.800	945.90 (829.70)	3.000	119.70 (105.00)
0869	Subsequent plasters	04.00		32.000	203.40 (178.40)	32.000	203.40 (178.40)		
0873	Congenital club foot: Manipulation and plaster: One foot	04.00		26.000	165.30 (145.00)	26.000	165.30 (145.00)	3.000	119.70 (105.00)
0874	Ponseti technique assistant (medical practitioner)	05.03		13.000	82.60 (72.50)	13.000	82.60 (72.50)		
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	232.70 (204.10)	36.600	232.70 (204.10)		
0884	Removal of internal fixatives: Less accessible	04.00		75.500	480.00 (421.10)	75.500	480.00 (421.10)		
0885	Removal of prosthesis for infection soon after operation	04.00		128.000	813.70 (713.80)	120.000	762.80 (669.10)		
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	406.80 (356.80)	64.000	406.80 (356.80)	6.000	239.40 (210.00)
3.7	**Plasters (exclusive of after-care)**								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)	3.000	119.70 (105.00)
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	04.00		32.000	203.40 (178.40)	32.000	203.40 (178.40)	4.000	159.60 (140.00)
0891	Turnbuckle cast for scoliosis (excluding after-care)	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	5.000	199.50 (175.00)
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	04.00		19.000	120.80 (106.00)	19.000	120.80 (106.00)	5.000	199.50 (175.00)
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	1924.30 (1688.00)	242.160	1539.40 (1350.40)	3.000	119.70 (105.00)
0896	Club foot: Posterior release only - stand alone procedure	04.00		159.300	1012.70 (888.30)	127.440	810.10 (710.60)	3.000	119.70 (105.00)
0900	Excision tarsal coalition - stand alone procedure	04.00		141.500	899.50 (789.00)	120.000	762.80 (669.10)	3.000	119.70 (105.00)

0901	Tenotomy: Single tendon	04.00		63.300	402.40 (353.00)	63.300	402.40 (353.00)	3.000	119.70 (105.00)
0903	Hammer toe: One toe	04.00		99.500	632.50 (554.80)	99.500	632.50 (554.80)	3.000	119.70 (105.00)
0905	Filleting of toe or Ruiz-Mora procedure	04.00		99.500	632.50 (554.80)	99.500	632.50 (554.80)	3.000	119.70 (105.00)
0906	Arthrodesis Hallux	04.00		148.000	940.80 (825.30)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0907	Silver bunionectomy or similar for Hallux Valgus	04.00		126.200	802.30 (703.80)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0909	Excision arthroplasty	04.00		145.200	923.00 (809.60)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
0910	Cheilectomy or metatarsophangeal implant Hallux	04.00		183.000	1163.30 (1020.40)	146.400	930.70 (816.40)	3.000	119.70 (105.00)
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	04.00		189.200	1202.70 (1055.00)	151.360	962.20 (844.00)	3.000	119.70 (105.00)
5730	Hallux Valgus double osteotomy etc.	04.00		182.600	1160.80 (1018.20)	146.080	928.60 (814.60)	3.000	119.70 (105.00)
5731	Distal soft tissue procedure for Hallux Valgus	04.00		173.600	1103.60 (968.10)	138.880	882.90 (774.50)	3.000	119.70 (105.00)
5732	Aitkin procedure or similar	04.00		166.800	1060.30 (930.10)	133.440	848.30 (744.10)	3.000	119.70 (105.00)
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	04.00		91.000	578.50 (507.50)	91.000	578.50 (507.50)	3.000	119.70 (105.00)
5735	Repair angular deformity toe (lesser toes)	04.00		97.200	617.90 (542.00)	97.200	617.90 (542.00)	3.000	119.70 (105.00)
5736	Sesamoidectomy	04.00		97.800	621.70 (545.40)	97.800	621.70 (545.40)	3.000	119.70 (105.00)
5737	Repair major foot tendons e.g. Tib Post	04.00		147.300	936.40 (821.40)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
5738	Repair of dislocating peroneal tendons	04.00		173.200	1101.00 (965.80)	138.560	880.80 (772.60)	3.000	119.70 (105.00)
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	04.00		202.300	1286.00 (1128.10)	161.840	1028.80 (902.50)	3.000	119.70 (105.00)
5740	Steindler strip - plantar fascia	04.00		97.200	617.90 (542.00)	97.200	617.90 (542.00)	3.000	119.70 (105.00)
5741	Kelikian syndactilly (one web space)	04.00		97.200	617.90 (542.00)	97.200	617.90 (542.00)	3.000	119.70 (105.00)
5742	Tendon transfer foot	04.00		172.000	1093.40 (959.10)	137.600	874.70 (767.30)	3.000	119.70 (105.00)
5743	Capsulotomy metatarsophalangeal joints: Foot	04.00		86.800	551.80 (484.00)	86.800	551.80 (484.00)	3.000	119.70 (105.00)
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	4640.60 (4070.70)	584.000	3712.50 (3256.60)	3.000	119.70 (105.00)

0913	Replantation of thumb	04.00		670.000	4259.20 (3736.10)	536.000	3407.40 (2988.90)	3.000	119.70 (105.00)
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	04.00		580.000	3687.10 (3234.30)	464.000	2949.60 (2587.40)	3.000	119.70 (105.00)
0915	Replantation operation through the palm	04.00		1270.000	8073.40 (7081.90)	1016.000	6458.70 (5665.50)	3.000	119.70 (105.00)
3.8.4	**Special areas: Hands: (Note: Skin: See Integumentary System)**								
0919	Tumours: Epidermoid cysts	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
0920	Tumours: Ganglion or fibroma	04.00		77.500	492.70 (432.20)	77.500	492.70 (432.20)	3.000	119.70 (105.00)
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	04.00		86.000	546.70 (479.60)	86.000	546.70 (479.60)	3.000	119.70 (105.00)
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	04.00		19.000	120.80 (106.00)	19.000	120.80 (106.00)	3.000	119.70 (105.00)
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	04.00		32.000	203.40 (178.40)	32.000	203.40 (178.40)	3.000	119.70 (105.00)
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	05.01		37.000	235.20 (206.30)	37.000	235.20 (206.30)	3.000	119.70 (105.00)
	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	101.70 (89.20)	16.000	101.70 (89.20)	3.000	119.70 (105.00)
3.8.5	**Special areas: Spine**								
	Please note the following with regard to section 3.8.5: Spine 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.								04.00
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	04.00		207.000	1315.90 (1154.30)	165.600	1052.70 (923.40)	3.000	119.70 (105.00)
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	04.00	+	42.000	267.00 (234.20)	42.000	267.00 (234.20)	3.000	119.70 (105.00)
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	5.000	199.50 (175.00)
0930	Posterior osteotomy of spine: One vertebral segment	04.00		339.000	2155.00 (1890.40)	271.200	1724.00 (1512.30)	3.000	119.70 (105.00)
0931	Posterior spinal fusion: One level	04.00		385.000	2447.40 (2146.80)	308.000	1958.00 (1717.50)	3.000	119.70 (105.00)
0932	Posterior osteotomy of spine: Each additional vertebral segment	04.00	+	103.000	654.80 (574.40)	103.000	654.80 (574.40)	3.000	119.70 (105.00)
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	04.00		315.000	2002.50 (1756.60)	252.000	1602.00 (1405.30)	3.000	119.70 (105.00)

0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	04.00	+	103.000	654.80 (574.40)	103.000	654.80 (574.40)	3.000	119.70 (105.00)
0938	Anterior fusion base of skull to C2	04.00		449.000	2854.30 (2503.80)	359.200	2283.40 (2003.00)	4.000	159.60 (140.00)
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	3.000	119.70 (105.00)
0941	Anterior interbody fusion: One level	04.00		360.000	2288.50 (2007.50)	288.000	1830.80 (1606.00)	3.000	119.70 (105.00)
0942	Anterior interbody fusion: Each additional level	04.00	+	102.000	648.40 (568.80)	102.000	648.40 (568.80)	3.000	119.70 (105.00)
0944	Posterior fusion: Occiput to C2	04.00		390.000	2479.20 (2174.70)	312.000	1983.40 (1739.80)	4.000	159.60 (140.00)
0946	Posterior spinal fusion: Each additional level	04.00	+	111.000	705.60 (618.90)	111.000	705.60 (618.90)	3.000	119.70 (105.00)
0948	Posterior interbody lumbar fusion: One level	04.00		364.000	2313.90 (2029.70)	291.200	1851.20 (1623.90)	3.000	119.70 (105.00)
0950	Posterior interbody lumbar fusion: Each additional interspace	04.00	+	95.000	603.90 (529.70)	95.000	603.90 (529.70)	3.000	119.70 (105.00)
0959	Excision of coccyx	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
0961	Costo-transversectomy	04.00		198.000	1258.70 (1104.10)	158.400	1006.90 (883.20)	3.000	119.70 (105.00)
0963	Antero-lateral decompression of spinal cord or anterior debridement	04.00		326.000	2072.40 (1817.90)	260.800	1657.90 (1454.30)	3.000	119.70 (105.00)
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
0952	Posterior fusion for spinal deformity: Up to 6 levels	04.00		359.000	2282.20 (2001.90)	287.200	1825.70 (1601.50)	3.000	119.70 (105.00)
0954	Posterior fusion for spinal deformity: 7 to 12 levels	04.00		547.000	3477.30 (3050.30)	437.600	2781.80 (2440.20)	3.000	119.70 (105.00)
0955	Posterior fusion for spinal deformity: 13 or more levels	04.00		593.000	3769.70 (3306.80)	474.400	3015.80 (2645.40)	3.000	119.70 (105.00)
0956	Anterior fusion for spinal deformity: 2 or 3 levels	04.00		410.000	2606.40 (2286.30)	328.000	2085.10 (1829.00)	3.000	119.70 (105.00)
0957	Anterior fusion for spinal deformity: 4 to 7 levels	04.00		444.000	2822.50 (2475.90)	355.200	2258.00 (1980.70)	3.000	119.70 (105.00)
0958	Anterior fusion for spinal deformity: 8 or more levels	04.00		539.000	3426.40 (3005.60)	431.200	2741.10 (2404.50)	3.000	119.70 (105.00)
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	1525.70 (1338.30)	192.000	1220.50 (1070.60)	3.000	119.70 (105.00)
0960	Posterior non-segmental instrumentation	04.00		167.000	1061.60 (931.20)	133.600	849.30 (745.00)	5.000	199.50 (175.00)
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	04.00		176.000	1118.80 (981.40)	140.800	895.10 (785.20)	5.000	199.50 (175.00)
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	04.00		201.000	1277.80 (1120.90)	160.800	1022.20 (896.70)	5.000	199.50 (175.00)
0966	Posterior segmental instrumentation:13 or more vertebrae	04.00		245.000	1557.50 (1366.20)	196.000	1246.00 (1093.00)	5.000	199.50 (175.00)
0968	Anterior instrumentation: 2 to 3 vertebrae	04.00		159.000	1010.80 (886.70)	127.200	808.60 (709.30)	5.000	199.50 (175.00)
0969	Skull or skull-femoral traction including two weeks after-care	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)		
0970	Anterior instrumentation: 4 to 7 vertebrae	04.00		185.000	1176.00 (1031.60)	148.000	940.80 (825.30)	5.000	199.50 (175.00)
0971	Halo-splint and POP jacket including two weeks after-care	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)		
0972	Anterior instrumentation: 8 or more vertebrae	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	5.000	199.50 (175.00)
0974	Additional pelvic fixation of instrumentation other than sacrum	04.00		108.000	686.60 (602.30)	108.000	686.60 (602.30)	5.000	199.50 (175.00)
5750	Reinsertion of instrumentation	04.00		276.000	1754.50 (1539.00)	220.800	1403.60 (1231.20)	6.000	239.40 (210.00)
5751	Removal of posterior non-segmental instrumentation	04.00		173.000	1099.80 (964.70)	138.400	879.80 (771.80)	6.000	239.40 (210.00)
5752	Removal of posterior segmental instrumentation	04.00		175.000	1112.50 (975.90)	140.000	890.00 (780.70)	6.000	239.40 (210.00)
5753	Removal of anterior instrumentation	04.00		204.000	1296.80 (1137.50)	163.200	1037.50 (910.10)	6.000	239.40 (210.00)
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	04.00		295.000	1875.30 (1645.00)	236.000	1500.30 (1316.10)	3.000	119.70 (105.00)
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	04.00		304.000	1932.50 (1695.20)	243.200	1546.00 (1356.10)	3.000	119.70 (105.00)
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	04.00		321.000	2040.60 (1790.00)	256.800	1632.50 (1432.00)	3.000	119.70 (105.00)
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	04.00	+	63.000	400.50 (351.30)	63.000	400.50 (351.30)	3.000	119.70 (105.00)
5759	Laminectomy for decompression diskectomy, etc. revision operation	04.00		352.000	2237.70 (1962.90)	281.600	1790.10 (1570.30)	4.000	159.60 (140.00)
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	04.00		301.000	1913.50 (1678.50)	240.800	1530.80 (1342.80)	3.000	119.70 (105.00)
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	04.00	+	68.000	432.30 (379.20)	68.000	432.30 (379.20)	3.000	119.70 (105.00)
5763	Anterior disc removal and spinal decompression cervical: One level	04.00		344.000	2186.80 (1918.20)	275.200	1749.40 (1534.60)	3.000	119.70 (105.00)

5764	Anterior disc removal and spinal decompression cervical: Each additional level	04.00	+	81.000	514.90 (451.70)	81.000	514.90 (451.70)	3.000	119.70 (105.00)
5765	Vertebral corpectomy for spinal decompression: One level	04.00		466.000	2962.40 (2598.60)	372.800	2369.90 (2078.90)	3.000	119.70 (105.00)
5766	Vertebral corpectomy for spinal decompression: Each additional level	04.00		88.000	559.40 (490.70)	88.000	559.40 (490.70)	3.000	119.70 (105.00)
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	04.00		71.000	451.30 (395.90)	71.000	451.30 (395.90)		
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	1173.50 (1029.40)	147.680	938.80 (823.50)	4.000	159.60 (140.00)
0988	Genioplasty	04.00		263.000	1671.90 (1466.60)	210.400	1337.50 (1173.20)	4.000	159.60 (140.00)
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	04.00		202.200	1285.40 (1127.50)	161.760	1028.30 (902.00)	4.000	159.60 (140.00)
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	04.00		302.000	1919.80 (1684.00)	241.600	1535.90 (1347.30)	4.000	159.60 (140.00)
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	04.00		433.000	2752.60 (2414.60)	346.400	2202.10 (1931.70)	4.000	159.60 (140.00)
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	04.00		970.000	6166.30 (5409.00)	776.000	4933.00 (4327.20)	4.000	159.60 (140.00)
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	04.00		302.000	1919.80 (1684.00)	241.600	1535.90 (1347.30)	4.000	159.60 (140.00)
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	04.00		1103.000	7011.80 (6150.70)	882.400	5609.40 (4920.50)	4.000	159.60 (140.00)
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	04.00		1654.000	10514.50 (9223.20)	1323.200	8411.60 (7378.60)	4.000	159.60 (140.00)
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	04.00		-	-	-	-		
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	04.00		302.000	1919.80 (1684.00)	241.600	1535.90 (1347.30)	3.000	119.70 (105.00)
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	04.00		184.000	1169.70 (1026.10)	147.200	935.80 (820.90)	3.000	119.70 (105.00)
1001	Temporo-mandibular joint: Reconstruction for dysfunction	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
1003	Manipulation: Immobilisation and follow-up of fractured nose	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
1005	Nasal fracture without manipulation	04.00		-	-	-	-		
1007	Mandibulectomy	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	5.000	199.50 (175.00)
1009	Maxillectomy	04.00		382.500	2431.60 (2133.00)	306.000	1945.20 (1706.30)	4.000	159.60 (140.00)
1011	Bone graft to mandible	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
1012	Adjustment of occlusion by ramisection	04.00		227.000	1443.00 (1265.80)	181.600	1154.40 (1012.60)	4.000	159.60 (140.00)

1013	Fracture of arch of zygoma without displacement	04.00		-	-	-	-		
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	04.00		131.000	832.80 (730.50)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	04.00		262.000	1665.50 (1461.00)	209.600	1332.40 (1168.80)	3.000	119.70 (105.00)
4	**Respiratory System**								
4.1	**Nose and sinuses**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
1018	Flexible nasopharyngolaryngoscope examination	04.00		51.940	330.20 (289.60)	51.940	330.20 (289.60)		
1019	ENT endoscopy in rooms with rigid endoscope	04.00		12.000	76.30 (66.90)				
1020	Repair of perforated septum: Any method	06.04		141.900	902.10 (791.30)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1022	Functional reconstruction of nasal septum	04.00		121.200	770.50 (675.90)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	4.000	159.60 (140.00)
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	06.04		64.600	410.70 (360.30)	64.600	410.70 (360.30)	4.000	159.60 (140.00)
1027	Dacrocystorhinostomy	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	5.000	199.50 (175.00)
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	06.04		62.600	397.90 (349.00)	62.600	397.90 (349.00)	4.000	159.60 (140.00)
1030	Endoscopic turbinectomy: Laser or microdebrider	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	5.000	199.50 (175.00)
1031	Removal of single nasal polyp at rooms (at initial consultation only)	04.00		25.400	161.50 (141.70)	25.400	161.50 (141.70)		
1033	Removal of multiple polyps in hospital under general anaesthetic	04.00		81.800	520.00 (456.10)	81.800	520.00 (456.10)	4.000	159.60 (140.00)
1034	Autogenous nasal bone transplant: Bone removal included	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	4.000	159.60 (140.00)
1035	Functional endoscopic sinus surgery: Unilateral	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1036	Functional endoscopic sinus surgery: Bilateral	04.00		245.000	1557.50 (1366.20)	196.000	1246.00 (1093.00)	4.000	159.60 (140.00)
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)		
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	4.000	159.60 (140.00)
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	6.000	239.40 (210.00)
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	6.000	239.40 (210.00)

1045	Ligation anterior ethmoidal artery	04.00		135.400	860.70 (755.00)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
1047	Caldwell-Luc operation: Unilateral	04.00		137.300	872.80 (765.60)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1049	Ligation internal maxillary artery	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	6.000	239.40 (210.00)
1050	Vidian neurectomy (transantral or transnasal)	04.00		113.000	718.30 (630.10)	113.000	718.30 (630.10)	4.000	159.60 (140.00)
1051	Removal nasopharyngeal fibroma	04.00		285.000	1811.70 (1589.20)	228.000	1449.40 (1271.40)	6.000	239.40 (210.00)
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
1053	Frontal sinus drainage, trephine operation	04.00		93.100	591.80 (519.10)	93.100	591.80 (519.10)	4.000	159.60 (140.00)
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	06.04		37.300	237.10 (208.00)				
1055	External frontal ethmoidectomy	04.00		190.700	1212.30 (1063.40)	152.560	969.80 (850.70)	4.000	159.60 (140.00)
1057	External ethmoidectomy and/or sphenoidectomy	04.00		199.400	1267.60 (1111.90)	159.520	1014.10 (889.60)	4.000	159.60 (140.00)
1058	Sublabial transseptal sphenoidotomy	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1059	Frontal osteomyelitis	04.00		194.000	1233.30 (1081.80)	155.200	986.60 (865.40)	4.000	159.60 (140.00)
1060	Obliteration of frontal sinus	04.00		291.100	1850.50 (1623.20)	232.880	1480.40 (1298.60)	4.000	159.60 (140.00)
1061	Lateral rhinotomy	04.00		164.000	1042.50 (914.50)	131.200	834.00 (731.60)	4.000	159.60 (140.00)
1062	Excision nasolabial cyst	04.00		186.100	1183.00 (1037.70)	148.880	946.40 (830.20)	4.000	159.60 (140.00)
1063	Removal of foreign bodies from nose: At rooms	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
1065	Removal of foreign body from nose: Under general anaesthetic	04.00		38.600	245.40 (215.30)	38.600	245.40 (215.30)	4.000	159.60 (140.00)
1067	Proof puncture at rooms: Unilateral	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	4.000	159.60 (140.00)
1069	Proof puncture, uni- or bilateral under general anaesthetic	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	4.000	159.60 (140.00)
1071	Proetz treatment (consultation fee only to be charged for first treatment)	04.00		4.000	25.40 (22.30)	4.000	25.40 (22.30)		
1077	Septum abscess: At rooms, including after-care	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)		
1079	Septum abscess: Under general anaesthetic	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	4.000	159.60 (140.00)
1081	Oro-antral fistula (without Caldwell-Luc)	04.00		111.800	710.70 (623.40)	111.800	710.70 (623.40)	4.000	159.60 (140.00)
1083	Choanal atresia: Intranasal approach	04.00		113.000	718.30 (630.10)	113.000	718.30 (630.10)	5.000	199.50 (175.00)
1084	Choanal atresia: Transpalatal approach	04.00		194.000	1233.30 (1081.80)	155.200	986.60 (865.40)	7.000	279.30 (245.00)

1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	5.000	199.50 (175.00)
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	5.000	199.50 (175.00)
1089	Forehead rhinoplasty (all stages): Total	04.00		552.000	3509.10 (3078.20)	441.600	2807.30 (2462.50)	5.000	199.50 (175.00)
1091	Forehead rhinoplasty (all stages): Partial	04.00		414.000	2631.80 (2308.60)	331.200	2105.40 (1846.80)	5.000	199.50 (175.00)
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1095	Full nasal reconstruction for secondary cleft lip deformity	04.00		357.900	2275.20 (1995.80)	286.320	1820.10 (1596.60)	5.000	199.50 (175.00)
1097	Partial nasal reconstruction for cleft lip deformity	04.00		199.700	1269.50 (1113.60)	159.760	1015.60 (890.90)	5.000	199.50 (175.00)
1099	Columella reconstruction or lengthening	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
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	476.80 (418.20)	75.000	476.80 (418.20)	4.000	159.60 (140.00)
1102	Laser tonsillectomy	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	6.000	239.40 (210.00)
1105	Removal of adenoids	04.11		40.000	254.30 (223.10)	40.000	254.30 (223.10)	4.000	159.60 (140.00)
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	04.00		168.300	1069.90 (938.50)	134.640	855.90 (750.80)	5.000	199.50 (175.00)
1107	Opening of quinsy: At rooms	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)	6.000	239.40 (210.00)
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	540.30 (473.90)	85.000	540.30 (473.90)	5.000	199.50 (175.00)
1109	Opening of quinsy: Under general anaesthetic	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	6.000	239.40 (210.00)
1110	Ludwig's Angina: Drainage	04.00		42.000	267.00 (234.20)	42.000	267.00 (234.20)	9.000	359.10 (315.00)
1111	Post tonsillectomy or adenoidectomy haemorrhage	04.00		46.000	292.40 (256.50)	46.000	292.40 (256.50)	6.000	239.40 (210.00)
1112	Pharyngeal pouch operation	04.11		231.800	1473.60 (1292.60)	185.440	1178.80 (1034.00)	5.000	199.50 (175.00)
1113	Retropharyngeal abscess: Internal approach	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	6.000	239.40 (210.00)
1115	Retropharyngeal abscess: External approach	04.00		85.000	540.30 (473.90)	85.000	540.30 (473.90)	6.000	239.40 (210.00)
1116	Functional reconstruction of palate and uvula	04.00		168.300	1069.90 (938.50)	134.640	855.90 (750.80)	5.000	199.50 (175.00)

4.3	**Larynx**								
1117	Laryngeal intubation	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
1118	Laryngeal stroboscopy with video capture	04.00		39.000	247.90 (217.50)	39.000	247.90 (217.50)	6.000	239.40 (210.00)
1119	Laryngectomy without block dissection of the neck	04.00		430.000	2733.50 (2397.80)	344.000	2186.80 (1918.20)	7.000	279.30 (245.00)
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	04.00		35.000	222.50 (195.20)				
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	04.00		81.100	515.60 (452.30)	81.100	515.60 (452.30)	6.000	239.40 (210.00)
1126	Post laryngectomy for voice restoration	04.00		139.500	886.80 (777.90)	120.000	762.80 (669.10)	9.000	359.10 (315.00)
1127	Tracheotomy	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	9.000	359.10 (315.00)
1128	Endolaryngeal operations	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	8.000	319.20 (280.00)
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	04.00		294.400	1871.50 (1641.70)	235.520	1497.20 (1313.30)	8.000	319.20 (280.00)
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	04.00		41.400	263.20 (230.90)	41.400	263.20 (230.90)	6.000	239.40 (210.00)
1131	Direct laryngoscopy plus foreign body removal	04.00		64.600	410.70 (360.30)	64.600	410.70 (360.30)	6.000	239.40 (210.00)
MODIFIERS									
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare 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	413.20 (362.50)	65.000	413.20 (362.50)	6.000	239.40 (210.00)
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	8.000	319.20 (280.00)
1134	Bronchoscopy: Bronchoscopy with laser	04.00		75.000	476.80 (418.20)			8.000	319.20 (280.00)
1136	Nebulisation (in rooms)	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)	12.000	76.30 (66.90)
1137	Bronchial lavage	04.00						8.000	319.20 (280.00)
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	12.000	478.70 (419.90)
4.5	**Pleura**								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	3.000	119.70 (105.00)
1141	Insertion of intercostal catheter (under water drainage)	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	6.000	239.40 (210.00)
1142	Intra-pleural block	04.00		36.000	228.90 (200.80)	36.000	228.90 (200.80)	36.000	228.90 (200.80)

1143	Paracentesis chest: Diagnostic	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)	3.000	119.70 (105.00)
1145	Paracentesis chest: Therapeutic	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)	3.000	119.70 (105.00)
1147	Pneumothorax: Induction (diagnostic)	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)		
1149	Pleurectomy	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	11.000	438.80 (384.90)
1151	Decortication of lung	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	11.000	438.80 (384.90)
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)	3.000	119.70 (105.00)
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	203.40 (178.40)	32.000	203.40 (178.40)	5.000	199.50 (175.00)
1157	Pneumonectomy	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	11.000	438.80 (384.90)
1159	Pulmonary lobectomy	04.00		389.500	2476.10 (2172.00)	311.600	1980.80 (1737.50)	11.000	438.80 (384.90)
1161	Segmental lobectomy	04.00		365.000	2320.30 (2035.40)	292.000	1856.20 (1628.20)	11.000	438.80 (384.90)
1163	Excision tracheal stenosis: Cervical	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	8.000	319.20 (280.00)
1164	Excision tracheal stenosis: Intra thoracic	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	12.000	478.70 (419.90)
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	04.00		215.000	1366.80 (1198.90)	172.000	1093.40 (959.10)	12.000	478.70 (419.90)
1168	Thoracoplasty: Complete	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	11.000	438.80 (384.90)
1169	Thoracoplasty: Limited (osteoplastic)	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	11.000	438.80 (384.90)
1171	Drainage empyema (including six weeks after treatment)	04.00		170.000	1080.70 (948.00)	136.000	864.60 (758.40)	11.000	438.80 (384.90)
1173	Drainage of lung abscess (including six weeks after treatment)	04.00		170.000	1080.70 (948.00)	136.000	864.60 (758.40)	11.000	438.80 (384.90)
1175	Thoracotomy (limited): For lung or pleural biopsy	04.00		115.000	731.10 (641.30)	115.000	731.10 (641.30)	11.000	438.80 (384.90)
1177	Major: Diagnostic, as for inoperable carcinoma	04.00		215.000	1366.80 (1198.90)	172.000	1093.40 (959.10)	11.000	438.80 (384.90)
1179	Thoracoscopy	04.00		89.000	565.80 (496.30)	89.000	565.80 (496.30)	11.000	438.80 (384.90)
1181	Lung transplant: Unilateral	04.00		600.000	3814.20 (3345.80)	480.000	3051.40 (2676.70)	15.000	598.40 (524.90)
1182	Harvesting donor lung: Unilateral	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	5.000	199.50 (175.00)

1183	Excision or plication of emphysematous cyst: Unilateral	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	11.000	438.80 (384.90)
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	04.00		438.000	2784.40 (2442.50)	350.400	2227.50 (1953.90)	11.000	438.80 (384.90)
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	11.000	438.80 (384.90)
4.6.2	**Pulmonary function tests**								
1186	Flow volume test: Inspiration/expiration	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	30.000	190.70 (167.30)
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	317.90 (278.90)	50.000	317.90 (278.90)	50.000	317.90 (278.90)
1189	Forced expirogram only	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	10.000	63.60 (55.80)
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	04.00		45.310	288.00 (252.60)				
1191	N2 single breath distribution	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	10.000	63.60 (55.80)
1192	Peak expiratory flow only	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)	5.000	31.80 (27.90)
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	04.00		37.760	240.00 (210.50)				
1195	Thoracic gas volume	04.00		37.930	241.10 (211.50)				
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	04.00		45.310	288.00 (252.60)				
1197	Compliance and resistance, using oesophageal balloon	04.00		24.000	152.60 (133.90)	24.000	152.60 (133.90)	24.000	152.60 (133.90)
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	355.30 (311.70)	55.890	355.30 (311.70)		
1199	Pulmonary stress testing: For determination of VO2 max	04.00		96.500	613.50 (538.20)	96.500	613.50 (538.20)		
1200	Carbon monoxide diffusing capacity, any method	04.00		38.060	241.90 (212.20)				
1201	Maximum inspiratory/expiratory pressure	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)	5.000	31.80 (27.90)
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	254.30 (223.10)	40.000	254.30 (223.10)	40.000	254.30 (223.10)

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	190.70 (167.30)	30.000	190.70 (167.30)	30.000	190.70 (167.30)
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	635.70 (557.60)	100.000	635.70 (557.60)	100.000	635.70 (557.60)
1206	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	50.000	317.90 (278.90)
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	190.70 (167.30)	30.000	190.70 (167.30)	30.000	190.70 (167.30)
	Please Note: The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109	04.00							
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	870.90 (763.90)	120.000	762.80 (669.10)	137.000	870.90 (763.90)
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	368.70 (323.40)	58.000	368.70 (323.40)	58.000	368.70 (323.40)
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	317.90 (278.90)	50.000	317.90 (278.90)	50.000	317.90 (278.90)
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	476.80 (418.20)	75.000	476.80 (418.20)	75.000	476.80 (418.20)
1213	Ventilation: Subsequent days, per day	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	50.000	317.90 (278.90)
1214	Ventilation: After two weeks, per day	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	25.000	158.90 (139.40)
1215	Insertion of arterial pressure cannula	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	25.000	158.90 (139.40)
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	04.11		50.000	317.90 (278.90)	50.000	317.90 (278.90)	50.000	317.90 (278.90)
1217	Insertion of central venous line via peripheral vein	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	10.000	63.60 (55.80)
1218	Insertion of central venous line via subclavian or jugular veins	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	25.000	158.90 (139.40)
1219	Hyperalimentation (daily tariff)	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)	15.000	95.40 (83.70)
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	190.70 (167.30)	30.000	190.70 (167.30)	30.000	190.70 (167.30)
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	190.70 (167.30)	30.000	190.70 (167.30)	30.000	190.70 (167.30)

4.8	**Hyperbaric Oxygen Therapy**									
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: 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									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	190.70 (167.30)	30.000	190.70 (167.30)			
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	05.03		101.130	642.90 (563.90)	101.130	642.90 (563.90)			
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	381.40 (334.60)	60.000	381.40 (334.60)			
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	834.40 (731.90)	131.260	834.40 (731.90)			
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	508.60 (446.10)	80.000	508.60 (446.10)			
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	834.40 (731.90)	131.260	834.40 (731.90)			
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	572.10 (501.80)	90.000	572.10 (501.80)			
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	05.03		214.180	1361.50 (1194.30)	214.180	1361.50 (1194.30)			
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	1207.80 (1059.50)	190.000	1207.80 (1059.50)			
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	05.03		386.420	2456.50 (2154.80)	386.420	2456.50 (2154.80)			
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	2078.70 (1823.40)	327.000	2078.70 (1823.40)			
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		680.850	4328.20 (3796.70)	680.850	4328.20 (3796.70)			
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		678.280	4311.80 (3782.30)	678.280	4311.80 (3782.30)			

4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		671.850	4271.00 (3746.50)	671.850	4271.00 (3746.50)		
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**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
1222	Mediastinal tumours	04.00		285.000	1811.70 (1589.20)	228.000	1449.40 (1271.40)	11.000	438.80 (384.90)
1223	Mediastinoscopy	04.00		95.000	603.90 (529.70)	95.000	603.90 (529.70)	5.000	199.50 (175.00)
1224	Mediastinotomy	04.00		115.000	731.10 (641.30)	115.000	731.10 (641.30)	11.000	438.80 (384.90)
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	11.000	438.80 (384.90)
1226	Removal of single rib with a lesion	04.00		282.000	1792.70 (1572.50)	225.600	1434.10 (1258.00)	11.000	438.80 (384.90)
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	127.10 (111.50)	20.000	127.10 (111.50)	20.000	127.10 (111.50)
	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	28.60 (25.10)		
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	04.00				6.500	41.30 (36.20)		
	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	38.10 (33.40)				
1231	Physician's fee for interpreting an ECG: With and without effort	06.04		10.000	63.60 (55.80)				
	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	57.20 (50.20)	9.000	57.20 (50.20)		
1233	Electrocardiogram: With and without effort	06.04		13.000	82.60 (72.50)	13.000	82.60 (72.50)		
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)		
1235	Multi-stage treadmill test	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)		
1236	Electrocardiogram without effort: Under 4 years old	06.04		18.000	114.40 (100.40)	18.000	114.40 (100.40)		
1237	24 Hour ambulatory blood pressure: Hire fee	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)		

