

Medical Practitioners 2009

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2009

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

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

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

RULES GOVERNING THE STRUCTURE

A.	Consultations: Definitions: (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code.	04.00
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169)	06.04
C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; (5) Final diagnosis supported by the appropriate ICD-10 code(s); (6) Pertinent physical findings (size, location and number of lesions if applicable); (7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and (9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure	05.02
D.	Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged. In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be	04.00
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital	04.00
F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself	04.00
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding ONE month (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon, it shall be his/her own responsibility to arrange for this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions	04.00
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days	04.00
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. The use of this rule is not intended merely to increase the Medical Schemes Benefits.	04.00
K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's general practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists	04.00
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged	04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
M.	Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion								04.00
N.	"Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention								04.00
O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme								04.00
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								04.00
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								06.05
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								04.00
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								04.00
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring								04.00
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								04.00
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								04.00
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								04.00
Z.	No fee is subject to more than one reduction								04.00
AA.	Procedures to exclude cost of isotope								04.00
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								04.00
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								04.00
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								04.00
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								04.00
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								04.00
XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic								04.00
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)								04.00
MODIFIERS GOVERNING THE STRUCTURE									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								04.00
0004	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). See Section V (Section G in SAMA's DBT) for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Only the medical practitioner who owns the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms								06.05
0005	Multiple therapeutic procedures/operations under the same anaesthetic: a) Unless otherwise identified in the tariff when multiple therapeutic procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures. b) In the case of multiple fractures and/or dislocations the above values shall prevail. c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, Modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic. d) Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee. e) "+" Means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to Modifier 0005 (see also Modifier 0082)								04.00
0006	Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of after-care. The referring practitioner will then be entitled to subsequent hospital visits for after-care. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the after-care, must in such instances quote Modifier 0006 with the particular items which they use								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0007	a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided. b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided.	04.00		15.000	116.70 (102.37)	15.000	116.70 (102.37)		
0008	Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon								04.00
0009	Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units. The minimum fee payable may not be less than 36,00 clinical procedures units								04.00
0010	Local anaesthetic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a general practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography. (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.								04.00
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								06.04
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								04.00
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff								04.00
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								04.00
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	05.06		7.500	94.22 (82.65)	7.500	94.22 (82.65)		
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								09.06
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	210.06 (184.26)	27.000	210.06 (184.26)		
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	599.06 (525.49)	77.000	599.06 (525.49)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	898.59 (788.24)	115.500	898.59 (788.24)		
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	599.06 (525.49)	77.000	599.06 (525.49)		
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	248.96 (218.39)	32.000	248.96 (218.39)		
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	599.06 (525.49)	77.000	599.06 (525.49)		
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								04.00
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								04.00
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								04.00
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure								04.00
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts								04.00
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								04.00
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								04.00
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (øFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								04.00
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								04.00
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thorascope	04.00		45.000	350.10 (307.11)	45.000	350.10 (307.11)		
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	163.38 (143.32)	21.000	163.38 (143.32)		
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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used									04.00
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)									04.00
0085	Left Side' modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined									04.00
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations									04.00
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)									04.00
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)									04.00
0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)									04.00
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, will be supplied by the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0201 should not be used for these materials									04.00
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope									04.00
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee									04.00
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units									04.00
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	04.00		6.000	44.50 (39.03)	6.000	44.50 (39.03)			
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%									04.00
6100	In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes									04.00
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region									04.00
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee									04.00
6103	Post-contrast study: Bone tumour: 100% of the fee									04.00
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable									04.00
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items									04.00
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability									04.00
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability									04.00
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"									04.00
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain									04.00
6110	MRI spectroscopy: 50% of fee									04.00
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)									04.00
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)									04.00
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)									04.00
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure									04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value									04.00
I.	Consultative Services									
I.a	General Practitioner visits									
I.b	Specialists tiered consultation structure									
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only									
Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	06.02		15.000	224.70 (197.10)					
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	412.00 (361.40)					
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	599.30 (525.70)					
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	786.60 (690.00)					
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	224.70 (197.10)					
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	412.00 (361.40)					
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	599.30 (525.70)					
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	786.60 (690.00)					
I.c	General practitioner and specialist services									
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure									06.02
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure									06.02

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology							
				RVU	Fee	RVU	Fee	RVU	Fee						
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								06.02						
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								06.02						
0174	First hospital consultation/visit of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								06.02						
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								06.02						
0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)								06.04						
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit								06.04						
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes								06.06	+					
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								06.04	+					
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								06.05	+					
0147	For an 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								09.01	+					
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		213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)								
Cardiology		326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)								
Cardiothoracic Surgery		326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)								
Dermatology		213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)								
Gastroenterology		326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)								
General Medical Practice		211.30 (185.30)	211.30 (185.30)	211.30 (185.30)	211.30 (185.30)	211.30 (185.30)	211.30 (185.30)	188.40 (165.30)		188.40 (165.30)	75.40 (66.10)	100.50 (88.20)	175.90 (154.30)	-	
Medical Oncology		326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)								
Medicine (Specialist Physician)		326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)								
Neurology		326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)								

Code	Description							Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
									RVU	Fee	RVU	Fee	RVU	Fee	
Neurosurgery	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)									
Nuclear Medicine	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)									
Obstetrics and Gynaecology	226.10 (198.40)	226.10 (198.40)	226.10 (198.40)	226.10 (198.40)	226.10 (198.40)	226.10 (198.40)									
Ophthalmology	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Orthopaedics	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Otorhinolaryngology	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Paediatric Cardiology	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)		282.70 (248.00)							
Paediatrics	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)		282.70 (248.00)							
Pathology (Anatomical)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Pathology (Clinical)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Physical Medicine	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)									
Plastic and Reconstructive Surgery	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Psychiatry							224.70 (197.10)		224.70 (197.10)	89.90 (78.90)	119.90 (105.10)	209.80 (184.00)	-	-	
Pulmonology	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)									
Radiation Oncology	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Radiology	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Rheumatology	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)	326.60 (286.50)									
Specialists							188.40 (165.30)		188.40 (165.30)	75.40 (66.10)	100.50 (88.20)	175.90 (154.30)	-	-	
Surgery	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
Urology	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)	213.60 (187.30)									
I.e	Pre-anaesthetic assessment														
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes							06.04				16.000	201.00 (176.30)	16.000	201.00 (176.30)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes	06.04				16.000	201.00 (176.30)	16.000	201.00 (176.30)
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	201.00 (176.30)	16.000	201.00 (176.30)
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	414.60 (363.70)	33.000	414.60 (363.70)		
	Item 0107 can be used once only for given confinement	04.00							
0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)	06.02		45.000	565.30 (495.90)	45.000	565.30 (495.90)		
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		150.80 (132.20)							
Cardiology		226.10 (198.40)							
Cardiothoracic Surgery		213.60 (187.30)							
Dermatology		150.80 (132.20)							
Gastroenterology		226.10 (198.40)							
General Medical Practice		150.80 (132.20)	62.80 (55.10)	113.10 (99.20)	269.20 (236.20)				
Medical Oncology		226.10 (198.40)							
Medicine (Specialist Physician)		226.10 (198.40)							
Neurology		226.10 (198.40)							
Neurosurgery		226.10 (198.40)							
Nuclear Medicine		226.10 (198.40)							
Obstetrics and Gynaecology		150.80 (132.20)							
Ophthalmology		150.80 (132.20)							
Orthopaedics		150.80 (132.20)							
Otorhinolaryngology		150.80 (132.20)							
Paediatric Cardiology		226.10 (198.40)							
Paediatrics		226.10 (198.40)							
Pathology (Anatomical)		150.80 (132.20)							
Pathology (Clinical)		150.80 (132.20)							
Physical Medicine		226.10 (198.40)							
Plastic and Reconstructive Surgery		150.80 (132.20)							
Psychiatry		179.80 (157.70)	74.90 (65.70)	149.80 (131.40)					

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
Pulmonology	226.10 (198.40)								
Radiation Oncology	150.80 (132.20)								
Radiology	150.80 (132.20)								
Rheumatology	226.10 (198.40)								
Specialists		62.80 (55.10)			113.10 (99.20)			269.20 (236.20)	
Surgery	150.80 (132.20)								
Urology	150.80 (132.20)								
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	Licensed 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	77.80 (68.20)	10.000	77.80 (68.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
II.d	Own equipment used in treatment								
5930	Surgical laser apparatus: Hire fee for own equipment	04.00		109.000	848.00 (743.90)	109.000	848.00 (743.90)		
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	94.22 (82.65)	7.500	94.22 (82.65)		
1	General								
1.1	Injections, Infusions and Inhalation Sedation Treatment								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
0204	Inhalation sedation: Per additional quarter-hour or part thereof	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)		
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
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	62.20 (54.60)	8.000	62.20 (54.60)		
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
0209	Umbilical artery cannulation at birth	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)		
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	04.00		3.250	25.30 (22.20)	3.250	25.30 (22.20)		
0211	Exchange transfusion: First and subsequent (including after-care)	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)	04.00							
1.2	Chemotherapy treatment (not in chemotherapy facilities)								
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
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	70.00 (61.40)	9.000	70.00 (61.40)		
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	108.90 (95.50)	14.000	108.90 (95.50)		
1.3	Oncology related services in non-oncology facilities								
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	06.06		394.860	3072.00 (2694.70) Z	315.890	2457.60 (2155.80) Z		
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	06.02		262.410	2041.50 (1790.80) Z	209.930	1633.30 (1432.70) Z		
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. The cost of materials is not included	06.02		77.810	605.40 (531.00) Z	77.810	605.40 (531.00) Z		
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	06.02		42.650	331.80 (291.10) Z	42.650	331.80 (291.10) Z		
MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS									
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.								06.06
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifiers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448								06.04
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.								06.05
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.								06.05
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist/anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								06.05
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units								06.04
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute								06.06

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic								06.04
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute								06.06
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time								06.04
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								06.04
0033	Participating in general care of patients: When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by general practitioners.								06.05
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								06.04
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).								06.05
0036	Anaesthetic administered by general practitioners: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a general practitioner lasting one hour or less, shall be the same as that for an anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus time [refer to modifier 0023] plus the appropriate modifiers) applicable to an anaesthesiologist. Please note that the 4/5 (80%) principle will be applied to all anaesthetics administered by general practitioners with the proviso that no anaesthetic with a total number of units higher than 11.00 will be reduced to less than 11,00 units in total. The monetary value of the unit is the same for both an anaesthesiologist/anaesthetist.								06.05
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units	06.04						3.000	146.49 (128.50)
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	146.49 (128.50)
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	06.04						3.000	146.49 (128.50)
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	146.49 (128.50)
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	146.49 (128.50)
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable.								06.06
	Modifiers 5441 to 5448								06.04
	Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)								
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448	06.04						1.000	48.83 (42.83)
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2,00) anaesthetic units	06.04						2.000	97.66 (85.67)
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	06.04						3.000	146.49 (128.50)
5444	Shaft of femur: Add four (4,00) anaesthetic units	06.04						4.000	195.32 (171.33)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	06.04						5.000	244.15 (214.17)
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	390.64 (342.67)
POST-OPERATIVE ALLEVIATION OF PAIN									
0045	Post-operative alleviation of pain: (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility. (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)								06.04
2	Integumentary System								
2.1	Allergy								
0217	Allergy: Patch tests: First patch	04.00		4.000	31.10 (27.30)	4.000	31.10 (27.30)		
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	04.00		2.800	21.80 (19.10)	2.800	21.80 (19.10)		
0219	Allergy: Patch tests: Each additional patch	04.00		2.000	15.60 (13.60)	2.000	15.60 (13.60)		
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	04.00		1.900	14.80 (13.00)	1.900	14.80 (13.00)		
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	04.00		2.800	21.80 (19.10)	2.800	21.80 (19.10)		
2.2	Skin (general)								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	04.00		4.000	31.10 (27.30)	4.000	31.10 (27.30)		
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
0225	Epilation: Per session	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
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	62.20 (54.60)	8.000	62.20 (54.60)	4.000	195.30 (171.30) T
0228	PUVA Treatment: Maximum of 21 treatments	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
0229	PUVA: Follow-up or maintenance therapy once a week	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
0230	UVR-Treatment	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
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	42.80 (37.50)	5.500	42.80 (37.50)		
0233	Biopsy without suturing: First lesion	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	3.000	146.50 (128.50) T
0234	Biopsy without suturing: Subsequent lesions (each)	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)	3.000	146.50 (128.50) T
0235	Biopsy without suturing: Maximum for multiple additional lesions	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)	3.000	146.50 (128.50) T
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	3.000	146.50 (128.50) T
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)	3.000	146.50 (128.50) T
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	3.000	146.50 (128.50) T
0244	Repair of nail bed	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
0245	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesion	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
0246	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent lesions (each)	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)	3.000	146.50 (128.50) T
0251	Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: First lesion	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
0252	Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
0257	Drainage of major hand or foot infection: Drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus	04.00		87.000	676.90 (593.70)	87.000	676.90 (593.70)	3.000	146.50 (128.50) T
0259	Removal of foreign body superficial to deep fascia (except hands)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
0261	Removal of foreign body deep to deep fascia (except hands)	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	3.000	146.50 (128.50) T
0271	Kurtin planing for acne scarring: Whole face	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
0273	Kurtin planing for acne scarring: Extensive	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	4.000	195.30 (171.30) T
0275	Kurtin planing for acne scarring: Limited	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	4.000	195.30 (171.30) T
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	04.00		103.000	801.30 (702.90)	103.000	801.30 (702.90)	4.000	195.30 (171.30) T
0279	Surgical treatment for axillary hyperhidrosis	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	4.000	195.30 (171.30) T
0280	Laser treatment for small skin lesions: First lesion	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)	3.000	146.50 (128.50) T
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	04.00		56.000	435.70 (382.20)	56.000	435.70 (382.20)	3.000	146.50 (128.50) T
0283	Laser treatment for large skin lesions: Limited area	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	4.000	195.30 (171.30) T
0284	Laser treatment for large skin lesions: Extensive area	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	04.00		56.630	440.60 (386.50) Z	56.630	440.60 (386.50) Z		
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	04.00		43.440	338.00 (296.50) Z	43.440	338.00 (296.50) Z		
2.3	Major plastic repair								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	04.00		234.000	1820.50 (1596.90)	187.200	1456.40 (1277.60)	4.000	195.30 (171.30) T
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	04.00		410.000	3189.80 (2798.10)	328.000	2551.80 (2238.50)	4.000	195.30 (171.30) T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	04.00		800.000	6224.00 (5459.60)	640.000	4979.20 (4367.70)	4.000	195.30 (171.30) T
0292	Distant flaps: First stage	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
0293	Contour grafts (excluding cost of material)	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	04.11		1200.00 0	9336.00 (8189.50)	960.000	7468.80 (6551.60)	6.000	293.00 (257.00) T
0295	Local skin flaps (large, complicated)	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
0296	Other procedures of major technical nature	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
0297	Subsequent major procedures for repair of same lesion	04.00		104.000	809.10 (709.80)	104.000	809.10 (709.80)	4.000	195.30 (171.30) T
0298	Lower abdominal dermo-lipectomy	04.00		170.000	1322.60 (1160.20)	136.000	1058.10 (928.10)	5.000	244.20 (214.20) T
0299	Major abdominal lipectomy with repositioning of umbilicus	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	5.000	244.20 (214.20) T
2.4	Lacerations, scars, tumours, cysts and other skin lesions								
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)	3.000	146.50 (128.50) T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	4.000	195.30 (171.30) T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
0304	Major debridement of wound, sloughectomy or secondary suture	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) T
0305	Needle biopsy - soft tissue	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0308	Each additional small procedure done at the same time	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
0310	Radical excision of nailbed	04.00		38.000	295.60 (259.30)	38.000	295.60 (259.30)	3.000	146.50 (128.50) T
0311	Excision of large benign tumour (more than 5 cm)	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)	3.000	146.50 (128.50) T
0313	Extensive resection for malignant soft tissue tumour including muscle	04.00		283.900	2208.70 (1937.50)	227.120	1767.00 (1550.00)	4.000	195.30 (171.30) T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	04.00		104.000	809.10 (709.80)	104.000	809.10 (709.80)	4.000	195.30 (171.30) T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)	3.000	146.50 (128.50) T
2.5	Breasts								
0316	Fine needle aspiration for soft tissue (all areas)	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
0317	Aspiration of cyst or tumour	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	3.000	146.50 (128.50) T
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	3.000	146.50 (128.50) T
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	04.00		94.200	732.90 (642.90)	94.200	732.90 (642.90)	3.000	146.50 (128.50) T
0323	Subareolar cone excision of ducts of wedge excision of breast	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	3.000	146.50 (128.50) T
0324	Wedge excision of breast and axillary dissection	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	5.000	244.20 (214.20) T
0325	Total mastectomy	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	5.000	244.20 (214.20) T
0327	Total mastectomy with axillary gland biopsy	04.00		185.000	1439.30 (1262.50)	148.000	1151.40 (1010.00)	5.000	244.20 (214.20) T
0329	Total mastectomy with axillary gland dissection	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	5.000	244.20 (214.20) T
0330	Nipple and areola reconstruction	04.00		95.000	739.10 (648.30)	95.000	739.10 (648.30)	4.000	195.30 (171.30) T
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	04.00		234.000	1820.50 (1596.90)	187.200	1456.40 (1277.60)	4.000	195.30 (171.30) T
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	04.00		410.000	3189.80 (2798.10)	328.000	2551.80 (2238.50)	4.000	195.30 (171.30) T
0334	Removal of breast implant by means of capsulectomy: Per breast	04.00		234.000	1820.50 (1596.90)	187.200	1456.40 (1277.60)	4.000	195.30 (171.30) T
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	04.00		234.000	1820.50 (1596.90)	187.200	1456.40 (1277.60)	5.000	244.20 (214.20) T
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	04.00		410.000	3189.80 (2798.10)	328.000	2551.80 (2238.50)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0341	Gynaecomastia: Unilateral	04.00		92.000	715.80 (627.90)	92.000	715.80 (627.90)	3.000	146.50 (128.50) T
0343	Gynaecomastia: Bilateral	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	3.000	146.50 (128.50) T
2.6	Burns								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	04.00		276.000	2147.30 (1883.60)	220.800	1717.80 (1506.90)	5.000	244.20 (214.20) T
0353	Tangential excision and grafting: Small	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
0354	Tangential excision and grafting: Large	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	5.000	244.20 (214.20) T
2.7	Hands (skin)								
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	04.00		147.400	1146.80 (1005.90)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
0357	Small skin graft in acute hand injury	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) T
0361	Z-plasty	04.00		220.100	1712.40 (1502.10)	176.080	1369.90 (1201.70)	3.000	146.50 (128.50) T
0363	Local flap and skin graft	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0365	Cross finger flap (all stages)	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) T
0367	Palmar flap (all stages)	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) T
0369	Distant flap: First stage	04.00		158.000	1229.20 (1078.30)	126.400	983.40 (862.60)	3.000	146.50 (128.50) T
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) T
0373	Transfer neurovascular island flap	04.00		230.500	1793.30 (1573.10)	184.400	1434.60 (1258.40)	3.000	146.50 (128.50) T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	04.00		242.400	1885.90 (1654.30)	193.920	1508.70 (1323.40)	3.000	146.50 (128.50) T
0375	Dupuytren's contracture: Fasciotomy	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) T
0376	Dupuytren's contracture: Fasciectomy	04.00		218.000	1696.00 (1487.80)	174.400	1356.80 (1190.20)	3.000	146.50 (128.50) T
2.8	Acupuncture								
	Please note: General Rule M not applicable to section 2.8 of this price list								04.00
0377	Standard acupuncture	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
0378	Laser acupuncture using more than 6 points	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0379	Electro-acupuncture	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)		
0380	Scalp acupuncture	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
0381	Micro-acupuncture (ear, hand)	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
RULES GOVERNING THE SECTION ACUPUNCTURE									
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								04.00
3	Musculo-skeletal System								
MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS									
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								04.00
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	04.00		27.000	210.06 (184.26)	27.000	210.06 (184.26)		
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	599.06 (525.49)	77.000	599.06 (525.49)		
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	898.59 (788.24)	115.500	898.59 (788.24)		
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	599.06 (525.49)	77.000	599.06 (525.49)		
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	248.96 (218.39)	32.000	248.96 (218.39)		
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	599.06 (525.49)	77.000	599.06 (525.49)		
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								04.00
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								04.00
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula	04.00		-	- v	-	- v	3.000	146.50 (128.50) TM
0387	Fracture (reduction under general anaesthetic): Clavicle	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) TM
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	04.00		175.700	1366.90 (1199.10)	140.560	1093.60 (959.30)	3.000	146.50 (128.50) TM