1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)		
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)		
1240	Signal averaged electrocardiogram	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)		
1241	X-ray Screening: Chest	04.00		4.000	25.40 (22.30)	4.000	25.40 (22.30)		
1242	X-ray screening: Prosthetic valves	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)		
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)		
1245	Angiography cerebral: First two series	04.00		34.300	218.00 (191.20)	34.300	218.00 (191.20)	4.000	159.60 (140.00)
1246	Angiography peripheral: Per limb	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	4.000	159.60 (140.00)
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	04.00		65.000	413.20 (362.50)	65.000	413.20 (362.50)	6.000	239.40 (210.00)
1248	Paracentesis of pericardium	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	9.000	359.10 (315.00)
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)		
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**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	04.00		140.000	890.00 (780.70)			9.000	359.10 (315.00)
1250	Endomyocardial biopsy	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)	9.000	359.10 (315.00)
1251	Transeptal puncture	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)	9.000	359.10 (315.00)
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	04.00		140.000	890.00 (780.70)			9.000	359.10 (315.00)
1253	Right heart catheterisation (with or without biopsy)	04.00		70.000	445.00 (390.40)			9.000	359.10 (315.00)
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	9.000	359.10 (315.00)
1255	Tilt test	04.00		31.300	199.00 (174.60)	31.300	199.00 (174.60)		

6.2.2	**Invasive cardiology: Electrophysiological study**								
1256	Ventricular stimulation study	04.00		160.000	1017.10 (892.20)			9.000	359.10 (315.00)
1257	Full electrophysiological study	04.00		300.000	1907.10 (1672.90)			9.000	359.10 (315.00)
6.2.3	**Invasive cardiology: Pacemakers**								
1258	Pacemaker: Permanent - single chamber	04.00		155.000	985.30 (864.30)	124.000	788.30 (691.50)	9.000	359.10 (315.00)
1259	Pacemaker: Permanent - dual chamber	04.00		230.000	1462.10 (1282.50)	184.000	1169.70 (1026.10)	9.000	359.10 (315.00)
1260	AV nodal ablation	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	9.000	359.10 (315.00)
1261	Accessory pathway ablation	04.00		600.000	3814.20 (3345.80)	480.000	3051.40 (2676.70)	9.000	359.10 (315.00)
1262	Electrophysiological mapping	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)		
1263	Insertion transvenous implantable defibrillator	04.00		212.000	1347.70 (1182.20)	169.600	1078.10 (945.70)	15.000	598.40 (524.90)
1264	Test for implantable transvenous defibrillator	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	15.000	598.40 (524.90)
1265	Renewal of pacemaker unit only, team fee	04.00		125.000	794.60 (697.00)	120.000	762.80 (669.10)	9.000	359.10 (315.00)
1266	Resiting pacemaker generator	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)		
1267	Repositioning of catheter electrode	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	9.000	359.10 (315.00)
1268	Threshold testing: Own equipment	04.00		15.000	95.40 (83.70)				
1269	Threshold testing: Hospital equipment	04.00		11.000	69.90 (61.30)				
1270	Programming of atrio-ventricular sequential pacemaker	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)		
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	9.000	359.10 (315.00)
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	9.000	359.10 (315.00)
6.2.4	**Invasive cardiology: Percutaneous translumical angioplasty**								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	04.00		260.000	1652.80 (1449.80)	208.000	1322.30 (1159.90)	13.000	518.60 (454.90)
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	13.000	518.60 (454.90)
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	13.000	518.60 (454.90)
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	13.000	518.60 (454.90)
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	13.000	518.60 (454.90)
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	13.000	518.60 (454.90)

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	1652.80 (1449.80)	208.000	1322.30 (1159.90)	15.000	598.40 (524.90)
1283	Use of balloon procedure as in item 1282: Second cardiologist	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	15.000	598.40 (524.90)
1284	Atherectomy: Single lesion: First cardiologist	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)		
1285	Atherectomy: Single lesion: Second cardiologist	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)		
1286	Insertion of intravascular stent: First cardiologist	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)		
1287	Insertion of intravascular stent: Second cardiologist	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)		
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	1907.10 (1672.90)			15.000	598.40 (524.90)
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	04.00		160.000	1017.10 (892.20)			15.000	598.40 (524.90)
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	1335.00 (1171.10)	168.000	1068.00 (936.80)	12.000	478.70 (419.90)
1289	Paediatric cardiac catheterisation: Infants below the age of one year	04.00		263.000	1671.90 (1466.60)	210.400	1337.50 (1173.20)	12.000	478.70 (419.90)
6.3	**Cardiac surgery**								
1294	Patent ductus arteriosus	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	13.000	518.60 (454.90)
1295	Pericardiectomy for constrictive pericarditis	04.00		400.000	2542.80 (2230.50)	320.000	2034.20 (1784.40)	15.000	598.40 (524.90)
1297	Coarctation of aorta	04.00		425.000	2701.70 (2369.90)	340.000	2161.40 (1896.00)	15.000	598.40 (524.90)
1299	Systemo-pulmonary anastomosis	04.00		425.000	2701.70 (2369.90)	340.000	2161.40 (1896.00)	15.000	598.40 (524.90)
1301	Mitral valvotomy: Closed heart technique	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	15.000	598.40 (524.90)
1302	Heart transplant	04.00		875.000	5562.40 (4879.30)	700.000	4449.90 (3903.40)	15.000	598.40 (524.90)
1303	Harvesting donor heart	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	5.000	199.50 (175.00)
1305	Operative implantation of cardiac pacemaker by thoracotomy	04.00		220.000	1398.50 (1226.80)	176.000	1118.80 (981.40)	15.000	598.40 (524.90)
1307	Re-exploration after cardiac surgery	04.00		215.000	1366.80 (1198.90)	172.000	1093.40 (959.10)	15.000	598.40 (524.90)
1308	Heart and lung transplant	04.00		1000.000	6357.00 (5576.30)	800.000	5085.60 (4461.10)	15.000	598.40 (524.90)
1309	Harvesting donor heart and lungs	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1311	Pericardial drainage	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	13.000	518.60 (454.90)

6.3.1	**Cardiac surgery: Open heart surgery**								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	04.00		25.000	158.90 (139.40)				
1320	Repeat open heart surgery (additional fee above procedure fee)	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	15.000	598.40 (524.90)
1321	Stand-by fee for coronary angioplasty	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	30.000	190.70 (167.30)
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	04.00		20.000	127.10 (111.50)				
6.3.1.1	**Cardiac surgery: Open heart surgery: Congenital conditions**								
1323	Atrial septal defect: Osteum secundum	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)	15.000	598.40 (524.90)
1325	Atrial septal defect: Sinus venosus or osteum primum	04.00		563.000	3579.00 (3139.50)	450.400	2863.20 (2511.60)	15.000	598.40 (524.90)
1327	Atrial septal defect: Ventricular septal defect	04.00		603.800	3838.40 (3367.00)	483.040	3070.70 (2693.60)	15.000	598.40 (524.90)
1329	Atrial septal defect: Fallot's tetralogy	04.00		563.000	3579.00 (3139.50)	450.400	2863.20 (2511.60)	15.000	598.40 (524.90)
1330	Atrial septal defect: Pulmonary stenosis	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)	15.000	598.40 (524.90)
1331	Transposition of large vessels (venous repair)	04.00		563.000	3579.00 (3139.50)	450.400	2863.20 (2511.60)	15.000	598.40 (524.90)
1332	Transposition of great arteries (arterial repair)	04.00		750.000	4767.80 (4182.30)	600.000	3814.20 (3345.80)	15.000	598.40 (524.90)
1333	Ebstein's Anomaly	04.00		563.000	3579.00 (3139.50)	450.400	2863.20 (2511.60)	15.000	598.40 (524.90)
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	04.00		548.800	3488.70 (3060.30)	439.040	2791.00 (2448.20)	20.000	797.90 (699.90)
1335	Total anomalous venous drainage	04.00		563.000	3579.00 (3139.50)	450.400	2863.20 (2511.60)	15.000	598.40 (524.90)
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	04.00		658.900	4188.60 (3674.20)	527.120	3350.90 (2939.40)	20.000	797.90 (699.90)
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)	15.000	598.40 (524.90)
1338	Fontan type repair	04.00		750.000	4767.80 (4182.30)	600.000	3814.20 (3345.80)	15.000	598.40 (524.90)
6.3.1.2	**Cardiac surgery: Open heart surgery: Acquired conditions**								
1339	Mitral valve replacement	04.00		657.000	4176.50 (3663.60)	525.600	3341.20 (2930.90)	15.000	598.40 (524.90)
1340	Mitral valvuloplasty	04.00		688.000	4373.60 (3836.50)	550.400	3498.90 (3069.20)	15.000	598.40 (524.90)
1341	Aortic valve replacement	04.00		623.800	3965.50 (3478.50)	499.040	3172.40 (2782.80)	15.000	598.40 (524.90)
1342	Tricuspid annulo plasty	04.00		188.000	1195.10 (1048.30)	150.400	956.10 (838.70)	15.000	598.40 (524.90)
1343	Double valve replacement	04.00		968.900	6159.30 (5402.90)	775.120	4927.40 (4322.30)	15.000	598.40 (524.90)

1344	Acute dissecting aneurysm repair	04.00		750.000	4767.80 (4182.30)	600.000	3814.20 (3345.80)	15.000	598.40 (524.90)
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	04.00		1000.000	6357.00 (5576.30)	800.000	5085.60 (4461.10)	15.000	598.40 (524.90)
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)		
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	04.00		175.000	1112.50 (975.90)	140.000	890.00 (780.70)		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	04.00		750.000	4767.80 (4182.30)	600.000	3814.20 (3345.80)	15.000	598.40 (524.90)
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	04.00		781.000	4964.80 (4355.10)	624.800	3971.90 (3484.10)	15.000	598.40 (524.90)
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	04.00		813.000	5168.20 (4533.50)	650.400	4134.60 (3626.80)	15.000	598.40 (524.90)
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	04.00		875.000	5562.40 (4879.30)	700.000	4449.90 (3903.40)	15.000	598.40 (524.90)
1352	Cardiac aneurysm	04.00		563.000	3579.00 (3139.50)	450.400	2863.20 (2511.60)	15.000	598.40 (524.90)
1353	Ascending/descending thoracic aortic aneurysm repair	04.00		625.000	3973.10 (3485.20)	500.000	3178.50 (2788.20)	15.000	598.40 (524.90)
1354	Arrhythmia surgery	04.00		688.000	4373.60 (3836.50)	550.400	3498.90 (3069.20)	15.000	598.40 (524.90)
1355	Cardiac tumour	04.00		625.000	3973.10 (3485.20)	500.000	3178.50 (2788.20)	15.000	598.40 (524.90)
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	04.00		188.000	1195.10 (1048.30)	150.400	956.10 (838.70)	15.000	598.40 (524.90)
1358	Harvesting of radial artery	04.00		175.000	1112.50 (975.90)	140.000	890.00 (780.70)		
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	95.40 (83.70)	15.000	95.40 (83.70)		
1359	Skin temperature test: Response to reflex cooling	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)		
1361	Cold sensitivity test	04.00		17.000	108.10 (94.80)	17.000	108.10 (94.80)		
1363	Oscillometry test	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)		
1365	Sweating test	04.00		17.000	108.10 (94.80)	17.000	108.10 (94.80)		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	04.00		26.300	167.20 (146.70)	26.300	167.20 (146.70)		
1367	Doppler blood tests	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)		
5369	Doppler arterial pressures	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)		
5371	Doppler arterial pressures with exercise	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
5373	Doppler segmental pressures and wave forms	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)		
5375	Venous doppler examination (both limbs)	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)		

5377	Venous plethysmography	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)		
5379	Supra-orbital doppler test	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)		
5381	Carotid non-invasive complex tests	04.00		39.000	247.90 (217.50)	39.000	247.90 (217.50)		
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	3432.80 (3011.20)	432.000	2746.20 (2408.90)	15.000	598.40 (524.90)
1373	Abdominal aorta and iliac artery: Ruptured	04.00		600.000	3814.20 (3345.80)	480.000	3051.40 (2676.70)	15.000	598.40 (524.90)
1375	Grafting and/or thrombo-endarterectomy for thrombosis	04.00		444.000	2822.50 (2475.90)	355.200	2258.00 (1980.70)	15.000	598.40 (524.90)
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	04.00		594.000	3776.10 (3312.40)	475.200	3020.80 (2649.80)	15.000	598.40 (524.90)
6.4.3.2	**Peripheral vascular system: Arteries: Iliac artery**								
1379	Prosthetic grafting and/or thrombo-endarterectomy	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	13.000	518.60 (454.90)
6.4.3.3	**Peripheral vascular system: Arteries: Peripheral**								
1385	Prosthetic grafting	04.00		255.000	1621.00 (1421.90)	204.000	1296.80 (1137.50)	5.000	199.50 (175.00)
1387	Grafting vein: Vein grafting proximal to knee joint	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	5.000	199.50 (175.00)
1388	Grafting vein: Distal to knee joint	04.00		444.000	2822.50 (2475.90)	355.200	2258.00 (1980.70)	5.000	199.50 (175.00)
1389	Grafting vein: Endarterectomy when not part of another specified procedure	04.00		264.000	1678.20 (1472.10)	211.200	1342.60 (1177.70)	5.000	199.50 (175.00)
1390	Grafting vein: Carotid endarterectomy	04.00		321.000	2040.60 (1790.00)	256.800	1632.50 (1432.00)	15.000	598.40 (524.90)
1393	Embolectomy: Peripheral embolectomy transfemoral	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	5.000	199.50 (175.00)
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	04.00		125.000	794.60 (697.00)	100.000	635.70 (557.60)	5.000	199.50 (175.00)
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	1678.20 (1472.10)	211.200	1342.60 (1177.70)	15.000	598.40 (524.90)
1397	Profundoplasty	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	5.000	199.50 (175.00)
1399	Distal tibial (ankle region)	04.00		456.000	2898.80 (2542.80)	364.800	2319.00 (2034.20)	5.000	199.50 (175.00)
1401	Femoro-femoral	04.00		254.000	1614.70 (1416.40)	203.200	1291.70 (1133.10)	5.000	199.50 (175.00)
1402	Carotid-subclavian	04.00		288.000	1830.80 (1606.00)	230.400	1464.70 (1284.80)	8.000	319.20 (280.00)

1403	Axillo-femoral: (Bifemoral + 50%)	04.00		288.000	1830.80 (1606.00)	230.400	1464.70 (1284.80)	8.000	319.20 (280.00)
6.4.4	**Peripheral vascular system: Veins**								
1407	Ligation of saphenous vein	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	3.000	119.70 (105.00)
1408	Placement of Hickman catheter or similar	04.00		91.000	578.50 (507.50)	91.000	578.50 (507.50)	4.000	159.60 (140.00)
1410	Litigation of inferior vena cava: Abdominal	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	8.000	319.20 (280.00)
1412	Umbrella operation on inferior vena cava: Abdominal	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	8.000	319.20 (280.00)
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	04.00		141.000	896.30 (786.20)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	04.00		247.000	1570.20 (1377.40)	197.600	1256.10 (1101.80)	3.000	119.70 (105.00)
1417	Extensive sub-fascial ligation of perforating veins	04.00		125.000	794.60 (697.00)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
1419	Lesser varicose vein procedures	04.00		31.000	197.10 (172.90)	31.000	197.10 (172.90)	3.000	119.70 (105.00)
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	57.20 (50.20)	9.000	57.20 (50.20)		
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	04.00		240.000	1525.70 (1338.30)	192.000	1220.50 (1070.60)	11.000	438.80 (384.90)
1427	Thrombectomy: Illio-femoral	04.00		175.000	1112.50 (975.90)	140.000	890.00 (780.70)	6.000	239.40 (210.00)
6.4.5	**Peripheral vascular system: Portal hypertension**								
1429	Porto-caval shunt	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)	11.000	438.80 (384.90)
6.5	**Cardiac rehabilitation**								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)		
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	38.10 (33.40)	6.000	38.10 (33.40)		
	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**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
1435	Splenectomy (in all cases)	04.00		221.300	1406.80 (1234.00)	177.040	1125.40 (987.20)	9.000	359.10 (315.00)
1436	Splenorrhaphy	04.00		231.800	1473.60 (1292.60)	185.440	1178.80 (1034.00)	9.000	359.10 (315.00)

7.2	Lymph nodes and lymphatic channels								
1439	Excision of lymph node for biopsy: Neck or axilla	04.00		65.000	413.20 (362.50)	65.000	413.20 (362.50)	4.000	159.60 (140.00)
1441	Excision of lymph node for biopsy: Groin	04.00		65.000	413.20 (362.50)	65.000	413.20 (362.50)	3.000	119.70 (105.00)
1443	Simple excision of lymph nodes for tuberculosis	04.00		91.000	578.50 (507.50)	91.000	578.50 (507.50)	3.000	119.70 (105.00)
1445	Radical excision of lymph nodes of neck: Total: Unilateral	04.00		315.000	2002.50 (1756.60)	252.000	1602.00 (1405.30)	5.000	199.50 (175.00)
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	04.00		235.000	1493.90 (1310.40)	188.000	1195.10 (1048.30)	5.000	199.50 (175.00)
1449	Radical excision of lymph nodes of axilla	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	4.000	159.60 (140.00)
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	04.00		58.000	368.70 (323.40)	58.000	368.70 (323.40)	5.000	199.50 (175.00)
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	04.00		175.000	1112.50 (975.90)	140.000	890.00 (780.70)	4.000	159.60 (140.00)
1453	Radical excision of lymph nodes of groin: Inguinal	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	04.00		39.000	247.90 (217.50)	39.000	247.90 (217.50)	5.000	199.50 (175.00)
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	04.00		275.000	1748.20 (1533.50)	220.000	1398.50 (1226.80)	6.000	239.40 (210.00)
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte phaeresis	04.00		42.000	267.00 (234.20)	42.000	267.00 (234.20)	5.000	199.50 (175.00)
1457	Bone marrow biopsy: By trephine	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)	3.000	119.70 (105.00)
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)		
1459	Staging laparotomy for lymphoma (including splenectomy	04.00		245.000	1557.50 (1366.20)	196.000	1246.00 (1093.00)	7.000	279.30 (245.00)
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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	133.50 (117.11)	21.000	133.50 (117.11)		
8.1	**Oral cavity**								
1461	All dental procedures	04.00						4.000	159.60 (140.00)

1463	Surgical biopsy of tongue or palate: Under general anaesthetic	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	4.000	159.60 (140.00)
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)	4.000	159.60 (140.00)
1467	Drainage of intra-oral abscess	04.00		31.000	197.10 (172.90)	31.000	197.10 (172.90)	4.000	159.60 (140.00)
1469	Local excision of mucosal lesion of oral cavity	04.00		23.000	146.20 (128.20)	23.000	146.20 (128.20)	4.000	159.60 (140.00)
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	04.00		549.000	3490.00 (3061.40)	439.200	2792.00 (2449.10)	7.000	279.30 (245.00)
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	04.00		-	-	-	-	7.000	279.30 (245.00)
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	04.00		215.000	1366.80 (1198.90)	172.000	1093.40 (959.10)	6.000	239.40 (210.00)
1477	Cleft palate: Secondary repair	04.00		174.200	1107.40 (971.40)	139.360	885.90 (777.10)	6.000	239.40 (210.00)
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	04.00		240.000	1525.70 (1338.30)	192.000	1220.50 (1070.60)	6.000	239.40 (210.00)
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	04.00		227.000	1443.00 (1265.80)	181.600	1154.40 (1012.60)	6.000	239.40 (210.00)
1480	Repair of oronasal fistula (large) e.g. distant flap	04.00		227.000	1443.00 (1265.80)	181.600	1154.40 (1012.60)	6.000	239.40 (210.00)
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1482	Repair of oronasal fistula (large): Second stage	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1483	Alveolar periosteal or other flaps for arch closure	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1486	Closure of anterior nasal floor	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
8.2	**Lips**								
1484	Cleft lip repair: Lip adhesion (cleft lip)	04.00		95.000	603.90 (529.70)	95.000	603.90 (529.70)	5.000	199.50 (175.00)
1485	Local excision of benign lesion of lip	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)	4.000	159.60 (140.00)
1487	Resection for lip malignancy	04.00		91.000	578.50 (507.50)	91.000	578.50 (507.50)	4.000	159.60 (140.00)
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	04.00		227.000	1443.00 (1265.80)	181.600	1154.40 (1012.60)	5.000	199.50 (175.00)
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	04.00		251.600	1599.40 (1403.00)	201.280	1279.50 (1122.40)	5.000	199.50 (175.00)
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	04.00		329.900	2097.20 (1839.60)	263.920	1677.70 (1471.70)	5.000	199.50 (175.00)
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	04.00		227.000	1443.00 (1265.80)	181.600	1154.40 (1012.60)	5.000	199.50 (175.00)
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	04.00		251.600	1599.40 (1403.00)	201.280	1279.50 (1122.40)	5.000	199.50 (175.00)

1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	04.00		91.000	578.50 (507.50)	91.000	578.50 (507.50)	5.000	199.50 (175.00)
1495	Abbé or Estlander type flap (all stages included)	04.00		273.100	1736.10 (1522.90)	218.480	1388.90 (1218.30)	5.000	199.50 (175.00)
1497	Vermilionectomy	04.00		94.900	603.30 (529.20)	94.900	603.30 (529.20)	4.000	159.60 (140.00)
1499	Lip reconstruction following an injury: Direct repair	04.00		105.600	671.30 (588.90)	105.600	671.30 (588.90)	4.000	159.60 (140.00)
1501	Lip reconstruction following an injury or tumour removal: Flap repair	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	04.00		104.000	661.10 (579.90)	104.000	661.10 (579.90)	4.000	159.60 (140.00)
8.3	**Tongue**								
1505	Partial glossectomy	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	6.000	239.40 (210.00)
1507	Local excision of lesion of tongue	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)	4.000	159.60 (140.00)
8.4	**Palate, uvula and salivary glands**								
1509	Wide excision of lesion of palate	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	5.000	199.50 (175.00)
1511	Radical resection of palate (including skin graft)	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	7.000	279.30 (245.00)
1513	Excision of ranula	04.00		85.600	544.20 (477.40)	85.600	544.20 (477.40)	5.000	199.50 (175.00)
1515	Excision of sublingual salivary gland	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1517	Excision of submandibular salivary gland	04.00		146.000	928.10 (814.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1519	Excision of submandibular salivary gland with suprahyoid dissection	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1521	Excision of submandibular salivary gland: With radical neck dissection	04.00		352.000	2237.70 (1962.90)	281.600	1790.10 (1570.30)	6.000	239.40 (210.00)
1523	Local resection of parotid tumour	04.00		169.600	1078.10 (945.70)	135.680	862.50 (756.60)	5.000	199.50 (175.00)
1525	Partial parotidectomy	04.00		310.000	1970.70 (1728.70)	248.000	1576.50 (1382.90)	5.000	199.50 (175.00)
1526	Total parotidectomy with preservation of facial nerve	04.00		358.500	2279.00 (1999.10)	286.800	1823.20 (1599.30)	5.000	199.50 (175.00)
1527	Total parotidectomy	04.00		358.500	2279.00 (1999.10)	286.800	1823.20 (1599.30)	5.000	199.50 (175.00)
1529	Parotidectomy: Extracapsular	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	5.000	199.50 (175.00)
1531	Drainage of parotid abscess	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	4.000	159.60 (140.00)

1533	Closure of salivary fistula	04.00		91.000	578.50 (507.50)	91.000	578.50 (507.50)	4.000	159.60 (140.00)
1535	Dilatation of salivary duct	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	4.000	159.60 (140.00)
1537	Operative removal of salivary calculus	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)	4.000	159.60 (140.00)
1539	Salivary duct: Meatotomy	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	4.000	159.60 (140.00)
1541	Branchial cyst and/or fistula: Excision	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1543	Excision of cystic hygroma	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1544	Ludwig's Angina: Drainage	04.00		42.000	267.00 (234.20)	42.000	267.00 (234.20)	9.000	359.10 (315.00)
8.5	**Oesophagus**								
1545	Oesophagoscopy with rigid instrument: First and subsequent	04.00		47.000	298.80 (262.10)	47.000	298.80 (262.10)	4.000	159.60 (140.00)
1549	Oesophagoscopy with dilatation of stricture	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)	4.000	159.60 (140.00)
1550	Oesophagoscopy with removal of foreign body	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)	4.000	159.60 (140.00)
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	4.000	159.60 (140.00)
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	4.000	159.60 (140.00)
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		65.000	413.20 (362.50)	65.000	413.20 (362.50)	4.000	159.60 (140.00)
1554	Per-oral small bowel biopsy	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	4.000	159.60 (140.00)
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	04.00		400.000	2542.80 (2230.50)	320.000	2034.20 (1784.40)	15.000	598.40 (524.90)
1557	Oesophageal dilatation	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	4.000	159.60 (140.00)
1559	Oesophagectomy: Two stage	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)	11.000	438.80 (384.90)
1560	Oesophagectomy: Three stage	04.00		550.000	3496.40 (3067.00)	440.000	2797.10 (2453.60)	11.000	438.80 (384.90)
1561	Thoraco-abdominal oesophagogastrectomy	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)	11.000	438.80 (384.90)
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	11.000	438.80 (384.90)
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	11.000	438.80 (384.90)
1566	Private fee: Gastroplasty	04.00		325.000	2066.00 (1812.30)	260.000	1652.80 (1449.80)	8.000	319.20 (280.00)
1567	Bochdalek hernia repair in newborn	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	14.000	558.50 (489.90)

1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	11.000	438.80 (384.90)
1569	Heller's operation	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	14.000	558.50 (489.90)
1575	Insertion of indwelling oesophageal tube by laparotomy	04.00		142.000	902.70 (791.80)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
1578	Oesophageal motility (4 channel + pneumograph)	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	4.000	159.60 (140.00)
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	04.00		400.000	2542.80 (2230.50)	320.000	2034.20 (1784.40)	11.000	438.80 (384.90)
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	04.00		110.000	699.30 (613.40)	110.000	699.30 (613.40)	4.000	159.60 (140.00)
1581	Removal of benign oesophageal tumours	04.00		285.000	1811.70 (1589.20)	228.000	1449.40 (1271.40)	11.000	438.80 (384.90)
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1583	Excision of intrathoracic oesophageal diverticulum	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	11.000	438.80 (384.90)
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)		
1585	24 Hour oesophageal pH studies: Interpretation	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)		
8.6	**Stomach**								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	04.00		48.750	309.90 (271.80)	48.750	309.90 (271.80)	4.000	159.60 (140.00)
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	158.90 (139.40)	25.000	158.90 (139.40)	4.000	159.60 (140.00)
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	216.10 (189.60)	34.000	216.10 (189.60)	6.000	239.40 (210.00)
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	158.90 (139.40)	25.000	158.90 (139.40)	4.000	159.60 (140.00)
1593	Augmented histamine test: Gastric intubation with x-ray screening	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)		
1597	Gastrostomy or Gastrotomy	04.00		147.500	937.70 (822.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
1598	Gastrotomy with suture repair of bleeding ulcer	05.03		251.200	1596.90 (1400.80)	200.960	1277.50 (1120.60)	6.000	239.40 (210.00)
1599	Pyloromyotomy (Rammstedt)	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)	6.000	239.40 (210.00)
1601	Local excision of ulcer or benign neoplasm	04.00		195.600	1243.40 (1090.70)	156.480	994.70 (872.50)	6.000	239.40 (210.00)
1603	Vagotomy: Abdominal	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
1604	Vagotomy: Thoracic	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	11.000	438.80 (384.90)
1605	Truncal or selective with drainage procedures	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	6.000	239.40 (210.00)

1607	Vagotomy and antrectomy	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	6.000	239.40 (210.00)
1609	Highly selective vagotomy	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	6.000	239.40 (210.00)
1611	Pyloroplasty	04.00		180.200	1145.50 (1004.80)	144.160	916.40 (803.90)	6.000	239.40 (210.00)
1613	Gastroenterostomy	04.00		203.600	1294.30 (1135.40)	162.880	1035.40 (908.20)	6.000	239.40 (210.00)
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	7.000	279.30 (245.00)
1617	Partial gastrectomy	04.00		328.300	2087.00 (1830.70)	262.640	1669.60 (1464.60)	7.000	279.30 (245.00)
1619	Total gastrectomy	04.00		384.430	2443.80 (2143.70)	307.540	1955.00 (1714.90)	7.000	279.30 (245.00)
1621	Revision of gastrectomy or gastro-enterostomy	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	7.000	279.30 (245.00)
1625	Gastro-esophageal operation for portal hypertension (Tanner)	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	11.000	438.80 (384.90)
8.7	**Duodenum**								
1626	Endoscopic examination of the small bowel beyond the duodenojenunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
1627	Duodenal intubation (under X-ray screening)	04.00		8.000	50.90 (44.60)				
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	04.00		21.000	133.50 (117.10)				
1631	Duodenal intubation: Under 3 years of age	06.04		15.000	95.40 (83.70)				
8.8	**Intestines**								
1632	H2 breath test (intestines)	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)		
1633	Complete test using lactose or lactulose	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)		
1634	Enterotomy or Enterostomy	04.11		202.600	1287.90 (1129.70)	162.080	1030.30 (903.80)	6.000	239.40 (210.00)
1635	Intestinal obstruction of the newborn	04.00		240.000	1525.70 (1338.30)	192.000	1220.50 (1070.60)	7.000	279.30 (245.00)
1637	Operation for relief of intestinal obstruction	04.00		240.000	1525.70 (1338.30)	192.000	1220.50 (1070.60)	7.000	279.30 (245.00)
1639	Resection of small bowel with enterostomy or anastomosis	04.00		244.900	1556.80 (1365.60)	195.920	1245.50 (1092.50)	6.000	239.40 (210.00)
1641	Entero-enterostomy or entero-colostomy for bypass	04.00		213.100	1354.70 (1188.30)	170.480	1083.70 (950.60)	6.000	239.40 (210.00)
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	953.60 (836.50)	120.000	762.80 (669.10)		
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	05.03		90.000	572.10 (501.80)	90.000	572.10 (501.80)		
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	04.00		185.200	1177.30 (1032.70)	148.160	941.90 (826.20)	6.000	239.40 (210.00)

1647	Closure of intestinal fistula	04.00		258.000	1640.10 (1438.70)	206.400	1312.10 (1151.00)	6.000	239.40 (210.00)
1649	Excision of Meckel's diverticulum	04.00		179.800	1143.00 (1002.60)	143.840	914.40 (802.10)	6.000	239.40 (210.00)
1651	Excision of lesion of mesentery	04.00		171.600	1090.90 (956.90)	137.280	872.70 (765.50)	4.000	159.60 (140.00)
1652	Laparotomy for mesenteric thrombosis	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	8.000	319.20 (280.00)
1653	Total colonoscopy: With hospital equipment (including biopsy)	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	4.000	159.60 (140.00)
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	04.00	+	30.000	190.70 (167.30)	30.000	190.70 (167.30)	4.000	159.60 (140.00)
1656	Left-sided colonoscopy	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	4.000	159.60 (140.00)
1657	Right or left hemicolectomy or segmental colectomy	04.00		325.000	2066.00 (1812.30)	260.000	1652.80 (1449.80)	6.000	239.40 (210.00)
1658	Reconstruction of colon after Hartman’s procedure	04.00		359.400	2284.70 (2004.10)	287.520	1827.80 (1603.30)	6.000	239.40 (210.00)
1661	Colotomy: Including removal of tumour or foreign body	04.00		205.700	1307.60 (1147.00)	164.560	1046.10 (917.60)	6.000	239.40 (210.00)
1663	Total colectomy	04.00		390.000	2479.20 (2174.70)	312.000	1983.40 (1739.80)	6.000	239.40 (210.00)
1665	Colostomy or ileostomy isolated procedure	04.00		233.800	1486.30 (1303.80)	187.040	1189.00 (1043.00)	6.000	239.40 (210.00)
1666	Continent ileostomy pouch (all types)	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	6.000	239.40 (210.00)
1667	Colostomy: Closure	04.00		179.100	1138.50 (998.70)	143.280	910.80 (798.90)	5.000	199.50 (175.00)
1668	Revision of ileostomy pouch	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	6.000	239.40 (210.00)
1669	Total proctocolectomy and ileostomy	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	7.000	279.30 (245.00)
1670	Proctocolectomy, ileostomy and ileostomy pouch	04.00		540.000	3432.80 (3011.20)	432.000	2746.20 (2408.90)	7.000	279.30 (245.00)
1671	Colomyotomy (Reilly operation)	04.00		185.000	1176.00 (1031.60)	148.000	940.80 (825.30)	6.000	239.40 (210.00)
8.9	**Appendix**								
1673	Drainage of appendix abscess	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1675	Appendicectomy	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	4.000	159.60 (140.00)
8.10	**Rectum and anus**								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	04.00		48.750	309.90 (271.80)	48.750	309.90 (271.80)	3.000	119.70 (105.00)
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)	3.000	119.70 (105.00)

1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	04.00	+	25.000	158.90 (139.40)	25.000	158.90 (139.40)	3.000	119.70 (105.00)
1679	Sigmoidoscopy with removal of polyps, first and subsequent	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	3.000	119.70 (105.00)
1681	Proctoscopy with removal of polyps: First time	04.00		21.000	133.50 (117.10)	21.000	133.50 (117.10)	3.000	119.70 (105.00)
1683	Proctoscopy with removal of polyps: Subsequent times	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)	3.000	119.70 (105.00)
1685	Endoscopic fulguration of tumour	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	04.00		381.300	2423.90 (2126.20)	305.040	1939.10 (1701.00)	6.000	239.40 (210.00)
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	04.00		445.000	2828.90 (2481.50)	356.000	2263.10 (1985.20)	8.000	319.20 (280.00)
1689	Perineal resection of rectum	04.00		141.000	896.30 (786.20)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
	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	2601.90 (2282.40)	327.440	2081.50 (1825.90)	7.000	279.30 (245.00)
1692	Abdomino-perineal resection of rectum: Perineal surgeon	04.00		158.500	1007.60 (883.90)	126.800	806.10 (707.10)		
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	4.000	159.60 (140.00)
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	04.00		400.000	2542.80 (2230.50)	320.000	2034.20 (1784.40)	7.000	279.30 (245.00)
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	6.000	239.40 (210.00)
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	6.000	239.40 (210.00)
1701	Repair of prolapsed rectum: Abdominal: Perineal	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	4.000	159.60 (140.00)
1705	Incision and drainage of peri-anal abscess	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	3.000	119.70 (105.00)
1707	Drainage of submucous abscess	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	3.000	119.70 (105.00)
1709	Drainage of ischio-rectal abscess	04.00		87.000	553.10 (485.20)	87.000	553.10 (485.20)	3.000	119.70 (105.00)
1711	Excision of pelvi-rectal fistula	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	5.000	199.50 (175.00)
1713	Excision of fistula-in-ano	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	3.000	119.70 (105.00)
1715	Operation for fissure-in-ano	04.00		66.800	424.60 (372.50)	66.800	424.60 (372.50)	3.000	119.70 (105.00)
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)

1721	Sclerosing injection for haemorrhoids: Per injection	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)		
1723	Haemorrhoidectomy	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
1725	Drainage of external thrombosed pile	04.00		12.500	79.50 (69.70)	12.500	79.50 (69.70)	3.000	119.70 (105.00)
1727	Multiple procedures (haemorrhoids, fissure, etc.)	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	3.000	119.70 (105.00)
1728	Biopsy of ano-rectal wall, for congenital megacolon	05.03		60.600	385.20 (337.90)	60.600	385.20 (337.90)	5.000	199.50 (175.00)
1729	Excision of anal skin tags	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	3.000	119.70 (105.00)
1731	Operation for low imperforate anus	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	6.000	239.40 (210.00)
1733	Anoplasty: Y-V-plasty	04.00		41.000	260.60 (228.60)	41.000	260.60 (228.60)	3.000	119.70 (105.00)
1735	Anal sphincteroplasty for incontinence	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
1737	Dilation of ano-rectal stricture	04.00		12.500	79.50 (69.70)	12.500	79.50 (69.70)	3.000	119.70 (105.00)
1739	Closure of recto-vesical fistula	04.00		241.000	1532.00 (1343.90)	192.800	1225.60 (1075.10)	5.000	199.50 (175.00)
1741	Closure of recto-urethral fistula	04.00		241.000	1532.00 (1343.90)	192.800	1225.60 (1075.10)	5.000	199.50 (175.00)
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)		
8.11	**Liver**								
1743	Needle biopsy of liver	04.00		30.300	192.60 (168.90)	30.300	192.60 (168.90)	3.000	119.70 (105.00)
1745	Biopsy of liver by laparotomy	04.00		125.000	794.60 (697.00)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1747	Drainage of liver abscess or cyst	04.00		179.100	1138.50 (998.70)	143.280	910.80 (798.90)	7.000	279.30 (245.00)
1748	Body composition measured by bio-electrical impedance	04.00		3.000	19.10 (16.80)	3.000	19.10 (16.80)		
1749	Hemi-hepatectomy: Right	04.00		564.000	3585.30 (3145.00)	451.200	2868.30 (2516.10)	9.000	359.10 (315.00)
1751	Hemi-hepatectomy: Left	04.00		521.100	3312.60 (2905.80)	416.880	2650.10 (2324.60)	9.000	359.10 (315.00)
1752	Extended right or left hepatectomy	04.00		570.900	3629.20 (3183.50)	456.720	2903.40 (2546.80)	9.000	359.10 (315.00)
1753	Partial or segmental hepatectomy	04.00		378.000	2402.90 (2107.80)	302.400	1922.40 (1686.30)	9.000	359.10 (315.00)
1754	Hepatico-jejunostomy	04.00		369.200	2347.00 (2058.80)	295.360	1877.60 (1647.00)	9.000	359.10 (315.00)
1755	Liver transplant	04.00		1400.800	8904.90 (7811.30)	1120.640	7123.90 (6249.00)	15.000	598.40 (524.90)
1756	Harvesting donor hepatectomy	04.00		616.200	3917.20 (3436.10)	492.960	3133.70 (2748.90)	5.000	199.50 (175.00)

1757	Suture of liver wound or injury	04.00		214.200	1361.70 (1194.50)	171.360	1089.30 (955.50)	9.000	359.10 (315.00)
8.12	**Biliary tract**								
1759	Cholecystostomy	04.00		171.600	1090.90 (956.90)	137.280	872.70 (765.50)	6.000	239.40 (210.00)
1761	Cholecystectomy	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	6.000	239.40 (210.00)
1762	Cholecystectomy and operative cholangiogram	04.00		255.000	1621.00 (1421.90)	204.000	1296.80 (1137.50)	6.000	239.40 (210.00)
1763	With exploration of common bile duct	04.00		264.500	1681.40 (1474.90)	211.600	1345.10 (1179.90)	6.000	239.40 (210.00)
1765	Exploration of common bile duct: Secondary operation	04.00		327.700	2083.20 (1827.40)	262.160	1666.60 (1461.90)	6.000	239.40 (210.00)
1767	Reconstruction of common bile duct	04.00		371.700	2362.90 (2072.70)	297.360	1890.30 (1658.20)	6.000	239.40 (210.00)
1768	Resection bile duct tumour with reconstruction	04.00		327.700	2083.20 (1827.40)	262.160	1666.60 (1461.90)	6.000	239.40 (210.00)
1769	Cholecysto-enterostomy or gastrostomy	04.00		236.300	1502.20 (1317.70)	189.040	1201.70 (1054.10)	6.000	239.40 (210.00)
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	06.04	+	25.600	162.70 (142.70)	25.600	162.70 (142.70)	6.000	239.40 (210.00)
1773	Transduodenal sphincteroplasty	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	6.000	239.40 (210.00)
1774	Balloon dilatation of common bile duct strictures	04.00		125.000	794.60 (697.00)	100.000	635.70 (557.60)	6.000	239.40 (210.00)
1775	Excision choledochal cyst with reconstruction	04.00		327.700	2083.20 (1827.40)	262.160	1666.60 (1461.90)	6.000	239.40 (210.00)
1777	Porto-enterostomy for biliary atresia	04.00		400.000	2542.80 (2230.50)	320.000	2034.20 (1784.40)	11.000	438.80 (384.90)
8.13	**Pancreas**								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	04.00		105.900	673.20 (590.50)	105.900	673.20 (590.50)	4.000	159.60 (140.00)
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	04.00	+	15.820	100.60 (88.20)	15.820	100.60 (88.20)	4.000	159.60 (140.00)
1780	Gastric and duodenal intubation	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)		
1781	Procedure (excluding laboratory tests)	04.00		21.000	133.50 (117.10)	21.000	133.50 (117.10)		
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	04.00	+	30.000	190.70 (167.30)	30.000	190.70 (167.30)	4.000	159.60 (140.00)
1783	Drainage of pancreatic abscess	04.00		239.300	1521.20 (1334.40)	191.440	1217.00 (1067.50)	6.000	239.40 (210.00)
1784	Debridement pancreatic necrosis	04.00		348.400	2214.80 (1942.80)	278.720	1771.80 (1554.20)	6.000	239.40 (210.00)
1785	Internal drainage of pancreatic cyst	04.00		250.600	1593.10 (1397.50)	200.480	1274.50 (1118.00)	6.000	239.40 (210.00)
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	04.00	+	30.000	190.70 (167.30)	30.000	190.70 (167.30)	6.000	239.40 (210.00)

1786	Internal drainage of pancreatic cyst with Roux-Y	04.00		306.800	1950.30 (1710.80)	245.440	1560.30 (1368.70)	6.000	239.40 (210.00)
1787	Operative pancreatogram: ADD	04.00	+	10.000	63.60 (55.80)	10.000	63.60 (55.80)		
1788	Biopsy of pancreas	04.00		177.700	1129.60 (990.90)	142.160	903.70 (792.70)	6.000	239.40 (210.00)
1789	Pancreatico-duodenectomy	04.00		704.800	4480.40 (3930.20)	563.840	3584.30 (3144.10)	8.000	319.20 (280.00)
1791	Local, partial or subtotal pancreatectomy	04.00		351.300	2233.20 (1958.90)	281.040	1786.60 (1567.20)	8.000	319.20 (280.00)
1793	Distal pancreatectomy with internal drainage	04.00		377.400	2399.10 (2104.50)	301.920	1919.30 (1683.60)	8.000	319.20 (280.00)
8.14	**Peritoneal cavity**								
1797	Pneumo-peritoneum: First	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)	4.000	159.60 (140.00)
1799	Pneumo-peritoneum: Repeat	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)	4.000	159.60 (140.00)
1800	Peritoneal lavage	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)		
1801	Diagnostic paracentesis: Abdomen	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)		
1803	Therapeutic paracentesis: Abdomen	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)		
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	04.00	+	45.000	286.10 (251.00)	45.000	286.10 (251.00)	5.000	199.50 (175.00)
1809	Laparotomy	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	4.000	159.60 (140.00)
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	7.000	279.30 (245.00)
1811	Suture of burst abdomen	04.00		188.300	1197.00 (1050.00)	150.640	957.60 (840.00)	7.000	279.30 (245.00)
1812	Laparotomy for control of surgical haemorrhage	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	9.000	359.10 (315.00)
1813	Drainage of sub-phrenic abscess	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	7.000	279.30 (245.00)
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	04.00		248.400	1579.10 (1385.20)	198.720	1263.30 (1108.20)	5.000	199.50 (175.00)
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	4.000	159.60 (140.00)
9	**Herniae**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
1819	Inguinal or femoral hernia: Adult	04.00		125.000	794.60 (697.00)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1821	Inguinal or femoral hernia: Child under 14 years	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	4.000	159.60 (140.00)

1823	Inguinal hernia: Infant under one year	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	4.000	159.60 (140.00)
1825	Recurrent inguinal or femoral hernia	04.00		155.000	985.30 (864.30)	124.000	788.30 (691.50)	4.000	159.60 (140.00)
1827	Strangulated hernia or femoral hernia	04.00		238.000	1513.00 (1327.20)	190.400	1210.40 (1061.80)	7.000	279.30 (245.00)
1829	Epigastric hernia	04.00		93.300	593.10 (520.30)	93.300	593.10 (520.30)	4.000	159.60 (140.00)
1831	Umbilical hernia: Adult	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
1833	Umbilical hernia: Child under 14 years	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	4.000	159.60 (140.00)
1835	Incisional hernia	04.00		166.800	1060.30 (930.10)	133.440	848.30 (744.10)	4.000	159.60 (140.00)
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	489.50 (429.40)	77.000	489.50 (429.40)	4.000	159.60 (140.00)
1837	Repair of omphalocele in new-born (one or more procedures)	04.00		275.000	1748.20 (1533.50)	220.000	1398.50 (1226.80)	7.000	279.30 (245.00)

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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1839	Renal biopsy: Per kidney: Open	04.00		71.000	451.30 (395.90)	71.000	451.30 (395.90)	5.000	199.50 (175.00)
1841	Renal biopsy: Needle	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	3.000	119.70 (105.00)
1843	Peritoneal dialysis: First day	04.00		33.000	209.80 (184.00)	33.000	209.80 (184.00)		
1845	Peritoneal dialysis: Every subsequent day	04.00		33.000	209.80 (184.00)	33.000	209.80 (184.00)		
1847	Haemodialysis: Per hour or part thereof	04.00		21.000	133.50 (117.10)	21.000	133.50 (117.10)		
1849	Haemodialysis: Maximum: Eight hours	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)		
1851	Haemodialysis: Thereafter per week	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)		
1852	Continuous haemodiafiltration per day in intensive or high care unit	04.00		33.000	209.80 (184.00)	33.000	209.80 (184.00)		
1853	Nephrectomy: Primary nephrectomy	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	5.000	199.50 (175.00)

1855	Nephrectomy: Secondary nephrectomy	04.00		267.000	1697.30 (1488.90)	213.600	1357.90 (1191.10)	5.000	199.50 (175.00)
1857	Radical with regional lymph adenectomy for tumour	04.11		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	6.000	239.40 (210.00)
1859	Nephrectomy: Partial	04.00		267.000	1697.30 (1488.90)	213.600	1357.90 (1191.10)	5.000	199.50 (175.00)
1861	Symphysiotomy for horse-shoe kidney	04.00		287.000	1824.50 (1600.40)	229.600	1459.60 (1280.40)	6.000	239.40 (210.00)
1863	Nephro-ureterectomy	04.00		305.000	1938.90 (1700.80)	244.000	1551.10 (1360.60)	5.000	199.50 (175.00)
1865	Nephrotomy with drainage nephrostomy	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	6.000	239.40 (210.00)
1869	Nephrolithotomy	04.00		227.000	1443.00 (1265.80)	181.600	1154.40 (1012.60)	5.000	199.50 (175.00)
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	04.00		284.000	1805.40 (1583.70)	227.200	1444.30 (1266.90)	5.000	199.50 (175.00)
1871	Staghorn stone: Surgical	04.00		341.000	2167.70 (1901.50)	272.800	1734.20 (1521.20)	6.000	239.40 (210.00)
1873	Suture renal laceration (renorraphy)	04.00		193.000	1226.90 (1076.20)	154.400	981.50 (861.00)	6.000	239.40 (210.00)
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	04.00		34.000	216.10 (189.60)	34.000	216.10 (189.60)	3.000	119.70 (105.00)
1877	Operation for renal cyst: Marsupialisation or excision	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
1879	Closure renal fistula	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
1881	Pyeloplasty	06.04		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	5.000	199.50 (175.00)
1883	Pyelostomy	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
1885	Pyelolithotomy	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	04.00		223.000	1417.60 (1243.50)	178.400	1134.10 (994.80)	5.000	199.50 (175.00)
1889	Nephrectomy for Allograft: Living or dead	04.00		255.000	1621.00 (1421.90)	204.000	1296.80 (1137.50)	5.000	199.50 (175.00)
1891	Perinephric abscess or renal abscess: Drainage	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	7.000	279.30 (245.00)
1893	Aberrant renal vessels: Repositioning with pyeloplasty	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	5.000	199.50 (175.00)
1894	Auto transplantation of kidney	04.00		420.000	2669.90 (2342.00)	336.000	2136.00 (1873.70)	10.000	399.00 (350.00)
1895	Allo transplantation of kidney	04.00		420.000	2669.90 (2342.00)	336.000	2136.00 (1873.70)	10.000	399.00 (350.00)
10.2	**Ureter**								
1897	Ureterorraphy: Suture of ureter	04.11		147.000	934.50 (819.70)	120.000	762.80 (669.10)	5.000	199.50 (175.00)

1898	Ureterorraphy: Lumbar approach	04.11		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
1899	Ureteroplasty	04.00		181.000	1150.60 (1009.30)	144.800	920.50 (807.50)	5.000	199.50 (175.00)
1901	Ureterolysis	04.00		118.000	750.10 (658.00)	118.000	750.10 (658.00)	5.000	199.50 (175.00)
1902	Ureterolysis: Lumbar approach	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
1903	Ureterectomy only	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1905	Ureterolithotomy	04.00		265.800	1689.70 (1482.20)	212.640	1351.80 (1185.80)	5.000	199.50 (175.00)
1907	Cutaneous ureterostomy: Unilateral	04.00		108.000	686.60 (602.30)	108.000	686.60 (602.30)	5.000	199.50 (175.00)
1909	Cutaneous ureterostomy: Bilateral	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
1911	Uretero-enterostomy: Unilateral	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1913	Uretero-enterostomy: Bilateral	04.00		240.000	1525.70 (1338.30)	192.000	1220.50 (1070.60)	5.000	199.50 (175.00)
1915	Uretero-ureterostomy	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1917	Transuretero-ureterostomy	04.00		155.000	985.30 (864.30)	124.000	788.30 (691.50)	5.000	199.50 (175.00)
1919	Closure of ureteric fistula	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1921	Immediate deligation of ureter	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1923	Ureterolysis for retrocaval ureter with anastomosis	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	5.000	199.50 (175.00)
1925	Uretero-pyelostomy	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	5.000	199.50 (175.00)
1927	Uretero-neo-cystostomy: Unilateral	04.00		316.100	2009.40 (1762.60)	252.880	1607.60 (1410.20)	5.000	199.50 (175.00)
1929	Uretero-neo-cystostomy: Bilateral	04.00		474.150	3014.20 (2644.00)	379.320	2411.30 (2115.20)	5.000	199.50 (175.00)
1931	Uretero-neo-cystostomy: With Boariplasty	04.00		351.800	2236.40 (1961.80)	281.440	1789.10 (1569.40)	5.000	199.50 (175.00)
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	5.000	199.50 (175.00)
1935	Uretero-ileal conduit	04.00		388.000	2466.50 (2163.60)	310.400	1973.20 (1730.90)	5.000	199.50 (175.00)
1937	Replacement of ureter by bowel segment: Unilateral	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	5.000	199.50 (175.00)
1939	Replacement of ureter by bowel segment: Bilateral	04.00		485.000	3083.10 (2704.50)	388.000	2466.50 (2163.60)	5.000	199.50 (175.00)

1941	Ureterostomy-in-situ: Unilateral	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	5.000	199.50 (175.00)
1943	Ureterostomy-in-situ: Bilateral	04.00		175.000	1112.50 (975.90)	140.000	890.00 (780.70)	5.000	199.50 (175.00)
10.3	**Bladder**								
1952	J J Stent catheter	04.00	+	44.000	279.70 (245.40)	44.000	279.70 (245.40)	3.000	119.70 (105.00)
1953	With hydrodilatation of the bladder for interstitial cystitis	04.00	+	5.000	31.80 (27.90)	5.000	31.80 (27.90)	3.000	119.70 (105.00)
1954	Uretroscopy	04.00	+	35.000	222.50 (195.20)			3.000	119.70 (105.00)
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	04.00	+	35.000	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
1957	With dilatation of the ureter or ureters	04.00	+	25.000	158.90 (139.40)	25.000	158.90 (139.40)	3.000	119.70 (105.00)
1959	With manipulation of ureteral calculus	04.00	+	20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
1961	With removal of foreign body or calculus from urethra or bladder	04.00	+	20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
1963	With fulguration or treatment of minor lesions, with or without biopsy	04.00	+	15.000	95.40 (83.70)	15.000	95.40 (83.70)	3.000	119.70 (105.00)
1964	And control of haemorrhage and blood clot evacuation	04.00	+	15.000	95.40 (83.70)	15.000	95.40 (83.70)	3.000	119.70 (105.00)
1965	And catheterisation of the ejaculatory duct	04.00	+	10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)
1967	With ureteric meatotomy: Unilateral or bilateral	04.00	+	15.000	95.40 (83.70)	15.000	95.40 (83.70)	3.000	119.70 (105.00)
1969	And cold biopsy	04.00	+	15.000	95.40 (83.70)	15.000	95.40 (83.70)	3.000	119.70 (105.00)
1971	With cryosurgery for bladder or prostatic disease	04.00	+	55.000	349.60 (306.70)	55.000	349.60 (306.70)	3.000	119.70 (105.00)
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	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
1975	Ultraviolet cystoscopy for bladder tumour	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	3.000	119.70 (105.00)
1976	Optic urethrotomy	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	3.000	119.70 (105.00)
1977	Transurethral resection of ejaculatory duct	04.00		60.700	385.90 (338.50)	60.700	385.90 (338.50)	3.000	119.70 (105.00)
1979	Internal urethrotomy: Female	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	3.000	119.70 (105.00)
1981	Internal urethrotomy: Male	04.00		76.200	484.40 (424.90)	76.200	484.40 (424.90)	3.000	119.70 (105.00)
1983	Transurethral resection of bladder tumour	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	5.000	199.50 (175.00)
1984	Transurethral resection of bladder tumours: Large multiple tumours	04.00		115.000	731.10 (641.30)	115.000	731.10 (641.30)	5.000	199.50 (175.00)

1985	Transurethral resection of bladder neck: Female or child	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	5.000	199.50 (175.00)
1986	Transurethral resection of bladder neck: Male	04.00		125.000	794.60 (697.00)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
1987	Litholapaxy	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	5.000	199.50 (175.00)
1989	Cystometrogram	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	3.000	119.70 (105.00)
1991	Flometric bladder, studies with videocystograph	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	3.000	119.70 (105.00)
1992	Without videocystograph	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	3.000	119.70 (105.00)
1993	Voiding cysto-urethrogram	04.00		21.000	133.50 (117.10)	21.000	133.50 (117.10)	3.000	119.70 (105.00)
1994	Rigiscan examination	04.00		66.000	419.60 (368.10)	66.000	419.60 (368.10)		
1995	Percutaneous aspiration of bladder	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)
1996	Bladder catheterisation: Male (not at operation)	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)	3.000	119.70 (105.00)
1997	Bladder catheterisation: Female (not at operation)	04.00		3.000	19.10 (16.80)	3.000	19.10 (16.80)		
1999	Percutaneous cystostomy	04.00		24.000	152.60 (133.90)	24.000	152.60 (133.90)	3.000	119.70 (105.00)
1945	Instillation of radio-opaque material for cystography or urethrocystography	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)	3.000	119.70 (105.00)
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)
1949	Cystoscopy: Hospital equipment	04.00		44.000	279.70 (245.40)	44.000	279.70 (245.40)	3.000	119.70 (105.00)
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	04.00	+	10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)
2001	Total cystectomy: After previous urinary diversion	04.00		294.000	1869.00 (1639.50)	235.200	1495.20 (1311.60)	8.000	319.20 (280.00)
2003	Total cystectomy: With conduit construction and ureteric anastomosis	04.00		554.700	3526.20 (3093.20)	443.760	2821.00 (2474.60)	8.000	319.20 (280.00)
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	04.00		650.000	4132.10 (3624.60)	520.000	3305.60 (2899.60)	8.000	319.20 (280.00)
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	8.000	319.20 (280.00)
2007	Partial cystectomy	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	04.00		600.000	3814.20 (3345.80)	480.000	3051.40 (2676.70)	8.000	319.20 (280.00)
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	04.00		462.000	2936.90 (2576.20)	369.600	2349.50 (2061.00)	8.000	319.20 (280.00)
2010	Reversion of temporary conduit	04.00		360.000	2288.50 (2007.50)	288.000	1830.80 (1606.00)	8.000	319.20 (280.00)

2011	Partial cystectomy with uretero-neo-cystostomy	04.00		202.000	1284.10 (1126.40)	161.600	1027.30 (901.10)	6.000	239.40 (210.00)
2012	Reversion of conduit with major urinary tract reconstruction	04.00		600.000	3814.20 (3345.80)	480.000	3051.40 (2676.70)	8.000	319.20 (280.00)
2013	Diverticulectomy (independent procedure): Multiple or single	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2015	Suprapubic cystostomy	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	5.000	199.50 (175.00)
2016	Abdomino-neo-urethrostomy	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	5.000	199.50 (175.00)
2017	Open loop fulguration or excision of bladder tumour	04.00		101.000	642.10 (563.20)	101.000	642.10 (563.20)	5.000	199.50 (175.00)
2019	Operation for vesico-vaginal or urethra-vaginal fistula	04.00		155.000	985.30 (864.30)	124.000	788.30 (691.50)	5.000	199.50 (175.00)
2020	Repair of vesico vaginal fistula: Abdominal approach	04.00		255.000	1621.00 (1421.90)	204.000	1296.80 (1137.50)	5.000	199.50 (175.00)
2021	Vesico-plication (Hamilton Stewart)	04.00		118.000	750.10 (658.00)	118.000	750.10 (658.00)	5.000	199.50 (175.00)
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	04.11		195.000	1239.60 (1087.40)	156.000	991.70 (869.90)	5.000	199.50 (175.00)
2025	Vesico-urethropexy with rectus sling	04.11		229.400	1458.30 (1279.20)	183.520	1166.60 (1023.30)	5.000	199.50 (175.00)
2027	Open operation for ureterocele: Unilateral	04.00		118.000	750.10 (658.00)	118.000	750.10 (658.00)	5.000	199.50 (175.00)
2029	Open operation for ureterocele: Bilateral	04.00		207.000	1315.90 (1154.30)	165.600	1052.70 (923.40)	5.000	199.50 (175.00)
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	04.00		264.000	1678.20 (1472.10)	211.200	1342.60 (1177.70)	8.000	319.20 (280.00)
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	04.00		53.000	336.90 (295.50)	53.000	336.90 (295.50)	8.000	319.20 (280.00)
2035	Cutaneous vesicostomy	04.00		118.000	750.10 (658.00)	118.000	750.10 (658.00)	5.000	199.50 (175.00)
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	04.00		126.000	801.00 (702.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2039	Operation for ruptured bladder	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2042	Enterocystoplasty plus bowel anastomosis	04.00		419.900	2669.30 (2341.50)	335.920	2135.40 (1873.20)	5.000	199.50 (175.00)
2043	Cysto-lithotomy	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2045	Excision of patent-urachus or urachal cyst	04.00		112.000	712.00 (624.60)	112.000	712.00 (624.60)	5.000	199.50 (175.00)
2047	Drainage of perivesical or prevesical abscess	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	5.000	199.50 (175.00)
2049	Evacuation of clots from bladder: Other than post-operative	04.00		132.100	839.80 (736.70)	120.000	762.80 (669.10)	3.000	119.70 (105.00)

2050	Evacuation of clots from bladder: Post-operative	04.00						4.000	159.60 (140.00)
2051	Simple bladder lavage: Including catheterisation	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)	3.000	119.70 (105.00)
2053	Bladder neck plasty: Male	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2057	Bladder neck plasty: Female	04.00		137.000	870.90 (763.90)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
10.4	**Urethra**								
2059	Open biopsy of urethra: Male	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
2061	Open biopsy of urethra: Female	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
2069	Dilatation of female urethra	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)	3.000	119.70 (105.00)
2071	Urethrorraphy: Suture of urethral wound or injury	04.00		139.000	883.60 (775.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2073	External urethrotomy: Pendulous urethra (anterior)	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	3.000	119.70 (105.00)
2075	Urethraplasty: Pendulous urethra: First stage	04.00		71.000	451.30 (395.90)	71.000	451.30 (395.90)	4.000	159.60 (140.00)
2077	Urethraplasty: Pendulous urethra: Second stage	04.00		145.000	921.80 (808.60)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2079	Reconstruction of female urethra	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2081	Reconstruction or repair of male anterior urethra (one stage)	04.00		261.600	1663.00 (1458.80)	209.280	1330.40 (1167.00)	4.000	159.60 (140.00)
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	6.000	239.40 (210.00)
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	6.000	239.40 (210.00)
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	04.00		294.000	1869.00 (1639.50)	235.200	1495.20 (1311.60)	6.000	239.40 (210.00)
2087	Urethral diverticulectomy: Male or female	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	04.00		86.000	546.70 (479.60)	86.000	546.70 (479.60)		
2089	Marsupialisation of urethral diverticula: Male or female	04.00		115.100	731.70 (641.80)	115.100	731.70 (641.80)	4.000	159.60 (140.00)
2091	Total urethrectomy: Female	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	5.000	199.50 (175.00)

2093	Total urethrectomy: Male	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
2095	Drainage of simple localised perineal urinary extravasation	04.00		128.800	818.80 (718.20)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	05.05		137.000	870.90 (763.90)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2099	Fulguration for urethral caruncle or polyp	04.00		53.600	340.70 (298.90)	53.600	340.70 (298.90)	3.000	119.70 (105.00)
2101	Excision of urethral caruncle	04.00		53.600	340.70 (298.90)	53.600	340.70 (298.90)	3.000	119.70 (105.00)
2103	Simple urethral meatotomy	04.00		26.300	167.20 (146.70)	26.300	167.20 (146.70)	3.000	119.70 (105.00)
2105	Incision of deep peri-urethral abscess: Female	04.00		123.100	782.50 (686.40)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
2107	Incision of deep peri-urethral abscess: Male	04.00		123.100	782.50 (686.40)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
2109	Badenoch pull-through for intractable stricture or incontinence	04.00		181.000	1150.60 (1009.30)	144.800	920.50 (807.50)	5.000	199.50 (175.00)
2111	External sphincterotomy	06.04		108.000	686.60 (602.30)	108.000	686.60 (602.30)	5.000	199.50 (175.00)
2113	Drainage of Skene gland abscess or cyst	04.00		42.300	268.90 (235.90)	42.300	268.90 (235.90)	3.000	119.70 (105.00)
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	5.000	199.50 (175.00)
2116	Urethral meatoplasty	04.00		101.500	645.20 (566.00)	101.500	645.20 (566.00)	3.000	119.70 (105.00)
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	04.00		150.300	955.50 (838.20)	120.240	764.40 (670.50)	3.000	119.70 (105.00)
2121	Closure of urethrovaginal fistula: Including diversionary procedures	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	5.000	199.50 (175.00)
11	**Male Genital System**								
11.1	**Penis**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
2123	Biopsy of penis (independent procedure)	04.00		52.100	331.20 (290.50)	52.100	331.20 (290.50)	3.000	119.70 (105.00)
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	06.04		16.600	105.50 (92.50)	16.600	105.50 (92.50)	3.000	119.70 (105.00)
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	06.04		41.600	264.50 (232.00)	41.600	264.50 (232.00)	3.000	119.70 (105.00)
2129	Electrodesiccation: Limited number	04.00		20.800	132.20 (116.00)	20.800	132.20 (116.00)	3.000	119.70 (105.00)
2131	Electrodesiccation: Multiple extensive	04.00		41.600	264.50 (232.00)	41.600	264.50 (232.00)	3.000	119.70 (105.00)

2132	Ligation of abnormal venous drainage	04.00		106.100	674.50 (591.70)	106.100	674.50 (591.70)	3.000	119.70 (105.00)
2133	Circumcision: Clamp procedure	04.00		42.300	268.90 (235.90)	42.300	268.90 (235.90)	3.000	119.70 (105.00)
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	3.000	119.70 (105.00)
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	04.00		36.800	233.90 (205.20)	36.800	233.90 (205.20)	3.000	119.70 (105.00)
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	04.00		101.000	642.10 (563.20)	101.000	642.10 (563.20)	3.000	119.70 (105.00)
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	04.00		188.600	1198.90 (1051.70)	150.880	959.10 (841.30)	3.000	119.70 (105.00)
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	04.00		224.600	1427.80 (1252.50)	179.680	1142.20 (1001.90)	3.000	119.70 (105.00)
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	3.000	119.70 (105.00)
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	3.000	119.70 (105.00)
2153	Reconstructive operation for epispadias with incontinence	04.00		168.000	1068.00 (936.80)	134.400	854.40 (749.50)	3.000	119.70 (105.00)
2154	Induction of artificial erection	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)	3.000	119.70 (105.00)
2155	Hypospadias: Urethral reconstruction	04.00		187.000	1188.80 (1042.80)	149.600	951.00 (834.20)	3.000	119.70 (105.00)
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	04.00		84.000	534.00 (468.40)	84.000	534.00 (468.40)	3.000	119.70 (105.00)
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	3.000	119.70 (105.00)
2161	Total amputation of penis: Without gland dissection	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	4.000	159.60 (140.00)
2163	Total amputation of penis: With gland-dissection	04.00		336.000	2136.00 (1873.70)	268.800	1708.80 (1498.90)	6.000	239.40 (210.00)
2165	Partial amputation of penis: With gland-dissection	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	6.000	239.40 (210.00)
2167	Partial amputation of penis: Without gland-dissection	04.00		84.000	534.00 (468.40)	84.000	534.00 (468.40)	4.000	159.60 (140.00)
2169	Injection procedure for Peyronie's disease	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	04.00		42.000	267.00 (234.20)	42.000	267.00 (234.20)	3.000	119.70 (105.00)
2173	Priapism operation: Shunt procedure: Any type	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	4.000	159.60 (140.00)
2174	Priapism operation: Stab shunt	04.00		114.400	727.20 (637.90)	114.400	727.20 (637.90)	4.000	159.60 (140.00)
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	117.60 (103.20)	18.500	117.60 (103.20)	3.000	119.70 (105.00)
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	04.00		58.900	374.40 (328.40)	58.900	374.40 (328.40)	3.000	119.70 (105.00)
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	04.00		58.900	374.40 (328.40)	58.900	374.40 (328.40)	3.000	119.70 (105.00)
2181	Epididymis biopsy: Needle	04.00		86.100	547.30 (480.10)	86.100	547.30 (480.10)	3.000	119.70 (105.00)
2183	Puncture aspiration hydrocele with or without injection of medication	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	3.000	119.70 (105.00)
2185	Operation for maldescended testicle: Including herniotomy	04.00		135.000	858.20 (752.80)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2187	Operation for torsion appendix testis	04.00		119.200	757.80 (664.70)	119.200	757.80 (664.70)	4.000	159.60 (140.00)
2189	Operation for torsion testis with fixation of contralateral testis	04.00		119.200	757.80 (664.70)	119.200	757.80 (664.70)	4.000	159.60 (140.00)
2191	Orchidectomy (total or subcapsular): Unilateral	04.00		98.000	623.00 (546.50)	98.000	623.00 (546.50)	3.000	119.70 (105.00)
2193	Orchidectomy (total or subcapsular): Bilateral	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
2195	Radical operation for malignant testis: Excluding gland dissection	04.00		155.300	987.20 (866.00)	124.240	789.80 (692.80)	6.000	239.40 (210.00)
2197	Operation for hydrocele or spermatocele	04.00		99.800	634.40 (556.50)	99.800	634.40 (556.50)	4.000	159.60 (140.00)
2199	Varicocelectomy	04.00		106.100	674.50 (591.70)	106.100	674.50 (591.70)	4.000	159.60 (140.00)
2201	Abdominal ligation of spermatic vein for varicocele	04.00		112.800	717.10 (629.00)	112.800	717.10 (629.00)	4.000	159.60 (140.00)
2203	Epididymectomy: Unilateral	04.00		114.400	727.20 (637.90)	114.400	727.20 (637.90)	3.000	119.70 (105.00)
2205	Epididymectomy: Bilateral	04.00		158.200	1005.70 (882.20)	126.560	804.50 (705.70)	3.000	119.70 (105.00)
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	04.00		55.900	355.40 (311.80)	55.900	355.40 (311.80)	3.000	119.70 (105.00)
2209	Vasotomy: Unilateral or bilateral	04.00		70.400	447.50 (392.50)	70.400	447.50 (392.50)	3.000	119.70 (105.00)
2210	Vasogram, seminal vesiculogram: Unilateral	04.00		58.100	369.30 (323.90)	58.100	369.30 (323.90)	3.000	119.70 (105.00)
2211	Vasogram, seminal vesiculogram: Bilateral	04.00		58.100	369.30 (323.90)	58.100	369.30 (323.90)	3.000	119.70 (105.00)
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	04.00		91.200	579.80 (508.60)	91.200	579.80 (508.60)	4.000	159.60 (140.00)
2213	Suture or repair of testicular injury	04.00		110.300	701.20 (615.10)	110.300	701.20 (615.10)	4.000	159.60 (140.00)
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	04.00		90.000	572.10 (501.80)	90.000	572.10 (501.80)	4.000	159.60 (140.00)