0389	Fracture (reduction under general anaesthetic): Humerus	04.00		111.600	868.20 (761.60)	111.600	868.20 (761.60)	3.000	146.50 (128.50) TM
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	3.000	146.50 (128.50) TM
0402	Fracture (reduction under general anaesthetic): Carpal bone	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	3.000	146.50 (128.50) TM
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) TM
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	04.00		118.300	920.40 (807.30)	118.300	920.40 (807.30)	3.000	146.50 (128.50) TM
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	04.00		-	- ß	-	- ß	3.000	146.50 (128.50) TM
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	04.00		52.000	404.60 (354.90)	52.000	404.60 (354.90)	3.000	146.50 (128.50) TM
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	04.00		48.000	373.40 (327.60)	48.000	373.40 (327.60)	3.000	146.50 (128.50) T
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	04.00		102.000	793.60 (696.10)	102.000	793.60 (696.10)	3.000	146.50 (128.50) TM
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	04.00		-	- ß	-	- ß	3.000	146.50 (128.50) T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	3.000	146.50 (128.50) TM
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	04.00		237.000	1843.90 (1617.40)	189.600	1475.10 (1293.90)	3.000	146.50 (128.50) TM
0425	Fracture (reduction under general anaesthetic): Patella	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) TM
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0433	Fracture (reduction under general anaesthetic): Fibula shaft	04.00		-	- ß	-	- ß	3.000	146.50 (128.50) TM
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)	3.000	146.50 (128.50) TM
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	04.00		198.700	1545.90 (1356.00)	158.960	1236.70 (1084.80)	3.000	146.50 (128.50) TM
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	3.000	146.50 (128.50) TM
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	04.00		403.500	3139.20 (2753.70)	322.500	2509.10 (2200.90)	3.000	146.50 (128.50) TM
0441	Fracture (reduction under general anaesthetic): Metatarsal	04.00		41.800	325.20 (285.30)	41.800	325.20 (285.30)	3.000	146.50 (128.50) TM
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	04.00		-	- ß	-	- ß	3.000	146.50 (128.50) T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0447	Fracture (reduction under general anaesthetic): Other: Simple	04.00		26.000	202.30 (177.40)	26.000	202.30 (177.40)	3.000	146.50 (128.50) T
0449	Fracture (reduction under general anaesthetic): Other: Compound	04.00		52.000	404.60 (354.90)	52.000	404.60 (354.90)	3.000	146.50 (128.50) TM
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	04.00		-	- β	-	- β	3.000	146.50 (128.50) T
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	04.00		230.000	1789.40 (1569.60)	184.000	1431.50 (1255.70)	3.000	146.50 (128.50) TM
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	04.00		-	- β	-	- β	3.000	146.50 (128.50) TM
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	04.00		-	- β	-	- β	3.000	146.50 (128.50) TM
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	04.00		-	- v	-	- v	3.000	146.50 (128.50) TM
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	04.00		-	- v	-	- v	3.000	146.50 (128.50) TM
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	04.00		-	- v	-	- v	3.000	146.50 (128.50) TM
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	04.00		-	- v	-	- v	3.000	146.50 (128.50) TM
3.1.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	04.00		288.000	2240.60 (1965.50)	230.400	1792.50 (1572.40)	3.000	146.50 (128.50) TM
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	04.00		43.000	334.50 (293.50)	43.000	334.50 (293.50)	3.000	146.50 (128.50) T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	04.00		282.000	2194.00 (1924.50)	225.600	1755.20 (1539.60)	3.000	146.50 (128.50) TM
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	04.00		154.000	1198.10 (1051.00)	123.200	958.50 (840.80)	3.000	146.50 (128.50) TM
3.1.2	Bony operations								
3.1.2.1	Bony operations: Bone grafting								
0497	Resection of bone or tumour with or without grafting (benign)	04.00		282.000	2194.00 (1924.50)	225.600	1755.20 (1539.60)	3.000	146.50 (128.50) TM
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	04.00		340.000	2645.20 (2320.40)	272.000	2116.20 (1856.30)	3.000	146.50 (128.50) TM
0499	Grafts to cysts: Large bones	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) TM
0501	Grafts to cysts: Small bones	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0503	Grafts to cysts: Cartilage graft	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	3.000	146.50 (128.50) TM
0505	Grafts to cysts: Inter-metacarpal bone graft	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) TM
3.1.2.2	Bony operations: Acute or chronic osteomyelitis								
0509	Acute or chronic osteomyelitis: Conservative treatment	04.00		-	- v	-	- v		
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	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
3.1.2.3	Bony operations: Osteotomy								
0514	Osteotomy: Sternum: Repair of pectus excavatum	04.00		330.000	2567.40 (2252.10)	264.000	2053.90 (1801.70)	3.000	146.50 (128.50) TM
0515	Osteotomy: Sternum: Repair of pectus carinatum	04.00		330.000	2567.40 (2252.10)	264.000	2053.90 (1801.70)	3.000	146.50 (128.50) TM
0516	Osteotomy: Pelvic	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	3.000	146.50 (128.50) TM
0521	Osteotomy: Femoral: Proximal	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	3.000	146.50 (128.50) TM
0527	Osteotomy: Knee region	04.11		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	3.000	146.50 (128.50) TM
0528	Osteotomy: Os Calcis (Dwyer operation)	04.00		115.000	894.70 (784.80)	115.000	894.70 (784.80)	3.000	146.50 (128.50) TM
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	04.00		278.900	2169.80 (1903.40)	223.120	1735.90 (1522.70)	3.000	146.50 (128.50) TM
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0533	Osteotomy: Single metatarsal	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) TM
0534	Osteotomy: Multiple metatarsal osteotomies	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
3.1.2.4	Bony operations: Exostosis								
0535	Exostosis: Excision: Readily accessible sites	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) TM
0537	Exostosis: Excision: Less accessible sites	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) TM
3.1.2.5	Bony operations: Biopsy								
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)	4.000	195.30 (171.30) T
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)		
3.2	Joints								
3.2.1	Joints: Dislocations								
0547	Joint: Dislocation: Clavicle either end	04.00		38.000	295.60 (259.30)	38.000	295.60 (259.30)	3.000	146.50 (128.50) TM
0549	Joint: Dislocation: Shoulder	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) TM
0551	Joint: Dislocation: Elbow	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) TM
0552	Joint: Dislocation: Wrist	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) TM
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	04.00		130.000	1011.40 (887.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0555	Joint: Dislocation: Lunate	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) TM
0556	Joint: Dislocation: Carpo-metacarpo dislocation	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) TM
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	04.00		26.000	202.30 (177.40)	26.000	202.30 (177.40)	3.000	146.50 (128.50) TM
0559	Joint: Dislocation: Hip	04.00		109.000	848.00 (743.90)	109.000	848.00 (743.90)	3.000	146.50 (128.50) TM
0561	Joint: Dislocation: Knee	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) TM
0563	Joint: Dislocation: Patella	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)	3.000	146.50 (128.50) TM
0565	Joint: Dislocation: Ankle	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	3.000	146.50 (128.50) TM
0567	Joint: Dislocation: Sub-Talar dislocation	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	3.000	146.50 (128.50) TM
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) TM
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) TM
0573	Joint: Dislocation: Spine with or without paralysis	04.00		-	- v	-	- v		
3.2.2	Joints: Operations for dislocations								
0578	Operations for dislocations: Recurrent dislocation of shoulder	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	3.000	146.50 (128.50) TM
0579	Operations for dislocations: Recurrent dislocation of all other joints	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	3.000	146.50 (128.50) TM
3.2.3	Joints: Capsular operations								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) TM
0585	Capsulectomy digital joint	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	3.000	146.50 (128.50) TM
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	3.000	146.50 (128.50) TM
0587	Release of digital joint contracture	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
3.2.4	Joints: Synovectomy								
0589	Synovectomy: Digital joint	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) TM
0592	Synovectomy: Large joint	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0593	Tendon synovectomy	04.00		203.700	1584.80 (1390.20)	162.960	1267.80 (1112.10)	3.000	146.50 (128.50) TM
3.2.5	Joints: Arthrodesis								
0597	Arthrodesis: Shoulder	04.00		224.000	1742.70 (1528.70)	179.200	1394.20 (1223.00)	3.000	146.50 (128.50) TM
0598	Arthrodesis: Elbow	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	3.000	146.50 (128.50) TM
0599	Arthrodesis: Wrist	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	3.000	146.50 (128.50) TM
0600	Arthrodesis: Digital joint	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0601	Arthrodesis: Hip	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	3.000	146.50 (128.50) TM
0602	Arthrodesis: Knee	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	3.000	146.50 (128.50) TM
0603	Arthrodesis: Ankle	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	3.000	146.50 (128.50) TM
0604	Arthrodesis: Sub-talar	04.00		130.000	1011.40 (887.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	3.000	146.50 (128.50) TM
0607	Arthrodesis: Mid-tarsal wedge resection	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	3.000	146.50 (128.50) TM
3.2.6	Joints: Arthroplasty								
0614	Arthroplasty: Debridement large joints	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0615	Arthroplasty: Excision medial or lateral end of clavicle	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	3.000	146.50 (128.50) TM
0617	Shoulder: Acromioplasty	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0619	Shoulder: Partial replacement	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	5.000	244.20 (214.20) TM
0620	Shoulder: Total replacement	04.00		416.000	3236.50 (2839.00)	332.800	2589.20 (2271.20)	5.000	244.20 (214.20) TM
0621	Elbow: Excision head of radius	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) TM
0622	Elbow: Excision	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) TM
0623	Elbow: Partial replacement	04.00		188.000	1462.60 (1283.00)	150.400	1170.10 (1026.40)	3.000	146.50 (128.50) TM
0624	Elbow: Total replacement	04.00		282.000	2194.00 (1924.50)	225.600	1755.20 (1539.60)	3.000	146.50 (128.50) TM
0625	Wrist: Excision distal end of ulna	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) TM
0626	Wrist: Excision single bone	04.00		110.000	855.80 (750.70)	110.000	855.80 (750.70)	3.000	146.50 (128.50) TM
0627	Wrist: Excision proximal row	04.00		166.000	1291.50 (1132.90)	132.800	1033.20 (906.30)	3.000	146.50 (128.50) TM
0631	Wrist: Total replacement	04.00		249.000	1937.20 (1699.30)	199.200	1549.80 (1359.50)	3.000	146.50 (128.50) TM
0635	Digital Joint: Total replacement	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) TM
0637	Hip: Total replacement	04.00		416.000	3236.50 (2839.00)	332.800	2589.20 (2271.20)	3.000	146.50 (128.50) TM
0641	Hip: Prosthetic replacement of femoral head	04.00		288.000	2240.60 (1965.50)	230.400	1792.50 (1572.40)	3.000	146.50 (128.50) TM
0643	Hip: Girdlestone	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	3.000	146.50 (128.50) TM
0645	Knee: Partial replacement	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	3.000	146.50 (128.50) TM
0646	Knee: Total replacement	04.00		416.000	3236.50 (2839.00)	332.800	2589.20 (2271.20)	3.000	146.50 (128.50) TM
0649	Ankle: Total replacement	04.00		290.400	2259.30 (1981.90)	232.320	1807.40 (1585.50)	3.000	146.50 (128.50) TM
0650	Ankle: Astragalectomy	04.00		154.000	1198.10 (1051.00)	123.200	958.50 (840.80)	3.000	146.50 (128.50) TM
3.2.7	Joints: Miscellaneous (joints)								
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	3.000	146.50 (128.50) T
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	04.00		7.500	58.40 (51.20)	7.500	58.40 (51.20)	3.000	146.50 (128.50) T
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	04.00		4.000	31.10 (27.30)	4.000	31.10 (27.30)	3.000	146.50 (128.50) T
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0669	Manipulation knee or shoulder joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	09.01		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
0669A	Manipulation hip joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	09.01		14.000	108.90 (95.50)	14.000	108.90 (95.50)	4.000	195.30 (171.30) T
	Only the consultation fee should be charged when manipulation of a large joint is performed without general anaesthetic	09.01							
0673	Meniscectomy or operation for other internal derangement of knee	04.00		109.000	848.00 (743.90)	109.000	848.00 (743.90)	3.000	146.50 (128.50) TM
3.2.8	Joints: Joint ligament reconstruction or suture								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0677	Joint ligament reconstruction or suture: Knee: Collateral	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0678	Joint ligament reconstruction or suture: Knee: Cruciate	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	3.000	146.50 (128.50) TM
0680	Joint ligament reconstruction or suture: Digital joint ligament	04.00		165.000	1283.70 (1126.10)	132.000	1027.00 (900.80)	3.000	146.50 (128.50) TM
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0682	Amputation: Fore-quarter amputation	04.00		294.000	2287.30 (2006.40)	235.200	1829.90 (1605.10)	9.000	439.50 (385.50) TM
0683	Amputation: Through shoulder	04.00		148.000	1151.40 (1010.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) TM
0685	Amputation: Upper arm or fore-arm	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	3.000	146.50 (128.50) TM
0687	Partial amputation of the hand: One ray	04.00		102.000	793.60 (696.10)	102.000	793.60 (696.10)	3.000	146.50 (128.50) TM
0691	Amputation: Whole or part of finger	06.04		116.800	908.70 (797.10)	116.800	908.70 (797.10)	3.000	146.50 (128.50) TM
0693	Hindquarter amputation	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	6.000	293.00 (257.00) TM
0695	Amputation: Through hip joint region	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	6.000	293.00 (257.00) TM
0697	Amputation: Through thigh	04.00		205.000	1594.90 (1399.00)	164.000	1275.90 (1119.20)	6.000	293.00 (257.00) TM
0699	Amputation: Below knee, through knee or Syme	04.00		194.000	1509.30 (1324.00)	155.200	1207.50 (1059.20)	5.000	244.20 (214.20) TM
0701	Amputation: Trans-metatarsal or trans-tarsal	04.00		142.000	1104.80 (969.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0703	Amputation: Foot: One ray	04.00		97.000	754.70 (662.00)	97.000	754.70 (662.00)	3.000	146.50 (128.50) TM
0705	Amputation: Toe	04.00		66.000	513.50 (450.40)	66.000	513.50 (450.40)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	583.50 (511.80)	75.000	583.50 (511.80)	3.000	146.50 (128.50) TM
0707	Post-amputation reconstruction: Krukenberg reconstruction	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	3.000	146.50 (128.50) TM
0709	Post-amputation reconstruction: Metacarpal transfer	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) TM
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	04.00		282.000	2194.00 (1924.50)	225.600	1755.20 (1539.60)	3.000	146.50 (128.50) TM
0712	Post-amputation reconstruction: Toe to thumb transfer	04.00		800.000	6224.00 (5459.60)	640.000	4979.20 (4367.70)	3.000	146.50 (128.50) TM
3.4	Muscles, tendons and fasciae								
3.4.1	Muscles, tendons and fasciae: Investigations								
0713	Electromyography	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	3.000	146.50 (128.50) T
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	06.04		57.000	443.50 (389.00)	57.000	443.50 (389.00)	3.000	146.50 (128.50) T
0715	Strength duration curve per session	04.00		10.500	81.70 (71.70)	10.500	81.70 (71.70)	3.000	146.50 (128.50) T
0717	Electrical examination of single nerve or muscle	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	3.000	146.50 (128.50) T
0718	Oxidative study for mitochondrial function	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)		
0721	Voltage integration during isometric contraction	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)	3.000	146.50 (128.50) T
0723	Tonometry with edrophonium	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)	3.000	146.50 (128.50) T
0725	Isometric tension studies with edrophonium	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)	3.000	146.50 (128.50) T
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
0729	Tendon reflex time	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)	3.000	146.50 (128.50) T
0730	Limb brain somatosensory studies (per limb)	04.00		49.000	381.20 (334.40)	49.000	381.20 (334.40)		
0731	Vision and audio-sensory studies	04.00		49.000	381.20 (334.40)	49.000	381.20 (334.40)		
0733	Motor nerve conduction studies (single nerve)	04.00		26.000	202.30 (177.40)	26.000	202.30 (177.40)		
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0737	Biopsy for motor nerve terminals and end plates	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	04.00		34.000	264.50 (232.00)	34.000	264.50 (232.00)	8.000	390.60 (342.70) T
0740	Muscle fatigue studies	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
0741	Muscle biopsy	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	8.000	390.60 (342.70) T
0742	Global fee for all muscle studies, including histochemical studies	04.00		262.000	2038.40 (1788.00)				
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	04.00		20.250	157.50 (138.20)				
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	04.00		33.300	259.10 (227.30)				
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	04.00		5.700	44.30 (38.90)				
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	04.00		1.600	12.40 (10.90)				
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	04.00		9.900	77.00 (67.60)				
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	04.00		13.700	106.60 (93.50)				
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	04.00		25.900	201.50 (176.80)				
4715	Biochemical estimations on muscle biopsy specimens: Enolase	04.00		32.700	254.40 (223.20)				
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	04.00		37.700	293.30 (257.30)				
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	04.00		15.750	122.50 (107.50)				
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	04.00		11.060	86.00 (75.50)				
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	04.00		34.700	270.00 (236.80)				
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	04.00		40.300	313.50 (275.00)				
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	04.00		28.800	224.10 (196.50)				
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	04.00		43.000	334.50 (293.50)				
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	04.00		14.000	108.90 (95.50)				
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	04.00		20.000	155.60 (136.50)				
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	04.00		71.000	552.40 (484.50)				
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	04.00		69.000	536.80 (470.90)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	04.00		82.000	638.00 (559.60)				
4744	Biochemical estimations on muscle biopsy specimens: Tension/cafeine/halothane procedure in malignant hyperthermia	04.00		143.000	1112.50 (975.90)				
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	04.00		75.000	583.50 (511.80)				
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0744	Decompression operation: Fasciotomy only	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	04.00		109.000	848.00 (743.90)	109.000	848.00 (743.90)	3.000	146.50 (128.50) T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) TM
0747	Muscle and tendon repair: Rotator cuff	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
0748	Muscle and tendon repair: Debridement rotator cuff	04.00		139.700	1086.90 (953.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	04.00		271.900	2115.40 (1855.60)	217.520	1692.30 (1484.50)	4.000	195.30 (171.30) T
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0757	Muscle and tendon repair: Achilles tendon repair	04.00		197.600	1537.30 (1348.50)	158.080	1229.90 (1078.80)	4.000	195.30 (171.30) T
0759	Muscle and tendon repair: Other single tendon	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	3.000	146.50 (128.50) T
0763	Muscle and tendon repair: Tendon or ligament injection	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	3.000	146.50 (128.50) T
0767	Hand: Flexor tendon suture: Primary (per tendon)	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0769	Hand: Flexor tendon suture: Secondary (per tendon)	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) T
0771	Extensor tendon suture: Primary (per tendon)	04.00		129.700	1009.10 (885.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0773	Extensor tendon suture: Secondary (per tendon)	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	3.000	146.50 (128.50) T
0774	Repair of Boutonniere deformity or Mallet finger with graft	04.00		183.700	1429.20 (1253.70)	146.960	1143.30 (1002.90)	3.000	146.50 (128.50) T
3.4.4	Muscles, tendons and fasciae: Tendon graft								
0775	Free tendon graft	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0776	Reconstruction of pulley for flexor tendon	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) T
0777	Tendon graft: Finger: Flexor	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) T
0779	Tendon graft: Finger: Extensor	04.00		122.000	949.20 (832.60)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0780	Two stage flexor tendon graft using silastic rod	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	3.000	146.50 (128.50) T
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	3.000	146.50 (128.50) T
0782	Carpal tunnel syndrome	04.00		98.700	767.90 (673.60)	98.700	767.90 (673.60)	3.000	146.50 (128.50) T
0783	Tenolysis: De Quervain	04.00		38.000	295.60 (259.30)	38.000	295.60 (259.30)	3.000	146.50 (128.50) T
0784	Trigger finger	04.00		38.000	295.60 (259.30)	38.000	295.60 (259.30)	3.000	146.50 (128.50) T
0785	Flexor tendon freeing operation following free tendon graft or suture	04.00		186.800	1453.30 (1274.80)	149.440	1162.60 (1019.90)	3.000	146.50 (128.50) T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	04.00		180.900	1407.40 (1234.60)	144.720	1125.90 (987.70)	3.000	146.50 (128.50) T
0788	Intrinsic tendon release per finger	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	3.000	146.50 (128.50) T
0789	Central tendon tenotomy for Boutonniere deformity	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	3.000	146.50 (128.50) T
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	3.000	146.50 (128.50) T
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) T
0792	Multiple tendon transfer	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0793	Hamstring to quadriceps transfer	04.00		141.000	1097.00 (962.30)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	5.000	244.20 (214.20) T
0795	Tendon transfer at elbow	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	3.000	146.50 (128.50) T
0802	Radial club hand repair - stand alone procedure	04.00		360.300	2803.10 (2458.90)	288.240	2242.50 (1967.10)	3.000	146.50 (128.50) T
0803	Hand tendons: Single tendon transfer (first)	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0809	Hand tendons: Substitution for intrinsic paralysis of hand	04.00		224.000	1742.70 (1528.70)	179.200	1394.20 (1223.00)	3.000	146.50 (128.50) T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	04.00		220.600	1716.30 (1505.50)	176.480	1373.00 (1204.40)	3.000	146.50 (128.50) T
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	04.00		38.000	295.60 (259.30)	38.000	295.60 (259.30)	3.000	146.50 (128.50) T
0813	Torticollis	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	5.000	244.20 (214.20) T
0815	Scalenotomy	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
0817	Scalenotomy with excision of first rib	04.00		190.000	1478.20 (1296.70)	152.000	1182.60 (1037.30)	3.000	146.50 (128.50) TM
0821	Tennis elbow	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) T
0822	Open release elbow (Mitals) - stand alone procedure	04.00		278.200	2164.40 (1898.60)	222.560	1731.50 (1518.90)	3.000	146.50 (128.50) TM
0823	Excision or slide for Volkmann's Contracture	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) T
0825	Hip: Open muscle release	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	7.000	341.80 (299.80) T
0829	Knee: Quadriceps plasty	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) T
0831	Knee: Open tenotomy	04.00		141.000	1097.00 (962.30)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
0835	Calf	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	4.000	195.30 (171.30) T
0837	Open elongation tendon Achilles	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	4.000	195.30 (171.30) T
0838	Percutaneous "Hoke" elongation tendo Achilles	04.00		79.300	617.00 (541.20)	79.300	617.00 (541.20)	4.000	195.30 (171.30) T
0845	Foot: Plantar fasciotomy	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	3.000	146.50 (128.50) T
0846	Foot: Postero-medial release for club-foot	04.00		192.000	1493.80 (1310.30)	153.600	1195.00 (1048.30)	3.000	146.50 (128.50) T
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	4.000	195.30 (171.30) T
0849	Excision: Prepatellar	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
0851	Excision: Olecranon	04.00		81.800	636.40 (558.20)	81.800	636.40 (558.20)	3.000	146.50 (128.50) T
0853	Excision: Small bursa or ganglion	04.00		80.900	629.40 (552.10)	80.900	629.40 (552.10)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0855	Excision: Compound palmar ganglion or synovectomy	04.00		128.000	995.80 (873.50)	128.000	995.80 (873.50)	3.000	146.50 (128.50) T
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	3.000	146.50 (128.50) T
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	04.00		282.000	2194.00 (1924.50)	225.600	1755.20 (1539.60)	3.000	146.50 (128.50) TM
0861	Leg equalisation and congenital hips and feet: Leg lengthening	04.00		416.000	3236.50 (2839.00)	332.800	2589.20 (2271.20)	3.000	146.50 (128.50) TM
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	3.000	146.50 (128.50) TM
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	04.00		109.000	848.00 (743.90)	109.000	848.00 (743.90)	3.000	146.50 (128.50) TM
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	06.04		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0868	Open reduction of congenital dislocation of the hip	04.00		186.000	1447.10 (1269.40)	148.800	1157.70 (1015.50)	3.000	146.50 (128.50) TM
0869	Subsequent plasters	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)		
0873	Congenital club foot: Manipulation and plaster: One foot	04.00		26.000	202.30 (177.40)	26.000	202.30 (177.40)	3.000	146.50 (128.50) T
0874	Ponseti technique assistant (medical practitioner)	05.03		13.000	101.10 (88.70) Z	13.000	101.10 (88.70) Z		
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	04.00		36.600	284.70 (249.80)	36.600	284.70 (249.80)	3.000	146.50 (128.50)
0884	Removal of internal fixatives: Less accessible	04.00		75.500	587.40 (515.30)	75.500	587.40 (515.30)	3.000	146.50 (128.50)
0885	Removal of prosthesis for infection soon after operation	04.00		128.000	995.80 (873.50)	120.000	933.60 (818.90)	6.000	293.00 (257.00)
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	497.90 (436.80)	64.000	497.90 (436.80)	6.000	293.00 (257.00) TM
3.7	Plasters (exclusive of after-care)								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	04.00		13.000	101.10 (88.70) ÷	13.000	101.10 (88.70) ÷	3.000	146.50 (128.50) T
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)	4.000	195.30 (171.30) T
0891	Turnbuckle cast for scoliosis (excluding after-care)	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	5.000	244.20 (214.20) T
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	04.00		19.000	147.80 (129.70)	19.000	147.80 (129.70)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3.8	Musculo-skeletal system: Special areas								
3.8.1	Special areas: Foot and Ankle								
0895	Club foot: Revision club foot release - stand alone procedure	04.00		302.700	2355.00 (2065.80)	242.160	1884.00 (1652.60)	3.000	146.50 (128.50) TM
0896	Club foot: Posterior release only - stand alone procedure	04.00		159.300	1239.40 (1087.20)	127.440	991.50 (869.70)	3.000	146.50 (128.50) TM
0900	Excision tarsal coalition - stand alone procedure	04.00		141.500	1100.90 (965.70)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0901	Tenotomy: Single tendon	04.00		63.300	492.50 (432.00)	63.300	492.50 (432.00)	3.000	146.50 (128.50) TM
0903	Hammer toe: One toe	04.00		99.500	774.10 (679.00)	99.500	774.10 (679.00)	3.000	146.50 (128.50) TM
0905	Filleting of toe or Ruiz-Mora procedure	04.00		99.500	774.10 (679.00)	99.500	774.10 (679.00)	3.000	146.50 (128.50) TM
0906	Arthrodesis Hallux	04.00		148.000	1151.40 (1010.00)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0907	Silver bunionectomy or similar for Hallux Valgus	04.00		126.200	981.80 (861.30)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
	Not to be charged with item 0911	09.01							
0909	Excision arthroplasty	04.00		145.200	1129.70 (990.90)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
0910	Cheilectomy or metatarsophangeal implant Hallux	04.00		183.000	1423.70 (1248.90)	146.400	1139.00 (999.10)	3.000	146.50 (128.50) TM
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	04.00		189.200	1472.00 (1291.20)	151.360	1177.60 (1033.00)	3.000	146.50 (128.50) TM
	Not to be charged with item 0907	09.01							
5730	Hallux Valgus double osteotomy etc.	04.00		182.600	1420.60 (1246.20)	146.080	1136.50 (996.90)	3.000	146.50 (128.50) TM
5731	Distal soft tissue procedure for Hallux Valgus	04.00		173.600	1350.60 (1184.70)	138.880	1080.50 (947.80)	3.000	146.50 (128.50) TM
5732	Aitkin procedure or similar	04.00		166.800	1297.70 (1138.30)	133.440	1038.20 (910.70)	3.000	146.50 (128.50) T
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	3.000	146.50 (128.50) TM
5735	Repair angular deformity toe (lesser toes)	04.00		97.200	756.20 (663.30)	97.200	756.20 (663.30)	3.000	146.50 (128.50) TM
5736	Sesamoidectomy	04.00		97.800	760.90 (667.40)	97.800	760.90 (667.40)	3.000	146.50 (128.50) TM
5737	Repair major foot tendons e.g. Tib Post	04.00		147.300	1146.00 (1005.30)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
5738	Repair of dislocating peroneal tendons	04.00		173.200	1347.50 (1182.00)	138.560	1078.00 (945.60)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	04.00		202.300	1573.90 (1380.60)	161.840	1259.10 (1104.50)	3.000	146.50 (128.50) TM
5740	Steindler strip - plantar fascia	04.00		97.200	756.20 (663.30)	97.200	756.20 (663.30)	3.000	146.50 (128.50) T
5741	Kelikian syndactilly (one web space)	04.00		97.200	756.20 (663.30)	97.200	756.20 (663.30)	3.000	146.50 (128.50) T
5742	Tendon transfer foot	04.00		172.000	1338.20 (1173.80)	137.600	1070.50 (939.10)	3.000	146.50 (128.50) T
5743	Capsulotomy metatarsophalangeal joints: Foot	04.00		86.800	675.30 (592.40)	86.800	675.30 (592.40)	3.000	146.50 (128.50) T
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	04.00		730.000	5679.40 (4981.90)	584.000	4543.50 (3985.50)	3.000	146.50 (128.50) TM
0913	Replantation of thumb	04.00		670.000	5212.60 (4572.50)	536.000	4170.10 (3658.00)	3.000	146.50 (128.50) TM
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	04.00		580.000	4512.40 (3958.20)	464.000	3609.90 (3166.60)	3.000	146.50 (128.50) TM
0915	Replantation operation through the palm	04.00		1270.00 0	9880.60 (8667.20)	1016.00 0	7904.50 (6933.80)	3.000	146.50 (128.50) TM
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) TM
0920	Tumours: Ganglion or fibroma	04.00		77.500	603.00 (528.90)	77.500	603.00 (528.90)	3.000	146.50 (128.50) TM
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	04.00		86.000	669.10 (586.90)	86.000	669.10 (586.90)	3.000	146.50 (128.50) TM
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	04.00		19.000	147.80 (129.70)	19.000	147.80 (129.70)	3.000	146.50 (128.50) TM
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)	3.000	146.50 (128.50) TM
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	05.01		37.000	287.90 (252.50)	37.000	287.90 (252.50)	3.000	146.50 (128.50) TM
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	04.00							
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3.8.5	Special areas: Spine								
	Please note the following with regard to section 3.8.5: Spine								04.00
	a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together:								
	1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis.								