2217	Excision of local lesion of testis or epididymis	04.00		90.800	577.20 (506.30)	90.800	577.20 (506.30)	4.000	159.60 (140.00)
2219	Vaso-vasostomy: Unilateral	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	3.000	119.70 (105.00)
2221	Vaso-vasostomy: Bilateral	04.00		117.000	743.80 (652.50)	117.000	743.80 (652.50)	3.000	119.70 (105.00)
2223	Epididymo-vasostomy: Unilateral	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	3.000	119.70 (105.00)
2225	Epididymo-vasostomy: Bilateral	04.00		117.000	743.80 (652.50)	117.000	743.80 (652.50)	3.000	119.70 (105.00)
2227	Incision and drainage of scrotal wall abscess	04.00		42.700	271.40 (238.10)	42.700	271.40 (238.10)	3.000	119.70 (105.00)
2229	Excision of Mullerian duct cyst	04.00		189.000	1201.50 (1053.90)	151.200	961.20 (843.20)	4.000	159.60 (140.00)
2231	Excision of lesion of spermatic cord	04.00		84.000	534.00 (468.40)	84.000	534.00 (468.40)	3.000	119.70 (105.00)
2233	Seminal Vesiculectomy	04.00		220.000	1398.50 (1226.80)	176.000	1118.80 (981.40)	5.000	199.50 (175.00)
11.3	**Prostate**								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	04.00		23.300	148.10 (129.90)	23.300	148.10 (129.90)	3.000	119.70 (105.00)
2237	Biopsy prostate: Incisional, any approach	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	4.000	159.60 (140.00)
2239	Transurethral drainage of prostatic abscess	04.00		117.400	746.30 (654.60)	117.400	746.30 (654.60)	4.000	159.60 (140.00)
2241	Perineal drainage of prostatic abscess	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	4.000	159.60 (140.00)
2243	Trans-urethral cryo-surgical removal of prostate	04.00		126.000	801.00 (702.60)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2245	Trans-urethral resection of prostate	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	6.000	239.40 (210.00)
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	04.00		126.000	801.00 (702.60)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2249	Trans-urethral resection of post-operative bladder neck contracture	04.00		126.000	801.00 (702.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2251	Prostatectomy: Perineal: Sub-total	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	6.000	239.40 (210.00)
2253	Prostatectomy: Perineal: Radical	04.00		336.000	2136.00 (1873.70)	268.800	1708.80 (1498.90)	8.000	319.20 (280.00)
2254	Pelvic lymph adenectomy	04.11		175.000	1112.50 (975.90)	140.000	890.00 (780.70)	8.000	319.20 (280.00)
2255	Supra-pelvic, transversical	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	6.000	239.40 (210.00)
2257	Retropubic: Sub-total	04.00		252.000	1602.00 (1405.30)	201.600	1281.60 (1124.20)	6.000	239.40 (210.00)
2259	Retropubic: Radical	04.00		336.000	2136.00 (1873.70)	268.800	1708.80 (1498.90)	8.000	319.20 (280.00)

2260	Prostate brachytherapy	04.00		230.000	1462.10 (1282.50)	184.000	1169.70 (1026.10)	8.000	319.20 (280.00)
12	**Female Genital System**								
12.1	**Vulva and introitus**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
2271	Removal of tag or polyp	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)	3.000	119.70 (105.00)
2272	Removal of small superficial benign lesions	04.00		23.000	146.20 (128.20)	23.000	146.20 (128.20)	3.000	119.70 (105.00)
2273	Biopsy with suture in theatre (excluding after-care)	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)	3.000	119.70 (105.00)
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	04.00		71.000	451.30 (395.90)	71.000	451.30 (395.90)	3.000	119.70 (105.00)
2275	Reduction labial hypertrophy	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	4.000	159.60 (140.00)
2277	Removal of extensive benign vulva tumour	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	4.000	159.60 (140.00)
2279	Secondary perineal repair: Repair second degree tear	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	6.000	239.40 (210.00)
2280	Secondary perineal repair: Repair third degree tear	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	6.000	239.40 (210.00)
2281	Excision of inclusion cyst	04.00		43.000	273.40 (239.80)	43.000	273.40 (239.80)	4.000	159.60 (140.00)
2283	Hymenectomy	04.00		43.000	273.40 (239.80)	43.000	273.40 (239.80)	4.000	159.60 (140.00)
2285	Drainage haematocolpos	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	4.000	159.60 (140.00)
2287	Clitoris repair for injury: Including skin graft, if required	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	4.000	159.60 (140.00)
2288	Clitoral reduction	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	4.000	159.60 (140.00)
2289	Denervation or alcohol infiltration vulva (Woodruff)	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	4.000	159.60 (140.00)
2291	Vulva: Undercutting skin (ball)	04.00		58.000	368.70 (323.40)	58.000	368.70 (323.40)	4.000	159.60 (140.00)
2293	Vulva and introitus: Drainage of abscess	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)	3.000	119.70 (105.00)
2295	Bartholin gland: Bartholin abscess marsupialisation	04.00		36.000	228.90 (200.80)	36.000	228.90 (200.80)	3.000	119.70 (105.00)
2297	Bartholin gland: Bartholin gland excision	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
2299	Bartholin gland: Bartholin radical excision for malignant lesion	04.00		357.000	2269.40 (1990.70)	285.600	1815.60 (1592.60)	6.000	239.40 (210.00)

2301	Operation for enlarging introitus: Fenton plasty	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
2303	Operation for enlarging introitus: Bilateral Z-plastic	04.00		88.000	559.40 (490.70)	88.000	559.40 (490.70)	4.000	159.60 (140.00)
2305	Vulvectomy: Partial	04.00		161.000	1023.50 (897.80)	128.800	818.80 (718.20)	4.000	159.60 (140.00)
2307	Vulvectomy	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	6.000	239.40 (210.00)
2309	Radical vulvectomy with bilateral lymphdenectomy	04.00		357.000	2269.40 (1990.70)	285.600	1815.60 (1592.60)	6.000	239.40 (210.00)
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	04.00		402.000	2555.50 (2241.70)	321.600	2044.40 (1793.30)	6.000	239.40 (210.00)
12.2	**Vaginal procedures and operations**								
2312	Artificial insemination	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)		
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	04.00		25.500	162.10 (142.20)	25.500	162.10 (142.20)	3.000	119.70 (105.00)
2314	Intra uterine insemination	04.00		18.000	114.40 (100.40)	18.000	114.40 (100.40)		
2315	Simms Hühner test plus wet smear	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)		
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	3.000	119.70 (105.00)
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)	3.000	119.70 (105.00)
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	04.00		56.000	356.00 (312.30)	56.000	356.00 (312.30)	3.000	119.70 (105.00)
2319	Excision of cysts or tumours	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	3.000	119.70 (105.00)
2321	Drainage of vaginal abscess	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	3.000	119.70 (105.00)
2322	Pudendal nerve block	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)		
2323	Reconstruction of vagina after atresia	04.00		107.000	680.20 (596.70)	107.000	680.20 (596.70)	5.000	199.50 (175.00)
2325	Construction of artificial vagina: Labial fusion	04.00		179.000	1137.90 (998.20)	143.200	910.30 (798.50)	4.000	159.60 (140.00)
2327	Construction of artificial vagina: Macindoe type	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	5.000	199.50 (175.00)
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	04.11		241.000	1532.00 (1343.90)	192.800	1225.60 (1075.10)	6.000	239.40 (210.00)
2331	Vaginal septum removal	04.00		107.000	680.20 (596.70)	107.000	680.20 (596.70)	4.000	159.60 (140.00)
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	04.00		243.300	1546.70 (1356.80)	194.640	1237.30 (1085.40)	6.000	239.40 (210.00)
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	04.00		243.300	1546.70 (1356.80)	194.640	1237.30 (1085.40)	6.000	239.40 (210.00)
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	04.00		166.900	1061.00 (930.70)	133.520	848.80 (744.60)	6.000	239.40 (210.00)

2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	04.00		166.900	1061.00 (930.70)	133.520	848.80 (744.60)	6.000	239.40 (210.00)
2339	Colpotomy: Diagnostic (excluding after-care)	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	4.000	159.60 (140.00)
2341	Colpotomy: Therapeutic, with or without sterilisation	04.00		103.000	654.80 (574.40)	103.000	654.80 (574.40)	4.000	159.60 (140.00)
2343	Vaginal hysterectomy: Without repair	04.00		210.500	1338.10 (1173.80)	168.400	1070.50 (939.00)	6.000	239.40 (210.00)
2345	Vaginal hysterectomy: With repair	04.00		231.700	1472.90 (1292.00)	185.360	1178.30 (1033.60)	6.000	239.40 (210.00)
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	6.000	239.40 (210.00)
2361	Vaginal hysterectomy and repair for total prolapse	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	6.000	239.40 (210.00)
2363	Fothergill or Manchester repair operation	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	5.000	199.50 (175.00)
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	04.00		232.000	1474.80 (1293.70)	185.600	1179.90 (1035.00)	5.000	199.50 (175.00)
2366	Posterior repair alone	04.00		107.000	680.20 (596.70)	107.000	680.20 (596.70)	5.000	199.50 (175.00)
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	04.00		161.000	1023.50 (897.80)	128.800	818.80 (718.20)	5.000	199.50 (175.00)
2368	Uterovesical fistula	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	5.000	199.50 (175.00)
2369	Repair of Vesico- or urethro-vaginal fistula	04.00		179.000	1137.90 (998.20)	143.200	910.30 (798.50)	5.000	199.50 (175.00)
2370	Repair of VVF - Obstetric or radiation	04.00		232.000	1474.80 (1293.70)	185.600	1179.90 (1035.00)	5.000	199.50 (175.00)
2371	Closure of uretero-vaginal fistula	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	5.000	199.50 (175.00)
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	5.000	199.50 (175.00)
2373	Closure of recto-vaginal fistula	04.00		134.000	851.80 (747.20)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2374	Closure of recto-vaginal fistula: Obstetric or radiation	04.00		151.000	959.90 (842.00)	120.800	767.90 (673.60)	5.000	199.50 (175.00)
2375	Colpocleisis	04.00		129.000	820.10 (719.40)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2377	Le Fort operation	04.00		129.000	820.10 (719.40)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2379	Schauta operation	04.00		357.000	2269.40 (1990.70)	285.600	1815.60 (1592.60)	8.000	319.20 (280.00)
2381	Vaginectomy	04.00		268.000	1703.70 (1494.50)	214.400	1362.90 (1195.50)	8.000	319.20 (280.00)
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	04.00		429.000	2727.20 (2392.30)	343.200	2181.70 (1913.80)	8.000	319.20 (280.00)

2385	Vaginal laceration or trauma: Repair	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
12.3	**Cervix**								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	06.05		20.000	127.10 (111.50)	20.000	127.10 (111.50)		
2391	Cervix: Canal reconstruction	04.00		147.000	934.50 (819.70)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)		
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	04.00		22.000	139.90 (122.70)	22.000	139.90 (122.70)	3.000	119.70 (105.00)
2396	Laser or harmonic scalpel treatment of the cervix	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	3.000	119.70 (105.00)
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	04.00		31.000	197.10 (172.90)	31.000	197.10 (172.90)	3.000	119.70 (105.00)
2399	Punch biopsy (excluding after-care)	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)	3.000	119.70 (105.00)
2400	Biopsy during pregnancy (excluding after-care)	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)	3.000	119.70 (105.00)
2403	Wedge biopsy: Cervix (excluding after-care)	04.00		18.000	114.40 (100.40)	18.000	114.40 (100.40)	3.000	119.70 (105.00)
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	04.00		24.000	152.60 (133.90)	24.000	152.60 (133.90)	3.000	119.70 (105.00)
2405	Cone biopsy: Cervix (excluding after-care)	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	3.000	119.70 (105.00)
2407	Amputation: Cervix	04.00		67.000	425.90 (373.60)	67.000	425.90 (373.60)	3.000	119.70 (105.00)
2409	Cervix encirclage: McDonald stitch	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
2411	Cervix encirclage: Shirodkar suture	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	3.000	119.70 (105.00)
2413	Cervix encirclage: Lash	04.00		49.000	311.50 (273.20)	49.000	311.50 (273.20)	3.000	119.70 (105.00)
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)		
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	3.000	119.70 (105.00)
2417	Repair of tears: Emmet repair of tears	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
2418	Repair of tears: Sturmdorff repair of tears	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	3.000	119.70 (105.00)
2421	Extirpation of cervical stump: Vaginal	04.00		134.000	851.80 (747.20)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2423	Extirpation of cervical stump: Abdominal	04.00		134.000	851.80 (747.20)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2425	Removal of cervical polyps (excluding after-care)	04.00		13.000	82.60 (72.50)	13.000	82.60 (72.50)	3.000	119.70 (105.00)
2427	Removal of cervical myomata	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	3.000	119.70 (105.00)

2429	Colposcopy (excluding after-care)	04.00		27.000	171.60 (150.50)	27.000	171.60 (150.50)	3.000	119.70 (105.00)
12.4	**Uterus**								
2433	Embryo transfer	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	4.000	159.60 (140.00)
2434	Endometrial biopsy (excluding after-care)	04.00		18.000	114.40 (100.40)	18.000	114.40 (100.40)	3.000	119.70 (105.00)
2435	Hysterosalpingogram (excluding after-care)	04.00		22.000	139.90 (122.70)	22.000	139.90 (122.70)	3.000	119.70 (105.00)
2436	Hysteroscopy (excluding after-care)	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)	3.000	119.70 (105.00)
2437	Hysteroscopy and D&C (excluding after-care)	04.00		58.000	368.70 (323.40)	58.000	368.70 (323.40)	3.000	119.70 (105.00)
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	3.000	119.70 (105.00)
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	04.00		63.000	400.50 (351.30)	63.000	400.50 (351.30)	3.000	119.70 (105.00)
2440	Hysteroscopy and polypectomy (excluding after-care)	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	3.000	119.70 (105.00)
2441	Hysteroscopy and myomectomy (excluding after-care)	04.00		130.000	826.40 (724.90)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	06.04		18.000	114.40 (100.40)	18.000	114.40 (100.40)	3.000	119.70 (105.00)
2443	Dilatation and curettage (D&C) (excluding after-care)	06.04		35.000	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	06.04		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	04.00		71.000	451.30 (395.90)	71.000	451.30 (395.90)	4.000	159.60 (140.00)
2448	Termination of pregnancy before 12 weeks	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
2449	Evacuation: Missed abortion: Before 12 weeks gestation	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
2451	Evacuation: Missed abortion: After 12 weeks gestation	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	4.000	159.60 (140.00)
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	4.000	159.60 (140.00)
2453	Evacuation hydatidiform mole	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	5.000	199.50 (175.00)
2455	Evacuation uterus post-partum	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)	6.000	239.40 (210.00)
2461	Ventrosuspension	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	4.000	159.60 (140.00)
2463	Uteroplasty: Strassman	04.00		143.000	909.10 (797.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)

2465	Uteroplasty: Tompkins	04.00		143.000	909.10 (797.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2467	Myomectomy	04.00		143.000	909.10 (797.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	04.00		254.100	1615.30 (1416.90)	203.280	1292.30 (1133.60)	6.000	239.40 (210.00)
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	04.00		252.200	1603.20 (1406.30)	201.760	1282.60 (1125.10)	6.000	239.40 (210.00)
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	04.00		355.000	2256.70 (1979.60)	284.000	1805.40 (1583.70)	6.000	239.40 (210.00)
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	04.00		472.800	3005.60 (2636.50)	378.240	2404.50 (2109.20)	8.000	319.20 (280.00)
2477	Abdominal hysterotomy with or without sterilisation	04.00		188.000	1195.10 (1048.30)	150.400	956.10 (838.70)	6.000	239.40 (210.00)
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	6.000	239.40 (210.00)
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	6.000	239.40 (210.00)
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	04.00		120.000	762.80 (669.10)				
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	101.70 (89.20)	16.000	101.70 (89.20)	3.000	119.70 (105.00)
2483	Salpingolysis	04.00		125.000	794.60 (697.00)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2485	Salpingostomy	04.00		161.000	1023.50 (897.80)	128.800	818.80 (718.20)	4.000	159.60 (140.00)
2487	Tuboplasty tubal anastomosis or re-implantation	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	4.000	159.60 (140.00)
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	04.00		125.000	794.60 (697.00)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	04.00		161.000	1023.50 (897.80)	128.800	818.80 (718.20)	6.000	239.40 (210.00)
2491	Ectopic pregnancy - after 12 weeks	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	6.000	239.40 (210.00)
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	04.00		94.000	597.60 (524.20)	94.000	597.60 (524.20)	5.000	199.50 (175.00)
	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	600.10 (526.40)	94.400	600.10 (526.40)	5.000	199.50 (175.00)
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	04.00	+	18.000	114.40 (100.40)	18.000	114.40 (100.40)	5.000	199.50 (175.00)
2497	Laparoscopy: Plus sterilisation	04.00	+	40.000	254.30 (223.10)	40.000	254.30 (223.10)	5.000	199.50 (175.00)

2499	Laparoscopy: Plus biopsy (excluding after-care)	04.00	+	18.000	114.40 (100.40)	18.000	114.40 (100.40)	5.000	199.50 (175.00)
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	04.00	+	51.000	324.20 (284.40)	51.000	324.20 (284.40)	5.000	199.50 (175.00)
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	04.00	+	18.000	114.40 (100.40)	18.000	114.40 (100.40)	5.000	199.50 (175.00)
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	04.00	+	52.000	330.60 (290.00)	52.000	330.60 (290.00)	5.000	199.50 (175.00)
2503	Laparoscopy: Plus ovarian drilling	04.00	+	40.000	254.30 (223.10)	40.000	254.30 (223.10)	5.000	199.50 (175.00)
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	04.00	+	107.000	680.20 (596.70)	107.000	680.20 (596.70)	5.000	199.50 (175.00)
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	04.00	+	52.000	330.60 (290.00)	52.000	330.60 (290.00)	5.000	199.50 (175.00)
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	04.00		58.000	368.70 (323.40)	58.000	368.70 (323.40)		
12.6	**Ovaries**								
2525	Wedge resection of ovaries, unilateral or bilateral	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	4.000	159.60 (140.00)
2527	Removal of ovarian tumour or cyst	04.00		187.000	1188.80 (1042.80)	149.600	951.00 (834.20)	4.000	159.60 (140.00)
2529	Oophorectomy: Uni- or bilateral	04.00		134.500	855.00 (750.00)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2531	Ovarian carcinoma debulking and omentectomy	04.00		357.000	2269.40 (1990.70)	285.600	1815.60 (1592.60)	6.000	239.40 (210.00)
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	04.00		469.000	2981.40 (2615.30)	375.200	2385.10 (2092.20)	6.000	239.40 (210.00)
12.7	**Miscellaneous procedures**								
2535	Exenteration: Anterior Exenteration	04.00		402.000	2555.50 (2241.70)	321.600	2044.40 (1793.30)	8.000	319.20 (280.00)
2537	Exenteration: Posterior Exenteration	04.00		402.000	2555.50 (2241.70)	321.600	2044.40 (1793.30)	8.000	319.20 (280.00)
2539	Exenteration: Total	04.00		625.000	3973.10 (3485.20)	500.000	3178.50 (2788.20)	8.000	319.20 (280.00)
2541	Presacral neurectomy	04.00		98.000	623.00 (546.50)	98.000	623.00 (546.50)	5.000	199.50 (175.00)
2543	Moschowitz operation	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	04.00		193.100	1227.50 (1076.80)	154.480	982.00 (861.40)	5.000	199.50 (175.00)
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	04.00		195.000	1239.60 (1087.40)	156.000	991.70 (869.90)	5.000	199.50 (175.00)
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	04.00		149.000	947.20 (830.90)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2547	Operations for stress incontinence: Burch colposuspension	04.00		161.000	1023.50 (897.80)	128.800	818.80 (718.20)	5.000	199.50 (175.00)

2548	Operation for stress incontinence: Use of tape	04.00		229.400	1458.30 (1279.20)	183.520	1166.60 (1023.30)	5.000	199.50 (175.00)
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	5.000	199.50 (175.00)
2551	Laparotomy	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	4.000	159.60 (140.00)
2552	Removal benign retroperitoneal tumour	04.00		223.000	1417.60 (1243.50)	178.400	1134.10 (994.80)	6.000	239.40 (210.00)
2553	Radical removal of malignant retroperitoneal tumour	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	8.000	319.20 (280.00)
2554	Drainage of pelvic abscess per abdomen	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	6.000	239.40 (210.00)
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	5.000	199.50 (175.00)
2558	Drainage intra-abdominal abscess: Delayed closure	04.00		268.000	1703.70 (1494.50)	214.400	1362.90 (1195.50)	6.000	239.40 (210.00)
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
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	1335.00 (1171.10)	168.000	1068.00 (936.80)	6.000	239.40 (210.00)
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	6.000	239.40 (210.00)
2565	Implantation hormone pellets (excluding after-care)	04.00		3.000	19.10 (16.80)	3.000	19.10 (16.80)		
2570	Ligation of internal iliac vessels (when not part of another procedure)	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	8.000	319.20 (280.00)

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.	04.00

13.1 Pre-natal care and procedures

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2603	External cephalic version (excluding after-care)	04.00		22.000	139.90 (122.70)	22.000	139.90 (122.70)		
2605	Amniocentesis (excluding after-care)	04.00		36.000	228.90 (200.80)	36.000	228.90 (200.80)		
2607	Amnioscopy (excluding after-care)	04.00		18.000	114.40 (100.40)	18.000	114.40 (100.40)		
2609	Intra-uterine transfusion of foetus or cordocentesis	04.00		134.000	851.80 (747.20)	120.000	762.80 (669.10)		

2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)		
2611	Chorion villus sampling (excluding after-care)	04.00		54.000	343.30 (301.10)	54.000	343.30 (301.10)		
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	1792.70 (1572.50)	225.600	1434.10 (1258.00)	6.000	239.40 (210.00)
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	1697.30 (1488.90)	213.600	1357.90 (1191.10)	6.000	239.40 (210.00)
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	04.00		190.000	1207.80 (1059.50)	152.000	966.30 (847.60)		
	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	2129.60 (1868.10)	268.000	1703.70 (1494.50)	9.000	359.10 (315.00)
2657	Post-partum hysterectomy	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	8.000	319.20 (280.00)
2669	Abdominal operation for ruptured gravid uterus: Repair	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	9.000	359.10 (315.00)

14	Nervous System									
14.1	Diagnostic procedures									
Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2681	Visual evoked potentials (VEP): Unilateral	04.00		50.000	317.90 (278.90)				
2682	Visual evoked potentials (VEP): Bilateral	04.00		88.000	559.40 (490.70)				
2683	Electro-retinography (Ganzfeld method): Unilateral	04.00		60.000	381.40 (334.60)				
2684	Electro-retinography (Ganzfeld method): Bilateral	04.00		105.000	667.50 (585.50)				
2685	Electro-oculography: Unilateral	04.00		30.000	190.70 (167.30)				
2686	Electro-oculography: Bilateral	04.00		53.000	336.90 (295.50)				
2687	VEP stable condition (photic drive): Unilateral	04.00		50.000	317.90 (278.90)				
2689	VEP stable condition (photic drive): Bilateral	04.00		88.000	559.40 (490.70)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	04.00		150.000	953.60 (836.50)				
	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	305.10 (267.60)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	04.00		6.000	38.10 (33.40)	6.000	38.10 (33.40)		
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	1398.50 (1226.80)				
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	04.00		80.000	508.60 (446.10)				
2709	Full spinogram including bilateral median and posterior-tibial studies	04.00		140.000	890.00 (780.70)				
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	229.50 (201.30)	36.100	229.50 (201.30)		
2712	Electro-encephalography: Interpretation	04.00		24.000	152.60 (133.90)	24.000	152.60 (133.90)		
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	06.02		18.400	117.00 (102.60)	18.400	117.00 (102.60)		
2714	Cisternal puncture and/or intrathecal injections	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)		
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	04.00		136.000	864.60 (758.40)				
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	04.00		30.000	190.70 (167.30)				

2717	Electromyography: First	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)		
2718	Electromyography: Subsequent	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)		
2719	Overnight polysomnogram and sleep staging: Hire	04.00		125.000	794.60 (697.00)				
2720	Overnight polysomnogram and sleep staging: Interpretation	04.00		23.000	146.20 (128.20)				
2721	Daytime polysomnogram: Hire	04.00		125.000	794.60 (697.00)				
2722	Daytime polysomnogram: Interpretation	04.00		17.000	108.10 (94.80)				
2723	Multiple sleep latency test: Interpretation	04.00		125.000	794.60 (697.00)				
2724	Overnight continuous positive airways pressure (CPAP) titration	04.00		155.000	985.30 (864.30)	124.000	788.30 (691.50)		
2725	Angiography carotis: Unilateral	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	4.000	159.60 (140.00)
2726	Angiography carotis: Bilateral	04.00		44.000	279.70 (245.40)	44.000	279.70 (245.40)	4.000	159.60 (140.00)
2727	Vertebral artery: Direct needling	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
2729	Vertebral catheterisation	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
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	381.40 (334.60)				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	04.00		14.500	92.20 (80.90)			4.000	159.60 (140.00)
2733	Cortical Stimulation	04.00		58.900	374.40 (328.40)	58.900	374.40 (328.40)		
2734	Sodium Amytal Testing (WADA test)	04.00		88.700	563.90 (494.60)	88.700	563.90 (494.60)	13.000	518.60 (454.90)
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	04.00		31.500	200.20 (175.60)	-	-		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
2739	Ventricular needling without burring: Tapping only	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)	4.000	159.60 (140.00)
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	04.00		43.000	273.40 (239.80)	43.000	273.40 (239.80)	4.000	159.60 (140.00)
2743	Subdural tapping: First sitting	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)	4.000	159.60 (140.00)
2745	Subdural tapping: Subsequent	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	4.000	159.60 (140.00)
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	04.00		36.100	229.50 (201.30)	36.100	229.50 (201.30)		
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	04.00		24.500	155.70 (136.60)	24.500	155.70 (136.60)		

6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	04.00		36.100	229.50 (201.30)	36.100	229.50 (201.30)		
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	04.00		24.500	155.70 (136.60)	24.500	155.70 (136.60)		
6010	Electroenchephalogram 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	1872.80 (1642.80)	235.680	1498.20 (1314.20)		
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	817.50 (717.10)	120.000	762.80 (669.10)		
14.2	**Introduction of burr holes for**								
2747	Ventriculography	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
2749	Catheterisation for ventriculography and/or drainage	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
2751	Biopsy of brain tumour	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
2753	Subdural haematoma or hygroma	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
2755	Subdural empyema	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
2757	Brain abscess	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
14.3	**Nerve procedures**								
2759	Nerve biopsy: Peripheral	04.00		37.000	235.20 (206.30)	37.000	235.20 (206.30)	4.000	159.60 (140.00)
2763	Nerve biopsy: Cranial nerves: Extra-cranial	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	4.000	159.60 (140.00)
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	04.00		26.000	165.30 (145.00)	26.000	165.30 (145.00)	4.000	159.60 (140.00)
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	04.00		25.000	158.90 (139.40)				
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	04.00		30.000	190.70 (167.30)				
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	04.00		35.000	222.50 (195.20)				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	04.00		35.000	222.50 (195.20)				
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	317.90 (278.90)				
14.3.1	**Nerve procedures: Nerve repair or suture**								
2767	Suture brachial plexus (see also items 2837 and 2839)	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	6.000	239.40 (210.00)
2769	Suture: Large nerve: Primary	04.00		134.000	851.80 (747.20)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
2771	Suture: Large nerve: Secondary	04.00		202.000	1284.10 (1126.40)	161.600	1027.30 (901.10)	5.000	199.50 (175.00)
2773	Digital nerve: Primary	04.00		65.000	413.20 (362.50)	65.000	413.20 (362.50)	3.000	119.70 (105.00)

2775	Digital nerve: Secondary	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
2777	Nerve graft: Simple	04.00		202.000	1284.10 (1126.40)	161.600	1027.30 (901.10)	4.000	159.60 (140.00)
2779	Fascicular: First fasciculus	04.00		202.000	1284.10 (1126.40)	161.600	1027.30 (901.10)	4.000	159.60 (140.00)
2781	Fascicular: Each additional fasciculus	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)	4.000	159.60 (140.00)
2783	Fascicular: Nerve flap: To include all stages	04.00		224.000	1424.00 (1249.10)	179.200	1139.20 (999.30)	4.000	159.60 (140.00)
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	04.00		124.000	788.30 (691.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2787	Fascicular: Grafting of facial nerve	04.00		215.000	1366.80 (1198.90)	172.000	1093.40 (959.10)	5.000	199.50 (175.00)
14.3.2	**Nerve procedures: Neurectomy**								
2789	Trigeminal ganglion: Injection of alcohol	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
2791	Trigeminal ganglion: Injection of cortisone	04.00		65.000	413.20 (362.50)	65.000	413.20 (362.50)	3.000	119.70 (105.00)
2793	Trigeminal ganglion: Coagulation through high frequency	04.00		170.000	1080.70 (948.00)	136.000	864.60 (758.40)	3.000	119.70 (105.00)
2799	Procedures for pain relief: Intrathecal injections for pain	04.00		36.000	228.90 (200.80)	36.000	228.90 (200.80)	4.000	159.60 (140.00)
2800	Procedures for pain relief: Plexus nerve block	04.00		36.000	228.90 (200.80)	36.000	228.90 (200.80)	36.000	228.90 (200.80)
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	228.90 (200.80)	36.000	228.90 (200.80)		
2802	Procedures for pain relief: Peripheral nerve block	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)	25.000	158.90 (139.40)
2803	Alcohol injection in peripheral nerves for pain: Unilateral	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	04.00	+	10.000	63.60 (55.80)	10.000	63.60 (55.80)	10.000	63.60 (55.80)
2805	Alcohol injection in peripheral nerves for pain: Bilateral	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
2809	Peripheral nerve section for pain	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)	3.000	119.70 (105.00)
2811	Pudendal neurectomy: Bilateral	04.00		116.000	737.40 (646.80)	116.000	737.40 (646.80)	3.000	119.70 (105.00)
2813	Obturator or Stoffels	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
2815	Interdigital	04.00		82.300	523.20 (458.90)	82.300	523.20 (458.90)	3.000	119.70 (105.00)
2825	Excision: Neuroma: Peripheral	04.00		109.500	696.10 (610.60)	109.500	696.10 (610.60)	3.000	119.70 (105.00)
14.3.3	**Nerve procedures: Other nerve procedures**								
2827	Transposition of ulnar nerve	04.00		100.000	635.70 (557.60)	100.000	635.70 (557.60)	3.000	119.70 (105.00)