	2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition.								
	b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.								
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	04.00		207.000	1610.50 (1412.70)	165.600	1288.40 (1130.10)	3.000	146.50 (128.50) TM
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	04.00	+	42.000	326.80 (286.60)	42.000	326.80 (286.60)	3.000	146.50 (128.50) TM
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	5.000	244.20 (214.20) TM
0930	Posterior osteotomy of spine: One vertebral segment	04.00		339.000	2637.40 (2313.50)	271.200	2109.90 (1850.80)	3.000	146.50 (128.50) TM
0931	Posterior spinal fusion: One level	04.00		385.000	2995.30 (2627.50)	308.000	2396.20 (2102.00)	3.000	146.50 (128.50) TM
0932	Posterior osteotomy of spine: Each additional vertebral segment	04.00	+	103.000	801.30 (702.90)	103.000	801.30 (702.90)	3.000	146.50 (128.50) TM
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	04.00		315.000	2450.70 (2149.70)	252.000	1960.60 (1719.80)	3.000	146.50 (128.50) TM
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	04.00	+	103.000	801.30 (702.90)	103.000	801.30 (702.90)	3.000	146.50 (128.50) TM
0938	Anterior fusion base of skull to C2	04.00		449.000	3493.20 (3064.20)	359.200	2794.60 (2451.40)	4.000	195.30 (171.30) TM
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	3.000	146.50 (128.50) TM
0941	Anterior interbody fusion: One level	04.00		360.000	2800.80 (2456.80)	288.000	2240.60 (1965.50)	3.000	146.50 (128.50) TM
0942	Anterior interbody fusion: Each additional level	04.00	+	102.000	793.60 (696.10)	102.000	793.60 (696.10)	3.000	146.50 (128.50) TM
0944	Posterior fusion: Occiput to C2	04.00		390.000	3034.20 (2661.60)	312.000	2427.40 (2129.30)	4.000	195.30 (171.30) TM
0946	Posterior spinal fusion: Each additional level	04.00	+	111.000	863.60 (757.50)	111.000	863.60 (757.50)	3.000	146.50 (128.50) TM
0948	Posterior interbody lumbar fusion: One level	04.00		364.000	2831.90 (2484.10)	291.200	2265.50 (1987.30)	3.000	146.50 (128.50) TM
0950	Posterior interbody lumbar fusion: Each additional interspace	04.00	+	95.000	739.10 (648.30)	95.000	739.10 (648.30)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0959	Excision of coccyx	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) TM
0961	Costo-transversectomy	04.00		198.000	1540.40 (1351.30)	158.400	1232.40 (1081.00)	3.000	146.50 (128.50) TM
0963	Antero-lateral decompression of spinal cord or anterior debridement	04.00		326.000	2536.30 (2224.80)	260.800	2029.00 (1779.80)	3.000	146.50 (128.50) T
MODIFIER									
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								04.00
3.8.6	Special areas: Spinal deformities								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).								04.00
0952	Posterior fusion for spinal deformity: Up to 6 levels	04.00		359.000	2793.00 (2450.00)	287.200	2234.40 (1960.00)	3.000	146.50 (128.50) TM
0954	Posterior fusion for spinal deformity: 7 to 12 levels	04.00		547.000	4255.70 (3733.00)	437.600	3404.50 (2986.40)	3.000	146.50 (128.50) TM
0955	Posterior fusion for spinal deformity: 13 or more levels	04.00		593.000	4613.50 (4047.00)	474.400	3690.80 (3237.60)	3.000	146.50 (128.50) TM
0956	Anterior fusion for spinal deformity: 2 or 3 levels	04.00		410.000	3189.80 (2798.10)	328.000	2551.80 (2238.50)	3.000	146.50 (128.50) TM
0957	Anterior fusion for spinal deformity: 4 to 7 levels	04.00		444.000	3454.30 (3030.10)	355.200	2763.50 (2424.10)	3.000	146.50 (128.50) TM
0958	Anterior fusion for spinal deformity: 8 or more levels	04.00		539.000	4193.40 (3678.40)	431.200	3354.70 (2942.80)	3.000	146.50 (128.50) TM
MODIFIER									
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								04.00
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	3.000	146.50 (128.50) TM
0960	Posterior non-segmental instrumentation	04.00		167.000	1299.30 (1139.70)	133.600	1039.40 (911.80)	5.000	244.20 (214.20) TM
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	04.00		176.000	1369.30 (1201.10)	140.800	1095.40 (960.90)	5.000	244.20 (214.20) TM
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	04.00		201.000	1563.80 (1371.70)	160.800	1251.00 (1097.40)	5.000	244.20 (214.20) TM
0966	Posterior segmental instrumentation:13 or more vertebrae	04.00		245.000	1906.10 (1672.00)	196.000	1524.90 (1337.60)	5.000	244.20 (214.20) TM
0968	Anterior instrumentation: 2 to 3 vertebrae	04.00		159.000	1237.00 (1085.10)	127.200	989.60 (868.10)	5.000	244.20 (214.20) TM
0969	Skull or skull-femoral traction including two weeks after-care	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)		
0970	Anterior instrumentation: 4 to 7 vertebrae	04.00		185.000	1439.30 (1262.50)	148.000	1151.40 (1010.00)	5.000	244.20 (214.20) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0971	Halo-splint and POP jacket including two weeks after-care	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)		
0972	Anterior instrumentation: 8 or more vertebrae	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	5.000	244.20 (214.20) TM
0974	Additional pelvic fixation of instrumentation other than sacrum	04.00		108.000	840.20 (737.10)	108.000	840.20 (737.10)	5.000	244.20 (214.20) TM
5750	Reinsertion of instrumentation	04.00		276.000	2147.30 (1883.60)	220.800	1717.80 (1506.90)	6.000	293.00 (257.00) TM
5751	Removal of posterior non-segmental instrumentation	04.00		173.000	1345.90 (1180.60)	138.400	1076.80 (944.50)	6.000	293.00 (257.00) TM
5752	Removal of posterior segmental instrumentation	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	6.000	293.00 (257.00) TM
5753	Removal of anterior instrumentation	04.00		204.000	1587.10 (1392.20)	163.200	1269.70 (1113.80)	6.000	293.00 (257.00) TM
5755	Laminectomy for spinal stenosis (exclude disectomy, foraminotomy and spondylolisthesis): One or two levels	04.00		295.000	2295.10 (2013.20)	236.000	1836.10 (1610.60)	3.000	146.50 (128.50) TM
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	04.00		304.000	2365.10 (2074.70)	243.200	1892.10 (1659.70)	3.000	146.50 (128.50) TM
5757	Laminectomy for decompression without foraminotomy or disectomy more than two levels	04.00		321.000	2497.40 (2190.70)	256.800	1997.90 (1752.50)	3.000	146.50 (128.50) TM
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	04.00	+	63.000	490.10 (429.90)	63.000	490.10 (429.90)	3.000	146.50 (128.50) TM
5759	Laminectomy for decompression disectomy, etc. revision operation	04.00		352.000	2738.60 (2402.20)	281.600	2190.80 (1921.80)	4.000	195.30 (171.30) TM
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	04.00		301.000	2341.80 (2054.20)	240.800	1873.40 (1643.40)	3.000	146.50 (128.50) TM
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	04.00	+	68.000	529.00 (464.10)	68.000	529.00 (464.10)	3.000	146.50 (128.50) TM
5763	Anterior disc removal and spinal decompression cervical: One level	04.00		344.000	2676.30 (2347.60)	275.200	2141.10 (1878.10)	3.000	146.50 (128.50) TM
5764	Anterior disc removal and spinal decompression cervical: Each additional level	04.00	+	81.000	630.20 (552.80)	81.000	630.20 (552.80)	3.000	146.50 (128.50) TM
5765	Vertebral corpectomy for spinal decompression: One level	04.00		466.000	3625.50 (3180.20)	372.800	2900.40 (2544.20)	3.000	146.50 (128.50) TM
5766	Vertebral corpectomy for spinal decompression: Each additional level	04.00		88.000	684.60 (600.60)	88.000	684.60 (600.60)	3.000	146.50 (128.50) TM
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)		
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	1436.20 (1259.80)	147.680	1149.00 (1007.90)	4.000	195.30 (171.30) TM
0988	Genioplasty	04.00		263.000	2046.10 (1794.90)	210.400	1636.90 (1435.90)	4.000	195.30 (171.30) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	04.00		202.200	1573.10 (1379.90)	161.760	1258.50 (1103.90)	4.000	195.30 (171.30) TM
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	04.00		302.000	2349.60 (2061.00)	241.600	1879.60 (1648.80)	4.000	195.30 (171.30) TM
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	04.00		433.000	3368.70 (2955.00)	346.400	2695.00 (2364.00)	4.000	195.30 (171.30) TM
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	04.00		970.000	7546.60 (6619.80)	776.000	6037.30 (5295.90)	4.000	195.30 (171.30) TM
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	04.00		302.000	2349.60 (2061.00)	241.600	1879.60 (1648.80)	4.000	195.30 (171.30) TM
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	04.00		1103.00 0	8581.30 (7527.50)	882.400	6865.10 (6022.00)	4.000	195.30 (171.30) TM
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	04.00		1654.00 0	12868.10 (11287.80)	1323.20 0	10294.50 (9030.30)	4.000	195.30 (171.30) TM
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	04.00		-	- F	-	- F		
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	04.00		302.000	2349.60 (2061.00)	241.600	1879.60 (1648.80)	3.000	146.50 (128.50) TM
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	04.00		184.000	1431.50 (1255.70)	147.200	1145.20 (1004.60)	3.000	146.50 (128.50) TM
1001	Temporo-mandibular joint: Reconstruction for dysfunction	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) TM
1003	Manipulation: Immobilisation and follow-up of fractured nose	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) TM
1005	Nasal fracture without manipulation	04.00		-	- F	-	- F		
1007	Mandibulectomy	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	5.000	244.20 (214.20) TM
1009	Maxillectomy	04.00		382.500	2975.90 (2610.40)	306.000	2380.70 (2088.30)	4.000	195.30 (171.30) TM
1011	Bone graft to mandible	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) TM
1012	Adjustment of occlusion by ramisection	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	4.000	195.30 (171.30) TM
1013	Fracture of arch of zygoma without displacement	04.00		-	- F	-	- F		
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	04.00		131.000	1019.20 (894.00)	120.000	933.60 (818.90)	3.000	146.50 (128.50) TM
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	04.00		262.000	2038.40 (1788.00)	209.600	1630.70 (1430.40)	3.000	146.50 (128.50) TM
4	Respiratory System								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	04.00		51.940	404.10 (354.50)	51.940	404.10 (354.50)		
1019	ENT endoscopy in rooms with rigid endoscope	04.00		12.000	93.40 (81.90)				
1020	Repair of perforated septum: Any method	06.04		141.900	1104.00 (968.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1022	Functional reconstruction of nasal septum	04.00		121.200	942.90 (827.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	4.000	195.30 (171.30) T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	06.04		64.600	502.60 (440.90)	64.600	502.60 (440.90)	4.000	195.30 (171.30) T
1027	Dacrocystorhinostomy	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	06.04		62.600	487.00 (427.20)	62.600	487.00 (427.20)	4.000	195.30 (171.30) T
1030	Endoscopic turbinectomy: Laser or microdebrider	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	5.000	244.20 (214.20) T
1031	Removal of single nasal polyp at rooms (at initial consultation only)	04.00		25.400	197.60 (173.30)	25.400	197.60 (173.30)		
1033	Removal of multiple polyps in hospital under general anaesthetic	04.00		81.800	636.40 (558.20)	81.800	636.40 (558.20)	4.000	195.30 (171.30) T
1034	Autogenous nasal bone transplant: Bone removal included	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	4.000	195.30 (171.30) T
1035	Functional endoscopic sinus surgery: Unilateral	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1036	Functional endoscopic sinus surgery: Bilateral	04.00		245.000	1906.10 (1672.00)	196.000	1524.90 (1337.60)	4.000	195.30 (171.30) T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	4.000	195.30 (171.30) T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	6.000	293.00 (257.00) T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	6.000	293.00 (257.00) T
1045	Ligation anterior ethmoidal artery	04.00		135.400	1053.40 (924.00)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1047	Caldwell-Luc operation: Unilateral	04.00		137.300	1068.20 (937.00)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1049	Ligation internal maxillary artery	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	6.000	293.00 (257.00) T
1050	Vidian neurectomy (transantral or transnasal)	04.00		113.000	879.10 (771.20)	113.000	879.10 (771.20)	4.000	195.30 (171.30) T
1051	Removal nasopharyngeal fibroma	04.00		285.000	2217.30 (1945.00)	228.000	1773.80 (1556.00)	6.000	293.00 (257.00) T
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
1053	Frontal sinus drainage, trephine operation	04.00		93.100	724.30 (635.40)	93.100	724.30 (635.40)	4.000	195.30 (171.30) T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	06.04		37.300	290.20 (254.60)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1055	External frontal ethmoidectomy	04.00		190.700	1483.60 (1301.40)	152.560	1186.90 (1041.20)	4.000	195.30 (171.30) T
1057	External ethmoidectomy and/or sphenoidectomy	04.00		199.400	1551.30 (1360.80)	159.520	1241.10 (1088.70)	4.000	195.30 (171.30) T
1058	Sublabial transseptal sphenoidotomy	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1059	Frontal osteomyelitis	04.00		194.000	1509.30 (1324.00)	155.200	1207.50 (1059.20)	4.000	195.30 (171.30) T
1060	Obliteration of frontal sinus	04.00		291.100	2264.80 (1986.60)	232.880	1811.80 (1589.30)	4.000	195.30 (171.30) T
1061	Lateral rhinotomy	04.00		164.000	1275.90 (1119.20)	131.200	1020.70 (895.40)	4.000	195.30 (171.30) T
1062	Excision nasolabial cyst	04.00		186.100	1447.90 (1270.10)	148.880	1158.30 (1016.00)	4.000	195.30 (171.30) T
1063	Removal of foreign bodies from nose: At rooms	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
1065	Removal of foreign body from nose: Under general anaesthetic	04.00		38.600	300.30 (263.40)	38.600	300.30 (263.40)	4.000	195.30 (171.30) T
1067	Proof puncture at rooms: Unilateral	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T
1069	Proof puncture, uni- or bilateral under general anaesthetic	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	4.000	195.30 (171.30) T
1071	Proetz treatment (consultation fee only to be charged for first treatment)	04.00		4.000	31.10 (27.30)	4.000	31.10 (27.30)		
1077	Septum abscess: At rooms, including after-care	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1079	Septum abscess: Under general anaesthetic	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	4.000	195.30 (171.30) T
1081	Oro-antral fistula (without Caldwell-Luc)	04.00		111.800	869.80 (763.00)	111.800	869.80 (763.00)	4.000	195.30 (171.30) T
1083	Choanal atresia: Intranasal approach	04.00		113.000	879.10 (771.20)	113.000	879.10 (771.20)	5.000	244.20 (214.20) T
1084	Choanal atresia: Transpalatal approach	04.00		194.000	1509.30 (1324.00)	155.200	1207.50 (1059.20)	7.000	341.80 (299.80) T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	5.000	244.20 (214.20) T
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
1089	Forehead rhinoplasty (all stages): Total	04.00		552.000	4294.60 (3767.20)	441.600	3435.60 (3013.70)	5.000	244.20 (214.20) T
1091	Forehead rhinoplasty (all stages): Partial	04.00		414.000	3220.90 (2825.40)	331.200	2576.70 (2260.30)	5.000	244.20 (214.20) T
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1095	Full nasal reconstruction for secondary cleft lip deformity	04.00		357.900	2784.50 (2442.50)	286.320	2227.60 (1954.00)	5.000	244.20 (214.20) T
1097	Partial nasal reconstruction for cleft lip deformity	04.00		199.700	1553.70 (1362.90)	159.760	1242.90 (1090.30)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1099	Columella reconstruction or lengthening	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
MODIFIERS GOVERNING NASAL OPERATIONS									
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								04.00
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	4.000	195.30 (171.30) T
1102	Laser tonsillectomy	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	6.000	293.00 (257.00) T
1105	Removal of adenoids	04.11		40.000	311.20 (273.00)	40.000	311.20 (273.00)	4.000	195.30 (171.30) T
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	04.00		168.300	1309.40 (1148.60)	134.640	1047.50 (918.90)	5.000	244.20 (214.20) T
1107	Opening of quinsy: At rooms	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)	6.000	293.00 (257.00) T
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	04.00		85.000	661.30 (580.10)	85.000	661.30 (580.10)	5.000	244.20 (214.20) T
1109	Opening of quinsy: Under general anaesthetic	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	6.000	293.00 (257.00) T
1110	Ludwig's Angina: Drainage	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	9.000	439.50 (385.50) T
1111	Post tonsillectomy or adenoidectomy haemorrhage	04.00		46.000	357.90 (313.90)	46.000	357.90 (313.90)	6.000	293.00 (257.00) T
1112	Pharyngeal pouch operation	04.11		231.800	1803.40 (1581.90)	185.440	1442.70 (1265.50)	5.000	244.20 (214.20) T
1113	Retropharyngeal abscess: Internal approach	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	6.000	293.00 (257.00) T
1115	Retropharyngeal abscess: External approach	04.00		85.000	661.30 (580.10)	85.000	661.30 (580.10)	6.000	293.00 (257.00) T
1116	Functional reconstruction of palate and uvula	04.00		168.300	1309.40 (1148.60)	134.640	1047.50 (918.90)	5.000	244.20 (214.20) T
4.3	Larynx								
1117	Laryngeal intubation	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
1118	Laryngeal stroboscopy with video capture	04.00		39.000	303.40 (266.20)	39.000	303.40 (266.20)	6.000	293.00 (257.00) T
1119	Laryngectomy without block dissection of the neck	04.00		430.000	3345.40 (2934.60)	344.000	2676.30 (2347.60)	7.000	341.80 (299.80) T
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	04.00		35.000	272.30 (238.90)				
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	04.00		81.100	631.00 (553.50)	81.100	631.00 (553.50)	6.000	293.00 (257.00) T
1126	Post laryngectomy for voice restoration	04.00		139.500	1085.30 (952.00)	120.000	933.60 (818.90)	9.000	439.50 (385.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1127	Tracheotomy	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	9.000	439.50 (385.50) T
1128	Endolaryngeal operations	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	8.000	390.60 (342.70) T
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	04.00		294.400	2290.40 (2009.20)	235.520	1832.30 (1607.30)	8.000	390.60 (342.70) T
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	04.00		41.400	322.10 (282.50)	41.400	322.10 (282.50)	6.000	293.00 (257.00) T
1131	Direct laryngoscopy plus foreign body removal	04.00		64.600	502.60 (440.90)	64.600	502.60 (440.90)	6.000	293.00 (257.00) T
MODIFIERS									
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (øFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								04.00
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								04.00
1132	Bronchoscopy: Diagnostic bronchoscopy	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	6.000	293.00 (257.00) T
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	8.000	390.60 (342.70) T
1134	Bronchoscopy: Bronchoscopy with laser	04.00		75.000	583.50 (511.80)			8.000	390.60 (342.70) T
1136	Nebulisation (in rooms)	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)	12.000	93.40 (81.90) ç
1137	Bronchial lavage	04.00						8.000	390.60 (342.70) T
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	12.000	586.00 (514.00) T
4.5	Pleura								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) T
1141	Insertion of intercostal catheter (under water drainage)	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	6.000	293.00 (257.00) T
1142	Intra-pleural block	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)	36.000	280.10 (245.70) ç
1143	Paracentesis chest: Diagnostic	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)	3.000	146.50 (128.50) T
1145	Paracentesis chest: Therapeutic	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
1147	Pneumothorax: Induction (diagnostic)	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)		
1149	Pleurectomy	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	11.000	537.10 (471.20) T
1151	Decortication of lung	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	11.000	537.10 (471.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)	3.000	146.50 (128.50) T
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)	5.000	244.20 (214.20) T
1157	Pneumonectomy	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	11.000	537.10 (471.20) T
1159	Pulmonary lobectomy	04.00		389.500	3030.30 (2658.20)	311.600	2424.20 (2126.50)	11.000	537.10 (471.20) T
1161	Segmental lobectomy	04.00		365.000	2839.70 (2491.00)	292.000	2271.80 (1992.80)	11.000	537.10 (471.20) T
1163	Excision tracheal stenosis: Cervical	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	8.000	390.60 (342.70) T
1164	Excision tracheal stenosis: Intra thoracic	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	12.000	586.00 (514.00) T
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	12.000	586.00 (514.00) T
1168	Thoracoplasty: Complete	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	11.000	537.10 (471.20) T
1169	Thoracoplasty: Limited (osteoplastic)	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	11.000	537.10 (471.20) T
1171	Drainage empyema (including six weeks after treatment)	04.00		170.000	1322.60 (1160.20)	136.000	1058.10 (928.10)	11.000	537.10 (471.20) T
1173	Drainage of lung abscess (including six weeks after treatment)	04.00		170.000	1322.60 (1160.20)	136.000	1058.10 (928.10)	11.000	537.10 (471.20) T
1175	Thoracotomy (limited): For lung or pleural biopsy	04.00		115.000	894.70 (784.80)	115.000	894.70 (784.80)	11.000	537.10 (471.20) T
1177	Major: Diagnostic, as for inoperable carcinoma	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	11.000	537.10 (471.20) T
1179	Thoracoscopy	04.00		89.000	692.40 (607.40)	89.000	692.40 (607.40)	11.000	537.10 (471.20) T
1181	Lung transplant: Unilateral	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	15.000	732.50 (642.50) T
1182	Harvesting donor lung: Unilateral	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1183	Excision or plication of emphysematous cyst: Unilateral	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	11.000	537.10 (471.20) T
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	04.00		438.000	3407.60 (2989.20)	350.400	2726.10 (2391.30)	11.000	537.10 (471.20) T
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	11.000	537.10 (471.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.6.2	Pulmonary function tests								
	When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								09.01
1186	Flow volume test: Inspiration/expiration	04.00		30.000	233.40 (204.70) ¢	30.000	233.40 (204.70) ¢	30.000	233.40 (204.70) ¢
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	389.00 (341.20) ¢	50.000	389.00 (341.20) ¢	50.000	389.00 (341.20) ¢
1189	Forced expirogram only	04.00		10.000	77.80 (68.20) ¢	10.000	77.80 (68.20) ¢	10.000	77.80 (68.20) ¢
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	04.00		45.310	352.50 (309.20) ¢				
1191	N2 single breath distribution	04.00		10.000	77.80 (68.20) ¢	10.000	77.80 (68.20) ¢	10.000	77.80 (68.20) ¢
1192	Peak expiratory flow only	04.00		5.000	38.90 (34.10) ¢	5.000	38.90 (34.10) ¢	5.000	38.90 (34.10) ¢
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	04.00		37.760	293.80 (257.70) ¢				
1195	Thoracic gas volume	04.00		37.930	295.10 (258.90) ¢				
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	04.00		45.310	352.50 (309.20) ¢				
1197	Compliance and resistance, using oesophageal balloon	04.00		24.000	186.70 (163.80) ¢	24.000	186.70 (163.80) ¢	24.000	186.70 (163.80) ¢
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	434.80 (381.40) ¢	55.890	434.80 (381.40) ¢		
1199	Pulmonary stress testing: For determination of VO2 max	04.00		96.500	750.80 (658.60) ¢	96.500	750.80 (658.60) ¢		
1200	Carbon monoxide diffusing capacity, any method	04.00		38.060	296.10 (259.70) ¢				
1201	Maximum inspiratory/expiratory pressure	04.00		5.000	38.90 (34.10) ¢	5.000	38.90 (34.10) ¢	5.000	38.90 (34.10) ¢
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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	311.20 (273.00)	40.000	311.20 (273.00)	40.000	311.20 (273.00) ¢
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 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	09.01		30.000	233.40 (204.70)	30.000	233.40 (204.70)	30.000	233.40 (204.70) ¢
	(i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit. (ii) Item 1204 may not be charged by the surgeon who performed a surgical procedure. Intensive monitoring is regarded as normal postoperative care, which is included in the global fee attached to that surgical procedure. (iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.	09.01							
1205	Intensive care: Category 2 (ICU): 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	09.01		100.000	778.00 (682.50)	100.000	778.00 (682.50)	100.000	778.00 (682.50) ¢
1206	Intensive care: Category 2 (ICU): 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	09.01		50.000	389.00 (341.20)	50.000	389.00 (341.20)	50.000	389.00 (341.20) ¢
1207	Intensive care: Category 2(ICU): 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	09.01		30.000	233.40 (204.70)	30.000	233.40 (204.70)	30.000	233.40 (204.70) ¢
	Please Note: (i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 (ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit. (ii) Should a patient during the post-operative care period require active system support, the person who is responsible for the active systems support, may use items 1205-1207 (as appropriate). (iii) It would be acceptable for the surgeon who performed a surgical procedure of which the after-care is included, to charge fees according to the appropriate hospital follow-up visit (item 0109) (iv) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.	09.01							
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	09.01		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	137.000	1065.90 (935.00) ¢
1209	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	09.01		58.000	451.20 (395.80)	58.000	451.20 (395.80)	58.000	451.20 (395.80) ¢
1210	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	09.01		50.000	389.00 (341.20)	50.000	389.00 (341.20)	50.000	389.00 (341.20) ¢
	Please note: (i) Items 1208-1210 are used if more than one practitioner is involved in active system support on a category 2 patient in the intensive care unit. (ii) Items 1208-1210 are used for category 3 patients with multiple organ failure. (iv) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.	09.01							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								09.01
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	583.50 (511.80)	75.000	583.50 (511.80)	75.000	583.50 (511.80) ¢
1213	Ventilation: Subsequent days, per day	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	50.000	389.00 (341.20) ¢