2829	Neurolysis: Minor	04.00		51.000	324.20 (284.40)	51.000	324.20 (284.40)	3.000	119.70 (105.00)
2831	Neurolysis: Major	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	3.000	119.70 (105.00)
2833	Neurolysis: Digital	04.00		96.000	610.30 (535.40)	96.000	610.30 (535.40)	3.000	119.70 (105.00)
2835	Scalenotomy	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
2837	Brachial plexus, suture or neurolysis (item 2767)	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	6.000	239.40 (210.00)
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	04.00		895.200	5690.80 (4991.90)	716.160	4552.60 (3993.50)	6.000	239.40 (210.00)
2841	Carpal Tunnel	04.00		64.000	406.80 (356.80)	64.000	406.80 (356.80)	3.000	119.70 (105.00)
2843	Lumbar sympathectomy: Unilateral	04.00		153.000	972.60 (853.20)	122.400	778.10 (682.50)	4.000	159.60 (140.00)
2845	Lumbar sympathectomy: Bilateral	04.00		268.000	1703.70 (1494.50)	214.400	1362.90 (1195.50)	6.000	239.40 (210.00)
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	04.00						11.000	438.80 (384.90)
2847	Cervical sympathectomy: Unilateral	04.00		153.000	972.60 (853.20)	122.400	778.10 (682.50)	4.000	159.60 (140.00)
2848	Cervical sympathectomy: Bilateral	04.00		268.000	1703.70 (1494.50)	214.400	1362.90 (1195.50)	6.000	239.40 (210.00)
2849	Sympathetic block: Other levels: Unilateral	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	3.000	119.70 (105.00)
2851	Sympathetic block: Other levels: Bilateral	04.00		35.000	222.50 (195.20)	35.000	222.50 (195.20)	3.000	119.70 (105.00)
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	127.10 (111.50)	20.000	127.10 (111.50)	4.000	159.60 (140.00)
14.4	**Skull procedures**								
2855	Removal of skull tumour: With or without plastic repair: Small	04.00		170.000	1080.70 (948.00)	136.000	864.60 (758.40)	5.000	199.50 (175.00)
2857	Removal of skull tumour: With or without plastic repair: Major	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	8.000	319.20 (280.00)
2859	Repair of depressed fracture of skull: Without brain laceration: Major	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	8.000	319.20 (280.00)
2860	Repair of depressed fracture of skull: Without brain laceration: Small	04.00		170.000	1080.70 (948.00)	136.000	864.60 (758.40)	8.000	319.20 (280.00)
2861	Repair of depressed fracture of skull: With brain lacerations: Small	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	8.000	319.20 (280.00)
2862	Repair of depressed fracture of skull: With brain lacerations: Major	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	8.000	319.20 (280.00)
2863	Cranioplasty	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	8.000	319.20 (280.00)
2864	Encephalocele (excluding frontal)	04.11		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	8.000	319.20 (280.00)

2865	Craniostenosis: Few suturae	04.00		213.000	1354.00 (1187.70)	170.400	1083.20 (950.20)	9.000	359.10 (315.00)
2867	Craniostenosis: Multiple suturae	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	9.000	359.10 (315.00)
14.5	**Shunt procedures**								
2869	Ventriculo-cisternostomy	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	8.000	319.20 (280.00)
2871	Ventriculo-caval shunt	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	11.000	438.80 (384.90)
2873	Ventriculo-peritoneal shunt	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	8.000	319.20 (280.00)
2875	Theco-peritoneal C.S.F. shunt	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	8.000	319.20 (280.00)
14.6	**Aneurysm repair**								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	15.000	598.40 (524.90)
2877	Extracranial to intracranial vascular	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	15.000	598.40 (524.90)
2878	Posterior fossa arteriovenous anomalies	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	15.000	598.40 (524.90)
14.7	**Posterior fossa surgery**								
2879	Glosso pharyngeal nerve	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	6.000	239.40 (210.00)
2881	Eighth nerve: Intracranial	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	8.000	319.20 (280.00)
2883	Eighth nerve: Extracranial	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	4.000	159.60 (140.00)
2884	Sub-temporal section of the trigeminal nerve	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	9.000	359.10 (315.00)
2885	Trigeminal tractotomy	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	9.000	359.10 (315.00)
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	9.000	359.10 (315.00)
2887	Vestibular nerve	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	9.000	359.10 (315.00)
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	06.04		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	11.000	438.80 (384.90)
2891	Posterior fossa tumour removal: Glioma, secondary deposits	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	11.000	438.80 (384.90)
2893	Posterior fossa tumour removal: Abscess	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	11.000	438.80 (384.90)
2895	Excision of tumour of glomus jugulare: Intracranial	04.00		420.000	2669.90 (2342.00)	336.000	2136.00 (1873.70)	11.000	438.80 (384.90)
2897	Excision of tumour of glomus jugulare: Extracranial	04.00		420.000	2669.90 (2342.00)	336.000	2136.00 (1873.70)	9.000	359.10 (315.00)
2898	Excision of tumour of glomus jugulare: Hemispherectomy	04.00		500.000	3178.50 (2788.20)	400.000	2542.80 (2230.50)	15.000	598.40 (524.90)

14.7.1	**Posterior fossa surgery: Supratentorial procedures**								
2899	Craniectomy for extra-dural haematoma or empyema	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	11.000	438.80 (384.90)
14.8	**Craniotomy for**								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	11.000	438.80 (384.90)
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	4449.90 (3903.40)	560.000	3559.90 (3122.70)	11.000	438.80 (384.90)
2903	Craniotomy for Abscess, Glioma	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	11.000	438.80 (384.90)
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	11.000	438.80 (384.90)
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	11.000	438.80 (384.90)
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	04.11		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	11.000	438.80 (384.90)
2907	Craniotomy for Temporal lobectomy	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	11.000	438.80 (384.90)
2908	Craniotomy for Torkildsen anastomosis	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	11.000	438.80 (384.90)
2909	Craniotomy for CSF-leaks	04.00		450.000	2860.70 (2509.40)	360.000	2288.50 (2007.50)	11.000	438.80 (384.90)
2910	Craniotomy for removal of arteriovenous malformation	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	11.000	438.80 (384.90)
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	1780.00 (1561.40)	224.000	1424.00 (1249.10)	4.000	159.60 (140.00)
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	04.00		196.000	1246.00 (1093.00)	156.800	996.80 (874.40)	4.000	159.60 (140.00)
2915	Transnasal hypophysectomy	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	11.000	438.80 (384.90)
2916	Transfrontal hypophysectomy	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	11.000	438.80 (384.90)
2917	Transnasal hypophyseal implants	04.00		172.000	1093.40 (959.10)	137.600	874.70 (767.30)	11.000	438.80 (384.90)
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
2923	Chordotomy: Unilateral	04.00		178.000	1131.50 (992.50)	142.400	905.20 (794.00)	3.000	119.70 (105.00)
2925	Chordotomy: Open	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	3.000	119.70 (105.00)
2927	Rhizotomy: Extradural, but intraspinal	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	3.000	119.70 (105.00)
2928	Rhizotomy: Intradural	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	3.000	119.70 (105.00)

2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	8.000	319.20 (280.00)
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	8.000	319.20 (280.00)
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	3.000	119.70 (105.00)
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	04.00		350.000	2225.00 (1951.80)	280.000	1780.00 (1561.40)	8.000	319.20 (280.00)
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	7.000	279.30 (245.00)
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	3.000	119.70 (105.00)
2937	Repair of meningocele, involving nerve tissue	04.00		250.000	1589.30 (1394.10)	200.000	1271.40 (1115.30)	9.000	359.10 (315.00)
2938	Simple	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	9.000	359.10 (315.00)
2939	Excision of arterial vascular malformations and cysts of the spinal cord	04.00		700.000	4449.90 (3903.40)	560.000	3559.90 (3122.70)	9.000	359.10 (315.00)
2940	Lumbar osteophyte removal	04.00		187.000	1188.80 (1042.80)	149.600	951.00 (834.20)	3.000	119.70 (105.00)
2941	Cervical or thoracic osteophyte removal	04.00		285.000	1811.70 (1589.20)	228.000	1449.40 (1271.40)	3.000	119.70 (105.00)
14.10	**Arterial ligations**								
2951	Carotis: Trauma	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
2953	Carotis: For aneurysm (AV anomaly)	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	8.000	319.20 (280.00)
2955	Removal of carotid body tumour (without vascular reconstruction)	04.00		335.600	2133.40 (1871.40)	268.480	1706.70 (1497.10)	8.000	319.20 (280.00)
14.11	**Medical psychotherapy**								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	04.00		20.000	244.80 (214.70)	16.000	101.70 (89.20)		
2958	Psychoanalytic therapy: Per 60-minute session	04.00		60.000	734.50 (644.30)	48.000	305.10 (267.60)		
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	04.00		20.000	244.80 (214.70)	16.000	101.70 (89.20)		
2963	Pairs, marriage or sex therapy: Per 20-minute session	04.00		20.000	244.80 (214.70)	16.000	101.70 (89.20)		
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	318.30 (279.20)	8.000	50.90 (44.60)		
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	04.00		40.000	489.70 (429.60)	32.000	203.40 (178.40)		
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	04.00		60.000	734.50 (644.30)	48.000	305.10 (267.60)		
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	04.00		40.000	489.70 (429.60)	32.000	203.40 (178.40)		

2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	04.00		60.000	734.50 (644.30)	48.000	305.10 (267.60)		
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	183.60 (161.10)	17.000	108.10 (94.80)	3.000	119.70 (105.00)
14.13	**Psychiatric examination methods**								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session	06.05		60.000	734.50 (644.30)	16.000	101.70 (89.20)		
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	04.00		20.000	244.80 (214.70)	16.000	101.70 (89.20)		
15	**Endocrine System**								
15.1	**Thyroid**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
2983	Lobectomy: Partial	04.00		198.100	1259.30 (1104.60)	158.480	1007.50 (883.80)	5.000	199.50 (175.00)
2985	Lobectomy: Total	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	5.000	199.50 (175.00)
2987	Thyroidectomy: Subtotal	04.00		266.000	1691.00 (1483.30)	212.800	1352.80 (1186.70)	5.000	199.50 (175.00)
2989	Thyroidectomy: Total	04.00		279.000	1773.60 (1555.80)	223.200	1418.90 (1244.60)	5.000	199.50 (175.00)
2991	Thyroglossal cyst or fistula excision	04.00		126.200	802.30 (703.80)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
15.2	**Parathyroid**								
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	04.00		275.000	1748.20 (1533.50)	220.000	1398.50 (1226.80)	5.000	199.50 (175.00)
15.3	**Adrenals**								
2995	Adrenalectomy: Unilateral	04.00		225.000	1430.30 (1254.60)	180.000	1144.30 (1003.80)	9.000	359.10 (315.00)
2997	Bilateral exploration of adrenal glands: Including removal	04.00		394.000	2504.70 (2197.10)	315.200	2003.70 (1757.60)	11.000	438.80 (384.90)
15.4	**Hypophysis**								
2999	Transethmoidal hypophysectomy	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	11.000	438.80 (384.90)
3000	Transnasal hypophysectomy (see also item 2915)	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	11.000	438.80 (384.90)

15.5	**Endocrine system: General**								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	04.00		3.000	19.10 (16.80)	3.000	19.10 (16.80)		
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**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
3002	Gonioscopy	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
3006	Keratometry	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
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	74.20 (65.10)				
3012	Pre-surgical retinal examination before retinal surgery	04.00		32.000	203.40 (178.40)	32.000	203.40 (178.40)		
3013	Ocular motility assessment: Comprehensive examination	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)		
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)		
16.1.2	**Special eye investigations**								
3005	Endothelial cell count	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
3007	Potential acuity measurement	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
3008	Contrast sensitivity test	04.00		7.000	44.50 (39.00)	7.000	44.50 (39.00)		
3010	Orthoptics consultation	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
3011	Orthoptic subsequent sessions	04.00		5.000	31.80 (27.90)	5.000	31.80 (27.90)		
3015	Charting of visual field with manual perimeter	04.00		28.000	178.00 (156.10)	28.000	178.00 (156.10)		
3016	Retinal threshold test without storage facilities	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)		
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	04.00		74.000	470.40 (412.60)	74.000	470.40 (412.60)		
3018	Retinal threshold trend evaluation (additional to item 3017)	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)		
3019	Ocular muscle function with Hess screen or perimeter	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)		
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	04.00		46.000	292.40 (256.50)	46.000	292.40 (256.50)		
3022	Digital fluorescein video angiography	04.00		68.000	432.30 (379.20)	68.000	432.30 (379.20)	9.000	359.10 (315.00)

3023	Digital indocyanine video angiography	04.00		110.000	699.30 (613.40)	110.000	699.30 (613.40)	9.000	359.10 (315.00)
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	76.30 (66.90)	12.000	76.30 (66.90)		
3025	Electronic tonography	04.00		19.000	120.80 (106.00)	19.000	120.80 (106.00)		
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	04.00		19.300	122.70 (107.60)	19.300	122.70 (107.60)		
3027	Fundus photography	04.00		21.000	133.50 (117.10)	21.000	133.50 (117.10)		
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	04.00		40.000	254.30 (223.10)	40.000	254.30 (223.10)		
3029	Anterior segment microphotography	04.00		21.000	133.50 (117.10)	21.000	133.50 (117.10)		
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	04.00		45.000	286.10 (251.00)	45.000	286.10 (251.00)		
3032	Eyelid and orbit photography	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)		
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)		
3034	Determination of lens implant power per eye	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)		
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	139.90 (122.70)	22.000	139.90 (122.70)		
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	228.90 (200.80)	36.000	228.90 (200.80)		
16.2	**Retina**								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	04.00		306.900	1951.00 (1711.40)	245.520	1560.80 (1369.10)	6.000	239.40 (210.00)
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	667.50 (585.50)	105.000	667.50 (585.50)	6.000	239.40 (210.00)
3041	Pan retinal photocoagulation (per eye): Done in one sitting	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
3044	Removal of encircling band and/or buckling material	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	6.000	239.40 (210.00)
16.3	**Cataract**								
3045	Cataract: Intra-capsular	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	7.000	279.30 (245.00)
3047	Cataract: Extra-capsular (including capsulotomy)	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	7.000	279.30 (245.00)
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	04.00		57.000	362.30 (317.80)	57.000	362.30 (317.80)	7.000	279.30 (245.00)
3050	Repositioning of intra ocular lens	04.00		171.100	1087.70 (954.10)	136.880	870.10 (763.20)	7.000	279.30 (245.00)
3051	Needling or capsulotomy	04.00		130.000	826.40 (724.90)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3052	Laser capsulotomy	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	4.000	159.60 (140.00)

3057	Removal of lenticulus	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	7.000	279.30 (245.00)
3058	Exchange of intra ocular lens	04.00		236.000	1500.30 (1316.10)	188.800	1200.20 (1052.80)	7.000	279.30 (245.00)
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	7.000	279.30 (245.00)
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	04.00		4.000	25.40 (22.30)				
16.4	**Glaucoma**								
3061	Drainage operation	04.00		247.600	1574.00 (1380.70)	198.080	1259.20 (1104.60)	6.000	239.40 (210.00)
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	04.00		60.000	381.40 (334.60)	60.000	381.40 (334.60)	6.000	239.40 (210.00)
3063	Cyclocryotherapy or cyclodiathermy	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	6.000	239.40 (210.00)
3064	Laser trabeculoplasty	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	6.000	239.40 (210.00)
3065	Removal of blood from anterior chamber	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	4.000	159.60 (140.00)
3067	Goniotomy	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	7.000	279.30 (245.00)
16.5	**Intra-ocular foreign body**								
3071	Intra-ocular foreign body: Anterior to Iris	04.00		127.000	807.30 (708.20)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	6.000	239.40 (210.00)
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	127.10 (111.50)	20.000	127.10 (111.50)		
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	04.00		175.600	1116.30 (979.20)	140.480	893.00 (783.30)	5.000	199.50 (175.00)
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	04.00		200.000	1271.40 (1115.30)	160.000	1017.10 (892.20)	5.000	199.50 (175.00)
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	04.00		120.000	762.80 (669.10)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
16.7	**Globe**								
3079	Transcleral biopsy	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3080	Examination of eyes under general anaesthetic where no surgery is done	04.00		80.000	508.60 (446.10)	80.000	508.60 (446.10)	4.000	159.60 (140.00)
3081	Treatment of minor perforating injury	04.00		161.600	1027.30 (901.10)	129.280	821.80 (720.90)	6.000	239.40 (210.00)
3083	Treatment of major perforating injury	04.00		267.500	1700.50 (1491.70)	214.000	1360.40 (1193.30)	6.000	239.40 (210.00)

3085	Enucleation or Evisceration	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	5.000	199.50 (175.00)
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	04.00		160.000	1017.10 (892.20)	128.000	813.70 (713.80)	5.000	199.50 (175.00)
3088	Hydroxyapetite insertion (additional to item 3087)	04.00	+	40.000	254.30 (223.10)	40.000	254.30 (223.10)	5.000	199.50 (175.00)
3089	Subconjunctival injection if not done at time of operation	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	5.000	199.50 (175.00)
3090	Intra vitreal injection drug	05.06		47.600	302.60 (265.40)	47.600	302.60 (265.40)	4.000	159.60 (140.00)
3091	Retrobulbar injection (if not done at time of operation)	04.00		16.000	101.70 (89.20)	16.000	101.70 (89.20)	4.000	159.60 (140.00)
3092	External laser treatment for superficial lesions	04.00		53.000	336.90 (295.50)	53.000	336.90 (295.50)		
3093	Treatment of tumours of retina or choriod by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	04.00		209.000	1328.60 (1165.40)	167.200	1062.90 (932.40)	6.000	239.40 (210.00)
3094	Implantation of intra vitreal drug delivery system	04.00		247.600	1574.00 (1380.70)	198.080	1259.20 (1104.60)	4.000	159.60 (140.00)
3095	Biopsy of vitreous body or anterior chamber contents	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	6.000	239.40 (210.00)
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	04.00		130.000	826.40 (724.90)	120.000	762.80 (669.10)	7.000	279.30 (245.00)
3097	Anterior vitrectomy	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	6.000	239.40 (210.00)
3098	Removal of silicon from globe	04.00		280.000	1780.00 (1561.40)	224.000	1424.00 (1249.10)	6.000	239.40 (210.00)
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	04.00		419.000	2663.60 (2336.50)	335.200	2130.90 (1869.20)	6.000	239.40 (210.00)
3100	Lensectomy done at time of posterior vitrectomy	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	7.000	279.30 (245.00)
16.8	**Orbit**								
3101	Drainage of orbital abscess	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	5.000	199.50 (175.00)
3103	Orbit: Removal of tumour	04.00		240.000	1525.70 (1338.30)	192.000	1220.50 (1070.60)	5.000	199.50 (175.00)
3104	Removal orbital prosthesis	04.00		212.700	1352.10 (1186.10)	170.160	1081.70 (948.90)	5.000	199.50 (175.00)
3105	Orbit: Exenteration	04.00		275.000	1748.20 (1533.50)	220.000	1398.50 (1226.80)	5.000	199.50 (175.00)
3107	Orbitotomy requiring bone flap	04.00		393.000	2498.30 (2191.50)	314.400	1998.60 (1753.20)	5.000	199.50 (175.00)
3108	Eye socket reconstruction	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	5.000	199.50 (175.00)
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	04.00		300.000	1907.10 (1672.90)	240.000	1525.70 (1338.30)	5.000	199.50 (175.00)
3110	Second stage hydroxyapetite implantation	04.00		110.000	699.30 (613.40)	110.000	699.30 (613.40)	5.000	199.50 (175.00)

16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	04.00		-	-	-	-		
3112	Fitting of contact lens for treatment of disease including supply of lens	04.00		12.200	77.60 (68.10)	12.200	77.60 (68.10)		
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	1271.40 (1115.30)	160.000	1017.10 (892.20)		
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	04.00		78.850	501.20 (439.60)				
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	1055.30 (925.70)	132.800	844.20 (740.50)		
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	859.50 (753.90)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
3117	Removal of foreign body: On the basis of fee per consultation	04.00		-	-	-	-	4.000	159.60 (140.00)
3118	Curettage of cornea after removal of foreign body (after-care excluded)	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
3119	Tattooing	04.00		26.000	165.30 (145.00)	26.000	165.30 (145.00)	4.000	159.60 (140.00)
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	953.60 (836.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
3121	Corneal graft (Lamellar or full thickness)	04.00		289.000	1837.20 (1611.60)	231.200	1469.70 (1289.20)	6.000	239.40 (210.00)
3122	Epikeratophakia	04.00		289.000	1837.20 (1611.60)	231.200	1469.70 (1289.20)		
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	04.00		254.000	1614.70 (1416.40)	203.200	1291.70 (1133.10)	6.000	239.40 (210.00)
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)		
3125	Keratectomy	04.00		127.000	807.30 (708.20)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	04.00	+	52.180	331.70 (291.00)	52.180	331.70 (291.00)		
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	4.000	159.60 (140.00)
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
3129	Additional to item 3128 for the use of own diamond knives	04.00	+	40.000	254.30 (223.10)	40.000	254.30 (223.10)		
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	04.00		96.900	616.00 (540.40)	96.900	616.00 (540.40)	4.000	159.60 (140.00)
3131	Cornea: Paracentesis	04.00		53.000	336.90 (295.50)	53.000	336.90 (295.50)	4.000	159.60 (140.00)
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	04.00		150.000	953.60 (836.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	04.00		116.300	739.30 (648.50)	116.300	739.30 (648.50)	4.000	159.60 (140.00)
3136	Conjunctival flap or graft (not for use with pterigium surgery)	04.00		95.700	608.40 (533.70)	95.700	608.40 (533.70)	6.000	239.40 (210.00)
3138	Removal corneal epithelium and chelating agent for band keratopathy	04.00		69.500	441.80 (387.50)	69.500	441.80 (387.50)	4.000	159.60 (140.00)

16.10	**Ducts**								
3133	Probing and/or syringing, per duct	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	4.000	159.60 (140.00)
3135	Insert polythene tubes	04.00		51.800	329.30 (288.90)	51.800	329.30 (288.90)	4.000	159.60 (140.00)
3137	Excision of lacrimal sac: Unilateral	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3139	Dacrocystorhinostomy (Single) with or without polythene tube	04.00		210.000	1335.00 (1171.10)	168.000	1068.00 (936.80)	5.000	199.50 (175.00)
3141	Sealing Punctum surgical or by cautery: Per eye	04.00		24.900	158.30 (138.90)	24.900	158.30 (138.90)	4.000	159.60 (140.00)
3142	Sealing Punctum with plugs: Per eye	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)	4.000	159.60 (140.00)
3143	Three-snip operation	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	4.000	159.60 (140.00)
3145	Repair of caniculus: Primary procedure	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3147	Repair of caniculus: Secondary procedure	04.00		175.000	1112.50 (975.90)	140.000	890.00 (780.70)	4.000	159.60 (140.00)
16.11	**Iris**								
3149	Iridectomy or iridotomy by open operation as isolated procedure	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3151	Excision of iris tumour	04.00		185.000	1176.00 (1031.60)	148.000	940.80 (825.30)	6.000	239.40 (210.00)
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	04.00		105.000	667.50 (585.50)	105.000	667.50 (585.50)	4.000	159.60 (140.00)
3155	Iridocyclectomy for tumour	04.00		266.000	1691.00 (1483.30)	212.800	1352.80 (1186.70)	6.000	239.40 (210.00)
3157	Division of anterior synechiae as isolated procedure	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3158	Repair iris as in dialysis: Anterior chamber reconstruction	04.00		142.400	905.20 (794.00)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
16.12	**Lids**								
3161	Tarsorrhaphy	04.00		47.000	298.80 (262.10)	47.000	298.80 (262.10)	4.000	159.60 (140.00)
3163	Excision of superficial lid tumour	04.00		47.000	298.80 (262.10)	47.000	298.80 (262.10)	4.000	159.60 (140.00)
3165	Repair of skin laceration lid: Simple	04.00		27.300	173.50 (152.20)	27.300	173.50 (152.20)	4.000	159.60 (140.00)
3167	Diathermy to wart on lid margin	04.00		12.000	76.30 (66.90)	12.000	76.30 (66.90)	4.000	159.60 (140.00)
3169	Electrolysis of any number of eyelashes: Per eye	04.00		15.000	95.40 (83.70)	15.000	95.40 (83.70)		
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	04.00		20.400	129.70 (113.80)	20.400	129.70 (113.80)	4.000	159.60 (140.00)
3173	Epicanthal folds	04.00		128.700	818.10 (717.60)	120.000	762.80 (669.10)	4.000	159.60 (140.00)

3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	04.00		25.000	158.90 (139.40)				
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	04.00		35.000	222.50 (195.20)				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	04.00		187.000	1188.80 (1042.80)	149.600	951.00 (834.20)	4.000	159.60 (140.00)
16.12.1	**Lids: Entropion or ectropion by**								
3177	Entropion or ectropion by Cautery	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)	4.000	159.60 (140.00)
3179	Entropion or ectropion by Suture	04.00		49.400	314.00 (275.40)	49.400	314.00 (275.40)	4.000	159.60 (140.00)
3181	Entropion or ectropion by Open operation	04.00		111.500	708.80 (621.80)	111.500	708.80 (621.80)	4.000	159.60 (140.00)
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	04.00		122.600	779.40 (683.70)	122.600	779.40 (683.70)	4.000	159.60 (140.00)
16.12.2	**Lids: Reconstruction of eyelid**								
3185	Staged procedure for partial or total loss of eyelid: First stage	04.00		259.000	1646.50 (1444.30)	207.200	1317.20 (1155.40)	4.000	159.60 (140.00)
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	04.00		206.000	1309.50 (1148.70)	164.800	1047.60 (918.90)	4.000	159.60 (140.00)
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	04.00		136.500	867.70 (761.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	04.00		150.200	954.80 (837.50)	120.160	763.90 (670.10)	4.000	159.60 (140.00)
3172	Blepharoplasty lower eyelid plus fat pad	04.00		125.800	799.70 (701.50)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
16.12.3	**Lids: Ptosis**								
3193	Repair by superior rectus, levator or frontalis muscle operation	04.00		190.000	1207.80 (1059.50)	152.000	966.30 (847.60)	4.000	159.60 (140.00)
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	04.00		137.600	874.70 (767.30)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	04.00		166.000	1055.30 (925.70)	132.800	844.20 (740.50)	4.000	159.60 (140.00)
16.13	**Conjunctiva**								
3199	Repair of conjunctiva by grafting	04.00		132.000	839.10 (736.10)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
3200	Repair of lacerated conjunctiva	04.00		47.000	298.80 (262.10)	47.000	298.80 (262.10)	4.000	159.60 (140.00)
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	692.90 (607.80)				

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	76.30 (66.90)				
3198	Excimer laser: Hire fee (per eye)	04.00		284.130	1806.20 (1584.40)				
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	692.90 (607.80)				
3202	Phako emulsification apparatus: Hire fee	04.00		109.000	692.90 (607.80)				
3203	Vitrectomy apparatus: Hire fee	04.00		120.000	762.80 (669.10)				
17	**Ear**								
17.1	**External ear (Pinna)**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
3267	Major congenital deformity reconstruction of external ear: Unilateral	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
3269	Major congenital deformity reconstruction of external ear: Bilateral	04.00		242.000	1538.40 (1349.50)	193.600	1230.70 (1079.60)	5.000	199.50 (175.00)
3270	Excision of superficial pre-auricular fistula	04.00		55.000	349.60 (306.70)	55.000	349.60 (306.70)	4.000	159.60 (140.00)
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	04.00		-	-				
3272	Excision of complicated pre-auricular fistula	04.00		140.000	890.00 (780.70)	120.000	762.80 (669.10)	4.000	159.60 (140.00)
17.2	**External ear canal**								
3204	External ear canal: Removal of foreign body: At rooms	04.00		-	-	-	-		
3205	External ear canal: Removal of foreign body: Under general anaesthetic	04.00		21.000	133.50 (117.10)	21.000	133.50 (117.10)	4.000	159.60 (140.00)
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	04.00		164.000	1042.50 (914.50)	131.200	834.00 (731.60)	4.000	159.60 (140.00)
3217	Meatus atresia: Congenital	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	4.000	159.60 (140.00)
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	04.00		77.000	489.50 (429.40)	77.000	489.50 (429.40)	4.000	159.60 (140.00)
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	04.00		215.000	1366.80 (1198.90)	172.000	1093.40 (959.10)	4.000	159.60 (140.00)
17.3	**Middle ear**								
3206	Microscopic examination of tympanic membrane including microsuction	04.00		8.000	50.90 (44.60)	8.000	50.90 (44.60)		
3207	Myringotomy: Unilateral	04.00		28.000	178.00 (156.10)	28.000	178.00 (156.10)	4.000	159.60 (140.00)
3209	Myringotomy: Bilateral	04.00		46.000	292.40 (256.50)	46.000	292.40 (256.50)	4.000	159.60 (140.00)
3211	Unilateral myringotomy with insertion of ventilation tube	04.00		38.000	241.60 (211.90)	38.000	241.60 (211.90)	4.000	159.60 (140.00)

3212	Bilateral myringotomy with insertion of unilateral ventilation tube	04.00		57.000	362.30 (317.80)	57.000	362.30 (317.80)	4.000	159.60 (140.00)
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	04.00		65.000	413.20 (362.50)	65.000	413.20 (362.50)	4.000	159.60 (140.00)
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	04.00		255.000	1621.00 (1421.90)	204.000	1296.80 (1137.50)	5.000	199.50 (175.00)
3237	Exploratory tympanotomy	04.00		158.900	1010.10 (886.10)	127.120	808.10 (708.90)	5.000	199.50 (175.00)
3243	Myringoplasty	04.00		138.000	877.30 (769.60)	120.000	762.80 (669.10)	5.000	199.50 (175.00)
3245	Functional reconstruction of tympanic membrane	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	5.000	199.50 (175.00)
3249	Stapedotomy and stapedectomy	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	5.000	199.50 (175.00)
3257	Cortical mastoidectomy	04.00		188.500	1198.30 (1051.10)	150.800	958.60 (840.90)	5.000	199.50 (175.00)
3259	Radical mastoidectomy (excluding minor procedures)	04.00		277.400	1763.40 (1546.80)	221.920	1410.70 (1237.50)	5.000	199.50 (175.00)
3261	Muscle grafting to mastoid cavity without tympanoplasty	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	5.000	199.50 (175.00)
3263	Autogenous bone graft to mastoid cavity	04.00		180.000	1144.30 (1003.80)	144.000	915.40 (803.00)	5.000	199.50 (175.00)
3264	Tympanomastoidectomy	04.00		375.000	2383.90 (2091.10)	300.000	1907.10 (1672.90)	5.000	199.50 (175.00)
3265	Reconstruction of posterior canal wall, following radical mastoid	04.00		320.000	2034.20 (1784.40)	256.000	1627.40 (1427.50)	5.000	199.50 (175.00)
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	04.00		30.000	190.70 (167.30)	30.000	190.70 (167.30)	5.000	199.50 (175.00)
17.4	**Facial nerve**								
17.4.1	**Facial nerve: Facial nerve tests**								
3223	Percutaneous stimulation of the facial nerve	04.00		9.000	57.20 (50.20)	9.000	57.20 (50.20)	4.000	159.60 (140.00)
3224	Electroneurography (ENOG)	04.00		75.000	476.80 (418.20)	75.000	476.80 (418.20)	4.000	159.60 (140.00)
17.4.2	**Facial nerve: Facial nerve surgery**								
3227	Exploration of facial nerve: Exploration of tympanomastiod segment	04.00		297.000	1888.00 (1656.10)	237.600	1510.40 (1324.90)	5.000	199.50 (175.00)
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	04.00		436.000	2771.70 (2431.30)	348.800	2217.30 (1945.00)	5.000	199.50 (175.00)
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	04.00		436.000	2771.70 (2431.30)	348.800	2217.30 (1945.00)	5.000	199.50 (175.00)
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	04.00		124.000	788.30 (691.50)	120.000	762.80 (669.10)	6.000	239.40 (210.00)
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	317.90 (278.90)				

2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	04.00		88.000	559.40 (490.70)				
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	04.00		60.000	381.40 (334.60)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	04.00		105.000	667.50 (585.50)				
2695	Audiology 40Hz response: Unilateral	04.00		30.000	190.70 (167.30)				
2696	Audiology 40Hz response: Bilateral	04.00		53.000	336.90 (295.50)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	04.00		30.000	190.70 (167.30)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	04.00		53.000	336.90 (295.50)				
2699	Electro-cochleography: Unilateral	04.00		50.000	317.90 (278.90)				
2700	Electro-cochleography: Bilateral	04.00		88.000	559.40 (490.70)				
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	04.00		140.000	890.00 (780.70)			4.000	159.60 (140.00)
3248	Otoacoustic emission performed as a screening test	05.03		33.240	211.30 (185.40)	33.240	211.30 (185.40)		
3250	Otoacoustic emission (high risk patients only)	04.00		66.480	422.60 (370.70)	66.480	422.60 (370.70)		
3273	Pure tone audiometry (air conduction)	04.00		6.500	41.30 (36.20)	6.500	41.30 (36.20)		
3274	Pure tone audiometry (bone conduction with masking)	04.00		6.500	41.30 (36.20)	6.500	41.30 (36.20)		
3275	Impedance audiometry (tympanometry)	04.00		6.500	41.30 (36.20)	6.500	41.30 (36.20)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	04.00		6.500	41.30 (36.20)	6.500	41.30 (36.20)		
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	06.04		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	04.00		6.500	41.30 (36.20)	6.500	41.30 (36.20)		
17.5.2	**Inner ear: Balance tests**								
3251	Minimal caloric test (excluding consultation fee)	04.00		10.000	63.60 (55.80)	10.000	63.60 (55.80)		
3252	Bithermal Halpike caloric test (excluding consultation fee)	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)		
3253	Electro-nystagmography for spontaneous and positional nystagmus	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)		
3254	Video nystagmoscopy (monocular)	04.00		25.000	158.90 (139.40)	25.000	158.90 (139.40)		
3255	Caloric test done with electronystamography	04.00		70.000	445.00 (390.40)	70.000	445.00 (390.40)		
3256	Video nystagmoscopy (binocular)	04.00		50.000	317.90 (278.90)	50.000	317.90 (278.90)		
3258	Otolith repositioning manoeuvre	04.00		14.000	89.00 (78.10)	14.000	89.00 (78.10)	4.000	159.60 (140.00)
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	454.40 (398.60)	71.480	454.40 (398.60)		