1214	Ventilation: After two weeks, per day	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	25.000	194.50 (170.60) ¢
1215	Insertion of arterial pressure cannula	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	25.000	194.50 (170.60) ¢
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	04.11		50.000	389.00 (341.20)	50.000	389.00 (341.20)	50.000	389.00 (341.20) ¢
1217	Insertion of central venous line via peripheral vein	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	10.000	77.80 (68.20) ¢
1218	Insertion of central venous line via subclavian or jugular veins	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	25.000	194.50 (170.60) ¢
1219	Hyperalimentation (daily tariff)	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	15.000	116.70 (102.40) ¢
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	233.40 (204.70)	30.000	233.40 (204.70)	30.000	233.40 (204.70) ¢
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	233.40 (204.70)	30.000	233.40 (204.70)	30.000	233.40 (204.70) ¢
4.8	Hyperbaric Oxygen Therapy								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy:								04.00
	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								
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	233.40 (204.70)	30.000	233.40 (204.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	05.03		101.130	786.80 (690.20) Z	101.130	786.80 (690.20) Z		
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)		
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	1021.20 (895.80) Z	131.260	1021.20 (895.80) Z		
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)		
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	1021.20 (895.80) Z	131.260	1021.20 (895.80) Z		
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)		
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	05.03		214.180	1666.30 (1461.70) Z	214.180	1666.30 (1461.70) Z		
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	04.00		190.000	1478.20 (1296.70)	190.000	1478.20 (1296.70)		
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	05.03		386.420	3006.30 (2637.10) Z	386.420	3006.30 (2637.10) Z		
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	04.00		327.000	2544.10 (2231.60)	327.000	2544.10 (2231.60)		
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		680.850	5297.00 (4646.50) Z	680.850	5297.00 (4646.50) Z		
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		678.280	5277.00 (4629.00) Z	678.280	5277.00 (4629.00) Z		
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		671.850	5227.00 (4585.10) Z	671.850	5227.00 (4585.10) Z		
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units	04.00							
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.	09.01							
5	Mediastinal Procedures								
1222	Mediastinal tumours	04.00		285.000	2217.30 (1945.00)	228.000	1773.80 (1556.00)	11.000	537.10 (471.20) T
1223	Mediastinoscopy	04.00		95.000	739.10 (648.30)	95.000	739.10 (648.30)	5.000	244.20 (214.20) T
1224	Mediastinotomy	04.00		115.000	894.70 (784.80)	115.000	894.70 (784.80)	11.000	537.10 (471.20) T
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	11.000	537.10 (471.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1226	Removal of single rib with a lesion	04.00		282.000	2194.00 (1924.50)	225.600	1755.20 (1539.60)	11.000	537.10 (471.20) T
6	Cardiovascular System								
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP									
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	20.000	155.60 (136.50) ç
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG	04.00							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	04.00				4.500	35.00 (30.70)		
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	04.00				6.500	50.60 (44.40)		
	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	46.70 (40.90)				
1231	Physician's fee for interpreting an ECG: With and without effort	06.04		10.000	77.80 (68.20)				
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation	04.00							
1232	Electrocardiogram: Without effort	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
1233	Electrocardiogram: With and without effort	06.04		13.000	101.10 (88.70)	13.000	101.10 (88.70)		
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)		
1235	Multi-stage treadmill test	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)		
1236	Electrocardiogram without effort: Under 4 years old	06.04		18.000	140.00 (122.80)	18.000	140.00 (122.80)		
1237	24 Hour ambulatory blood pressure: Hire fee	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)		
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)		
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)		
1240	Signal averaged electrocardiogram	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)		
1241	X-ray Screening: Chest	04.00		4.000	31.10 (27.30)	4.000	31.10 (27.30)		
1242	X-ray screening: Prosthetic valves	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)		
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)		
1245	Angiography cerebral: First two series	04.00		34.300	266.90 (234.10)	34.300	266.90 (234.10)	4.000	195.30 (171.30) T
1246	Angiography peripheral: Per limb	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	6.000	293.00 (257.00) T
1248	Paracentesis of pericardium	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	9.000	439.50 (385.50) T
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)		
MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER									
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								04.00
6.2	Invasive Cardiology								
6.2.1	Invasive cardiology: Cardiac catheterisation								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	04.00		140.000	1089.20 (955.40)			9.000	439.50 (385.50) T
1250	Endomyocardial biopsy	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	9.000	439.50 (385.50) T
1251	Transeptal puncture	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	9.000	439.50 (385.50) T
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	04.00		140.000	1089.20 (955.40)			9.000	439.50 (385.50) T
1253	Right heart catheterisation (with or without biopsy)	04.00		70.000	544.60 (477.70)			9.000	439.50 (385.50) T
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	9.000	439.50 (385.50) T
1255	Tilt test	04.00		31.300	243.50 (213.60)	31.300	243.50 (213.60)		
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study	04.00		160.000	1244.80 (1091.90)			9.000	439.50 (385.50) T
1257	Full electrophysiological study	04.00		300.000	2334.00 (2047.40)			9.000	439.50 (385.50) T
6.2.3	Invasive cardiology: Pacemakers								
1258	Pacemaker: Permanent - single chamber	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	9.000	439.50 (385.50) T
1259	Pacemaker: Permanent - dual chamber	04.00		230.000	1789.40 (1569.60)	184.000	1431.50 (1255.70)	9.000	439.50 (385.50) T
1260	AV nodal ablation	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	9.000	439.50 (385.50) T
1261	Accessory pathway ablation	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	9.000	439.50 (385.50) T
1262	Electrophysiological mapping	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)		
1263	Insertion transvenous implantable defibrillator	04.00		212.000	1649.40 (1446.80)	169.600	1319.50 (1157.40)	15.000	732.50 (642.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1264	Test for implantable transvenous defibrillator	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	15.000	732.50 (642.50) T
1265	Renewal of pacemaker unit only, team fee	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	9.000	439.50 (385.50) T
1266	Resiting pacemaker generator	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)		
1267	Repositioning of catheter electrode	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	9.000	439.50 (385.50) T
1268	Threshold testing: Own equipment	04.00		15.000	116.70 (102.40)				
1269	Threshold testing: Hospital equipment	04.00		11.000	85.60 (75.10)				
1270	Programming of atrio-ventricular sequential pacemaker	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)		
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	9.000	439.50 (385.50) T
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	9.000	439.50 (385.50) T
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	04.00		260.000	2022.80 (1774.40)	208.000	1618.20 (1419.50)	13.000	634.80 (556.80) T
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	13.000	634.80 (556.80) T
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	13.000	634.80 (556.80) T
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	13.000	634.80 (556.80) T
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	13.000	634.80 (556.80) T
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	13.000	634.80 (556.80) T
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	04.00		260.000	2022.80 (1774.40)	208.000	1618.20 (1419.50)	15.000	732.50 (642.50) T
1283	Use of balloon procedure as in item 1282: Second cardiologist	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	15.000	732.50 (642.50) T
1284	Atherectomy: Single lesion: First cardiologist	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)		
1285	Atherectomy: Single lesion: Second cardiologist	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)		
1286	Insertion of intravascular stent: First cardiologist	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)		
1287	Insertion of intravascular stent: Second cardiologist	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)		
	The insertion of a stent(s) (item 1286 & 1267) may only be charged once per vessel regardless of the number of stents inserted in this vessel.	09.01							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patent ductus arteriosus	04.00		300.000	2334.00 (2047.40)			15.000	732.50 (642.50) T
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	04.00		160.000	1244.80 (1091.90)			15.000	732.50 (642.50) T
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	12.000	586.00 (514.00) T
1289	Paediatric cardiac catheterisation: Infants below the age of one year	04.00		263.000	2046.10 (1794.90)	210.400	1636.90 (1435.90)	12.000	586.00 (514.00) T
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	13.000	634.80 (556.80) T
1295	Pericardiectomy for constrictive pericarditis	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	15.000	732.50 (642.50) T
1297	Coarctation of aorta	04.00		425.000	3306.50 (2900.40)	340.000	2645.20 (2320.40)	15.000	732.50 (642.50) T
1299	Systemo-pulmonary anastomosis	04.00		425.000	3306.50 (2900.40)	340.000	2645.20 (2320.40)	15.000	732.50 (642.50) T
1301	Mitral valvotomy: Closed heart technique	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	15.000	732.50 (642.50) T
1302	Heart transplant	04.00		875.000	6807.50 (5971.50)	700.000	5446.00 (4777.20)	15.000	732.50 (642.50) T
1303	Harvesting donor heart	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	5.000	244.20 (214.20) T
1305	Operative implantation of cardiac pacemaker by thoracotomy	04.00		220.000	1711.60 (1501.40)	176.000	1369.30 (1201.10)	15.000	732.50 (642.50) T
1307	Re-exploration after cardiac surgery	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	15.000	732.50 (642.50) T
1308	Heart and lung transplant	04.00		1000.00 0	7780.00 (6824.60)	800.000	6224.00 (5459.60)	15.000	732.50 (642.50) T
1309	Harvesting donor heart and lungs	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1311	Pericardial drainage	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	13.000	634.80 (556.80) T
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	04.00		25.000	194.50 (170.60)				
1320	Repeat open heart surgery (additional fee above procedure fee)	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	15.000	732.50 (642.50) T
1321	Stand-by fee for coronary angioplasty	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	30.000	233.40 (204.70) ç
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	04.00		20.000	155.60 (136.50)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	15.000	732.50 (642.50) T
1325	Atrial septal defect: Sinus venosus or osteum primum	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1327	Atrial septal defect: Ventricular septal defect	04.00		603.800	4697.60 (4120.70)	483.040	3758.10 (3296.50)	15.000	732.50 (642.50) T
1329	Atrial septal defect: Fallot's tetralogy	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1330	Atrial septal defect: Pulmonary stenosis	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	15.000	732.50 (642.50) T
1331	Transposition of large vessels (venous repair)	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1332	Transposition of great arteries (arterial repair)	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
1333	Ebstein's Anomaly	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	04.00		548.800	4269.70 (3745.30)	439.040	3415.70 (2996.30)	20.000	976.60 (856.70) T
1335	Total anomalous venous drainage	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	04.00		658.900	5126.20 (4496.70)	527.120	4101.00 (3597.40)	20.000	976.60 (856.70) T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	15.000	732.50 (642.50) T
1338	Fontan type repair	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	04.00		657.000	5111.50 (4483.70)	525.600	4089.20 (3587.00)	15.000	732.50 (642.50) T
1340	Mitral valvuloplasty	04.00		688.000	5352.60 (4695.30)	550.400	4282.10 (3756.20)	15.000	732.50 (642.50) T
1341	Aortic valve replacement	04.00		623.800	4853.20 (4257.20)	499.040	3882.50 (3405.70)	15.000	732.50 (642.50) T
1342	Tricuspid annulo plasty	04.00		188.000	1462.60 (1283.00)	150.400	1170.10 (1026.40)	15.000	732.50 (642.50) T
1343	Double valve replacement	04.00		968.900	7538.00 (6612.30)	775.120	6030.40 (5289.90)	15.000	732.50 (642.50) T
1344	Acute dissecting aneurysm repair	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	04.00		1000.00 0	7780.00 (6824.60)	800.000	6224.00 (5459.60)	15.000	732.50 (642.50) T
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	04.00		781.000	6076.20 (5330.00)	624.800	4860.90 (4264.00)	15.000	732.50 (642.50) T
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	04.00		813.000	6325.10 (5548.40)	650.400	5060.10 (4438.70)	15.000	732.50 (642.50) T
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	04.00		875.000	6807.50 (5971.50)	700.000	5446.00 (4777.20)	15.000	732.50 (642.50) T
1352	Cardiac aneurysm	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1353	Ascending/descending thoracic aortic aneurysm repair	04.00		625.000	4862.50 (4265.40)	500.000	3890.00 (3412.30)	15.000	732.50 (642.50) T
1354	Arrhythmia surgery	04.00		688.000	5352.60 (4695.30)	550.400	4282.10 (3756.20)	15.000	732.50 (642.50) T
1355	Cardiac tumour	04.00		625.000	4862.50 (4265.40)	500.000	3890.00 (3412.30)	15.000	732.50 (642.50) T
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	04.00		188.000	1462.60 (1283.00)	150.400	1170.10 (1026.40)	15.000	732.50 (642.50) T
1358	Harvesting of radial artery	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)		
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	116.70 (102.40)	15.000	116.70 (102.40)		
1359	Skin temperature test: Response to reflex cooling	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
1361	Cold sensitivity test	04.00		17.000	132.30 (116.00)	17.000	132.30 (116.00)		
1363	Oscillometry test	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
1365	Sweating test	04.00		17.000	132.30 (116.00)	17.000	132.30 (116.00)		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	04.00		26.300	204.60 (179.50)	26.300	204.60 (179.50)		
1367	Doppler blood tests	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
5369	Doppler arterial pressures	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
5371	Doppler arterial pressures with exercise	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
5373	Doppler segmental pressures and wave forms	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)		
5375	Venous doppler examination (both limbs)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
5377	Venous plethysmography	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5379	Supra-orbital doppler test	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
5381	Carotid non-invasive complex tests	04.00		39.000	303.40 (266.20)	39.000	303.40 (266.20)		
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)	04.00							
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	04.00		540.000	4201.20 (3685.30)	432.000	3361.00 (2948.20)	15.000	732.50 (642.50) T
1373	Abdominal aorta and iliac artery: Ruptured	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	15.000	732.50 (642.50) T
1375	Grafting and/or thrombo-endarterectomy for thrombosis	04.00		444.000	3454.30 (3030.10)	355.200	2763.50 (2424.10)	15.000	732.50 (642.50) T
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	04.00		594.000	4621.30 (4053.80)	475.200	3697.10 (3243.00)	15.000	732.50 (642.50) T
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	13.000	634.80 (556.80) T
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	5.000	244.20 (214.20) T
1387	Grafting vein: Vein grafting proximal to knee joint	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	5.000	244.20 (214.20) T
1388	Grafting vein: Distal to knee joint	04.00		444.000	3454.30 (3030.10)	355.200	2763.50 (2424.10)	5.000	244.20 (214.20) T
1389	Grafting vein: Endarterectomy when not part of another specified procedure	04.00		264.000	2053.90 (1801.70)	211.200	1643.10 (1441.30)	5.000	244.20 (214.20) T
1390	Grafting vein: Carotid endarterectomy	04.00		321.000	2497.40 (2190.70)	256.800	1997.90 (1752.50)	15.000	732.50 (642.50) T
1393	Embolectomy: Peripheral embolectomy transfemoral	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	5.000	244.20 (214.20) T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	04.00		125.000	972.50 (853.10)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	04.00		264.000	2053.90 (1801.70)	211.200	1643.10 (1441.30)	15.000	732.50 (642.50) T
1397	Profundoplasty	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
1399	Distal tibial (ankle region)	04.00		456.000	3547.70 (3112.00)	364.800	2838.10 (2489.60)	5.000	244.20 (214.20) T
1401	Femoro-femoral	04.00		254.000	1976.10 (1733.40)	203.200	1580.90 (1386.80)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1402	Carotid-subclavian	04.00		288.000	2240.60 (1965.50)	230.400	1792.50 (1572.40)	8.000	390.60 (342.70) T
1403	Axillo-femoral: (Bifemoral + 50%)	04.00		288.000	2240.60 (1965.50)	230.400	1792.50 (1572.40)	8.000	390.60 (342.70) T
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) T
1408	Placement of Hickman catheter or similar	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	4.000	195.30 (171.30) T
1410	Ligation of inferior vena cava: Abdominal	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	8.000	390.60 (342.70) T
1412	Umbrella operation on inferior vena cava: Abdominal	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	8.000	390.60 (342.70) T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	04.00		141.000	1097.00 (962.30)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	04.00		247.000	1921.70 (1685.70)	197.600	1537.30 (1348.50)	3.000	146.50 (128.50) T
1417	Extensive sub-fascial ligation of perforating veins	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1419	Lesser varicose vein procedures	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	3.000	146.50 (128.50) T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	11.000	537.10 (471.20) T
1427	Thrombectomy: Illo-femoral	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	6.000	293.00 (257.00) T
6.4.5	Peripheral vascular system: Portal hypertension								
1429	Porto-caval shunt	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	11.000	537.10 (471.20) T
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	93.40 (81.90)	12.000	93.40 (81.90)		
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	46.70 (40.90)	6.000	46.70 (40.90)		
	Please note : a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.	04.00							
7	Lympho Reticular System								
7.1	Spleen								
1435	Splenectomy (in all cases)	04.00		221.300	1721.70 (1510.30)	177.040	1377.40 (1208.20)	9.000	439.50 (385.50) T
1436	Splenorrhaphy	04.00		231.800	1803.40 (1581.90)	185.440	1442.70 (1265.50)	9.000	439.50 (385.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
7.2	Lymph nodes and lymphatic channels								
1439	Excision of lymph node for biopsy: Neck or axilla	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	4.000	195.30 (171.30) T
1441	Excision of lymph node for biopsy: Groin	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	3.000	146.50 (128.50) T
1443	Simple excision of lymph nodes for tuberculosis	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	3.000	146.50 (128.50) T
1445	Radical excision of lymph nodes of neck: Total: Unilateral	04.00		315.000	2450.70 (2149.70)	252.000	1960.60 (1719.80)	5.000	244.20 (214.20) T
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	04.00		235.000	1828.30 (1603.80)	188.000	1462.60 (1283.00)	5.000	244.20 (214.20) T
1449	Radical excision of lymph nodes of axilla	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	4.000	195.30 (171.30) T
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)	5.000	244.20 (214.20) T
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	4.000	195.30 (171.30) T
1453	Radical excision of lymph nodes of groin: Inguinal	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	04.00		39.000	303.40 (266.20)	39.000	303.40 (266.20)	5.000	244.20 (214.20) T
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	6.000	293.00 (257.00) T
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	5.000	244.20 (214.20) T
1457	Bone marrow biopsy: By trephine	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1459	Staging laparotomy for lymphoma (including splenectomy)	04.00		245.000	1906.10 (1672.00)	196.000	1524.90 (1337.60)	7.000	341.80 (299.80) T
8	Digestive System								
MODIFIERS GOVERNING THIS SECTION									
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								04.00
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	04.00		21.000	163.38 (143.32)	21.000	163.38 (143.32)		
8.1	Oral cavity								
1461	All dental procedures	04.00						4.000	195.30 (171.30) T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	4.000	195.30 (171.30) T
1467	Drainage of intra-oral abscess	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	4.000	195.30 (171.30) T
1469	Local excision of mucosal lesion of oral cavity	04.00		23.000	178.90 (157.00)	23.000	178.90 (157.00)	4.000	195.30 (171.30) T
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	04.00		549.000	4271.20 (3746.70)	439.200	3417.00 (2997.30)	7.000	341.80 (299.80) T
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	04.00		-	- q	-	- q	7.000	341.80 (299.80) T
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	6.000	293.00 (257.00) T
1477	Cleft palate: Secondary repair	04.00		174.200	1355.30 (1188.80)	139.360	1084.20 (951.10)	6.000	293.00 (257.00) T
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	6.000	293.00 (257.00) T
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	6.000	293.00 (257.00) T
1480	Repair of oronasal fistula (large) e.g. distant flap	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	6.000	293.00 (257.00) T
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1482	Repair of oronasal fistula (large): Second stage	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1483	Alveolar periosteal or other flaps for arch closure	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1486	Closure of anterior nasal floor	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	04.00		95.000	739.10 (648.30)	95.000	739.10 (648.30)	5.000	244.20 (214.20) T
1485	Local excision of benign lesion of lip	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	4.000	195.30 (171.30) T
1487	Resection for lip malignancy	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	4.000	195.30 (171.30) T
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	5.000	244.20 (214.20) T
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	04.00		251.600	1957.40 (1717.10)	201.280	1566.00 (1373.60)	5.000	244.20 (214.20) T
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	04.00		329.900	2566.60 (2251.40)	263.920	2053.30 (1801.10)	5.000	244.20 (214.20) T
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	5.000	244.20 (214.20) T
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	04.00		251.600	1957.40 (1717.10)	201.280	1566.00 (1373.60)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	5.000	244.20 (214.20) T
1495	Abbé or Estlander type flap (all stages included)	04.00		273.100	2124.70 (1863.80)	218.480	1699.80 (1491.00)	5.000	244.20 (214.20) T
1497	Vermilionectomy	04.00		94.900	738.30 (647.70)	94.900	738.30 (647.70)	4.000	195.30 (171.30) T
1499	Lip reconstruction following an injury: Direct repair	04.00		105.600	821.60 (720.70)	105.600	821.60 (720.70)	4.000	195.30 (171.30) T
1501	Lip reconstruction following an injury or tumour removal: Flap repair	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	04.00		104.000	809.10 (709.80)	104.000	809.10 (709.80)	4.000	195.30 (171.30) T
8.3	Tongue								
1505	Partial glossectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
1507	Local excision of lesion of tongue	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	4.000	195.30 (171.30) T
8.4	Palate, uvula and salivary glands								
1509	Wide excision of lesion of palate	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1511	Radical resection of palate (including skin graft)	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	7.000	341.80 (299.80) T
1513	Excision of ranula	04.00		85.600	666.00 (584.20)	85.600	666.00 (584.20)	5.000	244.20 (214.20) T
1515	Excision of sublingual salivary gland	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1517	Excision of submandibular salivary gland	04.00		146.000	1135.90 (996.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1519	Excision of submandibular salivary gland with suprahyoid dissection	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1521	Excision of submandibular salivary gland: With radical neck dissection	04.00		352.000	2738.60 (2402.20)	281.600	2190.80 (1921.80)	6.000	293.00 (257.00) T
1523	Local resection of parotid tumour	04.00		169.600	1319.50 (1157.40)	135.680	1055.60 (926.00)	5.000	244.20 (214.20) T
1525	Partial parotidectomy	04.00		310.000	2411.80 (2115.60)	248.000	1929.40 (1692.50)	5.000	244.20 (214.20) T
1526	Total parotidectomy with preservation of facial nerve	04.00		358.500	2789.10 (2446.60)	286.800	2231.30 (1957.30)	5.000	244.20 (214.20) T
1527	Total parotidectomy	04.00		358.500	2789.10 (2446.60)	286.800	2231.30 (1957.30)	5.000	244.20 (214.20) T
1529	Parotidectomy: Extracapsular	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1531	Drainage of parotid abscess	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	4.000	195.30 (171.30) T
1533	Closure of salivary fistula	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	4.000	195.30 (171.30) T
1535	Dilatation of salivary duct	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T
1537	Operative removal of salivary calculus	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)	4.000	195.30 (171.30) T
1539	Salivary duct: Meatotomy	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T
1541	Branchial cyst and/or fistula: Excision	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1543	Excision of cystic hygroma	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1544	Ludwig's Angina: Drainage	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	9.000	439.50 (385.50) T
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	04.00		47.000	365.70 (320.80)	47.000	365.70 (320.80)	4.000	195.30 (171.30) T
1549	Oesophagoscopy with dilatation of stricture	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	4.000	195.30 (171.30) T
1550	Oesophagoscopy with removal of foreign body	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	4.000	195.30 (171.30) T
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	4.000	195.30 (171.30) T
1554	Per-oral small bowel biopsy	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	4.000	195.30 (171.30) T
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	15.000	732.50 (642.50) T
1557	Oesophageal dilatation	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	4.000	195.30 (171.30) T
1559	Oesophagectomy: Two stage	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	11.000	537.10 (471.20) T
1560	Oesophagectomy: Three stage	04.00		550.000	4279.00 (3753.50)	440.000	3423.20 (3002.80)	11.000	537.10 (471.20) T
1561	Thoraco-abdominal oesophagogastrrectomy	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	11.000	537.10 (471.20) T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	11.000	537.10 (471.20) T
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	11.000	537.10 (471.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1566	Private fee: Gastroplasty	04.00		325.000	2528.50 (2218.00)	260.000	2022.80 (1774.40)	8.000	390.60 (342.70) T
1567	Bochdalek hernia repair in newborn	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	14.000	683.60 (599.70) T
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	11.000	537.10 (471.20) T
1569	Heller's operation	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	14.000	683.60 (599.70) T
1575	Insertion of indwelling oesophageal tube by laparotomy	04.00		142.000	1104.80 (969.10)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1578	Oesophageal motility (4 channel + pneumograph)	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	4.000	195.30 (171.30) T
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	11.000	537.10 (471.20) T
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	04.00		110.000	855.80 (750.70)	110.000	855.80 (750.70)	4.000	195.30 (171.30) T
1581	Removal of benign oesophageal tumours	04.00		285.000	2217.30 (1945.00)	228.000	1773.80 (1556.00)	11.000	537.10 (471.20) T
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1583	Excision of intrathoracic oesophageal diverticulum	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	11.000	537.10 (471.20) T
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimony pH probe)	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)		
1585	24 Hour oesophageal pH studies: Interpretation	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)		
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	04.00		48.750	379.30 (332.70) Z	48.750	379.30 (332.70) Z	4.000	195.30 (171.30) T
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	194.50 (170.60) Z	25.000	194.50 (170.60) Z	4.000	195.30 (171.30) T
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	264.50 (232.00)	34.000	264.50 (232.00)	6.000	293.00 (257.00) T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	194.50 (170.60) Z	25.000	194.50 (170.60) Z	4.000	195.30 (171.30) T
1593	Augmented histamine test: Gastric intubation with x-ray screening	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
1597	Gastrostomy or Gastrotomy	04.00		147.500	1147.60 (1006.60)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1598	Gastrotomy with suture repair of bleeding ulcer	05.03		251.200	1954.30 (1714.30) Z	200.960	1563.50 (1371.50) Z	6.000	293.00 (257.00) T
1599	Pyloromyotomy (Rammstedt)	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	6.000	293.00 (257.00) T
1601	Local excision of ulcer or benign neoplasm	04.00		195.600	1521.80 (1334.90)	156.480	1217.40 (1067.90)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1603	Vagotomy: Abdominal	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1604	Vagotomy: Thoracic	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	11.000	537.10 (471.20) T
1605	Truncal or selective with drainage procedures	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	6.000	293.00 (257.00) T
1607	Vagotomy and antrectomy	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	6.000	293.00 (257.00) T
1609	Highly selective vagotomy	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	6.000	293.00 (257.00) T
1611	Pyloroplasty	04.00		180.200	1402.00 (1229.80)	144.160	1121.60 (983.80)	6.000	293.00 (257.00) T
1613	Gastroenterostomy	04.00		203.600	1584.00 (1389.50)	162.880	1267.20 (1111.60)	6.000	293.00 (257.00) T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	7.000	341.80 (299.80) T
1617	Partial gastrectomy	04.00		328.300	2554.20 (2240.50)	262.640	2043.30 (1792.40)	7.000	341.80 (299.80) T
1619	Total gastrectomy	04.00		384.430	2990.90 (2623.60)	307.540	2392.70 (2098.80)	7.000	341.80 (299.80) T
1621	Revision of gastrectomy or gastro-enterostomy	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	7.000	341.80 (299.80) T
1625	Gastro-esophageal operation for portal hypertension (Tanner)	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	11.000	537.10 (471.20) T
8.7	Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1627	Duodenal intubation (under X-ray screening)	04.00		8.000	62.20 (54.60)				
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	04.00		21.000	163.40 (143.30)				
1631	Duodenal intubation: Under 3 years of age	06.04		15.000	116.70 (102.40)				
8.8	Intestines								
1632	H2 breath test (intestines)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
1633	Complete test using lactose or lactulose	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)		
1634	Enterotomy or Enterostomy	04.11		202.600	1576.20 (1382.70)	162.080	1261.00 (1106.10)	6.000	293.00 (257.00) T
1635	Intestinal obstruction of the newborn	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	7.000	341.80 (299.80) T
1637	Operation for relief of intestinal obstruction	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	7.000	341.80 (299.80) T
1639	Resection of small bowel with enterostomy or anastomosis	04.00		244.900	1905.30 (1671.30)	195.920	1524.30 (1337.10)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1641	Entero-enterostomy or entero-colostomy for bypass	04.00		213.100	1657.90 (1454.30)	170.480	1326.30 (1163.50)	6.000	293.00 (257.00) T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	05.03		150.000	1167.00 (1023.70) Z	120.000	933.60 (818.90) Z		
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	05.03		90.000	700.20 (614.20) Z	90.000	700.20 (614.20) Z		
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	04.00		185.200	1440.90 (1263.90)	148.160	1152.70 (1011.10)	6.000	293.00 (257.00) T
1647	Closure of intestinal fistula	04.00		258.000	2007.20 (1760.70)	206.400	1605.80 (1408.60)	6.000	293.00 (257.00) T
1649	Excision of Meckel's diverticulum	04.00		179.800	1398.80 (1227.10)	143.840	1119.10 (981.60)	6.000	293.00 (257.00) T
1651	Excision of lesion of mesentery	04.00		171.600	1335.00 (1171.10)	137.280	1068.00 (936.90)	4.000	195.30 (171.30) T
1652	Laparotomy for mesenteric thrombosis	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	8.000	390.60 (342.70) T
1653	Total colonoscopy: With hospital equipment (including biopsy)	04.00		90.000	700.20 (614.20) Z	90.000	700.20 (614.20) Z	4.000	195.30 (171.30) T
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	04.00	+	30.000	233.40 (204.70) Z	30.000	233.40 (204.70) Z	4.000	195.30 (171.30) T
1656	Left-sided colonoscopy	04.00		60.000	466.80 (409.50) Z	60.000	466.80 (409.50) Z	4.000	195.30 (171.30) T
1657	Right or left hemicolectomy or segmental colectomy	04.00		325.000	2528.50 (2218.00)	260.000	2022.80 (1774.40)	6.000	293.00 (257.00) T
1658	Reconstruction of colon after Hartman's procedure	04.00		359.400	2796.10 (2452.70)	287.520	2236.90 (1962.20)	6.000	293.00 (257.00) T
1661	Colotomy: Including removal of tumour or foreign body	04.00		205.700	1600.30 (1403.80)	164.560	1280.30 (1123.00)	6.000	293.00 (257.00) T
1663	Total colectomy	04.00		390.000	3034.20 (2661.60)	312.000	2427.40 (2129.30)	6.000	293.00 (257.00) T
1665	Colostomy or ileostomy isolated procedure	04.00		233.800	1819.00 (1595.60)	187.040	1455.20 (1276.50)	6.000	293.00 (257.00) T
1666	Continent ileostomy pouch (all types)	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	6.000	293.00 (257.00) T
1667	Colostomy: Closure	04.00		179.100	1393.40 (1222.30)	143.280	1114.70 (977.80)	5.000	244.20 (214.20) T
1668	Revision of ileostomy pouch	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	6.000	293.00 (257.00) T
1669	Total proctocolectomy and ileostomy	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	7.000	341.80 (299.80) T
1670	Proctocolectomy, ileostomy and ileostomy pouch	04.00		540.000	4201.20 (3685.30)	432.000	3361.00 (2948.20)	7.000	341.80 (299.80) T
1671	Colomyotomy (Reilly operation)	04.00		185.000	1439.30 (1262.50)	148.000	1151.40 (1010.00)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
8.9	Appendix								
1673	Drainage of appendix abscess	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1675	Appendicectomy	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	4.000	195.30 (171.30) T
8.10	Rectum and anus								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	04.00		48.750	379.30 (332.70) Z	48.750	379.30 (332.70) Z	3.000	146.50 (128.50) T
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	04.00	+	25.000	194.50 (170.60) Z	25.000	194.50 (170.60) Z	3.000	146.50 (128.50) T
1679	Sigmoidoscopy with removal of polyps, first and subsequent	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
1681	Proctoscopy with removal of polyps: First time	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)	3.000	146.50 (128.50) T
1683	Proctoscopy with removal of polyps: Subsequent times	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1685	Endoscopic fulguration of tumour	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	04.00		381.300	2966.50 (2602.20)	305.040	2373.20 (2081.80)	6.000	293.00 (257.00) T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	04.00		445.000	3462.10 (3036.90)	356.000	2769.70 (2429.50)	8.000	390.60 (342.70) T
1689	Perineal resection of rectum	04.00		141.000	1097.00 (962.30)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.	04.00							
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	04.00		409.300	3184.40 (2793.30)	327.440	2547.50 (2234.60)	7.000	341.80 (299.80) T
1692	Abdomino-perineal resection of rectum: Perineal surgeon	04.00		158.500	1233.10 (1081.70)	126.800	986.50 (865.40)		
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	4.000	195.30 (171.30) T
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	7.000	341.80 (299.80) T
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	6.000	293.00 (257.00) T
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	6.000	293.00 (257.00) T
1701	Repair of prolapsed rectum: Abdominal: Perineal	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1705	Incision and drainage of peri-anal abscess	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
1707	Drainage of submucous abscess	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
1709	Drainage of ischio-rectal abscess	04.00		87.000	676.90 (593.70)	87.000	676.90 (593.70)	3.000	146.50 (128.50) T
1711	Excision of pelvi-rectal fistula	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	5.000	244.20 (214.20) T
1713	Excision of fistula-in-ano	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	3.000	146.50 (128.50) T
1715	Operation for fissure-in-ano	04.00		66.800	519.70 (455.90)	66.800	519.70 (455.90)	3.000	146.50 (128.50) T
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1721	Sclerosing injection for haemorrhoids: Per injection	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
1723	Haemorrhoidectomy	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1725	Drainage of external thrombosed pile	04.00		12.500	97.30 (85.30)	12.500	97.30 (85.30)	3.000	146.50 (128.50) T
1727	Multiple procedures (haemorrhoids, fissure, etc.)	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	3.000	146.50 (128.50) T
1728	Biopsy of ano-rectal wall, for congenital megacolon	05.03		60.600	471.50 (413.60) Z	60.600	471.50 (413.60) Z	5.000	244.20 (214.20) T
1729	Excision of anal skin tags	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1731	Operation for low imperforate anus	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	6.000	293.00 (257.00) T
1733	Anoplasty: Y-V-plasty	04.00		41.000	319.00 (279.80)	41.000	319.00 (279.80)	3.000	146.50 (128.50) T
1735	Anal sphincteroplasty for incontinence	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1737	Dilation of ano-rectal stricture	04.00		12.500	97.30 (85.30)	12.500	97.30 (85.30)	3.000	146.50 (128.50) T
1739	Closure of recto-vesical fistula	04.00		241.000	1875.00 (1644.70)	192.800	1500.00 (1315.80)	5.000	244.20 (214.20) T
1741	Closure of recto-urethral fistula	04.00		241.000	1875.00 (1644.70)	192.800	1500.00 (1315.80)	5.000	244.20 (214.20) T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)		
8.11	Liver								
1743	Needle biopsy of liver	04.00		30.300	235.70 (206.80)	30.300	235.70 (206.80)	3.000	146.50 (128.50) T
1745	Biopsy of liver by laparotomy	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1747	Drainage of liver abscess or cyst	04.00		179.100	1393.40 (1222.30)	143.280	1114.70 (977.80)	7.000	341.80 (299.80) T
1748	Body composition measured by bio-electrical impedance	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		
1749	Hemi-hepatectomy: Right	04.00		564.000	4387.90 (3849.10)	451.200	3510.30 (3079.20)	9.000	439.50 (385.50) T
1751	Hemi-hepatectomy: Left	04.00		521.100	4054.20 (3556.30)	416.880	3243.30 (2845.00)	9.000	439.50 (385.50) T
1752	Extended right or left hepatectomy	04.00		570.900	4441.60 (3896.10)	456.720	3553.30 (3116.90)	9.000	439.50 (385.50) T
1753	Partial or segmental hepatectomy	04.00		378.000	2940.80 (2579.70)	302.400	2352.70 (2063.70)	9.000	439.50 (385.50) T
1754	Hepatico-jejunostomy	04.00		369.200	2872.40 (2519.60)	295.360	2297.90 (2015.70)	9.000	439.50 (385.50) T
1755	Liver transplant	04.00		1400.80 0	10898.20 (9559.80)	1120.64 0	8718.60 (7647.90)	15.000	732.50 (642.50) T
1756	Harvesting donor hepatectomy	04.00		616.200	4794.00 (4205.30)	492.960	3835.20 (3364.20)	5.000	244.20 (214.20) T
1757	Suture of liver wound or injury	04.00		214.200	1666.50 (1461.80)	171.360	1333.20 (1169.50)	9.000	439.50 (385.50) T
8.12	Biliary tract								
1759	Cholecystostomy	04.00		171.600	1335.00 (1171.10)	137.280	1068.00 (936.90)	6.000	293.00 (257.00) T
1761	Cholecystectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
1762	Cholecystectomy and operative cholangiogram	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	6.000	293.00 (257.00) T
1763	With exploration of common bile duct	04.00		264.500	2057.80 (1805.10)	211.600	1646.20 (1444.10)	6.000	293.00 (257.00) T
1765	Exploration of common bile duct: Secondary operation	04.00		327.700	2549.50 (2236.40)	262.160	2039.60 (1789.10)	6.000	293.00 (257.00) T
1767	Reconstruction of common bile duct	04.00		371.700	2891.80 (2536.70)	297.360	2313.50 (2029.40)	6.000	293.00 (257.00) T
1768	Resection bile duct tumour with reconstruction	04.00		327.700	2549.50 (2236.40)	262.160	2039.60 (1789.10)	6.000	293.00 (257.00) T
1769	Cholecysto-enterostomy or gastrostomy	04.00		236.300	1838.40 (1612.60)	189.040	1470.70 (1290.10)	6.000	293.00 (257.00) T
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	06.04	+	25.600	199.20 (174.70)	25.600	199.20 (174.70)	6.000	293.00 (257.00) T
1773	Transduodenal sphincteroplasty	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
1774	Balloon dilatation of common bile duct strictures	04.00		125.000	972.50 (853.10)	100.000	778.00 (682.50)	6.000	293.00 (257.00) T
1775	Excision choledochal cyst with reconstruction	04.00		327.700	2549.50 (2236.40)	262.160	2039.60 (1789.10)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1777	Porto-enterostomy for biliary atresia	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	11.000	537.10 (471.20) T
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	04.00		105.900	823.90 (722.70)	105.900	823.90 (722.70)	4.000	195.30 (171.30) T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	04.00	+	15.820	123.10 (108.00)	15.820	123.10 (108.00)	4.000	195.30 (171.30) T
1780	Gastric and duodenal intubation	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1781	Procedure (excluding laboratory tests)	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)		
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	04.00	+	30.000	233.40 (204.70)	30.000	233.40 (204.70)	4.000	195.30 (171.30) T
1783	Drainage of pancreatic abscess	04.00		239.300	1861.80 (1633.10)	191.440	1489.40 (1306.50)	6.000	293.00 (257.00) T
1784	Debridement pancreatic necrosis	04.00		348.400	2710.60 (2377.70)	278.720	2168.40 (1902.10)	6.000	293.00 (257.00) T
1785	Internal drainage of pancreatic cyst	04.00		250.600	1949.70 (1710.20)	200.480	1559.70 (1368.20)	6.000	293.00 (257.00) T
1770	Endoscopic placement of bilioduodenal endoprosthesis: ADD to ERCP (item 1778)	04.00	+	30.000	233.40 (204.70)	30.000	233.40 (204.70)	6.000	293.00 (257.00) T
1786	Internal drainage of pancreatic cyst with Roux-Y	04.00		306.800	2386.90 (2093.80)	245.440	1909.50 (1675.00)	6.000	293.00 (257.00) T
1787	Operative pancreatogram: ADD	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)		
1788	Biopsy of pancreas	04.00		177.700	1382.50 (1212.70)	142.160	1106.00 (970.20)	6.000	293.00 (257.00) T
1789	Pancreatico-duodenectomy	04.00		704.800	5483.30 (4810.00)	563.840	4386.70 (3848.00)	8.000	390.60 (342.70) T
1791	Local, partial or subtotal pancreatectomy	04.00		351.300	2733.10 (2397.50)	281.040	2186.50 (1918.00)	8.000	390.60 (342.70) T
1793	Distal pancreatectomy with internal drainage	04.00		377.400	2936.20 (2575.60)	301.920	2348.90 (2060.50)	8.000	390.60 (342.70) T
8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	4.000	195.30 (171.30) T
1799	Pneumo-peritoneum: Repeat	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	4.000	195.30 (171.30) T
1800	Peritoneal lavage	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
1801	Diagnostic paracentesis: Abdomen	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1803	Therapeutic paracentesis: Abdomen	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)		
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	04.00	+	45.000	350.10 (307.10)	45.000	350.10 (307.10)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1809	Laparotomy	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	4.000	195.30 (171.30) T
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	7.000	341.80 (299.80) T
1811	Suture of burst abdomen	04.00		188.300	1465.00 (1285.10)	150.640	1172.00 (1028.10)	7.000	341.80 (299.80) T
1812	Laparotomy for control of surgical haemorrhage	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	9.000	439.50 (385.50) T
1813	Drainage of sub-phrenic abscess	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	7.000	341.80 (299.80) T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	04.00		248.400	1932.60 (1695.20)	198.720	1546.00 (1356.20)	5.000	244.20 (214.20) T
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	4.000	195.30 (171.30) T
9	Herniae								
1819	Inguinal or femoral hernia: Adult	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1821	Inguinal or femoral hernia: Child under 14 years	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	4.000	195.30 (171.30) T
1823	Inguinal hernia: Infant under one year	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	4.000	195.30 (171.30) T
1825	Recurrent inguinal or femoral hernia	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	4.000	195.30 (171.30) T
1827	Strangulated hernia or femoral hernia	04.00		238.000	1851.60 (1624.20)	190.400	1481.30 (1299.40)	7.000	341.80 (299.80) T
1829	Epigastric hernia	04.00		93.300	725.90 (636.70)	93.300	725.90 (636.70)	4.000	195.30 (171.30) T
1831	Umbilical hernia: Adult	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1833	Umbilical hernia: Child under 14 years	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	4.000	195.30 (171.30) T
1835	Incisional hernia	04.00		166.800	1297.70 (1138.30)	133.440	1038.20 (910.70)	4.000	195.30 (171.30) T
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	04.00	+	77.000	599.10 (525.50)	77.000	599.10 (525.50)	4.000	195.30 (171.30) T
1837	Repair of omphalocele in new-born (one or more procedures)	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	7.000	341.80 (299.80) T
10	Urinary System								
RULES GOVERNING THE SECTION URINARY SYSTEM									
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	5.000	244.20 (214.20) T
1841	Renal biopsy: Needle	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
1843	Peritoneal dialysis: First day	04.00		33.000	256.70 (225.20)	33.000	256.70 (225.20)		
1845	Peritoneal dialysis: Every subsequent day	04.00		33.000	256.70 (225.20)	33.000	256.70 (225.20)		
1847	Haemodialysis: Per hour or part thereof	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)		
1849	Haemodialysis: Maximum: Eight hours	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)		
1851	Haemodialysis: Thereafter per week	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)		
1852	Continuous haemodiafiltration per day in intensive or high care unit	04.00		33.000	256.70 (225.20)	33.000	256.70 (225.20)		
1853	Nephrectomy: Primary nephrectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	5.000	244.20 (214.20) T
1855	Nephrectomy: Secondary nephrectomy	04.00		267.000	2077.30 (1822.20)	213.600	1661.80 (1457.70)	5.000	244.20 (214.20) T
1857	Radical with regional lymph adenectomy for tumour	04.11		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	6.000	293.00 (257.00) T
1859	Nephrectomy: Partial	04.00		267.000	2077.30 (1822.20)	213.600	1661.80 (1457.70)	5.000	244.20 (214.20) T
1861	Symphysiotomy for horse-shoe kidney	04.00		287.000	2232.90 (1958.60)	229.600	1786.30 (1566.90)	6.000	293.00 (257.00) T
1863	Nephro-ureterectomy	04.00		305.000	2372.90 (2081.50)	244.000	1898.30 (1665.20)	5.000	244.20 (214.20) T
1865	Nephrotomy with drainage nephrostomy	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	6.000	293.00 (257.00) T
1869	Nephrolithotomy	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	5.000	244.20 (214.20) T
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	04.00		284.000	2209.50 (1938.20)	227.200	1767.60 (1550.50)	5.000	244.20 (214.20) T
1871	Staghorn stone: Surgical	04.00		341.000	2653.00 (2327.20)	272.800	2122.40 (1861.70)	6.000	293.00 (257.00) T
1873	Suture renal laceration (renorrhaphy)	04.00		193.000	1501.50 (1317.10)	154.400	1201.20 (1053.70)	6.000	293.00 (257.00) T
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	04.00		34.000	264.50 (232.00)	34.000	264.50 (232.00)	3.000	146.50 (128.50) T
1877	Operation for renal cyst: Marsupialisation or excision	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1879	Closure renal fistula	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1881	Pyeloplasty	06.04		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
1883	Pyelostomy	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1885	Pyelolithotomy	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	04.00		223.000	1734.90 (1521.90)	178.400	1388.00 (1217.50)	5.000	244.20 (214.20) T
1889	Nephrectomy for Allograft: Living or dead	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	5.000	244.20 (214.20) T
1891	Perinephric abscess or renal abscess: Drainage	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	7.000	341.80 (299.80) T
1893	Aberrant renal vessels: Repositioning with pyeloplasty	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
1894	Auto transplantation of kidney	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	10.000	488.30 (428.30) T
1895	Allo transplantation of kidney	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	10.000	488.30 (428.30) T
10.2	Ureter								
1897	Ureterorrhaphy: Suture of ureter	04.11		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1898	Ureterorrhaphy: Lumbar approach	04.11		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1899	Ureteroplasty	04.00		181.000	1408.20 (1235.20)	144.800	1126.50 (988.20)	5.000	244.20 (214.20) T
1901	Ureterolysis	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T
1902	Ureterolysis: Lumbar approach	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1903	Ureterectomy only	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1905	Ureterolithotomy	04.00		265.800	2067.90 (1814.00)	212.640	1654.30 (1451.20)	5.000	244.20 (214.20) T
1907	Cutaneous ureterostomy: Unilateral	04.00		108.000	840.20 (737.10)	108.000	840.20 (737.10)	5.000	244.20 (214.20) T
1909	Cutaneous ureterostomy: Bilateral	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1911	Uretero-enterostomy: Unilateral	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1913	Uretero-enterostomy: Bilateral	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	5.000	244.20 (214.20) T
1915	Uretero-ureterostomy	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1917	Transuretero-ureterostomy	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1919	Closure of ureteric fistula	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1921	Immediate deligation of ureter	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1923	Ureterolysis for retrocaval ureter with anastomosis	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	5.000	244.20 (214.20) T
1925	Uretero-pyelostomy	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
1927	Uretero-neo-cystostomy: Unilateral	04.00		316.100	2459.30 (2157.20)	252.880	1967.40 (1725.80)	5.000	244.20 (214.20) T
1929	Uretero-neo-cystostomy: Bilateral	04.00		474.150	3688.90 (3235.90)	379.320	2951.10 (2588.70)	5.000	244.20 (214.20) T
1931	Uretero-neo-cystostomy: With Boariplasty	04.00		351.800	2737.00 (2400.90)	281.440	2189.60 (1920.70)	5.000	244.20 (214.20) T
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
1935	Uretero-ileal conduit	04.00		388.000	3018.60 (2647.90)	310.400	2414.90 (2118.30)	5.000	244.20 (214.20) T