17.5.3	**Inner ear surgery**								
3233	Labyrinthectomy via the middle ear or mastoid	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	5.000	199.50 (175.00)
3240	Endolymphatic sac surgery	04.00		277.000	1760.90 (1544.60)	221.600	1408.70 (1235.70)	4.000	159.60 (140.00)
3244	Fenestration and occulasion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	04.00		310.000	1970.70 (1728.70)	248.000	1576.50 (1382.90)	5.000	199.50 (175.00)
3246	Cochlear implant surgery	04.00		340.500	2164.60 (1898.80)	272.400	1731.60 (1518.90)	5.000	199.50 (175.00)
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	2669.90 (2342.00)	336.000	2136.00 (1873.70)	5.000	199.50 (175.00)
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	06.04		510.000	3242.10 (2843.90)	408.000	2593.70 (2275.20)	11.000	438.80 (384.90)
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	3941.30 (3457.30)	496.000	3153.10 (2765.90)	11.000	438.80 (384.90)
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	04.00		530.000	3369.20 (2955.40)	424.000	2695.40 (2364.40)	11.000	438.80 (384.90)
5224	Removal of acoustic neuroma via the middle fossa approach	04.00		660.000	4195.60 (3680.40)	528.000	3356.50 (2944.30)	11.000	438.80 (384.90)
17.6.2	**Microsurgery of the skull base: Translabyrinthe approach**								
3239	Acoustic neuroma removal translabyrinthine	04.00		660.000	4195.60 (3680.40)	528.000	3356.50 (2944.30)	5.000	199.50 (175.00)
5227	Cochleo-vestibular neurectomy	04.00		530.000	3369.20 (2955.40)	424.000	2695.40 (2364.40)	11.000	438.80 (384.90)
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	4195.60 (3680.40)	528.000	3356.50 (2944.30)	11.000	438.80 (384.90)
17.6.3	**Microsurgery of the skull base: Transotic approach to the cerebellopontime angle**								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	04.00		660.000	4195.60 (3680.40)	528.000	3356.50 (2944.30)	11.000	438.80 (384.90)
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	4513.50 (3959.20)	568.000	3610.80 (3167.40)	11.000	438.80 (384.90)
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	3941.30 (3457.30)	496.000	3153.10 (2765.90)	11.000	438.80 (384.90)
5239	Removal of tumour of the clivus	04.00		620.000	3941.30 (3457.30)	496.000	3153.10 (2765.90)	11.000	438.80 (384.90)
17.6.6	**Microsurgery of the skull base: Intrafemoral approach type C**								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	04.00		520.000	3305.60 (2899.60)	416.000	2644.50 (2319.70)	8.000	319.20 (280.00)
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	04.00		520.000	3305.60 (2899.60)	416.000	2644.50 (2319.70)	11.000	438.80 (384.90)

17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	04.00		600.000	3814.20 (3345.80)	480.000	3051.40 (2676.70)	11.000	438.80 (384.90)
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	04.00		480.000	3051.40 (2676.70)	384.000	2441.10 (2141.30)	11.000	438.80 (384.90)
17.6.8	**Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa**								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	04.00		520.000	3305.60 (2899.60)	416.000	2644.50 (2319.70)	11.000	438.80 (384.90)
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	04.00		600.000	3814.20 (3345.80)	480.000	3051.40 (2676.70)	8.000	319.20 (280.00)
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	04.00		660.000	4195.60 (3680.40)	528.000	3356.50 (2944.30)	8.000	319.20 (280.00)
18	**Physical Treatment**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
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	4.77 (4.18)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	04.00		13.500	85.80 (75.30)				
3281	Ultrasonic therapy	04.00		10.000	63.60 (55.80)				
3282	Shortwave diathermy	04.00		10.000	63.60 (55.80)				
3284	Sensory nerve conduction studies	04.00		31.000	197.10 (172.90)				
3285	Motor nerve conduction studies	04.00		26.000	165.30 (145.00)				
3287	Spinal joint and ligament injection	04.00		20.000	127.10 (111.50)	20.000	127.10 (111.50)		
3288	Epidural injection	04.00		36.000	228.90 (200.80)				
3289	Multiple injections: First joint	04.00		7.500	47.70 (41.80)				
3290	Multiple injections: Each additional joint	04.00		4.500	28.60 (25.10)				
3291	Tendon or ligament injection	04.00		9.000	57.20 (50.20)				
3292	Aspiration of joint or inter-articular injection	04.00		9.000	57.20 (50.20)				
3293	Aspiration or injection of bursa or ganglion	04.00		9.000	57.20 (50.20)				
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	06.05		20.000	127.10 (111.50)				
3295	Paravertebral root block: Unilateral	04.00		20.000	127.10 (111.50)				
3296	Paravertebral root block: Bilateral	04.00		30.000	190.70 (167.30)				
3297	Manipulation of spine performed by a specialist in Physical Medicine	04.00		14.000	89.00 (78.10)				
3298	Spinal traction	04.00		6.000	38.10 (33.40)				
3299	Manipulation of large joints: Under general anaesthesia	04.00		14.000	89.00 (78.10)			3.000	119.70 (105.00)

3299a	Manipulation of large joints: Under general anaesthesia	05.01		14.000	89.00 (78.10)			4.000	159.60 (140.00)
3300	Manipulation of large joints: Without anaesthetic	04.00		-	-	-	-		
3301	Muscle fatigue studies	04.00		20.000	127.10 (111.50)				
3302	Strength duration curve per session	04.00		10.500	66.70 (58.50)				
3303	Electromyography	04.00		75.000	476.80 (418.20)				
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	63.60 (55.80)	10.000	63.60 (55.80)		

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
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**	

Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
3305	Finger, toe	04.00				6.300	56.70 (49.70)		
3309	Smith-Petersen or equivalent control, in theatre	04.00				38.700	348.50 (305.70)		
3311	Stress studies, e.g, joint	04.00				7.700	69.30 (60.80)		
3313	Full length study, both legs	04.00				15.500	139.60 (122.50)		

3315	Skeletal survey under 5 years	04.00				19.900	179.20 (157.20)		
3317	Skeletal survey over 5 years	04.00				28.000	252.10 (221.10)		
3319	Arthrography per joint	04.00				15.400	138.70 (121.70)		
3320	Introduction of contrast medium or air: ADD	04.00	+			13.800	124.30 (109.00)		
6500	Hand	04.00				7.700	69.30 (60.80)		
6501	Wrist (specify region)	04.00				7.700	69.30 (60.80)		
6503	Scaphoid	04.00				7.700	69.30 (60.80)		
6504	Radius and ulna	04.00				7.700	69.30 (60.80)		
6505	Elbow	04.00				7.700	69.30 (60.80)		
6506	Humerus	04.00				7.700	69.30 (60.80)		
6507	Shoulder	04.00				7.700	69.30 (60.80)		
6508	Acromio-Clavicula joint	04.00				7.700	69.30 (60.80)		
6509	Clavicle	04.00				7.700	69.30 (60.80)		
6510	Scapula	04.00				7.700	69.30 (60.80)		
6511	Foot	04.00				7.700	69.30 (60.80)		
6512	Ankle	04.00				7.700	69.30 (60.80)		
6513	Calcaneus	04.00				7.700	69.30 (60.80)		
6514	Tibia and fibula	04.00				7.700	69.30 (60.80)		
6515	Knee	04.00				7.700	69.30 (60.80)		
6516	Patella	04.00				7.700	69.30 (60.80)		
6517	Femur	04.00				7.700	69.30 (60.80)		
6518	Hip	04.00				7.700	69.30 (60.80)		
6519	Sesamoid Bone	04.00				7.700	69.30 (60.80)		
19.1.2	**Skeleton: Spinal column**								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	04.00				11.000	99.10 (86.90)		
3325	Stress studies	04.00				11.000	99.10 (86.90)		
3329	Scoliosis studies	04.00				21.000	189.10 (165.90)		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	04.00				11.000	99.10 (86.90)		
3333	Myelography: Lumbar	04.00				28.900	260.20 (228.20)	4.000	159.60 (140.00)
3334	Myelography: Thoracic	04.00				22.200	199.90 (175.40)	4.000	159.60 (140.00)
3335	Myelography: Cervical	04.00				35.500	319.70 (280.40)	4.000	159.60 (140.00)
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	04.00						4.000	159.60 (140.00)
3344	Introduction of contrast medium	04.00	+			18.700	168.40 (147.70)		
3345	Discography	04.00				34.600	311.60 (273.30)	4.000	159.60 (140.00)

3347	Introduction of contrast medium per disc level: ADD	04.00	+			28.200	253.90 (222.70)		
19.1.3	**Skeleton: Skull**								
3349	Skull studies	04.00				15.700	141.40 (124.00)		
3351	Paranasal sinuses	04.00				11.000	99.10 (86.90)		
3353	Facial bones and/or orbits	04.00				12.600	113.50 (99.60)		
3355	Mandible	04.00				9.400	84.60 (74.20)		
3357	Nasal bone	04.00				7.800	70.20 (61.60)		
3359	Mastoid: Bilateral	04.00				18.000	162.10 (142.20)		
3361	Teeth: One quadrant	04.00				3.700	33.30 (29.20)		
3363	Teeth: Two quadrants	04.00				6.300	56.70 (49.70)		
3365	Teeth: Full mouth	04.00				11.000	99.10 (86.90)		
3366	Teeth: Rotation tomography of the teeth and jaws	04.00				13.300	119.80 (105.10)		
3367	Teeth: Tempero-mandibular joints: Per side	04.00				11.000	99.10 (86.90)		
3369	Teeth: Tomography: Per side	04.00				11.000	99.10 (86.90)		
3371	Localisation of foreign body in the eye	04.00				15.700	141.40 (124.00)		
3381	Ventriculography	04.00				27.300	245.80 (215.60)	4.000	159.60 (140.00)
3385	Post-nasal studies: Lateral neck	04.00				6.300	56.70 (49.70)		
3387	Maxillo-facial cephalometry	04.00				8.800	79.20 (69.50)		
3389	Dacrocystography	04.00				11.000	99.10 (86.90)	4.000	159.60 (140.00)
3391	For introduction of contrast medium: ADD	04.00	+			11.000	99.10 (86.90)		
19.2	**Alimentary tract**								
3393	Bowel washout: ADD	04.00	+			4.800	43.20 (37.90)		
3395	Sialography (plus 80% for each additional gland)	04.00				12.700	114.40 (100.40)	4.000	159.60 (140.00)
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	04.00	+			11.000	99.10 (86.90)		
3399	Pharynx and oesophagus	04.00				12.700	114.40 (100.40)		
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00				20.000	180.10 (158.00)		
3405	Double contrast: ADD	04.00	+			7.300	65.70 (57.60)		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	04.00				20.000	180.10 (158.00)		
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	260.20 (228.20)		
3409	Barium enema (control film of abdomen included)	04.00				18.300	164.80 (144.60)		
3411	Air contrast study: ADD	04.00	+			19.300	173.80 (152.50)		

3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	04.00				23.300	209.80 (184.00)	4.000	159.60 (140.00)
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	04.00				15.500	139.60 (122.50)	4.000	159.60 (140.00)
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	04.00							
3417	Gastric/oesophageal/duodenal intubation control	04.00				5.900	53.10 (46.60)		
3419	Gastric/oesophageal intubation insertion of tube: ADD	04.00	+			5.600	50.40 (44.20)		
3421	Duodenal intubation: Insertion of tube: ADD	04.00	+			11.000	99.10 (86.90)		
3423	Hypotonic duodenography (item 3403 and item 3405 included)	04.00	+			29.300	263.80 (231.40)		
19.3	**Biliary tract**								
3425	Oral cholecystography	04.00				15.700	141.40 (124.00)		
3427	Cholangiography: Intravenous	04.00				22.000	198.10 (173.80)		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	04.00				21.000	189.10 (165.90)		
3433	Post operative: T-tube	04.00				16.700	150.40 (131.90)		
3435	Introduction of contrast medium: ADD	04.00	+			5.600	50.40 (44.20)		
3437	Trans hepatic, percutaneous	04.00				18.300	164.80 (144.60)		
3439	Introduction of contrast medium: ADD	04.00	+			33.100	298.10 (261.50)		
3441	Tomography of biliary tract: ADD	04.00	+			9.400	84.60 (74.20)		
19.4	**Chest**								
3443	Larynx (Tomography included)	04.00				12.500	112.60 (98.80)		
3445	Chest (item 3601 included)	04.00				9.400	84.60 (74.20)		
3447	Chest and cardiac studies (item 3601)	04.00				12.600	113.50 (99.60)		
3449	Ribs	04.00				12.300	110.80 (97.20)		
3451	Sternum or sterno-clavicular joints	04.00				12.600	113.50 (99.60)		
3453	Bronchography: Unilateral	04.00				12.600	113.50 (99.60)	8.000	319.20 (280.00)
3455	Bronchography: Bilateral	04.00				22.100	199.00 (174.60)	8.000	319.20 (280.00)
3457	Introduction of contrast medium included	04.00				35.700	321.50 (282.00)		
3461	Pleurography	04.00				12.600	113.50 (99.60)	3.000	119.70 (105.00)
3463	For introduction of contrast medium: ADD	04.00	+			2.800	25.20 (22.10)		
3465	Laryngography	04.00				11.000	99.10 (86.90)		
3467	For introduction of contrast medium: ADD	04.00	+			10.000	90.10 (79.00)		

3468	Thoracic inlet	04.00				6.300	56.70 (49.70)		
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	84.60 (74.20)		
3479	Acute abdomen or equivalent studies	04.00				15.700	141.40 (124.00)		
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	226.00 (198.20)		
3493	Waterload test: ADD	04.00	+			12.200	109.90 (96.40)		
3497	Cystography only or urethrography only (retrograde)	04.00				19.300	173.80 (152.50)		
3499	Cysto-urethrography: Retrograde	04.00				31.900	287.30 (252.00)		
3503	Cysto-urethrography: Introduction of contrast medium	04.00	+			3.700	33.30 (29.20)		
3505	Retrograde-prograde pyelography	04.00				18.300	164.80 (144.60)	3.000	119.70 (105.00)
3511	Aspiration renal cyst	04.00				18.400	165.70 (145.40)		
3513	Tomography of renal tract: ADD	04.00	+			9.400	84.60 (74.20)		
19.7	**Gynaecology and obstetrics**								
3515	Pregnancy	04.00				9.400	84.60 (74.20)		
3517	Pelvimetry	04.00				17.400	156.70 (137.50)		
3519	Hystero-salpingography	04.00				12.500	112.60 (98.80)	3.000	119.70 (105.00)
3521	Introduction of contrast medium: ADD	04.00	+			15.300	137.80 (120.90)		
19.8	**Vascular studies**								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). 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). 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. 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. 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. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								04.00

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	148.60 (130.40)		
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	1502.00 (1317.50)		
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	04.00				48.600	437.60 (383.90)	4.000	159.60 (140.00)
3558	Translumbar aortic puncture, with full study	04.00				69.600	626.70 (549.70)	5.000	199.50 (175.00)
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	04.00				57.000	513.30 (450.30)	4.000	159.60 (140.00)
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram	06.04				65.400	588.90 (516.60)	4.000	159.60 (140.00)
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	04.00				73.200	659.20 (578.20)	4.000	159.60 (140.00)
3564	Direct femoral arterial or venous or jugular venous puncture	04.00				37.200	335.00 (293.90)		
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or anteriovenous malformation (AVM)	04.00				85.800	772.60 (677.70)	5.000	199.50 (175.00)
3569	Intravascular pressure studies, arterial or venous, once off per case	04.00				19.800	178.30 (156.40)		
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	04.00				130.800	1177.90 (1033.20)	5.000	199.50 (175.00)
3572	Transcatheter selective blood sampling, arterial or venous	04.00				32.400	291.80 (256.00)		
3574	Spinal angiogram (global fee) including all selective catheterisations	04.00				480.000	4322.40 (3791.60)	5.000	199.50 (175.00)

19.8.2	**Vascular studies: Introduction of contrast medium**								
3563	Direct intravenous for limb	04.00	+			7.400	66.60 (58.40)		
3575	Cut-downs for venography: ADD	04.00	+			11.000	99.10 (86.90)		
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	199.50 (175.00)
6404	CT limb with contrast only	04.00						5.000	199.50 (175.00)
6405	CT limb pre- AND post contrast	04.00						5.000	199.50 (175.00)
6406	CT joint uncontrasted	04.00						5.000	199.50 (175.00)
6407	CT joint with contrast only	04.00						5.000	199.50 (175.00)
6408	CT joint pre AND post contrast	04.00						5.000	199.50 (175.00)
6409	CT brain uncontrasted (including posterior fossa)	04.00						5.000	199.50 (175.00)
6410	CT brain with contrast only (including posterior fossa)	04.00						5.000	199.50 (175.00)
6411	CT brain pre AND post contrast (including posterior fossa)	04.00						5.000	199.50 (175.00)
6412	CT orbits complete study, axial OR coronal, uncontrasted	04.00						5.000	199.50 (175.00)
6413	CT orbits complete study, axial AND coronal, uncontrasted	04.00						5.000	199.50 (175.00)
6414	CT orbits complete study, axial OR coronal pre AND post contrast	04.00						5.000	199.50 (175.00)

6415	CT orbits complete study, axial AND coronal pre AND post contrast	04.00						5.000	199.50 (175.00)
6416	CT paranasal sinuses limited study axial OR coronal	04.00						5.000	199.50 (175.00)
6417	CT paranasal sinuses limited study axial AND coronal	04.00						5.000	199.50 (175.00)
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	04.00						5.000	199.50 (175.00)
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	04.00						5.000	199.50 (175.00)
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	04.00						5.000	199.50 (175.00)
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	04.00						5.000	199.50 (175.00)
6422	CT pituitary fossa, uncontrasted	04.00						5.000	199.50 (175.00)
6423	CT pituitary fossa, pre AND post contrast	04.00						5.000	199.50 (175.00)
6424	CT internal auditory meati, uncontrasted	04.00						5.000	199.50 (175.00)
6425	CT internal audiory meati, pre AND post contrast	04.00						5.000	199.50 (175.00)
6426	CT mastoids	04.00						5.000	199.50 (175.00)
6427	CT ear structures, limited study	04.00						5.000	199.50 (175.00)
6428	CT middle AND inner ear, complete study including reconstructions	04.00						5.000	199.50 (175.00)
6429	CT facial bones	04.00						5.000	199.50 (175.00)
6430	CT neck soft tissue, uncontrasted	04.00						5.000	199.50 (175.00)
6431	CT neck soft tissue with contrast only	04.00						5.000	199.50 (175.00)
6432	CT neck pre AND post contrast	04.00						5.000	199.50 (175.00)
6433	CT cervical spine uncontrasted	04.00						5.000	199.50 (175.00)
6434	CT cervical spine pre AND post contrast	04.00						5.000	199.50 (175.00)
6435	CT cervical spine post myelogram	04.00						5.000	199.50 (175.00)
6436	CT dorsal spine uncontrasted	04.00						5.000	199.50 (175.00)
6437	CT dorsal spine pre AND post contrast	04.00						5.000	199.50 (175.00)

6438	CT dorsal spine post myelogram	04.00						5.000	199.50 (175.00)
6439	CT lumbar spine uncontrasted	04.00						5.000	199.50 (175.00)
6440	CT lumbar spine pre AND post contrast	04.00						5.000	199.50 (175.00)
6441	CT lumbar spine post myelogram	04.00						5.000	199.50 (175.00)
6442	CT pelvimetry (topogram only)	04.00						5.000	199.50 (175.00)
6443	CT chest uncontrasted	04.00						5.000	199.50 (175.00)
6444	CT chest with contrast	04.00						5.000	199.50 (175.00)
6445	CT chest pre AND post contrast	04.00						5.000	199.50 (175.00)
6446	CT chest high resolution lungs, limited study	04.00						5.000	199.50 (175.00)
6447	CT high resolution lungs, complete study	04.00						5.000	199.50 (175.00)
6448	CT abdomen uncontrasted	04.00						5.000	199.50 (175.00)
6449	CT abdomen with contrast	04.00						5.000	199.50 (175.00)
6450	CT abdomen pre AND post contrast	04.00						5.000	199.50 (175.00)
6451	CT abdomen triphasic study	04.00						5.000	199.50 (175.00)
6452	CT pelvis uncontrasted	04.00						5.000	199.50 (175.00)
6453	CT pelvis with contrast	04.00						5.000	199.50 (175.00)
6454	CT pelvis pre AND post contrast	04.00						5.000	199.50 (175.00)
6455	CT abdomen AND pelvis uncontrasted	04.00						5.000	199.50 (175.00)
6456	CT abdomen AND pelvis with contrast	04.00						5.000	199.50 (175.00)
6457	CT abdomen AND pelvis pre AND post contrast	04.00						5.000	199.50 (175.00)
6458	CT chest, abdomen AND pelvis with contrast	04.00						5.000	199.50 (175.00)
6459	CT base of skull to symphysis pubis with contrast	04.00						5.000	199.50 (175.00)
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	199.50 (175.00)
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	04.00						5.000	199.50 (175.00)
6464	CT limited study, any region. Region to be identified on the account	04.00						5.000	199.50 (175.00)
6465	CT guidance for aspiration, biopsy or drainage	04.00						11.000	438.80 (384.90)
6466	CT guidance for aspiration at time of CT diagnostic study	04.00							
6467	CT stereotactic localisation for biopsy	04.00						11.000	438.80 (384.90)
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	199.50 (175.00)
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast	04.00						5.000	199.50 (175.00)
6472	Computer Aided Diagnosis for Mammography	04.00							
19.10	**Radiology: Miscellaneous**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
3594	Mammogram of surgically removed breast biopsy specimen	04.00							
3600	Peripheral bone densitometry utilizing ionizing radiation	04.00		13.000	117.10 (102.70)	13.000	117.10 (102.70)		
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	04.00	+			7.700	69.30 (60.80)		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	04.00				10.700	96.40 (84.60)		
3603	Sinography	04.00				18.400	165.70 (145.40)		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	04.00		77.000	693.40 (608.20)	77.000	693.40 (608.20)		
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	297.20 (260.70)		
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	04.00				21.000	189.10 (165.90)		
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	50.40 (44.20)		
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	360.20 (316.00)	3.000	119.70 (105.00)
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	99.10 (86.90)		
3613	Setting of sterile trays	04.00				3.300	29.70 (26.10)		
5029	Mammotome - stereotaxis: Hand held	04.00							

5034	Fine needle aspiration or biopsy or core biopsy of mamma	04.00				25.000	225.10 (197.50)	6.000	239.40 (210.00)
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	181.80 (159.50)	30.000	181.80 (159.50)		
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	04.00		110.000	666.50 (584.60)	110.000	666.50 (584.60)	5.000	199.50 (175.00)
3612	Ultrasonic bone densitometry	04.00		19.000	115.10 (101.00)	19.000	115.10 (101.00)		
3614	Transvaginal aspiration of ova	04.00		110.000	666.50 (584.60)	110.000	666.50 (584.60)		
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	303.00 (265.80)	50.000	303.00 (265.80)		
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	303.00 (265.80)	50.000	303.00 (265.80)		
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	04.00		40.000	242.40 (212.60)	40.000	242.40 (212.60)		
3619	Intravascular ultrasound imaging assesses the atheroschlerotic 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	181.80 (159.50)	30.000	181.80 (159.50)	9.000	359.10 (315.00)
3620	Cardiac examination plus Doppler colour mapping	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3621	Cardiac examination (MMode)	04.00		25.000	151.50 (132.90)	25.000	151.50 (132.90)		
3622	Cardiac examination: 2 Dimensional	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3623	Cardiac examination + effort	04.00	+	10.000	60.60 (53.20)	10.000	60.60 (53.20)		
3624	Cardiac examinations + contrast	04.00	+	10.000	60.60 (53.20)	10.000	60.60 (53.20)		
3625	Cardiac examinations + doppler	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3626	Cardiac examination + phonocardiography	04.00	+	10.000	60.60 (53.20)	10.000	60.60 (53.20)		
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	363.50 (318.90)	60.000	363.50 (318.90)		
3628	Renal tract	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3631	Ophthalmic examination	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
3633	Neonatal head scan	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		

3634	Peripheral vascular study, B mode only	04.00		39.000	236.30 (207.30)	39.000	236.30 (207.30)		
3635	+ Doppler	04.00		39.000	236.30 (207.30)	39.000	236.30 (207.30)		
3636	Trans-oesophageal echocardiography including passing the device	04.00		100.000	605.90 (531.50)	100.000	605.90 (531.50)		
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	472.60 (414.60)	78.000	472.60 (414.60)		
5026	Ultrasound guided amniocentesis	04.00		39.000	236.30 (207.30)			6.000	239.40 (210.00)
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
5101	Pleural space ultrasound	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
5103	Ultrasound soft tissue, any region	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)		
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	151.50 (132.90)	25.000	151.50 (132.90)		
5107	Ultrasound after 24 weeks - motivation required	04.00		25.000	151.50 (132.90)	25.000	151.50 (132.90)		
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	303.00 (265.80)	50.000	303.00 (265.80)		
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	775.60 (680.40)	120.000	727.10 (637.80)		
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	1248.20 (1094.90)	164.800	998.50 (875.90)		
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	708.90 (621.80)	117.000	708.90 (621.80)		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	04.00		117.000	708.90 (621.80)	117.000	708.90 (621.80)		
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	04.00		178.000	1078.50 (946.10)	142.400	862.80 (756.80)		
5115	Intra-operative ultrasound study	04.00		50.000	303.00 (265.80)	50.000	303.00 (265.80)	3.000	119.70 (105.00)
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	533.20 (467.70)	88.000	533.20 (467.70)		
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 desending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	04.00		44.000	266.60 (233.90)	44.000	266.60 (233.90)		
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	36.35 (31.89)	6.000	36.35 (31.89)		
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	63.00 (55.30)			
3640	Theatre investigations with fixed installation	04.00	+			3.000	27.00 (23.70)			
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	299.00 (262.30)	22.100	199.00 (174.60)			
3642	Repeat of further tracer tests for same investigation: Half of above fee	04.00		16.600	149.50 (131.10)	11.100	100.00 (87.70)			
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	740.20 (649.30)	54.800	493.50 (432.90)			
3645	Other organ scanning with use of relevant radio isotopes	04.00		82.200	740.20 (649.30)	54.800	493.50 (432.90)			
3646	Thyroid scanning	04.00		28.800	259.30 (227.50)	19.200	172.90 (151.70)			
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								
19.14	**Interventional radiological procedures**									
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). 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). 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. 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. 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. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)									04.00
	Note: In regard to multiple examinations see modifier 0080									04.00
5002	Percutaneous transluminal angioplasty: Aortic/IVC	04.00				102.600	923.90 (810.40)	13.000		518.60 (454.90)

5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	04.00				102.600	923.90 (810.40)	13.000	518.60 (454.90)
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	04.00				102.600	923.90 (810.40)	13.000	518.60 (454.90)
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	04.00				139.200	1253.50 (1099.60)	13.000	518.60 (454.90)
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	04.00				139.200	1253.50 (1099.60)	13.000	518.60 (454.90)
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	04.00				172.200	1550.70 (1360.30)	13.000	518.60 (454.90)
5014	Atherectomy (per vessel)	04.00				204.600	1842.40 (1616.10)		
5016	Aspiration thrombectomy (per vessel)	04.00				131.400	1183.30 (1038.00)		
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	04.00				106.800	961.70 (843.60)	5.000	199.50 (175.00)
5022	Embolisation non-intracranial, per vessel	04.00				106.800	961.70 (843.60)	9.000	359.10 (315.00)
5030	Percutaneous nephrostomy for further procedure or drainage	04.00				73.800	664.60 (583.00)	6.000	239.40 (210.00)
5031	Antegrade ureteric stent insertion	04.00				69.600	626.70 (549.70)	6.000	239.40 (210.00)
5033	Percutaneous cystostomy in radiology suite	04.00				30.000	270.20 (237.00)		
5035	Urethral balloon dilatation in radiology suite	04.00				22.800	205.30 (180.10)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	04.00				34.200	308.00 (270.20)		
5037	Urethral stenting in radiology suite	04.00				102.600	923.90 (810.40)		
5038	Intracranial/spinal AVM embolisation (per session)	04.00				335.400	3020.30 (2649.40)	13.000	518.60 (454.90)
5039	Intracranial thrombolysis (on-table) per session	04.00				139.200	1253.50 (1099.60)	13.000	518.60 (454.90)
5040	Intracranial aneurysm occlusion	04.00				286.800	2582.60 (2265.40)	13.000	518.60 (454.90)
5041	Balloon occlusion/Wada test	04.00				106.800	961.70 (843.60)	9.000	359.10 (315.00)
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	06.04				286.800	2582.60 (2265.40)	13.000	518.60 (454.90)
5043	Intracranial angioplasty	04.00				204.600	1842.40 (1616.10)	13.000	518.60 (454.90)
5044	Transhepatic portogram	04.00				139.200	1253.50 (1099.60)	9.000	359.10 (315.00)
5045	Hepatic arterial infusion catheter insertion	04.00				156.000	1404.80 (1232.30)	6.000	239.40 (210.00)

5046	Percutaneous biliary drainage (external)	04.00				102.600	923.90 (810.40)	9.000	359.10 (315.00)
5047	Combined internal/external biliary drainage	04.00				102.600	923.90 (810.40)	9.000	359.10 (315.00)
5048	Biliary stent insertion	04.00				139.200	1253.50 (1099.60)	9.000	359.10 (315.00)
5049	Percutaneous gall bladder drainage	04.00				69.600	626.70 (549.70)	9.000	359.10 (315.00)
5050	Percutaneous or renal gall bladder stone removal	04.00				172.200	1550.70 (1360.30)	5.000	199.50 (175.00)
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1253.50 (1099.60)	13.000	518.60 (454.90)
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1253.50 (1099.60)	13.000	518.60 (454.90)
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1253.50 (1099.60)	13.000	518.60 (454.90)
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	04.00				172.200	1550.70 (1360.30)	13.000	518.60 (454.90)
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	04.00				204.600	1842.40 (1616.10)	13.000	518.60 (454.90)
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	04.00				204.600	1842.40 (1616.10)		
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	04.00				311.400	2804.20 (2459.80)	13.000	518.60 (454.90)
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	04.00				82.200	740.20 (649.30)	5.000	199.50 (175.00)
5074	IVC filter insertion jugular or femoral route	04.00				156.000	1404.80 (1232.30)	9.000	359.10 (315.00)
5076	Intravascular foreign body removal, arterial or venous, any route	04.00				204.600	1842.40 (1616.10)	9.000	359.10 (315.00)
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	04.00				70.200	632.20 (554.60)	5.000	199.50 (175.00)
5080	Transjugular intrahepatic porto-systemic shunt	04.00				335.400	3020.30 (2649.40)	13.000	518.60 (454.90)
5082	Transjugular liver biopsy	04.00				69.600	626.70 (549.70)	9.000	359.10 (315.00)
5084	Endoluminal fallopian tube recanalisation	04.00				172.200	1550.70 (1360.30)	6.000	239.40 (210.00)
5086	Renal cyst aspiration/ablation	04.00				22.800	205.30 (180.10)		
5088	Oesophageal stent insertion in radiology suite	04.00				102.600	923.90 (810.40)	6.000	239.40 (210.00)
5090	Tracheal stent insertion	04.00				102.600	923.90 (810.40)	6.000	239.40 (210.00)
5091	GIT balloon dilatation under fluoroscopy	04.00				66.600	599.70 (526.10)	6.000	239.40 (210.00)

5092	Other GIT stent insertion	04.00				102.600	923.90 (810.40)	6.000	239.40 (210.00)
5093	Percutaneous gastrostomy in radiology suite	04.00				85.800	772.60 (677.70)		
5094	Cutting needle biopsy with image guidance	04.00				22.800	205.30 (180.10)		
5095	Chest drain insertion in radiology suite	04.00				32.400	291.80 (256.00)		
5096	Percutaneous cyst or tumour ablation (non aspiration)	04.00				54.600	491.70 (431.30)		
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level	04.00						13.000	518.60 (454.90)
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
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	2741.20 (2404.60)	5.000	199.50 (175.00)
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)

6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)

6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	04.00				400.000	2741.20 (2404.60)	5.000	199.50 (175.00)
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	479.70 (420.80)	5.000	199.50 (175.00)