1937	Replacement of ureter by bowel segment: Unilateral	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	5.000	244.20 (214.20) T
1939	Replacement of ureter by bowel segment: Bilateral	04.00		485.000	3773.30 (3309.90)	388.000	3018.60 (2647.90)	5.000	244.20 (214.20) T
1941	Ureterostomy-in-situ: Unilateral	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1943	Ureterostomy-in-situ: Bilateral	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	5.000	244.20 (214.20) T
10.3	Bladder								
1952	J J Stent catheter	04.00	+	44.000	342.30 (300.30)	44.000	342.30 (300.30)	3.000	146.50 (128.50) T
1953	With hydrodilatation of the bladder for interstitial cystitis	04.00	+	5.000	38.90 (34.10)	5.000	38.90 (34.10)	3.000	146.50 (128.50) T
1954	Uretroscopy	04.00	+	35.000	272.30 (238.90)			3.000	146.50 (128.50) T
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	04.00	+	35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
1957	With dilatation of the ureter or ureters	04.00	+	25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1959	With manipulation of ureteral calculus	04.00	+	20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
1961	With removal of foreign body or calculus from urethra or bladder	04.00	+	20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
1963	With fulguration or treatment of minor lesions, with or without biopsy	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1964	And control of haemorrhage and blood clot evacuation	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1965	And catheterisation of the ejaculatory duct	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1967	With ureteric meatotomy: Unilateral or bilateral	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1969	And cold biopsy	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1971	With cryosurgery for bladder or prostatic disease	04.00	+	55.000	427.90 (375.40)	55.000	427.90 (375.40)	3.000	146.50 (128.50) T
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	04.00	+	35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
1975	Ultraviolet cystoscopy for bladder tumour	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T
1976	Optic urethrotomy	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	3.000	146.50 (128.50) T
1977	Transurethral resection of ejaculatory duct	04.00		60.700	472.20 (414.30)	60.700	472.20 (414.30)	3.000	146.50 (128.50) T
1979	Internal urethrotomy: Female	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) T
1981	Internal urethrotomy: Male	04.00		76.200	592.80 (520.00)	76.200	592.80 (520.00)	3.000	146.50 (128.50) T
1983	Transurethral resection of bladder tumour	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1984	Transurethral resection of bladder tumours: Large multiple tumours	04.00		115.000	894.70 (784.80)	115.000	894.70 (784.80)	5.000	244.20 (214.20) T
1985	Transurethral resection of bladder neck: Female or child	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	5.000	244.20 (214.20) T
1986	Transurethral resection of bladder neck: Male	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1987	Litholapaxy	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	5.000	244.20 (214.20) T
1989	Cystometrogram	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1991	Flometric bladder, studies with videocystograph	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
1992	Without videocystograph	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1993	Voiding cysto-urethrogram	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)	3.000	146.50 (128.50) T
1994	Rigiscan examination	04.00		66.000	513.50 (450.40)	66.000	513.50 (450.40)		
1995	Percutaneous aspiration of bladder	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1996	Bladder catheterisation: Male (not at operation)	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	3.000	146.50 (128.50) T
1997	Bladder catheterisation: Female (not at operation)	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1999	Percutaneous cystostomy	04.00		24.000	186.70 (163.80)	24.000	186.70 (163.80)	3.000	146.50 (128.50) T
1945	Instillation of radio-opaque material for cystography or urethrocytography	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)	3.000	146.50 (128.50) T
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1949	Cystoscopy: Hospital equipment	04.00		44.000	342.30 (300.30)	44.000	342.30 (300.30)	3.000	146.50 (128.50) T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
2001	Total cystectomy: After previous urinary diversion	04.00		294.000	2287.30 (2006.40)	235.200	1829.90 (1605.10)	8.000	390.60 (342.70) T
2003	Total cystectomy: With conduit construction and ureteric anastomosis	04.00		554.700	4315.60 (3785.60)	443.760	3452.50 (3028.50)	8.000	390.60 (342.70) T
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	04.00		650.000	5057.00 (4436.00)	520.000	4045.60 (3548.80)	8.000	390.60 (342.70) T
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	8.000	390.60 (342.70) T
2007	Partial cystectomy	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	8.000	390.60 (342.70) T
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	04.00		462.000	3594.40 (3152.90)	369.600	2875.50 (2522.40)	8.000	390.60 (342.70) T
2010	Reversion of temporary conduit	04.00		360.000	2800.80 (2456.80)	288.000	2240.60 (1965.50)	8.000	390.60 (342.70) T
2011	Partial cystectomy with uretero-neo-cystostomy	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	6.000	293.00 (257.00) T
2012	Reversion of conduit with major urinary tract reconstruction	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	8.000	390.60 (342.70) T
2013	Diverticulectomy (independent procedure): Multiple or single	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2015	Suprapubic cystostomy	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	5.000	244.20 (214.20) T
2016	Abdomino-neo-urethrostomy	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
2017	Open loop fulguration or excision of bladder tumour	04.00		101.000	785.80 (689.30)	101.000	785.80 (689.30)	5.000	244.20 (214.20) T
2019	Operation for vesico-vaginal or urethra-vaginal fistula	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	5.000	244.20 (214.20) T
2020	Repair of vesico vaginal fistula: Abdominal approach	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	5.000	244.20 (214.20) T
2021	Vesico-plication (Hamilton Stewart)	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	04.11		195.000	1517.10 (1330.80)	156.000	1213.70 (1064.60)	5.000	244.20 (214.20) T
2025	Vesico-urethropexy with rectus sling	04.11		229.400	1784.70 (1565.60)	183.520	1427.80 (1252.40)	5.000	244.20 (214.20) T
2027	Open operation for ureterocele: Unilateral	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T
2029	Open operation for ureterocele: Bilateral	04.00		207.000	1610.50 (1412.70)	165.600	1288.40 (1130.10)	5.000	244.20 (214.20) T
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	04.00		264.000	2053.90 (1801.70)	211.200	1643.10 (1441.30)	8.000	390.60 (342.70) T
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	04.00		53.000	412.30 (361.70)	53.000	412.30 (361.70)	8.000	390.60 (342.70) T
2035	Cutaneous vesicostomy	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2039	Operation for ruptured bladder	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2042	Enterocystoplasty plus bowel anastomosis	04.00		419.900	3266.80 (2865.60)	335.920	2613.50 (2292.50)	5.000	244.20 (214.20) T
2043	Cysto-lithotomy	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2045	Excision of patent-urachus or urachal cyst	04.00		112.000	871.40 (764.40)	112.000	871.40 (764.40)	5.000	244.20 (214.20) T
2047	Drainage of perivesical or prevesical abscess	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	5.000	244.20 (214.20) T
2049	Evacuation of clots from bladder: Other than post-operative	04.00		132.100	1027.70 (901.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2050	Evacuation of clots from bladder: Post-operative	04.00						4.000	195.30 (171.30) T
2051	Simple bladder lavage: Including catheterisation	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)	3.000	146.50 (128.50) T
2053	Bladder neck plasty: Male	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2057	Bladder neck plasty: Female	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
10.4	Urethra								
2059	Open biopsy of urethra: Male	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2061	Open biopsy of urethra: Female	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
2069	Dilatation of female urethra	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)	3.000	146.50 (128.50) T
2071	Urethrorraphy: Suture of urethral wound or injury	04.00		139.000	1081.40 (948.60)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2073	External urethrotomy: Pendulous urethra (anterior)	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2075	Urethraplasty: Pendulous urethra: First stage	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	4.000	195.30 (171.30) T
2077	Urethraplasty: Pendulous urethra: Second stage	04.00		145.000	1128.10 (989.60)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2079	Reconstruction of female urethra	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2081	Reconstruction or repair of male anterior urethra (one stage)	04.00		261.600	2035.20 (1785.30)	209.280	1628.20 (1428.20)	4.000	195.30 (171.30) T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	6.000	293.00 (257.00) T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	6.000	293.00 (257.00) T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	04.00		294.000	2287.30 (2006.40)	235.200	1829.90 (1605.10)	6.000	293.00 (257.00) T
2087	Urethral diverticulectomy: Male or female	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	04.00		86.000	669.10 (586.90)	86.000	669.10 (586.90)		
2089	Marsupialisation of urethral diverticula: Male or female	04.00		115.100	895.50 (785.50)	115.100	895.50 (785.50)	4.000	195.30 (171.30) T
2091	Total urethrectomy: Female	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2093	Total urethrectomy: Male	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
2095	Drainage of simple localised perineal urinary extravasation	04.00		128.800	1002.10 (879.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	05.05		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2099	Fulguration for urethral caruncle or polyp	04.00		53.600	417.00 (365.80)	53.600	417.00 (365.80)	3.000	146.50 (128.50) T
2101	Excision of urethral caruncle	04.00		53.600	417.00 (365.80)	53.600	417.00 (365.80)	3.000	146.50 (128.50) T
2103	Simple urethral meatotomy	04.00		26.300	204.60 (179.50)	26.300	204.60 (179.50)	3.000	146.50 (128.50) T
2105	Incision of deep peri-urethral abscess: Female	04.00		123.100	957.70 (840.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2107	Incision of deep peri-urethral abscess: Male	04.00		123.100	957.70 (840.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2109	Badenoch pull-through for intractable stricture or incontinence	04.00		181.000	1408.20 (1235.20)	144.800	1126.50 (988.20)	5.000	244.20 (214.20) T
2111	External sphincterotomy	06.04		108.000	840.20 (737.10)	108.000	840.20 (737.10)	5.000	244.20 (214.20) T
2113	Drainage of Skene gland abscess or cyst	04.00		42.300	329.10 (288.70)	42.300	329.10 (288.70)	3.000	146.50 (128.50) T
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	5.000	244.20 (214.20) T
2116	Urethral meatoplasty	04.00		101.500	789.70 (692.70)	101.500	789.70 (692.70)	3.000	146.50 (128.50) T
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	04.00		150.300	1169.30 (1025.70)	120.240	935.50 (820.60)	3.000	146.50 (128.50) T
2121	Closure of urethrovaginal fistula: Including diversionary procedures	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
11	Male Genital System								
11.1	Penis								
2123	Biopsy of penis (independent procedure)	04.00		52.100	405.30 (355.60)	52.100	405.30 (355.60)	3.000	146.50 (128.50) T
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	06.04		16.600	129.10 (113.30)	16.600	129.10 (113.30)	3.000	146.50 (128.50) T
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	06.04		41.600	323.60 (283.90)	41.600	323.60 (283.90)	3.000	146.50 (128.50) T
2129	Electrodesiccation: Limited number	04.00		20.800	161.80 (142.00)	20.800	161.80 (142.00)	3.000	146.50 (128.50) T
2131	Electrodesiccation: Multiple extensive	04.00		41.600	323.60 (283.90)	41.600	323.60 (283.90)	3.000	146.50 (128.50) T
2132	Ligation of abnormal venous drainage	04.00		106.100	825.50 (724.10)	106.100	825.50 (724.10)	3.000	146.50 (128.50) T
2133	Circumcision: Clamp procedure	04.00		42.300	329.10 (288.70)	42.300	329.10 (288.70)	3.000	146.50 (128.50) T
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	04.00		36.800	286.30 (251.10)	36.800	286.30 (251.10)	3.000	146.50 (128.50) T
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	04.00		101.000	785.80 (689.30)	101.000	785.80 (689.30)	3.000	146.50 (128.50) T
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	04.00		188.600	1467.30 (1287.10)	150.880	1173.80 (1029.70)	3.000	146.50 (128.50) T
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	04.00		224.600	1747.40 (1532.80)	179.680	1397.90 (1226.20)	3.000	146.50 (128.50) T
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	3.000	146.50 (128.50) T
2153	Reconstructive operation for epispadias with incontinence	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	3.000	146.50 (128.50) T
2154	Induction of artificial erection	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	3.000	146.50 (128.50) T
2155	Hypospadias: Urethral reconstruction	04.00		187.000	1454.90 (1276.20)	149.600	1163.90 (1021.00)	3.000	146.50 (128.50) T
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	04.00		84.000	653.50 (573.30)	84.000	653.50 (573.30)	3.000	146.50 (128.50) T
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	3.000	146.50 (128.50) T
2161	Total amputation of penis: Without gland dissection	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	4.000	195.30 (171.30) T
2163	Total amputation of penis: With gland-dissection	04.00		336.000	2614.10 (2293.10)	268.800	2091.30 (1834.40)	6.000	293.00 (257.00) T
2165	Partial amputation of penis: With gland-dissection	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	6.000	293.00 (257.00) T
2167	Partial amputation of penis: Without gland-dissection	04.00		84.000	653.50 (573.30)	84.000	653.50 (573.30)	4.000	195.30 (171.30) T
2169	Injection procedure for Peyronie's disease	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	3.000	146.50 (128.50) T
2173	Priapism operation: Shunt procedure: Any type	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	4.000	195.30 (171.30) T
2174	Priapism operation: Stab shunt	04.00		114.400	890.00 (780.70)	114.400	890.00 (780.70)	4.000	195.30 (171.30) T
11.2	Testis and epididymis								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								04.00
2175	Testis biopsy: Needle (independent procedure)	04.00		18.500	143.90 (126.30)	18.500	143.90 (126.30)	3.000	146.50 (128.50) T
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	04.00		58.900	458.20 (402.00)	58.900	458.20 (402.00)	3.000	146.50 (128.50) T
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	04.00		58.900	458.20 (402.00)	58.900	458.20 (402.00)	3.000	146.50 (128.50) T
2181	Epididymis biopsy: Needle	04.00		86.100	669.90 (587.60)	86.100	669.90 (587.60)	3.000	146.50 (128.50) T
2183	Puncture aspiration hydrocele with or without injection of medication	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
2185	Operation for mal descended testicle: Including herniotomy	04.00		135.000	1050.30 (921.30)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2187	Operation for torsion appendix testis	04.00		119.200	927.40 (813.50)	119.200	927.40 (813.50)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2189	Operation for torsion testis with fixation of contralateral testis	04.00		119.200	927.40 (813.50)	119.200	927.40 (813.50)	4.000	195.30 (171.30) T
2191	Orchidectomy (total or subcapsular): Unilateral	04.00		98.000	762.40 (668.80)	98.000	762.40 (668.80)	3.000	146.50 (128.50) T
2193	Orchidectomy (total or subcapsular): Bilateral	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2195	Radical operation for malignant testis: Excluding gland dissection	04.00		155.300	1208.20 (1059.90)	124.240	966.60 (847.90)	6.000	293.00 (257.00) T
2197	Operation for hydrocele or spermatocele	04.00		99.800	776.40 (681.10)	99.800	776.40 (681.10)	4.000	195.30 (171.30) T
2199	Varicocelectomy	04.00		106.100	825.50 (724.10)	106.100	825.50 (724.10)	4.000	195.30 (171.30) T
2201	Abdominal ligation of spermatic vein for varicocele	04.00		112.800	877.60 (769.80)	112.800	877.60 (769.80)	4.000	195.30 (171.30) T
2203	Epididymectomy: Unilateral	04.00		114.400	890.00 (780.70)	114.400	890.00 (780.70)	3.000	146.50 (128.50) T
2205	Epididymectomy: Bilateral	04.00		158.200	1230.80 (1079.60)	126.560	984.60 (863.70)	3.000	146.50 (128.50) T
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	04.00		55.900	434.90 (381.50)	55.900	434.90 (381.50)	3.000	146.50 (128.50) T
2209	Vasotomy: Unilateral or bilateral	04.00		70.400	547.70 (480.40)	70.400	547.70 (480.40)	3.000	146.50 (128.50) T
2210	Vasogram, seminal vesiculogram: Unilateral	04.00		58.100	452.00 (396.50)	58.100	452.00 (396.50)	3.000	146.50 (128.50) T
2211	Vasogram, seminal vesiculogram: Bilateral	04.00		58.100	452.00 (396.50)	58.100	452.00 (396.50)	3.000	146.50 (128.50) T
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	04.00		91.200	709.50 (622.40)	91.200	709.50 (622.40)	4.000	195.30 (171.30) T
2213	Suture or repair of testicular injury	04.00		110.300	858.10 (752.70)	110.300	858.10 (752.70)	4.000	195.30 (171.30) T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	4.000	195.30 (171.30) T
2217	Excision of local lesion of testis or epididymis	04.00		90.800	706.40 (619.70)	90.800	706.40 (619.70)	4.000	195.30 (171.30) T
2219	Vaso-vasostomy: Unilateral	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2221	Vaso-vasostomy: Bilateral	04.00		117.000	910.30 (798.50)	117.000	910.30 (798.50)	3.000	146.50 (128.50) T
2223	Epididymo-vasostomy: Unilateral	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2225	Epididymo-vasostomy: Bilateral	04.00		117.000	910.30 (798.50)	117.000	910.30 (798.50)	3.000	146.50 (128.50) T
2227	Incision and drainage of scrotal wall abscess	04.00		42.700	332.20 (291.40)	42.700	332.20 (291.40)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2229	Excision of Mullerian duct cyst	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	4.000	195.30 (171.30) T
2231	Excision of lesion of spermatic cord	04.00		84.000	653.50 (573.30)	84.000	653.50 (573.30)	3.000	146.50 (128.50) T
2233	Seminal Vesiculectomy	04.00		220.000	1711.60 (1501.40)	176.000	1369.30 (1201.10)	5.000	244.20 (214.20) T
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	04.00		23.300	181.30 (159.00)	23.300	181.30 (159.00)	3.000	146.50 (128.50) T
2237	Biopsy prostate: Incisional, any approach	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	4.000	195.30 (171.30) T
2239	Transurethral drainage of prostatic abscess	04.00		117.400	913.40 (801.20)	117.400	913.40 (801.20)	4.000	195.30 (171.30) T
2241	Perineal drainage of prostatic abscess	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	4.000	195.30 (171.30) T
2243	Trans-urethral cryo-surgical removal of prostate	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2245	Trans-urethral resection of prostate	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2249	Trans-urethral resection of post-operative bladder neck contracture	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2251	Prostatectomy: Perineal: Sub-total	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2253	Prostatectomy: Perineal: Radical	04.00		336.000	2614.10 (2293.10)	268.800	2091.30 (1834.40)	8.000	390.60 (342.70) T
2254	Pelvic lymph adenectomy	04.11		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	8.000	390.60 (342.70) T
2255	Supra-pelvic, transversical	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2257	Retropubic: Sub-total	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2259	Retropubic: Radical	04.00		336.000	2614.10 (2293.10)	268.800	2091.30 (1834.40)	8.000	390.60 (342.70) T
2260	Prostate brachytherapy	04.00		230.000	1789.40 (1569.60)	184.000	1431.50 (1255.70)	8.000	390.60 (342.70) T
12	Female Genital System								
12.1	Vulva and introitus								
2271	Removal of tag or polyp	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	3.000	146.50 (128.50) T
2272	Removal of small superficial benign lesions	04.00		23.000	178.90 (157.00)	23.000	178.90 (157.00)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2273	Biopsy with suture in theatre (excluding after-care)	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	3.000	146.50 (128.50) T
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	3.000	146.50 (128.50) T
2275	Reduction labial hypertrophy	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	4.000	195.30 (171.30) T
2277	Removal of extensive benign vulva tumour	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	4.000	195.30 (171.30) T
2279	Secondary perineal repair: Repair second degree tear	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	6.000	293.00 (257.00) T
2280	Secondary perineal repair: Repair third degree tear	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	6.000	293.00 (257.00) T
2281	Excision of inclusion cyst	04.00		43.000	334.50 (293.50)	43.000	334.50 (293.50)	4.000	195.30 (171.30) T
2283	Hymenectomy	04.00		43.000	334.50 (293.50)	43.000	334.50 (293.50)	4.000	195.30 (171.30) T
2285	Drainage haematocolpos	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	4.000	195.30 (171.30) T
2287	Clitoris repair for injury: Including skin graft, if required	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	4.000	195.30 (171.30) T
2288	Clitoral reduction	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	4.000	195.30 (171.30) T
2289	Denervation or alcohol infiltration vulva (Woodruff)	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	4.000	195.30 (171.30) T
2291	Vulva: Undercutting skin (ball)	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)	4.000	195.30 (171.30) T
2293	Vulva and introitus: Drainage of abscess	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	3.000	146.50 (128.50) T
2295	Bartholin gland: Bartholin abscess marsupialisation	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)	3.000	146.50 (128.50) T
2297	Bartholin gland: Bartholin gland excision	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2299	Bartholin gland: Bartholin radical excision for malignant lesion	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	6.000	293.00 (257.00) T
2301	Operation for enlarging introitus: Fenton plasty	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2303	Operation for enlarging introitus: Bilateral Z-plastic	04.00		88.000	684.60 (600.60)	88.000	684.60 (600.60)	4.000	195.30 (171.30) T
2305	Vulvectomy: Partial	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	4.000	195.30 (171.30) T
2307	Vulvectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
2309	Radical vulvectomy with bilateral lymphdenectomy	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	04.00		402.000	3127.60 (2743.50)	321.600	2502.00 (2194.80)	6.000	293.00 (257.00) T
12.2	Vaginal procedures and operations								
2312	Artificial insemination	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)		
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	04.00		25.500	198.40 (174.00)	25.500	198.40 (174.00)	3.000	146.50 (128.50) T
2314	Intra uterine insemination	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)		
2315	Simms Hühner test plus wet smear	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)	3.000	146.50 (128.50) T
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	04.00		56.000	435.70 (382.20)	56.000	435.70 (382.20)	3.000	146.50 (128.50) T
2319	Excision of cysts or tumours	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2321	Drainage of vaginal abscess	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2322	Pudendal nerve block	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
2323	Reconstruction of vagina after atresia	04.00		107.000	832.50 (730.20)	107.000	832.50 (730.20)	5.000	244.20 (214.20) T
2325	Construction of artificial vagina: Labial fusion	04.00		179.000	1392.60 (1221.60)	143.200	1114.10 (977.30)	4.000	195.30 (171.30) T
2327	Construction of artificial vagina: Macindoe type	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	5.000	244.20 (214.20) T
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	04.11		241.000	1875.00 (1644.70)	192.800	1500.00 (1315.80)	6.000	293.00 (257.00) T
2331	Vaginal septum removal	04.00		107.000	832.50 (730.20)	107.000	832.50 (730.20)	4.000	195.30 (171.30) T
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	04.00		243.300	1892.90 (1660.40)	194.640	1514.30 (1328.30)	6.000	293.00 (257.00) T
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	04.00		243.300	1892.90 (1660.40)	194.640	1514.30 (1328.30)	6.000	293.00 (257.00) T
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	04.00		166.900	1298.50 (1139.00)	133.520	1038.80 (911.20)	6.000	293.00 (257.00) T
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	04.00		166.900	1298.50 (1139.00)	133.520	1038.80 (911.20)	6.000	293.00 (257.00) T
2339	Colpotomy: Diagnostic (excluding after-care)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T
2341	Colpotomy: Therapeutic, with or without sterilisation	04.00		103.000	801.30 (702.90)	103.000	801.30 (702.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2343	Vaginal hysterectomy: Without repair	04.00		210.500	1637.70 (1436.60)	168.400	1310.20 (1149.30)	6.000	293.00 (257.00) T
2345	Vaginal hysterectomy: With repair	04.00		231.700	1802.60 (1581.30)	185.360	1442.10 (1265.00)	6.000	293.00 (257.00) T
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	6.000	293.00 (257.00) T
2361	Vaginal hysterectomy and repair for total prolapse	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	6.000	293.00 (257.00) T
2363	Fothergill or Manchester repair operation	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	5.000	244.20 (214.20) T
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	04.00		232.000	1805.00 (1583.30)	185.600	1444.00 (1266.60)	5.000	244.20 (214.20) T
2366	Posterior repair alone	04.00		107.000	832.50 (730.20)	107.000	832.50 (730.20)	5.000	244.20 (214.20) T
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	5.000	244.20 (214.20) T
2368	Uterovesical fistula	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
2369	Repair of Vesico- or urethro-vaginal fistula	04.00		179.000	1392.60 (1221.60)	143.200	1114.10 (977.30)	5.000	244.20 (214.20) T
2370	Repair of VVF - Obstetric or radiation	04.00		232.000	1805.00 (1583.30)	185.600	1444.00 (1266.60)	5.000	244.20 (214.20) T