20	**Radiation Oncology**	
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST (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.	04.00
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
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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	273.00 (239.50)	42.950	273.00 (239.50)		
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	155.70 (136.60)	24.490	155.70 (136.60)		
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	194.60 (170.70)	30.610	194.60 (170.70)		
	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	1013.80 (889.30)	127.580	811.00 (711.40)		
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	572.30 (502.00)	90.030	572.30 (502.00)		
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	715.40 (627.50)	112.540	715.40 (627.50)		
	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	328.80 (288.40)				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		99.320	767.20 (673.00)				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		56.180	434.00 (380.70)				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		131.100	1012.70 (888.30)				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		76.620	591.90 (519.20)				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		178.770	1381.00 (1211.40)				
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	1315.30 (1153.80)				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		397.270	3068.90 (2692.00)				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		238.360	1841.30 (1615.20)				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		556.180	4296.50 (3768.90)				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		297.950	2301.70 (2019.00)				

5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		695.220	5370.60 (4711.10)				
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	1855.80 (1627.90)				
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	7548.90 (6621.80)				
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	3149.90 (2763.10)				
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	10568.30 (9270.40)				
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	4282.20 (3756.30)				
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	13210.40 (11588.10)				
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	4966.60 (4356.70)				
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	14807.40 (12988.90)				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		232.180	1793.60 (1573.30)				
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		958.400	7403.60 (6494.40)				
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	5819.60 (5104.90)				
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		2174.480	16797.90 (14735.00)				
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	379.10 (332.50)				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	05.01		114.520	884.70 (776.10)				
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	816.80 (716.50)				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		246.730	1906.00 (1671.90)				

5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		148.040	1143.60 (1003.20)				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		345.410	2668.30 (2340.60)				
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		190.330	1470.30 (1289.70)				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	05.01		444.110	3430.70 (3009.40)				
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	1497.60 (1313.70)				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		452.330	3494.20 (3065.10)				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		246.730	1906.00 (1671.90)				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		575.690	4447.20 (3901.10)				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		317.220	2450.50 (2149.60)				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	05.01		740.180	5717.90 (5015.70)				
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	1825.00 (1600.90)				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	05.01		551.210	4258.10 (3735.20)				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		330.730	2554.90 (2241.10)				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		771.710	5961.50 (5229.40)				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	05.03		425.230	3284.90 (2881.50)				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	05.01		992.190	7664.70 (6723.40)				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	05.03		348.870	2695.00 (2364.00)				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	05.01		814.030	6288.40 (5516.10)				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	05.03		826.830	6387.30 (5602.90)				
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	05.01		1929.260	14903.50 (13073.20)				

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	28731.90 (25203.40)				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	05.01		8678.460	67041.10 (58808.00)				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	05.03		4277.240	33041.70 (28983.90)				
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	05.01		9980.230	77097.30 (67629.20)				
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	837.40 (734.60)				
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	1674.80 (1469.10)				
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	4644.00 (4073.70)				
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	1674.80 (1469.10)				
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	6078.00 (5331.60)				
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	8104.10 (7108.90)				
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	4735.70 (4154.10)				
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	3213.30 (2818.70)				
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	7497.60 (6576.80)				
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	1211.00 (1062.30)				

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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3705	Alkali resistant haemoglobin	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	04.00		3.650	26.80 (23.50)	2.450	18.00 (15.80)		
3710	Antibody titration	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
3711	Arneth count	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3712	Antibody identification	04.00		8.450	62.10 (54.50)	5.650	41.50 (36.40)		
3713	Bleeding time (does not include the cost of the simplate device)	04.00		6.940	51.00 (44.70)	4.630	34.00 (29.80)		
3714	Blood volume, dye method	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
3715	Buffy layer examination	04.00		19.900	146.20 (128.20)	13.270	97.50 (85.50)		
3716	Mean Cell Volume	04.00		2.250	-	1.500	-		
3717	Bone marrow cytological examination only	04.00		19.900	146.20 (128.20)	13.270	97.50 (85.50)		
3719	Bone marrow: Aspiration	04.00		8.400	61.70 (54.10)	5.600	41.20 (36.10)		
3720	Bone marrow trephine biopsy	04.00		32.600	239.60 (210.20)	21.700	159.50 (139.90)		
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	04.00		36.800	270.40 (237.20)	24.500	180.10 (158.00)		
3722	Capillary fragility: Hess	04.00		2.020	14.80 (13.00)	1.350	9.92 (8.70)		
3723	Circulating anticoagulants	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		
3724	Coagulation factor inhibitor assay	04.00		57.560	423.00 (371.10)	38.370	282.00 (247.40)		
3726	Activated protein C resistance	04.00		26.000	191.10 (167.60)	17.300	127.10 (111.50)		
3727	Coagulation time	04.00		3.160	23.20 (20.40)	2.110	15.50 (13.60)		
3728	Anti-factor Xa Activity	04.00		53.600	393.90 (345.50)	35.730	262.60 (230.40)		
3729	Cold agglutinins	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3730	Protein S: Functional	04.00		37.500	275.60 (241.80)	25.000	183.70 (161.10)		
3731	Compatibility for blood transfusion	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3732	Cryoglobulin	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3734	Protein C (chromogenic)	04.00		30.290	222.60 (195.30)	20.190	148.40 (130.20)		
3735	Anti-thrombin III (chromogenic)	04.00		22.000	161.70 (141.80)	14.700	108.00 (94.70)		

3736	Plasminogen (chromogenic)	04.00		61.650	453.10 (397.50)	41.100	302.00 (264.90)		
3737	Lupus Russel Viper method	04.00		17.000	124.90 (109.60)	11.300	83.00 (72.80)		
3738	Lupus Kaolin Exner method	04.00		25.000	183.70 (161.10)	16.700	122.70 (107.60)		
3739	Erythrocyte count	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3740	Factors V and VII: Qualitative	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
3741	Coagulation factor assay: Functional	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
3742	Coagulation factor assay: Immunological	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3743	Erythrocyte sedimentation rate	04.00		3.000	22.00 (19.30)	2.000	14.70 (12.90)		
3744	Fibrin stabilizing factor (urea test)	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3746	Fibrin monomers	04.00		2.700	19.80 (17.40)	1.800	13.20 (11.60)		
3748	Plasminogen activator inhibitor (PAI-I)	04.00		65.950	484.70 (425.20)	43.970	323.10 (283.40)		
3750	Tissue plasminogen Activator (tPA)	04.00		67.790	498.20 (437.00)	45.190	332.10 (291.30)		
3751	Osmotic fragility (screen)	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3752	Osmotic fragility test: Quantitative	04.00		10.000	73.50 (64.50)	6.650	48.90 (42.90)		
3753	Osmotic fragility (before and after incubation)	04.00		18.000	132.30 (116.10)	12.000	88.20 (77.40)		
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	77.20 (67.70)	7.000	51.40 (45.10)		
3756	Full cross match	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
3757	Coagulation factors: Quantitative	04.00		32.200	236.60 (207.50)	21.470	157.80 (138.40)		
3758	Factor VIII related antigen	04.00		60.460	444.30 (389.70)	40.310	296.20 (259.80)		
3759	Coagulation factor correction study	04.00		11.720	86.10 (75.50)	7.810	57.40 (50.40)		
3761	Factor XIII related antigen	04.00		61.110	449.10 (393.90)	40.740	299.40 (262.60)		
3762	Haemoglobin estimation	04.00		1.800	13.20 (11.60)	1.200	8.82 (7.74)		
3763	Contact activated product assay	04.00		16.200	119.10 (104.50)	10.800	79.40 (69.60)		
3764	Grouping: A B and O antigens	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3765	Grouping: Rh antigen	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3766	PIVKA	04.00		43.490	319.60 (280.40)	28.990	213.00 (186.80)		
3767	Euglobulin Lysis time	04.00		25.580	188.00 (164.90)	17.050	125.30 (109.90)		
3768	Haemoglobin A2 (column chromatography)	04.00		15.000	110.20 (96.70)	10.000	73.50 (64.50)		
3769	Haemoglobin electrophoresis	04.00		26.820	197.10 (172.90)	17.880	131.40 (115.30)		
3770	Haemoglobin-S (solubility test)	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3771	Factor III-availability test	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		

3772	Haptoglobin: Quantitative	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
3773	Ham's acidified serum test	04.00		8.000	58.80 (51.60)	5.330	39.20 (34.40)		
3775	Heinz bodies	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3776	Haemosiderin in urinary sediment	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3781	Heparin tolerance	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
3783	Leucocyte differential count	04.00		6.200	45.60 (40.00)	4.150	30.50 (26.80)		
3785	Leucocytes: Total count	04.00		1.800	13.20 (11.60)	1.200	8.82 (7.74)		
3786	QBC malaria concentration and fluorescent staining	04.00		25.000	183.70 (161.10)	16.700	122.70 (107.60)		
3787	LE-cells	04.00		8.300	61.00 (53.50)	5.550	40.80 (35.80)		
3789	Neutrophil alkaline phosphatase	04.00		28.000	205.80 (180.50)	18.700	137.40 (120.50)		
3791	Packed cell volume: Haematocrit	04.00		1.800	13.20 (11.60)	1.200	8.82 (7.74)		
3792	Plasmodium falciparum: Monoclonal immunological identification	04.00		9.000	66.10 (58.00)	6.000	44.10 (38.70)		
3793	Plasma haemoglobin	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
3794	Platelet sensitivities	04.00		18.640	137.00 (120.20)	12.430	91.30 (80.10)		
3795	Platelet aggregation per aggregant	04.00		12.140	89.20 (78.20)	8.090	59.50 (52.20)		
3796	Platelet antibodies: Agglutination	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
3797	Platelet count	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3799	Platelet adhesiveness	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3801	Prothrombin consumption	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		
3803	Prothrombin determination (two stages)	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		
3805	Prothrombin index	04.00		6.000	44.10 (38.70)	4.000	29.40 (25.80)		
3806	Therapeutic drug level: Dosage	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3807	Recalcification time	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3809	Reticulocyte count	04.00		3.000	22.00 (19.30)	2.000	14.70 (12.90)		
3810	Schumm's test	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3811	Sickling test	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3814	Sucrose lysis test for PNH	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	04.00		21.100	155.10 (136.10)	14.070	103.40 (90.70)		
3820	Thrombo - Elastogram	04.00		26.000	191.10 (167.60)	17.330	127.40 (111.80)		
3825	Fibrinogen titre	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	04.00		8.000	58.80 (51.60)	5.330	39.20 (34.40)		
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	04.00		16.000	117.60 (103.20)	10.700	78.60 (68.90)		
3832	Red cell pyruvate kinase: Quantitative	04.00		16.000	117.60 (103.20)	10.700	78.60 (68.90)		
3834	Red cell Rhesus phenotype	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3835	Haemoglobin F in blood smear	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		
3837	Partial thromboplastin time	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		
3841	Thrombin time (screen)	04.00		7.160	52.60 (46.10)	4.770	35.10 (30.80)		
3843	Thrombin time (serial)	04.00		7.650	56.20 (49.30)	5.100	37.50 (32.90)		

3847	Haemoglobin H	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3851	Fibrin degeneration products (diffusion plate)	04.00		10.350	76.10 (66.80)	6.900	50.70 (44.50)		
3853	Fibrin degeneration products (latex slide)	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3854	XDP (Dimer test or equivalent latex slide test)	04.00		8.500	62.50 (54.80)	5.670	41.70 (36.60)		
3855	Haemagglutination inhibition	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3856	D-Dimer (quantitative)	04.00		27.520	202.20 (177.40)	18.350	134.90 (118.30)		
3857	Ristocetin Cofactor	04.00		35.530	261.10 (229.00)	23.690	174.10 (152.70)		
3858	Heparin removal	04.00		28.880	212.20 (186.10)	19.250	141.50 (124.10)		
21.2	**Microscopic and miscellaneous tests**								
3863	Autogenous vaccine	04.00		12.600	92.60 (81.20)	8.400	61.70 (54.10)		
3864	Entomological examination	04.00		20.700	152.10 (133.40)	13.800	101.40 (88.90)		
3865	Parasites in blood smear	04.00		5.600	41.20 (36.10)	3.730	27.40 (24.00)		
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	04.00		4.900	36.00 (31.60)	3.300	24.30 (21.30)		
3868	Fungus identification	04.00		8.300	61.00 (53.50)	5.500	40.40 (35.40)		
3869	Faeces (including parasites)	04.00		4.900	36.00 (31.60)	3.270	24.00 (21.10)		
3873	Transmission electron microscopy	04.00		85.000	624.70 (548.00)	57.000	418.90 (367.50)		
3874	Scanning electron microscopy	04.00		100.000	734.90 (644.60)	67.000	492.40 (431.90)		
3875	Inclusion bodies	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3878	Crystal identification polarized light microscopy	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3879	Campylobacter in stool: Fastidious culture	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3880	Antigen detection with polyclonal antibodies	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3881	Mycobacteria	04.00		3.000	22.00 (19.30)	2.000	14.70 (12.90)		
3882	Antigen detection with monoclonal antibodies	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
3883	Concentration techniques for parasites	04.00		3.000	22.00 (19.30)	2.000	14.70 (12.90)		
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	04.00		6.300	46.30 (40.60)	4.200	30.90 (27.10)		
3885	Cytochemical stain	04.00		5.450	40.10 (35.20)	3.650	26.80 (23.50)		
21.3	**Bacteriology**								
3887	Antibiotic susceptibility test: Per organism	04.00		8.000	58.80 (51.60)	5.330	39.20 (34.40)		
3888	Adhesive tape preparation	04.00		2.700	19.80 (17.40)	1.800	13.20 (11.60)		
3889	Clostridium difficile toxin: Monoclonal immunological	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
3890	Antibiotic assay of tissues and fluids	04.00		13.900	102.20 (89.60)	9.270	68.10 (59.70)		
3891	Blood culture: Aerobic	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		
3892	Blood culture: Anaerobic	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		
3893	Bacteriological culture: Miscellaneous	04.00		6.300	46.30 (40.60)	4.200	30.90 (27.10)		
3894	Radiometric blood culture	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
3895	Bacteriological culture: Fastidious organisms	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3896	In vivo culture: Bacteria	04.00		16.000	117.60 (103.20)	10.650	78.30 (68.70)		

3897	In vivo culture: Virus	04.00		16.000	117.60 (103.20)	10.650	78.30 (68.70)		
3898	Bacterial exotoxin production (in vitro assay)	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3899	Bacterial exotoxin production (in vivo assay)	04.00		20.700	152.10 (133.40)	13.800	101.40 (88.90)		
3901	Fungal culture	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3902	Clostridium difficile (cytotoxicity neutralisation)	04.00		30.000	220.50 (193.40)	20.000	147.00 (128.90)		
3903	Antibiotic level: Biological fluids	04.00		11.700	86.00 (75.40)	7.800	57.30 (50.30)		
3904	Rotavirus latex slide test	04.00		5.620	41.30 (36.20)	3.750	27.60 (24.20)		
3905	Identification of virus or rickettsia	04.00		20.700	152.10 (133.40)	13.800	101.40 (88.90)		
3906	Identification: Chlamydia	04.00		16.000	117.60 (103.20)	10.650	78.30 (68.70)		
3907	Culture for staphylococcus aureus	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3908	Anaerobe culture: Comprehensive	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3909	Anaerobe culture: Limited procedure	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3911	Beta-lactamase assay	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3914	Sterility control test: Biological method	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3915	Mycobacterium culture	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3916	Radiometric tuberculosis culture	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
3917	Mycoplasma culture: Limited	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3918	Mycoplasma culture: Comprehensive	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3919	Identification of mycobacterium	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3920	Mycobacterium: Antibiotic sensitivity	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3921	Antibiotic synergistic study	04.00		20.700	152.10 (133.40)	13.800	101.40 (88.90)		
3922	Viable cell count	04.00		1.350	9.92 (8.70)	0.900	6.61 (5.80)		
3923	Biochemical identification of bacterium: Abridged	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
3924	Biochemical identification of bacterium: Extended	04.00		12.500	91.90 (80.60)	8.330	61.20 (53.70)		
3925	Serological identification of bacterium: Abridged	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
3926	Serological identification of bacterium: Extended	04.00		10.200	75.00 (65.80)	6.800	50.00 (43.90)		
3927	Grouping for streptococci	04.00		7.300	53.60 (47.00)	4.850	35.60 (31.20)		
3928	Antimicrobic substances	04.00		3.800	27.90 (24.50)	2.500	18.40 (16.10)		
3929	Radiometric mycobacterium identification	04.00		14.000	102.90 (90.30)	9.300	68.30 (59.90)		
3930	Radiometric mycobacterium antibiotic sensitivity	04.00		25.000	183.70 (161.10)	16.700	122.70 (107.60)		
3931	Helicobacter: Monoclonal immunological	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
4650	Antibiotic MIC per organism per antibiotic	04.00		8.000	58.80 (51.60)	5.330	39.20 (34.40)		
4651	Non-radiometric automated blood cultures	04.00		13.900	102.20 (89.60)	9.270	68.10 (59.70)		
4652	Rapid automated bacterial identification per organism	04.00		15.000	110.20 (96.70)	10.000	73.50 (64.50)		

4653	Rapid automated antibiotic susceptibility per organism	04.00		17.000	124.90 (109.60)	11.330	83.30 (73.10)		
4654	Rapid automated MIC per organism per antibiotic	04.00		17.000	124.90 (109.60)	11.330	83.30 (73.10)		
4655	Mycobacteria: MIC determination - E Test	05.03		16.500	121.30 (106.40)	11.000	80.80 (70.90)		
4656	Mycobacteria: Identification HPLC	05.03		35.000	257.20 (225.60)	23.330	171.50 (150.40)		
4657	Mycobacteria: Liquefied, consentrated, fluorochrome stain	05.03		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
21.4	**Serology**								
3958	Anti Gad/Ia2 Ab	04.00		67.950	499.40 (438.10)	45.300	332.90 (292.00)		
3959	Rose Waaler agglutination test	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3960	Gonococcal, listeria or echinococcus agglutination	04.00		9.500	69.80 (61.20)	6.300	46.30 (40.60)		
3961	Slide agglutination test	04.00		2.630	19.30 (16.90)	1.750	12.90 (11.30)		
3962	Rebuck skin window	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
3963	Serum complement level: Each component	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
3965	Anti Ia2 Antibodies	04.00		36.000	264.60 (232.10)	24.000	176.40 (154.70)		
3966	Anti Gad Antibodies	04.00		36.000	264.60 (232.10)	24.000	176.40 (154.70)		
3967	Auto-antibody: Sensitized erythrocytes	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3968	Herpes virus typing: Monoclonal immunological	04.00		20.690	152.10 (133.40)	13.790	101.30 (88.90)		
3969	Western blot technique	04.00		74.000	543.80 (477.00)	49.000	360.10 (315.90)		
3970	Epstein-Barr virus antibody titer	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	04.00		14.100	103.60 (90.90)	9.400	69.10 (60.60)		
3933	IgE: Total: EMIT or ELISA	04.00		11.700	86.00 (75.40)	7.800	57.30 (50.30)		
3934	Auto antibodies by labelled antibodies	04.00		16.000	117.60 (103.20)	10.650	78.30 (68.70)		
3935	Sperm antibodies	04.00		16.000	117.60 (103.20)	10.650	78.30 (68.70)		
3936	Virus neutralisation test: First antibody	04.00		75.000	551.20 (483.50)	50.000	367.50 (322.40)		
3937	Virus neutralisation test: Each additional antibody	04.00		15.000	110.20 (96.70)	10.000	73.50 (64.50)		
3938	Precipitation test per antigen	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3939	Agglutination test per antigen	04.00		5.500	40.40 (35.40)	3.670	27.00 (23.70)		
3940	Haemagglutination test: Per antigen	04.00		9.900	72.80 (63.90)	6.600	48.50 (42.50)		
3941	Modified Coombs' test for brucellosis	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3942	Hepatitis Rapid Viral Ab	04.00		12.240	90.00 (78.90)	8.160	60.00 (52.60)		
3943	Antibody titer to bacterial exotoxin	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
3945	Complement fixation test	04.00		5.850	43.00 (37.70)	3.900	28.70 (25.20)		

3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	04.00		14.050	103.30 (90.60)	9.370	68.90 (60.40)		
3947	C-reactive protein	04.00		10.840	79.70 (69.90)	7.227	53.10 (46.60)		
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.950	95.20 (83.50)	8.630	63.40 (55.60)		
3949	Qualitative Kahn, VDRL or other flocculation	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3950	Neutrophil phagocytosis	04.00		25.200	185.20 (162.50)	16.800	123.50 (108.30)		
3951	Quantitative Kahn, VDRL or other flocculation	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
3952	Neutrophil chemotaxis	04.00		67.950	499.40 (438.10)	45.300	332.90 (292.00)		
3953	Tube agglutination test	04.00		4.150	30.50 (26.80)	2.760	20.30 (17.80)		
3955	Paul Bunnell: Presumptive	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	04.00		8.500	62.50 (54.80)	5.670	41.70 (36.60)		
3957	Paul Bunnell: Absorption	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
3971	Immuno-diffusion test: Per antigen	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
3972	Respiratory syncytial virus (ELISA technique)	04.00		35.000	257.20 (225.60)	23.000	169.00 (148.20)		
3973	Immuno electrophoresis: Per immune serum	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
3974	Polymerase chain reaction	04.00		75.000	551.20 (483.50)	50.000	367.50 (322.40)		
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	04.00		12.000	88.20 (77.40)	8.000	58.80 (51.60)		
3977	Counter immuno-electrophoresis	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
3978	Lymphocyte transformation	04.00		51.700	379.90 (333.20)	34.500	253.50 (222.40)		
3980	Bilharzia Ag Serum/Urine	04.00		14.500	106.60 (93.50)	9.670	71.10 (62.40)		
3982	Histone Ab	04.00		16.000	117.60 (103.20)	10.670	78.40 (68.80)		
4600	Anti-CCP	05.03		17.460	128.30 (112.50)	11.640	85.50 (75.00)		
4601	Panel typing: Antibody detection: Class I	04.00		36.000	264.60 (232.10)	24.000	176.40 (154.70)		
4602	Panel typing: Antibody detection: Class II	04.00		44.000	323.40 (283.70)	29.300	215.30 (188.90)		
4603	HLA test for specific locus/antigen - serology	04.00		27.000	198.40 (174.00)	18.000	132.30 (116.10)		
4604	HLA typing: Class I - serology	04.00		52.000	382.10 (335.20)	34.700	255.00 (223.70)		
4605	HLA typing: Class II - serology	04.00		52.000	382.10 (335.20)	34.700	255.00 (223.70)		
4606	HLA typing: Class I & II - serology	04.00		90.000	661.40 (580.20)	60.000	440.90 (386.80)		
4607	Cross matching T-cells (per tray)	04.00		18.000	132.30 (116.10)	12.000	88.20 (77.40)		
4608	Cross matching B-cells	04.00		38.000	279.30 (245.00)	25.300	185.90 (163.10)		

4609	Cross matching T- & B-cells	04.00		48.000	352.80 (309.50)	32.000	235.20 (206.30)		
4610	Helicobacter: Pylori antigen test	04.00		34.600	254.30 (223.10)	23.070	169.50 (148.70)		
4611	Erythropoietin	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4612	HTLV I/II	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4613	Anti-Gm1 Antibody Assay	04.00		75.000	551.20 (483.50)	50.000	367.50 (322.40)		
4614	HIV Ab - Rapid Test	04.00		12.000	88.20 (77.40)	8.000	58.80 (51.60)		
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	33.10 (29.00)	3.000	22.00 (19.30)		
3993	Abnormal pigments: Quantitative	04.00		9.000	66.10 (58.00)	6.000	44.10 (38.70)		
3995	Acid phosphate	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
3996	Serum Amyloid A	04.00		8.280	60.80 (53.30)	5.520	40.60 (35.60)		
3997	Acid phosphatase fractionation	04.00		1.800	13.20 (11.60)	1.200	8.82 (7.74)		
3998	Amino acids Quantitative (Post derivatisation HPLC)	04.00		78.120	574.10 (503.60)	52.080	382.70 (335.70)		
3999	Albumin	04.00		4.800	35.30 (31.00)	3.200	23.50 (20.60)		
4000	Alcohol	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
4001	Alkaline phosphatase	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4002	Alkaline phosphatase-iso-enzymes	04.00		11.700	86.00 (75.40)	7.800	57.30 (50.30)		
4003	Ammonia: Enzymatic	04.00		7.710	56.70 (49.70)	5.140	37.80 (33.20)		
4004	Ammonia: Monitor	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4005	Alpha-1-antitrypsin: Total	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
4006	Amylase	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4007	Arsenic in blood, hair or nails	04.00		36.250	266.40 (233.70)	24.170	177.60 (155.80)		
4008	Bilirubin - Reflectance	04.00		4.770	35.10 (30.80)	3.180	23.40 (20.50)		
4009	Bilirubin: Total	04.00		4.770	35.10 (30.80)	3.180	23.40 (20.50)		
4010	Bilirubin: Conjugated	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4011	Breath Hydrogen Test	04.00		21.560	158.40 (138.90)	14.370	105.60 (92.60)		
4012	CSF Nicotinic Acid	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4013	CSF Glutamine	04.00		11.250	82.70 (72.50)	7.500	55.10 (48.30)		
4014	Cadmium: Atomic absorption	04.00		18.120	133.20 (116.80)	12.080	88.80 (77.90)		
4016	Calcium: Ionized	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4017	Calcium: Spectrophotometric	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4018	Calcium: Atomic absorption	04.00		7.250	53.30 (46.80)	4.830	35.50 (31.10)		
4019	Carotene	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		

4020	Carnitine (Total or free) in biological fluid: Each	04.00		11.690	85.90 (75.40)	7.790	57.20 (50.20)		
4021	Carnitine (Total or free) in muscle: Each	04.00		23.380	171.80 (150.70)	15.590	114.60 (100.50)		
4022	Acyl Carnitine	04.00		23.380	171.80 (150.70)	15.590	114.60 (100.50)		
4023	Chloride	04.00		2.590	19.00 (16.70)	1.730	12.70 (11.10)		
4025	Chol/HDL/LDL/Trig	04.00		27.070	198.90 (174.50)	18.050	132.60 (116.30)		
4026	LDL cholesterol (chemical determination)	04.00		6.900	50.70 (44.50)	4.600	33.80 (29.60)		
4027	Cholesterol total	04.00		5.340	39.20 (34.40)	3.560	26.20 (23.00)		
4028	HDL cholesterol	04.00		6.900	50.70 (44.50)	4.600	33.80 (29.60)		
4029	Cholinesterase: Serum or erythrocyte: Each	04.00		7.480	55.00 (48.20)	4.990	36.70 (32.20)		
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	04.00		9.000	66.10 (58.00)	6.000	44.10 (38.70)		
4031	Total CO2	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4032	Creatinine	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4033	CSF-Immunoglobulin G	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4034	C1-Esterase Inhibitor	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4035	CSF-Albumin	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4036	CSF-IgG Index	04.00		22.050	162.00 (142.10)	14.700	108.00 (94.70)		
4038	Glutamic acid	04.00		29.060	213.60 (187.40)	19.370	142.40 (124.90)		
4040	Homocysteine (random)	04.00		15.300	112.40 (98.60)	10.200	75.00 (65.80)		
4041	Homocysteine (after Methionine load)	04.00		18.100	133.00 (116.70)	12.060	88.60 (77.70)		
4042	D-Xylose absorption test: Two hours	04.00		13.150	96.60 (84.70)	8.750	64.30 (56.40)		
4045	Fibrinogen: Quantitative	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
4047	Hollander test	04.00		24.750	181.90 (159.60)	16.500	121.30 (106.40)		
4049	Glucose tolerance test (2 specimens)	04.00		8.970	65.90 (57.80)	5.980	43.90 (38.50)		
4050	Glucose strip-test with photometric reading	04.00		1.800	13.20 (11.60)	1.200	8.82 (7.74)		
4051	Galactose	04.00		11.250	82.70 (72.50)	7.500	55.10 (48.30)		
4052	Glucose tolerance test (3 specimens)	04.00		13.170	96.80 (84.90)	8.780	64.50 (56.60)		
4053	Glucose tolerance test (4 specimens)	04.00		17.370	127.70 (112.00)	11.580	85.10 (74.60)		
4057	Glucose: Quantitative	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4061	Glucose tolerance test (5 specimens)	04.00		21.560	158.40 (138.90)	14.370	105.60 (92.60)		
4062	Galactose-1-phosphate uridyl transferase	04.00		16.000	117.60 (103.20)	10.700	78.60 (68.90)		
4063	Fructosamine	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
4064	HbA1C	06.04		14.250	104.70 (91.80)	9.500	69.80 (61.20)		
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.00		46.880	344.50 (302.20)	31.250	229.70 (201.50)		

4067	Lithium: Flame ionisation	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4068	Lithium: Atomic absorption	04.00		7.480	55.00 (48.20)	4.990	36.70 (32.20)		
4071	Iron	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4073	Iron-binding capacity	04.00		7.650	56.20 (49.30)	5.100	37.50 (32.90)		
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	140.40 (123.20)	12.730	93.60 (82.10)		
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	04.11		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4079	Ketones in plasma: Qualitative	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4081	Drug level-biological fluid: Quantitative	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
4082	Tacrolimus assay	04.00		20.100	147.70 (129.60)	13.400	98.50 (86.40)		
4083	Lysosomal enzyme assay	04.00		36.560	268.70 (235.70)	24.370	179.10 (157.10)		
4084	Thymidine kinase	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4085	Lipase	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4086	Lactate	04.00		16.000	117.60 (103.20)	10.670	78.40 (68.80)		
4091	Lipoprotein electrophoresis	04.00		9.000	66.10 (58.00)	6.000	44.10 (38.70)		
4092	Orosmucoid	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4093	Osmolality: Serum or urine	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4094	Magnesium: Spectrophotometric	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4095	Magnesium: Atomic absorption	04.00		7.250	53.30 (46.80)	4.830	35.50 (31.10)		
4096	Mercury: Atomic absorption	04.00		18.120	133.20 (116.80)	12.080	88.80 (77.90)		
4098	Copper: Atomic absorption	04.00		18.120	133.20 (116.80)	12.080	88.80 (77.90)		
4105	Protein electrophoresis	04.00		9.000	66.10 (58.00)	6.000	44.10 (38.70)		
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	04.00		20.000	147.00 (128.90)	13.200	97.00 (85.10)		
4109	Phosphate	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4111	Phospholipids	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
4113	Potassium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4114	Sodium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4117	Protein: Total	04.00		3.110	22.90 (20.10)	2.070	15.20 (13.30)		
4121	pH, pCO2 or pO2: Each	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4123	Pyruvic acid	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4125	Salicylates	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4126	Secretin-pancreozymin response	04.00		26.100	191.80 (168.20)	17.400	127.90 (112.20)		
4127	Caeruloplasmin	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4128	Phenylalanine: Quantitative	04.00		11.250	82.70 (72.50)	7.500	55.10 (48.30)		
4129	Glutamate dehydrogenase (GDH)	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4130	Aspartate aminotransferase (AST)	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4131	Alanine aminotransferase (ALT)	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		

4132	Creatine kinase (CK)	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4133	Lactate dehidrogenase (LD)	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4134	Gamma glutamyl transferase (GGT)	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4135	Aldolase	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4136	Angiotensin converting enzyme (ACE)	04.00		9.000	66.10 (58.00)	6.000	44.10 (38.70)		
4137	Lactate dehydrogenase isoenzyme	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
4138	CK-MB: Immunoinhibition/precipitation	04.11		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
4139	Adenosine deaminase	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4142	Red cell enzymes: Each	04.00		7.800	57.30 (50.30)	5.200	38.20 (33.50)		
4143	Serum/plasma enzymes	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4144	Transferrin	04.00		11.700	86.00 (75.40)	7.800	57.30 (50.30)		
4146	Lead: Atomic absorption	04.00		15.000	110.20 (96.70)	10.000	73.50 (64.50)		
4147	Triglyceride	04.00		7.930	58.30 (51.10)	5.290	38.90 (34.10)		
4148	Tay - Sachs Study	04.00		36.560	268.70 (235.70)	24.370	179.10 (157.10)		
4149	Red cell magnesium	04.00		11.700	86.00 (75.40)	7.800	57.30 (50.30)		
4151	Urea	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4152	CK-MB: Mass determination: Quantitative (Automated)	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
4153	CK-MB: Mass determination: Quantitative (Not automated)	04.00		17.470	128.40 (112.60)	11.650	85.60 (75.10)		
4154	Myoglobin quantitative: Monoclonal immunological	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
4155	Uric acid	04.00		3.780	27.80 (24.40)	2.520	18.50 (16.20)		
4156	Vitamin D3	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4157	Vitamin A-saturation test	04.00		15.300	112.40 (98.60)	10.200	75.00 (65.80)		
4158	Vitamin E (tocopherol)	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
4159	Vitamin A	04.00		6.300	46.30 (40.60)	4.200	30.90 (27.10)		
4160	Vitamin C (ascorbic acid)	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4161	Troponin isoforms: Each	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4163	Apoprotein AI: Turbidometric method	04.00		8.280	60.80 (53.30)	5.520	40.60 (35.60)		
4165	Apoprotein AII: Turbidometric method	04.00		8.280	60.80 (53.30)	5.520	40.60 (35.60)		
4167	Apoprotein B: Turbidometric method	04.00		8.280	60.80 (53.30)	5.520	40.60 (35.60)		
4170	Lipoprotein (a)(Lp(a)) assay	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4171	Sodium + potassium + chloride + CO2 + urea	04.00		15.840	116.40 (102.10)	10.560	77.60 (68.10)		
4172	ELISA/EMIT technique	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4173	Sirolimus Assay	04.00		78.000	573.20 (502.80)	52.000	382.10 (335.20)		
4181	Quantitative protein estimation: Mancini method	04.00		7.760	57.00 (50.00)	5.170	38.00 (33.30)		
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	04.00		8.280	60.80 (53.30)	5.520	40.60 (35.60)		
4183	Quantitative protein estimation: Labelled antibody	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4184	C-reactive protein (Ultra sensitive)	04.00		11.680	85.80 (75.30)	7.790	57.20 (50.20)		
4185	Lactose	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		