2371	Closure of uretero-vaginal fistula	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	5.000	244.20 (214.20) T
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	5.000	244.20 (214.20) T
2373	Closure of recto-vaginal fistula	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2374	Closure of recto-vaginal fistula: Obstetric or radiation	04.00		151.000	1174.80 (1030.50)	120.800	939.80 (824.40)	5.000	244.20 (214.20) T
2375	Colpocleisis	04.00		129.000	1003.60 (880.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2377	Le Fort operation	04.00		129.000	1003.60 (880.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2379	Schauta operation	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	8.000	390.60 (342.70) T
2381	Vaginectomy	04.00		268.000	2085.00 (1829.00)	214.400	1668.00 (1463.20)	8.000	390.60 (342.70) T
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	04.00		429.000	3337.60 (2927.70)	343.200	2670.10 (2342.20)	8.000	390.60 (342.70) T
2385	Vaginal laceration or trauma: Repair	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
12.3	Cervix								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	06.05		20.000	155.60 (136.50)	20.000	155.60 (136.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2391	Cervix: Canal reconstruction	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)		
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	04.00		22.000	171.20 (150.10)	22.000	171.20 (150.10)	3.000	146.50 (128.50) T
2396	Laser or harmonic scalpel treatment of the cervix	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	3.000	146.50 (128.50) T
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	3.000	146.50 (128.50) T
2399	Punch biopsy (excluding after-care)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	3.000	146.50 (128.50) T
2400	Biopsy during pregnancy (excluding after-care)	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
2403	Wedge biopsy: Cervix (excluding after-care)	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)	3.000	146.50 (128.50) T
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	04.00		24.000	186.70 (163.80)	24.000	186.70 (163.80)	3.000	146.50 (128.50) T
2405	Cone biopsy: Cervix (excluding after-care)	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2407	Amputation: Cervix	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2409	Cervix encircilage: McDonald stitch	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
2411	Cervix encircilage: Shirodkar suture	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T
2413	Cervix encircilage: Lash	04.00		49.000	381.20 (334.40)	49.000	381.20 (334.40)	3.000	146.50 (128.50) T
2415	Cervix encircilage: Removal items 2409 and 2411: Without anaesthetic	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
2417	Repair of tears: Emmet repair of tears	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2418	Repair of tears: Sturmdorff repair of tears	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2421	Extirpation of cervical stump: Vaginal	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2423	Extirpation of cervical stump: Abdominal	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2425	Removal of cervical polyps (excluding after-care)	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
2427	Removal of cervical myomata	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2429	Colposcopy (excluding after-care)	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
12.4	Uterus								
2433	Embryo transfer	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	4.000	195.30 (171.30) T
2434	Endometrial biopsy (excluding after-care)	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)	3.000	146.50 (128.50) T
2435	Hysterosalpingogram (excluding after-care)	04.00		22.000	171.20 (150.10)	22.000	171.20 (150.10)	3.000	146.50 (128.50) T
2436	Hysteroscopy (excluding after-care)	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
2437	Hysteroscopy and D&C (excluding after-care)	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)	3.000	146.50 (128.50) T
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	3.000	146.50 (128.50) T
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	04.00		63.000	490.10 (429.90)	63.000	490.10 (429.90)	3.000	146.50 (128.50) T
2440	Hysteroscopy and polypectomy (excluding after-care)	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	3.000	146.50 (128.50) T
2441	Hysteroscopy and myomectomy (excluding after-care)	04.00		130.000	1011.40 (887.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	06.04		18.000	140.00 (122.80)	18.000	140.00 (122.80)	3.000	146.50 (128.50) T
2443	Dilatation and curettage (D&C) (excluding after-care)	06.04		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	06.04		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	4.000	195.30 (171.30) T
2448	Termination of pregnancy before 12 weeks	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2449	Evacuation: Missed abortion: Before 12 weeks gestation	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2451	Evacuation: Missed abortion: After 12 weeks gestation	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	4.000	195.30 (171.30) T
2453	Evacuation hydatidiform mole	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	5.000	244.20 (214.20) T
2455	Evacuation uterus post-partum	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	6.000	293.00 (257.00) T
2461	Ventrosuspension	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
2463	Uteroplasty: Strassman	04.00		143.000	1112.50 (975.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2465	Uteroplasty: Tompkins	04.00		143.000	1112.50 (975.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2467	Myomectomy	04.00		143.000	1112.50 (975.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	04.00		254.100	1976.90 (1734.10)	203.280	1581.50 (1387.30)	6.000	293.00 (257.00) T
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	04.00		252.200	1962.10 (1721.20)	201.760	1569.70 (1376.90)	6.000	293.00 (257.00) T
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	04.00		355.000	2761.90 (2422.70)	284.000	2209.50 (1938.20)	6.000	293.00 (257.00) T
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	04.00		472.800	3678.40 (3226.70)	378.240	2942.70 (2581.30)	8.000	390.60 (342.70) T
2477	Abdominal hysterotomy with or without sterilisation	04.00		188.000	1462.60 (1283.00)	150.400	1170.10 (1026.40)	6.000	293.00 (257.00) T
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	6.000	293.00 (257.00) T
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	04.00		120.000	933.60 (818.90)				
12.5	Fallopian tubes								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
									04.00
2481	Insufflation Fallopian tubes (excluding after-care)	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	3.000	146.50 (128.50) T
2483	Salpingolysis	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2485	Salpingostomy	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	4.000	195.30 (171.30) T
2487	Tuboplasty tubal anastomosis or re-implantation	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	4.000	195.30 (171.30) T
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	6.000	293.00 (257.00) T
2491	Ectopic pregnancy - after 12 weeks	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	04.00		94.000	731.30 (641.50)	94.000	731.30 (641.50)	5.000	244.20 (214.20) T
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically								
2493	Diagnostic laparoscopy (excluding after-care)	04.00		94.400	734.40 (644.20)	94.400	734.40 (644.20)	5.000	244.20 (214.20) T
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	04.00	+	18.000	140.00 (122.80)	18.000	140.00 (122.80)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2497	Laparoscopy: Plus sterilisation	04.00	+	40.000	311.20 (273.00)	40.000	311.20 (273.00)	5.000	244.20 (214.20) T
2499	Laparoscopy: Plus biopsy (excluding after-care)	04.00	+	18.000	140.00 (122.80)	18.000	140.00 (122.80)	5.000	244.20 (214.20) T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	04.00	+	51.000	396.80 (348.10)	51.000	396.80 (348.10)	5.000	244.20 (214.20) T
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	04.00	+	18.000	140.00 (122.80)	18.000	140.00 (122.80)	5.000	244.20 (214.20) T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	04.00	+	52.000	404.60 (354.90)	52.000	404.60 (354.90)	5.000	244.20 (214.20) T
2503	Laparoscopy: Plus ovarian drilling	04.00	+	40.000	311.20 (273.00)	40.000	311.20 (273.00)	5.000	244.20 (214.20) T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	04.00	+	107.000	832.50 (730.20)	107.000	832.50 (730.20)	5.000	244.20 (214.20) T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	04.00	+	52.000	404.60 (354.90)	52.000	404.60 (354.90)	5.000	244.20 (214.20) T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)		
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	4.000	195.30 (171.30) T
2527	Removal of ovarian tumour or cyst	04.00		187.000	1454.90 (1276.20)	149.600	1163.90 (1021.00)	4.000	195.30 (171.30) T
2529	Oophorectomy: Uni- or bilateral	04.00		134.500	1046.40 (917.90)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2531	Ovarian carcinoma debulking and omentectomy	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	6.000	293.00 (257.00) T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	04.00		469.000	3648.80 (3200.70)	375.200	2919.10 (2560.60)	6.000	293.00 (257.00) T
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	04.00		402.000	3127.60 (2743.50)	321.600	2502.00 (2194.80)	8.000	390.60 (342.70) T
2537	Exenteration: Posterior Exenteration	04.00		402.000	3127.60 (2743.50)	321.600	2502.00 (2194.80)	8.000	390.60 (342.70) T
2539	Exenteration: Total	04.00		625.000	4862.50 (4265.40)	500.000	3890.00 (3412.30)	8.000	390.60 (342.70) T
2541	Presacral neurectomy	04.00		98.000	762.40 (668.80)	98.000	762.40 (668.80)	5.000	244.20 (214.20) T
2543	Moschowitz operation	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	04.00		193.100	1502.30 (1317.80)	154.480	1201.90 (1054.30)	5.000	244.20 (214.20) T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	04.00		195.000	1517.10 (1330.80)	156.000	1213.70 (1064.60)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	04.00		149.000	1159.20 (1016.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2547	Operations for stress incontinence: Burch colposuspension	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	5.000	244.20 (214.20) T
2548	Operation for stress incontinence: Use of tape	04.00		229.400	1784.70 (1565.60)	183.520	1427.80 (1252.40)	5.000	244.20 (214.20) T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	5.000	244.20 (214.20) T
2551	Laparotomy	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	4.000	195.30 (171.30) T
2552	Removal benign retroperitoneal tumour	04.00		223.000	1734.90 (1521.90)	178.400	1388.00 (1217.50)	6.000	293.00 (257.00) T
2553	Radical removal of malignant retroperitoneal tumour	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	8.000	390.60 (342.70) T
2554	Drainage of pelvic abscess per abdomen	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	6.000	293.00 (257.00) T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	5.000	244.20 (214.20) T
2558	Drainage intra-abdominal abscess: Delayed closure	04.00		268.000	2085.00 (1829.00)	214.400	1668.00 (1463.20)	6.000	293.00 (257.00) T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	6.000	293.00 (257.00) T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	6.000	293.00 (257.00) T
2565	Implantation hormone pellets (excluding after-care)	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		
2570	Ligation of internal iliac vessels (when not part of another procedure)	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	8.000	390.60 (342.70) T
13	Obstetric Procedures								
RULES GOVERNING THIS SECTION									
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								
13.1	Pre-natal care and procedures								
2603	External cephalic version (excluding after-care)	04.00		22.000	171.20 (150.10)	22.000	171.20 (150.10)		
2605	Amniocentesis (excluding after-care)	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)		
2607	Amnioscopy (excluding after-care)	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2609	Intra-uterine transfusion of foetus or cordocentesis	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)		
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)		
2611	Chorion villus sampling (excluding after-care)	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)		
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	2194.00 (1924.50)	225.600	1755.20 (1539.60)	6.000	293.00 (257.00) T
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit). See modifier 0011 for emergency caesarean section (all hours)	04.00		267.000	2077.30 (1822.20)	213.600	1661.80 (1457.70)	6.000	293.00 (257.00) T
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	04.00		190.000	1478.20 (1296.70)	152.000	1182.60 (1037.30)		
	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	2606.30 (2286.20)	268.000	2085.00 (1829.00)	9.000	439.50 (385.50) T
2657	Post-partum hysterectomy	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	8.000	390.60 (342.70) T
2669	Abdominal operation for ruptured gravid uterus: Repair	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	9.000	439.50 (385.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14	Nervous System								
14.1	Diagnostic procedures								
2681	Visual evoked potentials (VEP): Unilateral	04.00		50.000	389.00 (341.20)				
2682	Visual evoked potentials (VEP): Bilateral	04.00		88.000	684.60 (600.60)				
2683	Electro-retinography (Ganzfeld method): Unilateral	04.00		60.000	466.80 (409.50)				
2684	Electro-retinography (Ganzfeld method): Bilateral	04.00		105.000	816.90 (716.60)				
2685	Electro-oculography: Unilateral	04.00		30.000	233.40 (204.70)				
2686	Electro-oculography: Bilateral	04.00		53.000	412.30 (361.70)				
2687	VEP stable condition (photic drive): Unilateral	04.00		50.000	389.00 (341.20)				
2689	VEP stable condition (photic drive): Bilateral	04.00		88.000	684.60 (600.60)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	04.00		150.000	1167.00 (1023.70)				
	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	373.40 (327.60)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
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	1711.60 (1501.40)				
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	04.00		80.000	622.40 (546.00)				
2709	Full spinogram including bilateral median and posterior-tibial studies	04.00		140.000	1089.20 (955.40)				
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	280.90 (246.40)	36.100	280.90 (246.40)		
2712	Electro-encephalography: Interpretation	04.00		24.000	186.70 (163.80)	24.000	186.70 (163.80)		
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	06.02		18.400	143.20 (125.60)	18.400	143.20 (125.60) Z		
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.	09.01							
2714	Cisternal puncture and/or intrathecal injections	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	04.00		136.000	1058.10 (928.10)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	04.00		30.000	233.40 (204.70)				
2717	Electromyography: First	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)		
2718	Electromyography: Subsequent	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)		
2719	Overnight polysomnogram and sleep staging: Hire	04.00		125.000	972.50 (853.10)				
2720	Overnight polysomnogram and sleep staging: Interpretation	04.00		23.000	178.90 (157.00)				
2721	Daytime polysomnogram: Hire	04.00		125.000	972.50 (853.10)				
2722	Daytime polysomnogram: Interpretation	04.00		17.000	132.30 (116.00)				
2723	Multiple sleep latency test: Interpretation	04.00		125.000	972.50 (853.10)				
2724	Overnight continuous positive airways pressure (CPAP) titration	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)		
2725	Angiography carotis: Unilateral	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	4.000	195.30 (171.30) T
2726	Angiography carotis: Bilateral	04.00		44.000	342.30 (300.30)	44.000	342.30 (300.30)	4.000	195.30 (171.30) T
2727	Vertebral artery: Direct needling	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2729	Vertebral catheterisation	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	06.02		60.000	466.80 (409.50) Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	04.00		14.500	112.80 (99.00)			4.000	195.30 (171.30) T
2733	Cortical Stimulation	04.00		58.900	458.20 (402.00)	58.900	458.20 (402.00)		
2734	Sodium Amytal Testing (WADA test)	04.00		88.700	690.10 (605.30)	88.700	690.10 (605.30)	13.000	634.80 (556.80) T
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	04.00		31.500	245.10 (215.00)	-	- v		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
2739	Ventricular needling without burring: Tapping only	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	4.000	195.30 (171.30) T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	04.00		43.000	334.50 (293.50)	43.000	334.50 (293.50)	4.000	195.30 (171.30) T
2743	Subdural tapping: First sitting	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	4.000	195.30 (171.30) T
2745	Subdural tapping: Subsequent	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	04.00		36.100	280.90 (246.40)	36.100	280.90 (246.40)		
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	04.00		24.500	190.60 (167.20)	24.500	190.60 (167.20)		
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	04.00		36.100	280.90 (246.40)	36.100	280.90 (246.40)		
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	04.00		24.500	190.60 (167.20)	24.500	190.60 (167.20)		
6010	Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	04.00		294.600	2292.00 (2010.50)	235.680	1833.60 (1608.40)		
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	1000.50 (877.60)	120.000	933.60 (818.90)		
14.2	Introduction of burr holes for								
2747	Ventriculography	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2749	Catheterisation for ventriculography and/or drainage	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2751	Biopsy of brain tumour	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2753	Subdural haematoma or hygroma	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2755	Subdural empyema	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2757	Brain abscess	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
14.3	Nerve procedures								
2759	Nerve biopsy: Peripheral	04.00		37.000	287.90 (252.50)	37.000	287.90 (252.50)	4.000	195.30 (171.30) T
2763	Nerve biopsy: Cranial nerves: Extra-cranial	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	04.00		26.000	202.30 (177.40)	26.000	202.30 (177.40)	4.000	195.30 (171.30) T
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	04.00		25.000	194.50 (170.60)				
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	04.00		30.000	233.40 (204.70)				
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	04.00		35.000	272.30 (238.90)				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	04.00		35.000	272.30 (238.90)				
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	389.00 (341.20)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	6.000	293.00 (257.00) T
2769	Suture: Large nerve: Primary	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2771	Suture: Large nerve: Secondary	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	5.000	244.20 (214.20) T
2773	Digital nerve: Primary	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	3.000	146.50 (128.50) T
2775	Digital nerve: Secondary	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) T
2777	Nerve graft: Simple	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	4.000	195.30 (171.30) T
2779	Fascicular: First fasciculus	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	4.000	195.30 (171.30) T
2781	Fascicular: Each additional fasciculus	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2783	Fascicular: Nerve flap: To include all stages	04.00		224.000	1742.70 (1528.70)	179.200	1394.20 (1223.00)	4.000	195.30 (171.30) T
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	04.00		124.000	964.70 (846.20)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2787	Fascicular: Grafting of facial nerve	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	5.000	244.20 (214.20) T
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2791	Trigeminal ganglion: Injection of cortisone	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	3.000	146.50 (128.50) T
2793	Trigeminal ganglion: Coagulation through high frequency	04.00		170.000	1322.60 (1160.20)	136.000	1058.10 (928.10)	3.000	146.50 (128.50) T
2799	Procedures for pain relief: Intrathecal injections for pain	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)	4.000	195.30 (171.30) T
2800	Procedures for pain relief: Plexus nerve block	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)	36.000	280.10 (245.70) ç
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)		
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.	09.01							
2802	Procedures for pain relief: Peripheral nerve block	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	25.000	194.50 (170.60) ç
2803	Alcohol injection in peripheral nerves for pain: Unilateral	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)	10.000	77.80 (68.20) ç

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2805	Alcohol injection in peripheral nerves for pain: Bilateral	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
2809	Peripheral nerve section for pain	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2811	Pudendal neurectomy: Bilateral	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	3.000	146.50 (128.50) T
2813	Obturator or Stoffels	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) T
2815	Interdigital	04.00		82.300	640.30 (561.70)	82.300	640.30 (561.70)	3.000	146.50 (128.50) T
2825	Excision: Neuroma: Peripheral	04.00		109.500	851.90 (747.30)	109.500	851.90 (747.30)	3.000	146.50 (128.50) T
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	3.000	146.50 (128.50) T
2829	Neurolysis: Minor	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	3.000	146.50 (128.50) T
2831	Neurolysis: Major	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2833	Neurolysis: Digital	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) T
2835	Scalenotomy	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2837	Brachial plexus, suture or neurolysis (item 2767)	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	6.000	293.00 (257.00) T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	04.00		895.200	6964.70 (6109.30)	716.160	5571.70 (4887.50)	6.000	293.00 (257.00) T
2841	Carpal Tunnel	04.00		64.000	497.90 (436.80)	64.000	497.90 (436.80)	3.000	146.50 (128.50) T
2843	Lumbar sympathectomy: Unilateral	04.00		153.000	1190.30 (1044.20)	122.400	952.30 (835.30)	4.000	195.30 (171.30) T
2845	Lumbar sympathectomy: Bilateral	04.00		268.000	2085.00 (1829.00)	214.400	1668.00 (1463.20)	6.000	293.00 (257.00) T
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	04.00						11.000	537.10 (471.20) T
2847	Cervical sympathectomy: Unilateral	04.00		153.000	1190.30 (1044.20)	122.400	952.30 (835.30)	4.000	195.30 (171.30) T
2848	Cervical sympathectomy: Bilateral	04.00		268.000	2085.00 (1829.00)	214.400	1668.00 (1463.20)	6.000	293.00 (257.00) T
2849	Sympathetic block: Other levels: Unilateral	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
2851	Sympathetic block: Other levels: Bilateral	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.4	Skull procedures								
2855	Removal of skull tumour: With or without plastic repair: Small	04.00		170.000	1322.60 (1160.20)	136.000	1058.10 (928.10)	5.000	244.20 (214.20) T
2857	Removal of skull tumour: With or without plastic repair: Major	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	8.000	390.60 (342.70) T
2859	Repair of depressed fracture of skull: Without brain laceration: Major	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	8.000	390.60 (342.70) T
2860	Repair of depressed fracture of skull: Without brain laceration: Small	04.00		170.000	1322.60 (1160.20)	136.000	1058.10 (928.10)	8.000	390.60 (342.70) T
2861	Repair of depressed fracture of skull: With brain lacerations: Small	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	8.000	390.60 (342.70) T
2862	Repair of depressed fracture of skull: With brain lacerations: Major	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	8.000	390.60 (342.70) T
2863	Cranioplasty	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	8.000	390.60 (342.70) T
2864	Encephalocele (excluding frontal)	04.11		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	8.000	390.60 (342.70) T
2865	Craniostenosis: Few suturae	04.00		213.000	1657.10 (1453.60)	170.400	1325.70 (1162.90)	9.000	439.50 (385.50) T
2867	Craniostenosis: Multiple suturae	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	9.000	439.50 (385.50) T
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	8.000	390.60 (342.70) T
2871	Ventriculo-caval shunt	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	11.000	537.10 (471.20) T
2873	Ventriculo-peritoneal shunt	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	8.000	390.60 (342.70) T
2875	Theco-peritoneal C.S.F. shunt	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	8.000	390.60 (342.70) T
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	15.000	732.50 (642.50) T
2877	Extracranial to intracranial vascular	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	15.000	732.50 (642.50) T
2878	Posterior fossa arteriovenous anomalies	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	15.000	732.50 (642.50) T
14.7	Posterior fossa surgery								
2879	Glosso pharyngeal nerve	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	6.000	293.00 (257.00) T
2881	Eighth nerve: Intracranial	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	8.000	390.60 (342.70) T
2883	Eighth nerve: Extracranial	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2884	Sub-temporal section of the trigeminal nerve	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	9.000	439.50 (385.50) T
2885	Trigeminal tractotomy	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	9.000	439.50 (385.50) T
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiari malformation or obstructive cysts e.g. Dandy Walker or parasites	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	9.000	439.50 (385.50) T
2887	Vestibular nerve	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	9.000	439.50 (385.50) T
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	06.04		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	11.000	537.10 (471.20) T
2891	Posterior fossa tumour removal: Glioma, secondary deposits	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	11.000	537.10 (471.20) T
2893	Posterior fossa tumour removal: Abscess	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	11.000	537.10 (471.20) T