4186	Vitamin B6	04.00		15.300	112.40 (98.60)	10.200	75.00 (65.80)		
4187	Zinc: Atomic absorption	04.00		18.120	133.20 (116.80)	12.080	88.80 (77.90)		
21.7	**Biochemical tests: Urine**								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	04.00		1.500	11.00 (9.65)	1.000	7.35 (6.45)		
4189	Abnormal pigments	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4193	Alkapton test: Homogentisic acid	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4194	Amino acids: Quantitative (Post derivatisation HPLC)	04.00		78.120	574.10 (503.60)	52.080	382.70 (335.70)		
4195	Amino laevulinic acid	04.00		18.000	132.30 (116.10)	12.000	88.20 (77.40)		
4197	Amylase	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4198	Arsenic	04.00		18.120	133.20 (116.80)	12.080	88.80 (77.90)		
4199	Ascorbic acid	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4201	Bence-Jones protein	04.00		2.700	19.80 (17.40)	1.800	13.20 (11.60)		
4203	Phenol	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
4204	Calcium: Atomic absorption	04.00		7.250	53.30 (46.80)	4.830	35.50 (31.10)		
4205	Calcium: Spectrophotometric	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4206	Calcium: Absorption and excretion studies	04.00		25.000	183.70 (161.10)	16.700	122.70 (107.60)		
4209	Lead: Atomic absorption	04.00		15.000	110.20 (96.70)	10.000	73.50 (64.50)		
4210	Urine collagen telopeptides	04.00		36.500	268.20 (235.30)	24.330	178.80 (156.80)		
4211	Bile pigments: Qualitative	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4213	Protein: Quantitative	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4216	Mucopolysaccharides: Qualitative	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
4217	Oxalate	04.00		9.380	68.90 (60.40)	6.250	45.90 (40.30)		
4218	Glucose: Quantitative	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4219	Steroids: Chromatography (each)	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
4220	Klinolab Newborn Screen	04.00		36.560	268.70 (235.70)	24.370	179.10 (157.10)		
4221	Creatinine	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4223	Creatinine clearance	04.00		7.650	56.20 (49.30)	5.100	37.50 (32.90)		
4227	Electrophoresis: Qualitative	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4228	Fetal Lung Maturity	04.00		36.560	268.70 (235.70)	24.370	179.10 (157.10)		
4229	Uric acid clearance	04.00		7.650	56.20 (49.30)	5.100	37.50 (32.90)		
4230	Urine/Fluid - Specific Gravity	04.00		0.900	6.61 (5.80)	0.600	4.41 (3.87)		
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	275.60 (241.80)	25.000	183.70 (161.10)		
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	343.90 (301.70)	31.200	229.30 (201.10)		

4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	275.60 (241.80)	25.000	183.70 (161.10)		
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	343.90 (301.70)	31.200	229.30 (201.10)		
4237	5-Hydroxy-indole-acetic acid: Screen test	04.00		2.700	19.80 (17.40)	1.800	13.20 (11.60)		
4238	5HIAA (Hplc)	04.00		78.120	574.10 (503.60)	52.080	382.70 (335.70)		
4239	5-Hydroxy-indole-acetic acid: Quantitative	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4247	Ketones: Excluding dip-stick method	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4248	Reducing substances	04.00		1.800	13.20 (11.60)	1.200	8.82 (7.74)		
4251	Metanephrines: Column chromatography	04.00		22.050	162.00 (142.10)	14.700	108.00 (94.70)		
4252	Metanephrine (Hplc)	04.00		78.120	574.10 (503.60)	52.080	382.70 (335.70)		
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	04.00		27.000	198.40 (174.00)	18.000	132.30 (116.10)		
4254	Nitrosonaphtol test for tyrosine	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4255	Orotic Acid - Urine	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4256	Very long Chain Fatty Acids	04.00		129.380	950.80 (834.00)	86.250	633.90 (556.10)		
4261	Micro Albumin: Quantitative	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4262	Micro Albumin: Qualitative	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4263	pH: Excluding dip-stick method	04.00		0.900	6.61 (5.80)	0.600	4.41 (3.87)		
4265	Thin layer chromatography: One way	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4266	Thin layer chromatography: Two way	04.00		11.250	82.70 (72.50)	7.500	55.10 (48.30)		
4267	Total organic matter screen: Infrared	04.00		31.250	229.70 (201.50)	20.830	153.10 (134.30)		
4268	Organic acids: Quantitative: GCMS	04.00		109.380	803.80 (705.10)	72.920	535.90 (470.10)		
4269	Phenylpyruvic acid: Ferric chloride	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4270	Chromium Total Urine	04.00		18.120	133.20 (116.80)	12.080	88.80 (77.90)		
4271	Phosphate excretion index	04.00		22.050	162.00 (142.10)	14.700	108.00 (94.70)		
4272	Porphobilinogen qualitative screen: Urine	04.00		5.000	36.70 (32.20)	3.330	24.50 (21.50)		
4273	Porphobilinogen/ALA: Quantitative each	04.00		15.000	110.20 (96.70)	10.000	73.50 (64.50)		
4283	Magnesium: Spectrophotometric	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4284	Magnesium: Atomic absorption	04.00		7.250	53.30 (46.80)	4.830	35.50 (31.10)		
4285	Identification of carbohydrate	04.00		7.650	56.20 (49.30)	5.100	37.50 (32.90)		
4287	Identification of drug: Qualitative	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4288	Identification of drug: Quantitative	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
4293	Urea clearance	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4297	Copper: Spectrophotometric	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4298	Copper: Atomic absorption	04.00		18.120	133.20 (116.80)	12.080	88.80 (77.90)		

4300	Indican or indole: Qualitative	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
4301	Chloride	04.00		2.590	19.00 (16.70)	1.730	12.70 (11.10)		
4307	Ammonium chloride loading test	04.00		22.050	162.00 (142.10)	14.700	108.00 (94.70)		
4309	Urobilinogen: Quantitative	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4313	Phosphates	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4315	Potassium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4316	Sodium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4319	Urea	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4321	Uric acid	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4322	Fluoride	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4323	Total protein and protein electrophoresis	04.00		11.250	82.70 (72.50)	7.500	55.10 (48.30)		
4325	VMA: Quantitative	04.00		11.250	82.70 (72.50)	7.500	55.10 (48.30)		
4326	Catecholamines (HPLC)	04.00		78.120	574.10 (503.60)	52.080	382.70 (335.70)		
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.11		46.880	344.50 (302.20)	31.250	229.70 (201.50)		
4328	Immunoglobulin D	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4335	Cystine: Quantitative	04.00		12.600	92.60 (81.20)	8.400	61.70 (54.10)		
4336	Dinitrophenol hydrazine test: Ketoacids	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4337	Hydroxyproline: Quantitative	04.00		18.900	138.90 (121.80)	12.600	92.60 (81.20)		
21.8	**Biochemical tests: Faeces**								
4339	Chloride	04.00		2.590	19.00 (16.70)	1.730	12.70 (11.10)		
4343	Fat: Qualitative	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
4345	Fat: Quantitative	04.00		22.050	162.00 (142.10)	14.700	108.00 (94.70)		
4347	Ph	04.00		0.900	6.61 (5.80)	0.600	4.41 (3.87)		
4351	Occult blood: Chemical test	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4352	Occult blood: Monoclonal antibodies	04.00		10.000	73.50 (64.50)	6.670	49.00 (43.00)		
4357	Potassium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4358	Sodium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4359	Secretory IgA	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4361	Stercobilin	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4362	Elastase quantitative ELISA	04.00		47.000	345.40 (303.00)	31.330	230.20 (201.90)		
4363	Stercobilinogen: Quantitative	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4364	Chymotrypsin determination: Enzymatic	04.00		7.470	54.90 (48.20)	4.980	36.60 (32.10)		
21.9	**Biochemical tests: Miscellaneous**								
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	04.00		5.000	36.70 (32.20)	3.330	24.50 (21.50)		
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		

4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	04.00		30.000	220.50 (193.40)	20.000	147.00 (128.90)		
4370	Drug level in biological fluid: Monoclonal immunological	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
4371	Amylase in exudate	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
4372	Fluoride in biological fluids and water	04.00		15.620	114.80 (100.70)	10.410	76.50 (67.10)		
4373	Breast milk analysis	04.00		6.750	49.60 (43.50)	4.500	33.10 (29.00)		
4374	Trace metals in biological fluid: Atomic absorption	04.00		18.130	133.20 (116.80)	12.090	88.80 (77.90)		
4375	Calcium in fluid: Spectrophotometric	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4376	Calcium in fluid: Atomic absorption	04.00		7.250	53.30 (46.80)	4.830	35.50 (31.10)		
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	04.11		21.880	160.80 (141.10)	14.590	107.20 (94.00)		
4378	Urea breath test	04.00		58.000	426.20 (373.90)	38.670	284.20 (249.30)		
4380	Lecithin in amniotic fluid: L/S ratio	04.00		27.000	198.40 (174.00)	18.000	132.30 (116.10)		
4381	Lamellar body count in amniotic fluid	04.00		10.000	73.50 (64.50)	6.700	49.20 (43.20)		
4382	Bilirubin in amniotic fluid: Spectrophotometric essay	04.00		9.450	69.40 (60.90)	6.300	46.30 (40.60)		
4386	Oestrogen/Progesterone receptors: Fluorescent method	04.00		20.700	152.10 (133.40)	13.800	101.40 (88.90)		
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	04.00		230.000	1690.30 (1482.70)	153.000	1124.40 (986.30)		
4388	Gastric contents: Maximal stimulation test	04.00		27.000	198.40 (174.00)	18.000	132.30 (116.10)		
4389	Gastric fluid: Total acid per specimen	04.00		2.250	16.50 (14.50)	1.500	11.00 (9.65)		
4390	Foam test: Amniotic fluid	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
4391	Renal calculus: Chemistry	04.00		5.400	39.70 (34.80)	3.600	26.50 (23.20)		
4392	Renal calculus: Crystallography	04.00		16.250	119.40 (104.70)	10.800	79.40 (69.60)		
4393	Saliva: Potassium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4394	Saliva: Sodium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4395	Sweat: Sodium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4396	Sweat: Potassium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4397	Sweat: Chloride	04.00		2.590	19.00 (16.70)	1.730	12.70 (11.10)		
4399	Sweat collection by iontophoresis (excluding collection material)	04.00		4.500	33.10 (29.00)	3.000	22.00 (19.30)		
4400	Tryptophane loading test	04.00		22.050	162.00 (142.10)	14.700	108.00 (94.70)		
21.10	**Cerebrospinal fluid**								
4401	Cell count	04.00		3.450	25.40 (22.30)	2.300	16.90 (14.80)		
4407	Cell count, protein, glucose and chloride	04.00		7.650	56.20 (49.30)	5.100	37.50 (32.90)		
4409	Chloride	04.00		2.590	19.00 (16.70)	1.730	12.70 (11.10)		
4415	Potassium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4416	Sodium	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4417	Protein: Qualitative	04.00		0.900	6.61 (5.80)	0.600	4.41 (3.87)		

4419	Protein: Quantitative	04.00		3.110	22.90 (20.10)	2.070	15.20 (13.30)		
4421	Glucose	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4423	Urea	04.00		3.620	26.60 (23.30)	2.410	17.70 (15.50)		
4425	Protein electrophoresis	04.00		12.600	92.60 (81.20)	8.400	61.70 (54.10)		
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	264.60 (232.10)	24.000	176.40 (154.70)		
4426	HLA typing low resolution Class I DNA-PCR per locus	04.00		100.000	734.90 (644.60)	67.000	492.40 (431.90)		
4427	HLA typing low resolution Class II DNA-PCR per locus	04.00		74.000	543.80 (477.00)	49.300	362.30 (317.80)		
4428	HLA typing high resolution Class I or II DNA-PCR per locus	04.00		66.000	485.00 (425.40)	44.000	323.40 (283.70)		
4429	Quantitative PCR (DNA/RNA)	04.00		84.300	619.50 (543.40)	56.200	413.00 (362.30)		
4430	Recombinant DNA technique	04.00		25.000	183.70 (161.10)	16.670	122.50 (107.50)		
4431	Ribosomal RNA targeting for bacteriological identification	04.00		35.000	257.20 (225.60)	23.330	171.50 (150.40)		
4432	Ribosomal RNA amplification for bacteriological identification	04.00		75.000	551.20 (483.50)	50.000	367.50 (322.40)		
4433	Bacteriological DNA identification (LCR)	04.00		25.000	183.70 (161.10)	16.670	122.50 (107.50)		
4434	Bacteriological DNA identification (PCR)	04.00		75.000	551.20 (483.50)	50.000	367.50 (322.40)		
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	05.03		150.000	1102.40 (967.00)	100.000	734.90 (644.60)		
21.11.2	**RNA/DNA based tests and andrology: Andrology**								
4435	Mixed antiglobulin reaction: Semen	04.00		6.600	48.50 (42.50)	4.400	32.30 (28.30)		
4436	Friberg test: Semen	04.00		14.500	106.60 (93.50)	9.670	71.10 (62.40)		
4437	Kremer test: Semen	04.00		3.600	26.50 (23.20)	2.400	17.60 (15.40)		
4440	Semen analysis: Cell count	04.00		7.650	56.20 (49.30)	5.100	37.50 (32.90)		
4441	Semen analysis: Cytology	04.00		7.200	52.90 (46.40)	4.800	35.30 (31.00)		
4442	Semen analysis: Viability + motility - 6 hours	04.00		6.000	44.10 (38.70)	4.000	29.40 (25.80)		
4443	Semen analysis: Supravital stain	04.00		5.440	40.00 (35.10)	3.630	26.70 (23.40)		
4445	Seminal fluid: Alpha glucosidase	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4446	Seminal fluid fructose	04.00		3.150	23.10 (20.30)	2.100	15.40 (13.50)		
4447	Seminal fluid: Acid phosphatase	04.00		5.180	38.10 (33.40)	3.450	25.40 (22.30)		
21.12	**Immunology**								
4448	HCG: Latex agglutination: Qualitative (side room)	04.00		4.000	29.40 (25.80)	2.670	19.60 (17.20)		
4449	HCG: Latex agglutination: Semi-quantitative (side room)	04.00		9.310	68.40 (60.00)	6.210	45.60 (40.00)		

4450	HCG: Monoclonal immunological: Qualitative	04.00		10.000	73.50 (64.50)	6.670	49.00 (43.00)		
4451	HCG: Monoclonal immunological: Quantitative	04.00		12.400	91.10 (79.90)	8.270	60.80 (53.30)		
4452	Bone Specific Alk Phosphatase	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4455	Anti IgE receptor antibody test (10 samples and dilution)	04.00		161.560	1187.30 (1041.50)	107.710	791.60 (694.40)		
4456	Eosinophil cationic protein	04.00		27.810	204.40 (179.30)	18.540	136.30 (119.60)		
4457	Mast cell tryptase	04.00		96.870	711.90 (624.50)	64.580	474.60 (416.30)		
4458	Micro-albuminuria: Radio-isotope method	04.00		12.420	91.30 (80.10)	8.300	61.00 (53.50)		
4459	Acetyl choline receptor antibody	04.00		158.120	1162.00 (1019.30)	105.410	774.70 (679.60)		
4460	CA-199 tumour marker	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4461	Nuclear Matrix Protein 22	04.00		35.000	257.20 (225.60)	23.330	171.50 (150.40)		
4462	CA-125 tumour marker	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4463	C6 complement functional essay	04.00		45.000	330.70 (290.10)	30.000	220.50 (193.40)		
4464	House dust mite antigen ELIZA	04.00		20.310	149.30 (131.00)	13.540	99.50 (87.30)		
4466	Beta-2-microglobulin	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4467	Chromograqnin A	04.00		47.000	345.40 (303.00)	31.330	230.20 (201.90)		
4468	CA-549	04.00		20.000	147.00 (128.90)	13.300	97.70 (85.70)		
4469	Tumour markers: Monoclonal immunological (each)	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4470	CA-195 tumour marker	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4471	Carcino-embryonic antigen	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4472	MCA antigen tumour marker	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4473	TSH Receptor Ab	04.00		17.480	128.50 (112.70)	11.650	85.60 (75.10)		
4474	Cast Per Allergen	04.00		27.810	204.40 (179.30)	18.540	136.30 (119.60)		
4475	CA-724	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4476	Neopterin	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4477	Neuron specific enolase	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		

4478	Osteocalcin	04.00		31.400	230.80 (202.50)	20.930	153.80 (134.90)		
4479	Vitamin B12-absorption: Shilling test	04.00		11.700	86.00 (75.40)	7.800	57.30 (50.30)		
4480	Serotonin	04.00		18.750	137.80 (120.90)	12.500	91.90 (80.60)		
4482	Free thyroxine (FT4)	04.00		17.480	128.50 (112.70)	11.650	85.60 (75.10)		
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	04.00		37.080	272.50 (239.00)	24.720	181.70 (159.40)		
4485	Insulin	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4486	C-Peptide	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4487	Calcitonin	04.00		18.900	138.90 (121.80)	12.600	92.60 (81.20)		
4488	B-Type Natriuretic Peptide	04.00		47.040	345.70 (303.20)	31.360	230.50 (202.20)		
4490	Releasing hormone response	04.00		50.000	367.50 (322.40)	33.350	245.10 (215.00)		
4491	Vitamin B12	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4492	Vitamin D3: Calcitroil (RIA)	04.00		75.000	551.20 (483.50)	50.000	367.50 (322.40)		
4493	Drug concentration: Quantitative	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4494	Free hormone assay	04.00		17.480	128.50 (112.70)	11.650	85.60 (75.10)		
4495	Growth hormone	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4496	Hormone concentration: Quantitative	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4497	Carbohydrate deficient transferrin	04.00		29.060	213.60 (187.40)	19.370	142.40 (124.90)		
4499	Cortisol	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4500	DHEA sulphate	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4501	Testosterone	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4502	Free testosterone	04.00		17.480	128.50 (112.70)	11.650	85.60 (75.10)		
4503	Oestradiol	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4505	Oestriol	04.00		10.800	79.40 (69.60)	7.200	52.90 (46.40)		
4506	Multiple antigen specific IgE screening test for Atopy	04.00		37.260	273.80 (240.20)	24.800	182.30 (159.90)		
4507	Thyrotropin (TSH)	04.00		19.600	144.00 (126.30)	13.070	96.10 (84.30)		
4508	Combined antigen specific IgE	04.00		24.480	179.90 (157.80)	16.600	122.00 (107.00)		
4509	Free tri-iodothyronine (FT3)	04.00		17.480	128.50 (112.70)	11.650	85.60 (75.10)		
4511	Renin activity	04.00		18.900	138.90 (121.80)	12.600	92.60 (81.20)		
4512	Parathormone	04.00		17.080	125.50 (110.10)	11.390	83.70 (73.40)		

4513	IgE: Total	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4514	Antigen specific IgE	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4515	Aldosterone	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4516	Follitropin (FSH)	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4517	Lutropin (LH)	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4518	Soluble transferrin receptor	04.00		11.250	82.70 (72.50)	7.500	55.10 (48.30)		
4519	Prostate specific antigen	04.00		14.490	106.50 (93.40)	9.660	71.00 (62.30)		
4520	17 Hydroxy progesterone	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4521	Progesterone	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4522	Alpha-feto protein	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4523	ACTH	04.00		21.740	159.80 (140.20)	14.490	106.50 (93.40)		
4524	Free PSA	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4526	Sex hormone binding globulin	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4527	Gastrin	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4528	Ferritin	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4529	Anti-DNA antibodies	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4530	Antiplatelet antibodies	04.00		15.300	112.40 (98.60)	10.200	75.00 (65.80)		
4531	Hepatitis: Per antigen or antibody	04.00		14.490	106.50 (93.40)	9.660	71.00 (62.30)		
4532	Transcobalamine	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4533	Folic acid	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4534	Prostatic acid phosphatase	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4536	Erythrocyte folate	04.00		17.480	128.50 (112.70)	11.650	85.60 (75.10)		
4537	Prolactin	04.00		12.420	91.30 (80.10)	8.280	60.80 (53.30)		
4538	Procalcitonin: Semi-quantitative	04.00		32.000	235.20 (206.30)	21.330	156.80 (137.50)		
4539	Procalcitonin: Quantitative	04.00		46.000	338.10 (296.60)	30.670	225.40 (197.70)		
4540	HCG: Quantitative as used for Down's screen	04.00		15.000	110.20 (96.70)	10.000	73.50 (64.50)		
4546	First trimester Downs screen	04.00		53.500	393.20 (344.90)	35.670	262.10 (229.90)		
4552	Second Trimester Down's screen	04.00		33.620	247.10 (216.80)	22.410	164.70 (144.50)		
4553	Thyroglubulin	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
4554	SCC marker	04.00		20.000	147.00 (128.90)	13.330	98.00 (86.00)		
21.13	**Clinical pathology: Miscellaneous**								
4544	Attendance in theatre	04.00		27.000	198.40 (174.00)				

4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.	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							
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**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
4561	Sputum, all body fluids and tumour aspirates: First unit	04.00		13.400	113.60 (99.60)	8.900	75.40 (66.10)		
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	04.00		7.800	66.10 (58.00)	5.200	44.10 (38.70)		
4564	Performance of fine-needle aspiration for cytology	04.00		15.000	127.10 (111.50)				
4565	Examination of fine needle aspiration in theatre	04.00		90.000	762.80 (669.10)	60.000	508.50 (446.10)		
4566	Vaginal or cervical smears, each	04.00		11.000	93.20 (81.80)	7.000	59.30 (52.00)		
22.2	**Histology**								
4567	Histology per sample	04.00		20.000	160.50 (140.80)	13.300	106.70 (93.60)		
4571	Histology per additional block, each	04.00		11.600	93.10 (81.70)	7.700	61.80 (54.20)		
4575	Histology and frozen section in laboratory	04.00		22.700	182.10 (159.70)	15.100	121.10 (106.20)		
4577	Histology and frozen section in theatre	04.00		90.000	722.10 (633.40)	60.000	481.40 (422.30)		
4578	Second and subsequent frozen sections, each	04.00		20.000	160.50 (140.80)	13.400	107.50 (94.30)		
4579	Attendance in theatre - no frozen section performed	04.00		45.000	361.00 (316.70)	30.000	240.70 (211.10)		
4582	Serial step sections (including item 4567)	04.00		23.300	186.90 (163.90)	15.600	125.20 (109.80)		
4584	Serial step sections per additional block, each	04.00		13.500	108.30 (95.00)	9.000	72.20 (63.30)		
4587	Histology consultation	04.00		10.100	81.00 (71.10)	6.700	53.80 (47.20)		
4589	Special stains	04.00		6.700	53.80 (47.20)	4.500	36.10 (31.70)		
4591	Immunofluorescence studies	04.00		20.700	166.10 (145.70)	13.800	110.70 (97.10)		

4592	Immunoperoxidase studies	04.00		40.000	320.90 (281.50)	26.670	214.00 (187.70)		
4593	Electron microscopy	04.00		94.000	754.20 (661.60)	63.000	505.40 (443.30)		
4595	Foetal autopsy excluding histology	04.00		73.000	585.70 (513.80)	48.670	390.50 (342.50)		
23	**Human Genetics**								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								04.00
23.1	**Cytogenitc**								
Code	**Description**	**Ver**	**Add**	**Specialists**		**General Practitioners / non-designated Specialists**		**Anaesthesiology**	
				RVU	**Fee**	**RVU**	**Fee**	**RVU**	**Fee**
4750	Cell culture: Lymphocytes, cord blood	04.00		15.000	112.90 (99.00)	15.000	112.90 (99.00)		
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	04.00		45.000	338.70 (297.10)	45.000	338.70 (297.10)		
4752	Cell culture: Chorionic villi	04.00		60.000	451.60 (396.10)	60.000	451.60 (396.10)		
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	04.00		135.000	1016.10 (891.30)	135.000	1016.10 (891.30)		
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukamia bloods: Idiograms, karyotyping, one straining technique	04.00		270.000	2032.30 (1782.70)	270.000	2032.30 (1782.70)		
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	04.00		70.000	526.90 (462.20)	70.000	526.90 (462.20)		
4760	FISH procedure, including cell culture	04.00		115.000	865.60 (759.30)	115.000	865.60 (759.30)		
4761	FISH analysis per probe system	04.00		35.000	263.40 (231.10)	35.000	263.40 (231.10)		
23.2	**DNA-testing**								
4763	Blood: DNA extraction	04.00		45.000	338.70 (297.10)	45.000	338.70 (297.10)		
4764	Blood: Genotype per person: Southern blotting	04.00		89.000	669.90 (587.60)	89.000	669.90 (587.60)		
4765	Blood: Genotype per person: PCR	04.00		60.000	451.60 (396.10)	60.000	451.60 (396.10)		
4766	HIV Drug Resistance Testing	04.00		513.000	3861.40 (3387.20)	342.000	2574.20 (2258.10)		
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	04.00		90.000	677.40 (594.20)	90.000	677.40 (594.20)		
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	04.00		188.000	1415.10 (1241.30)	188.000	1415.10 (1241.30)		
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	04.00		120.000	903.20 (792.30)	120.000	903.20 (792.30)		

IV.	**Travelling Expenses**									
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.									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	114.40 (100.40)					
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	04.00				18.000	114.40 (100.40)			
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them	04.00								
V.	**LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED**									

Modifier 0004 is not applicable to the following sections: 04.00

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

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

II	REMUNERATION FOR SUPPLIES, MATERIALS AND SPECIAL MEDICINE USED IN TREATMENT
0202	Setting of sterile tray
1.	INJECTIONS, INFUSIONS AND INHALATION SEDATION
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof
0204	Inhalation sedation: Per additional quarter-hour or part thereof
0206	Intravenous infusions (push-in), patients over two years: Insertion of cannula. Chargeable once per 24 hours
0208	Therapeutic venesection (not to be used when blood is drawn for the purpose of laboratory investigations)
0213	Chemotherapy: Intramuscular or subcutaneous: Per injection
0214	Chemotherapy: Intravenous bolus technique: Per injection
0215	Chemotherapy: Intravenous infusion technique: Per injection
2.	INTEGUMENTARY SYSTEM
0217	Allergy: First patch
0219	Allergy: Each additional patch

0222	Skin: Intralesional Injection: Single
0223	Skin: Intralesional Injection: Multiple
0225	Skin: Epilation: per session
0227	Skin: Special treatment of severe acne cases, including draining of cysts, expressing of comedomes and/or steaming, abrasive cleaning of skin and UVR per session
0228	Skin: PUVA treatment: Maximum of 21 treatments
0229	Skin: PUVA: Follow-up or maintenance once a week
0230	Skin: UVR treatment
0231	Skin: UVR follow-up: For use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp
0233	Skin: Biopsy without suturing: First lesion
0234	Skin: Biopsy without suturing: Subsequent lesions
0235	Skin: Biopsy without suturing: Maximum for multiple additional lesions
0237	Skin: Deep skin biopsy by surgical incision with local anaesthetic and suturing
0241	Skin: Treatment of benign skin lesion by chemo-cryotherapy: First lesion
0242	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesion
0243	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions
0244	Skin: Repair of nail bed
0245	Skin: Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesio
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	
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
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 bronchodialator, (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	
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
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 haemorroids: 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-opague material for cystography or urethrocystography
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)
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
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
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)
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 opthalmoscope
3005	Endothelial cell count
3006	Keratometry
3007	Potential acuity measurement
3008	Contrast sensitivity test
3010	Orthoptic consultation
3011	Orthoptic subsequent sessions
3012	Pre-surgical retinal examination before retinal surgery
3013	Ocular motility assessment: Comprehensive examination
3014	Tonometry: Per test with maximum of 2 tests for provocative tonometry(one or both eyes)
3015	Charting of visual field with manual perimeter
3016	Retinal threshold test without storage facilities
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs
3018	Retinal threshold trend evaluation (additional to item 3017)
3019	Ocular muscle function with Hess screen or perimeter
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations

3022	Digital fluorescein video angiography
3023	Digital indocyanine video angiography
3025	Electronic tonography
3027	Fundus photography
3029	Anterior segment microphotography
3032	Eyelid and orbit photography
3033	Interpretation of item 3031 referred by other clinician
3034	Determination of lens implant power per eye
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)
3060	Use of own surgical microscope for surgery or examination (not for slitlamp microscope) (for use by ophthalmologists only)
3074	Adjustment of sutures if not done at the time of operation (additional fee for sterile tray - see item 0202)
3089	Subconjunctival injection if not done at time of operation
3091	Retrobulbar injection if not done at time of operation
3092	External laser treatment for superficial
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for 1 year
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included
3117	Cornea: Removal of foreign body: On the basis of fee per consultation
3118	Curettage of cornea after removal of foreign body
3119	Cornea: Tattooing
3124	Removal of corneal stitches under microscope (maximum of 2 procedures) Additional fee for sterile tray (see item 0202)
3127	Cauterization of cornea (by chemical, thermal or cryotherapy methods)
3141	Sealing of punctum
3143	Three-snip operation
3163	Excision of superficial lid tumour
3167	Diathermy to wart on lid margin
3169	Electrolysis of any number of eyelashes
3171	Excision of meibomian cyst
3174	Botulinum toxin injection for blefarospasm

3177	Entropion or ectropion by: Cautery	
3192	If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R11.10 per minute may be charged	
3198	Excimer laser: Hire fee	
3201	Laser apparatus: Hire fee for one or both eyes done in one sitting	
3202	Phako emulsification apparatus: Hire fee	
3203	Vitrectomy apparatus: Hire fee	
17.	EAR	
3204	External ear canal: Removal of foreign body at rooms	
3206	Microscopic examination of tympanic membrane including microsuction	
3210	Microscope instrument fee used in consulting rooms	
3260	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	
3223	Percutaneous stimulation of the facial nerve	
3224	Electroneurography (ENOG)	
2693	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels: Unilateral	
2694	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels: Bilateral	
2695	Audiology 40Hz response: unilateral	
2696	Audiology 40Hz response: Bilateral	
2697	Mid- and long latency auditory evoked potentials: unilateral	
2698	Mid- and long latency auditory evoked potentials: Bilateral	
3250	Otoacoustic emission (high risk patients only)	
3251	Minimal caloric test (excluding consultation fee)	
3252	Bithermal Halpike caloric test (excluding consultation fee)	
3253	Electro-nystagmography for spontaneous and positional nystagmus	
3254	Video nystagmoscopy (monocular)	
3255	Caloric test done with electro-nystagmography	
3256	Video nystagmoscopy (binocular)	
3273	Pure tone audiometry (air conduction)	
3274	Pure tone audiometry (bone conduction)	
3275	Impedance audiometry (tympanometry)	
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	

3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)	
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	
2691	Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral	
2692	Bilateral.	
18.	PHYSICAL TREATMENT	
3279	Domiciliary or nursing/home treatment (only applicable where a patient is physically incapable of attending rooms, and equipment has to be transported to patient	
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	
3281	Ultrasonic therapy	
3282	Shortwave diathermy	
3284	Sensory nerve conduction studies	
3285	Motor nerve conduction studies	
3287	Spinal joint and ligament injection	
3289	Multiple injections: First joint	
3290	Multiple injections: Each additional joint	
3291	Tendon or ligament injection	
3292	Aspiration of joint or inter-articular injection	
3293	Aspiration or injection of bursa or ganglion	
3294	Paracervical nerve block	
3295	Paravertebral root block: Unilateral	
3296	Paravertebral root block: Bilateral	
3297	Manipulation of spine performed by a specialist in Physical Medicine	
3298	Spinal traction	
3300	Manipulation of large joints without anaesthetic	
3301	Muscle fatigue studies	
3302	Strength duration curve per session	
3303	Electromyography	
3304	All other physical treatment: specify treatment	
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 atheroschlerotic process to guide therapeutic interventions. The composition and distribution of the plaque can be visualised by a cross-sectional "slice" of the artery (per vessel)		
	3618	Ultrasonic investigations: Pelvic organs (vaginal or abdominal probe)		
	3620	Ultrasonic investigations: Cardiac examination plus Doppler colour mapping		
	3621	Ultrasonic investigations: Cardiac examination (M.Mode)		
	3622	Ultrasonic investigations: Cardiac examination: 2 Dimensional		
	3623	Ultrasonic investigations: Cardiac examination + effort		
	3624	Ultrasonic investigations: Cardiac examinations + contrast		
	3625	Ultrasonic investigations: Cardiac examinations + doppler		
	3626	Ultrasonic investigations: Cardiac examination + phonocardiography		
	3627	Ultrasonic investigations: Ultrasound examination must include whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)		
	3628	Ultrasonic investigations: Renal tract		
	3629	Ultrasonic investigations: High definition scan (small parts): Thyroid, breast lump, scrotum, etc.		
	3631	Ultrasonic investigations: Ophthalmic examination		
	3632	Ultrasonic investigations: Axial length measurement and calculation of intraocular lens power		
	3634	Ultrasonic investigations: Peripheral vascular scan		
	3635	Ultrasonic investigations: + Doppler		
	3636	Ultrasonic investigations: Trans-oesophageal echocardiography including passing the device.		
	3637	Ultrasonic investigations: + Colour Duplex (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)		