2895	Excision of tumour of glomus jugulare: Intracranial	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	11.000	537.10 (471.20) T
2897	Excision of tumour of glomus jugulare: Extracranial	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	9.000	439.50 (385.50) T
2898	Excision of tumour of glomus jugulare: Hemispherectomy	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	15.000	732.50 (642.50) T
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	11.000	537.10 (471.20) T
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	11.000	537.10 (471.20) T
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	11.000	537.10 (471.20) T
2903	Craniotomy for Abscess, Glioma	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	11.000	537.10 (471.20) T
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	11.000	537.10 (471.20) T
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	11.000	537.10 (471.20) T
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	04.11		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	11.000	537.10 (471.20) T
2907	Craniotomy for Temporal lobectomy	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	11.000	537.10 (471.20) T
2908	Craniotomy for Torkildsen anastomosis	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	11.000	537.10 (471.20) T
2909	Craniotomy for CSF-leaks	04.00		450.000	3501.00 (3071.10)	360.000	2800.80 (2456.80)	11.000	537.10 (471.20) T
2910	Craniotomy for removal of arteriovenous malformation	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	11.000	537.10 (471.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	2178.40 (1910.90)	224.000	1742.70 (1528.70)	4.000	195.30 (171.30) T
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	4.000	195.30 (171.30) T
2915	Transnasal hypophysectomy	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	11.000	537.10 (471.20) T
2916	Transfrontal hypophysectomy	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	11.000	537.10 (471.20) T
2917	Transnasal hypophyseal implants	04.00		172.000	1338.20 (1173.80)	137.600	1070.50 (939.10)	11.000	537.10 (471.20) T
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	04.00		-	-	-	-		
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures								04.00
2923	Chordotomy: Unilateral	04.00		178.000	1384.80 (1214.80)	142.400	1107.90 (971.80)	3.000	146.50 (128.50) TM
2925	Chordotomy: Open	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	3.000	146.50 (128.50) TM
2927	Rhizotomy: Extradural, but intraspinal	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	3.000	146.50 (128.50) TM
2928	Rhizotomy: Intradural	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	3.000	146.50 (128.50) TM
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	8.000	390.60 (342.70) T
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	8.000	390.60 (342.70) T
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	3.000	146.50 (128.50) TM
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	8.000	390.60 (342.70) T
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	7.000	341.80 (299.80) T
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	3.000	146.50 (128.50) T
2937	Repair of meningocele, involving nerve tissue	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	9.000	439.50 (385.50) T
2938	Simple	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	9.000	439.50 (385.50) T
2939	Excision of arterial vascular malformations and cysts of the spinal cord	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	9.000	439.50 (385.50) T
2940	Lumbar osteophyte removal	04.00		187.000	1454.90 (1276.20)	149.600	1163.90 (1021.00)	3.000	146.50 (128.50) TM
2941	Cervical or thoracic osteophyte removal	04.00		285.000	2217.30 (1945.00)	228.000	1773.80 (1556.00)	3.000	146.50 (128.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.10	Arterial ligations								
2951	Carotis: Trauma	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2953	Carotis: For aneurysm (AV anomaly)	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2955	Removal of carotid body tumour (without vascular reconstruction)	04.00		335.600	2611.00 (2290.30)	268.480	2088.80 (1832.30)	8.000	390.60 (342.70) T
14.11	Medical psychotherapy								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	04.00		20.000	299.70 (262.90)	16.000	124.50 (109.20)		
2958	Psychoanalytic therapy: Per 60-minute session	04.00		60.000	899.00 (788.60)	48.000	373.40 (327.60)		
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	04.00		20.000	299.70 (262.90)	16.000	124.50 (109.20)		
2963	Pairs, marriage or sex therapy: Per 20-minute session	04.00		20.000	299.70 (262.90)	16.000	124.50 (109.20)		
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	389.60 (341.70)	8.000	62.20 (54.60)		
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	04.00		40.000	599.30 (525.70)	32.000	249.00 (218.40)		
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	04.00		60.000	899.00 (788.60)	48.000	373.40 (327.60)		
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	04.00		40.000	599.30 (525.70)	32.000	249.00 (218.40)		
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	04.00		60.000	899.00 (788.60)	48.000	373.40 (327.60)		
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	224.70 (197.10)	17.000	132.30 (116.00)	3.000	146.50 (128.50) T
14.13	Psychiatric examination methods								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session	06.05		60.000	899.00 (788.60)	16.000	124.50 (109.20)		
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	04.00		20.000	299.70 (262.90)	16.000	124.50 (109.20)		
15	Endocrine System								
15.1	Thyroid								
2983	Lobectomy: Partial	04.00		198.100	1541.20 (1351.90)	158.480	1233.00 (1081.60)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2985	Lobectomy: Total	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	5.000	244.20 (214.20) T
2987	Thyroidectomy: Subtotal	04.00		266.000	2069.50 (1815.30)	212.800	1655.60 (1452.30)	5.000	244.20 (214.20) T
2989	Thyroidectomy: Total	04.00		279.000	2170.60 (1904.10)	223.200	1736.50 (1523.20)	5.000	244.20 (214.20) T
2991	Thyroglossal cyst or fistula excision	04.00		126.200	981.80 (861.30)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
15.2	Parathyroid								
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	5.000	244.20 (214.20) T
15.3	Adrenals								
2995	Adrenalectomy: Unilateral	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	9.000	439.50 (385.50) T
2997	Bilateral exploration of adrenal glands: Including removal	04.00		394.000	3065.30 (2688.90)	315.200	2452.30 (2151.10)	11.000	537.10 (471.20) T
15.4	Hypophysis								
2999	Transethmoidal hypophysectomy	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	11.000	537.10 (471.20) T
3000	Transnasal hypophysectomy (see also item 2915)	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	11.000	537.10 (471.20) T
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		
16	Eye								
16.1	Eye: Procedures performed in rooms								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								04.00
16.1.1	Eye investigations								
3002	Gonioscopy	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
3006	Keratometry	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
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	90.90 (79.70)				
3012	Pre-surgical retinal examination before retinal surgery	04.00		32.000	249.00 (218.40)	32.000	249.00 (218.40)		
3013	Ocular motility assessment: Comprehensive examination	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)		
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
16.1.2	Special eye investigations								
3005	Endothelial cell count	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3007	Potential acuity measurement	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
3008	Contrast sensitivity test	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
3010	Orthoptics consultation	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
3011	Orthoptic subsequent sessions	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
3015	Charting of visual field with manual perimeter	04.00		28.000	217.80 (191.10)	28.000	217.80 (191.10)		
3016	Retinal threshold test without storage facilities	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)		
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	04.00		74.000	575.70 (505.00)	74.000	575.70 (505.00)		
3018	Retinal threshold trend evaluation (additional to item 3017)	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)		
3019	Ocular muscle function with Hess screen or perimeter	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)		
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	04.00		46.000	357.90 (313.90)	46.000	357.90 (313.90)		
3022	Digital fluorescein video angiography	04.00		68.000	529.00 (464.10)	68.000	529.00 (464.10)	9.000	439.50 (385.50) T
3023	Digital indocyanine video angiography	04.00		110.000	855.80 (750.70)	110.000	855.80 (750.70)	9.000	439.50 (385.50) T
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)		
3025	Electronic tonography	04.00		19.000	147.80 (129.70)	19.000	147.80 (129.70)		
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	04.00		19.300	150.20 (131.70)	19.300	150.20 (131.70)		
3027	Fundus photography	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)		
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)		
3029	Anterior segment microphotography	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)		
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)		
3032	Eyelid and orbit photography	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)		
3034	Determination of lens implant power per eye	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
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	171.20 (150.10)	22.000	171.20 (150.10)		
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	280.10 (245.70)	36.000	280.10 (245.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	04.00		306.900	2387.70 (2094.50)	245.520	1910.10 (1675.60)	6.000	293.00 (257.00) T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	6.000	293.00 (257.00) T
3041	Pan retinal photocoagulation (per eye): Done in one sitting	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
3044	Removal of encircling band and/or buckling material	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	6.000	293.00 (257.00) T
16.3	Cataract								
3045	Cataract: Intra-capsular	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	7.000	341.80 (299.80) T
3047	Cataract: Extra-capsular (including capsulotomy)	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	7.000	341.80 (299.80) T
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	04.00		57.000	443.50 (389.00)	57.000	443.50 (389.00)	7.000	341.80 (299.80) T
3050	Repositioning of intra ocular lens	04.00		171.100	1331.20 (1167.70)	136.880	1064.90 (934.10)	7.000	341.80 (299.80) T
3051	Needling or capsulotomy	04.00		130.000	1011.40 (887.20)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3052	Laser capsulotomy	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	4.000	195.30 (171.30) T
3057	Removal of lenticulus	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	7.000	341.80 (299.80) T
3058	Exchange of intra ocular lens	04.00		236.000	1836.10 (1610.60)	188.800	1468.90 (1288.50)	7.000	341.80 (299.80) T
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	7.000	341.80 (299.80) T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	04.00		4.000	31.10 (27.30)				
16.4	Glaucoma								
3061	Drainage operation	04.00		247.600	1926.30 (1689.80)	198.080	1541.10 (1351.80)	6.000	293.00 (257.00) T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	6.000	293.00 (257.00) T
3063	Cyclocryotherapy or cyclodiathermy	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	6.000	293.00 (257.00) T
3064	Laser trabeculoplasty	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	6.000	293.00 (257.00) T
3065	Removal of blood from anterior chamber	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	4.000	195.30 (171.30) T
3067	Goniotomy	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	7.000	341.80 (299.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	04.00		127.000	988.10 (866.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	6.000	293.00 (257.00) T
16.6	Strabismus								
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	04.00		175.600	1366.20 (1198.40)	140.480	1092.90 (958.70)	5.000	244.20 (214.20) T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	5.000	244.20 (214.20) T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
16.7	Globe								
3079	Transcleral biopsy	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3080	Examination of eyes under general anaesthetic where no surgery is done	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
3081	Treatment of minor perforating injury	04.00		161.600	1257.20 (1102.80)	129.280	1005.80 (882.30)	6.000	293.00 (257.00) T
3083	Treatment of major perforating injury	04.00		267.500	2081.20 (1825.60)	214.000	1664.90 (1460.50)	6.000	293.00 (257.00) T
3085	Enucleation or Evisceration	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	5.000	244.20 (214.20) T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	5.000	244.20 (214.20) T
3088	Hydroxyapatite insertion (additional to item 3087)	04.00	+	40.000	311.20 (273.00)	40.000	311.20 (273.00)	5.000	244.20 (214.20) T
3089	Subconjunctival injection if not done at time of operation	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	5.000	244.20 (214.20) T
3090	Intra vitreal injection drug	05.06		47.600	370.30 (324.80)	47.600	370.30 (324.80)	4.000	195.30 (171.30) T
3091	Retrobulbar injection (if not done at time of operation)	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	4.000	195.30 (171.30) T
3092	External laser treatment for superficial lesions	04.00		53.000	412.30 (361.70)	53.000	412.30 (361.70)		
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	04.00		209.000	1626.00 (1426.30)	167.200	1300.80 (1141.10)	6.000	293.00 (257.00) T
3094	Implantation of intra vitreal drug delivery system	04.00		247.600	1926.30 (1689.80)	198.080	1541.10 (1351.80)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3095	Biopsy of vitreous body or anterior chamber contents	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	6.000	293.00 (257.00) T
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	04.00		130.000	1011.40 (887.20)	120.000	933.60 (818.90)	7.000	341.80 (299.80) T
3097	Anterior vitrectomy	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	6.000	293.00 (257.00) T
3098	Removal of silicon from globe	04.00		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	6.000	293.00 (257.00) T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	04.00		419.000	3259.80 (2859.50)	335.200	2607.90 (2287.60)	6.000	293.00 (257.00) T
3100	Lensectomy done at time of posterior vitrectomy	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	7.000	341.80 (299.80) T
16.8	Orbit								
3101	Drainage of orbital abscess	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	5.000	244.20 (214.20) T
3103	Orbit: Removal of tumour	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	5.000	244.20 (214.20) T
3104	Removal orbital prosthesis	04.00		212.700	1654.80 (1451.60)	170.160	1323.80 (1161.30)	5.000	244.20 (214.20) T
3105	Orbit: Exenteration	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	5.000	244.20 (214.20) T
3107	Orbitotomy requiring bone flap	04.00		393.000	3057.50 (2682.10)	314.400	2446.00 (2145.60)	5.000	244.20 (214.20) T
3108	Eye socket reconstruction	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	5.000	244.20 (214.20) T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	5.000	244.20 (214.20) T
3110	Second stage hydroxyapatite implantation	04.00		110.000	855.80 (750.70)	110.000	855.80 (750.70)	5.000	244.20 (214.20) T
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	04.00		-	- F	-	- F		
3112	Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens as for corneal erosion, ulcer, abrasion or corneal wound.	09.01		12.200	94.90 (83.30)	12.200	94.90 (83.30)		
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)		
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	04.00		78.850	613.50 (538.10)				
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	04.00		166.000	1291.50 (1132.90)	132.800	1033.20 (906.30)		
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	1051.90 (922.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
3117	Removal of foreign body: On the basis of fee per consultation	04.00		-	- F	-	- F	4.000	195.30 (171.30) T
3118	Curettage of cornea after removal of foreign body (after-care excluded)	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3119	Tattooing	04.00		26.000	202.30 (177.40)	26.000	202.30 (177.40)	4.000	195.30 (171.30) T
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
3121	Corneal graft (Lamellar or full thickness)	04.00		289.000	2248.40 (1972.30)	231.200	1798.70 (1577.80)	6.000	293.00 (257.00) T
3122	Epikeratophakia	04.00		289.000	2248.40 (1972.30)	231.200	1798.70 (1577.80)		
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	04.00		254.000	1976.10 (1733.40)	203.200	1580.90 (1386.80)	6.000	293.00 (257.00) T
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
3125	Keratectomy	04.00		127.000	988.10 (866.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	04.00	+	52.180	406.00 (356.10)	52.180	406.00 (356.10)		
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
3129	Additional to item 3128 for the use of own diamond knives	04.00	+	40.000	311.20 (273.00)	40.000	311.20 (273.00)		
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	04.00		96.900	753.90 (661.30)	96.900	753.90 (661.30)	4.000	195.30 (171.30) T
3131	Cornea: Paracentesis	04.00		53.000	412.30 (361.70)	53.000	412.30 (361.70)	4.000	195.30 (171.30) T
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	04.00		116.300	904.80 (793.70)	116.300	904.80 (793.70)	4.000	195.30 (171.30) T
3136	Conjunctival flap or graft (not for use with pterigium surgery)	04.00		95.700	744.50 (653.10)	95.700	744.50 (653.10)	6.000	293.00 (257.00) T
3138	Removal corneal epithelium and chelating agent for band keratopathy	04.00		69.500	540.70 (474.30)	69.500	540.70 (474.30)	4.000	195.30 (171.30) T
16.10	Ducts								
3133	Probing and/or syringing, per duct	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T
3135	Insert polythene tubes	04.00		51.800	403.00 (353.50)	51.800	403.00 (353.50)	4.000	195.30 (171.30) T
3137	Excision of lacrimal sac: Unilateral	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3139	Dacrocystorhinostomy (Single) with or without polythene tube	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
3141	Sealing Punctum surgical or by cautery: Per eye	04.00		24.900	193.70 (169.90)	24.900	193.70 (169.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3142	Sealing Punctum with plugs: Per eye	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T
3143	Three-snip operation	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T
3145	Repair of caniculus: Primary procedure	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3147	Repair of caniculus: Secondary procedure	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	4.000	195.30 (171.30) T
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3151	Excision of iris tumour	04.00		185.000	1439.30 (1262.50)	148.000	1151.40 (1010.00)	6.000	293.00 (257.00) T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	4.000	195.30 (171.30) T
3155	Iridocyclectomy for tumour	04.00		266.000	2069.50 (1815.30)	212.800	1655.60 (1452.30)	6.000	293.00 (257.00) T
3157	Division of anterior synechiae as isolated procedure	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3158	Repair iris as in dialysis: Anterior chamber reconstruction	04.00		142.400	1107.90 (971.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
16.12	Lids								
3161	Tarsorrhaphy	04.00		47.000	365.70 (320.80)	47.000	365.70 (320.80)	4.000	195.30 (171.30) T
3163	Excision of superficial lid tumour	04.00		47.000	365.70 (320.80)	47.000	365.70 (320.80)	4.000	195.30 (171.30) T
3165	Repair of skin laceration lid: Simple	04.00		27.300	212.40 (186.30)	27.300	212.40 (186.30)	4.000	195.30 (171.30) T
3167	Diathermy to wart on lid margin	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)	4.000	195.30 (171.30) T
3169	Electrolysis of any number of eyelashes: Per eye	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	04.00		20.400	158.70 (139.20)	20.400	158.70 (139.20)	4.000	195.30 (171.30) T
3173	Epicanthal folds	04.00		128.700	1001.30 (878.30)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	04.00		25.000	194.50 (170.60)				
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	04.00		35.000	272.30 (238.90)				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	04.00		187.000	1454.90 (1276.20)	149.600	1163.90 (1021.00)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T
3179	Entropion or ectropion by Suture	04.00		49.400	384.30 (337.10)	49.400	384.30 (337.10)	4.000	195.30 (171.30) T
3181	Entropion or ectropion by Open operation	04.00		111.500	867.50 (760.90)	111.500	867.50 (760.90)	4.000	195.30 (171.30) T
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	04.00		122.600	953.80 (836.70)	122.600	953.80 (836.70)	4.000	195.30 (171.30) T
16.12.2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	04.00		259.000	2015.00 (1767.60)	207.200	1612.00 (1414.00)	4.000	195.30 (171.30) T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	04.00		136.500	1062.00 (931.60)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	04.00		150.200	1168.60 (1025.00)	120.160	934.80 (820.00)	4.000	195.30 (171.30) T
3172	Blepharoplasty lower eyelid plus fat pad	04.00		125.800	978.70 (858.50)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
16.12.3	Lids: Ptosis								
3193	Repair by superior rectus, levator or frontalis muscle operation	04.00		190.000	1478.20 (1296.70)	152.000	1182.60 (1037.30)	4.000	195.30 (171.30) T
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	04.00		137.600	1070.50 (939.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	04.00		166.000	1291.50 (1132.90)	132.800	1033.20 (906.30)	4.000	195.30 (171.30) T
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
3200	Repair of lacerated conjunctiva	04.00		47.000	365.70 (320.80)	47.000	365.70 (320.80)	4.000	195.30 (171.30) T
16.14	Eye: General								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								04.00
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	04.00		109.000	848.00 (743.90)				
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 the indicated amount per minute may be charged	09.00		2.250	17.50 (15.40)	2.250	17.50 (15.40)		
3196	Diamond knife: Use of own diamond knife during intraocular surgery	04.00		12.000	93.40 (81.90)				
3198	Excimer laser: Hire fee (per eye)	04.00		284.130	2210.50 (1939.10)				
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	848.00 (743.90)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3202	Phako emulsification apparatus: Hire fee	04.00		109.000	848.00 (743.90)				
3203	Vitrectomy apparatus: Hire fee	04.00		120.000	933.60 (818.90)				
17	Ear								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								09.01
	Repair / modification of hearing aid: report this service using item 0201 and supply invoice								09.01
17.1	External ear (Pinna)								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								09.01
	Repair / modification of hearing aid: report this service using 0201 and supply invoice								09.01
3267	Major congenital deformity reconstruction of external ear: Unilateral	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
3269	Major congenital deformity reconstruction of external ear: Bilateral	04.00		242.000	1882.80 (1651.50)	193.600	1506.20 (1321.20)	5.000	244.20 (214.20) T
3270	Excision of superficial pre-auricular fistula	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)	4.000	195.30 (171.30) T
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	04.00		-	- f				
3272	Excision of complicated pre-auricular fistula	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	04.00		-	- F	-	- F		
3205	External ear canal: Removal of foreign body: Under general anaesthetic	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)	4.000	195.30 (171.30) T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	04.00		164.000	1275.90 (1119.20)	131.200	1020.70 (895.40)	4.000	195.30 (171.30) T
3217	Meatus atresia: Congenital	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	4.000	195.30 (171.30) T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	4.000	195.30 (171.30) T
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	4.000	195.30 (171.30) T
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
3207	Myringotomy: Unilateral	04.00		28.000	217.80 (191.10)	28.000	217.80 (191.10)	4.000	195.30 (171.30) T
3209	Myringotomy: Bilateral	04.00		46.000	357.90 (313.90)	46.000	357.90 (313.90)	4.000	195.30 (171.30) T
3211	Unilateral myringotomy with insertion of ventilation tube	04.00		38.000	295.60 (259.30)	38.000	295.60 (259.30)	4.000	195.30 (171.30) T
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	04.00		57.000	443.50 (389.00)	57.000	443.50 (389.00)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	4.000	195.30 (171.30) T
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	5.000	244.20 (214.20) T
3237	Exploratory tympanotomy	04.00		158.900	1236.20 (1084.40)	127.120	989.00 (867.50)	5.000	244.20 (214.20) T
3243	Myringoplasty	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
3245	Functional reconstruction of tympanic membrane	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	5.000	244.20 (214.20) T
3249	Stapedotomy and stapedectomy	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	5.000	244.20 (214.20) T
3257	Cortical mastoidectomy	04.00		188.500	1466.50 (1286.40)	150.800	1173.20 (1029.10)	5.000	244.20 (214.20) T
3259	Radical mastoidectomy (excluding minor procedures)	04.00		277.400	2158.20 (1893.10)	221.920	1726.50 (1514.50)	5.000	244.20 (214.20) T
3261	Muscle grafting to mastoid cavity without tympanoplasty	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	5.000	244.20 (214.20) T
3263	Autogenous bone graft to mastoid cavity	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	5.000	244.20 (214.20) T
3264	Tympanomastoidectomy	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	5.000	244.20 (214.20) T
3265	Reconstruction of posterior canal wall, following radical mastoid	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	5.000	244.20 (214.20) T
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	5.000	244.20 (214.20) T
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	4.000	195.30 (171.30) T
3224	Electroneurography (ENOG)	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	4.000	195.30 (171.30) T
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	04.00		297.000	2310.70 (2026.90)	237.600	1848.50 (1621.50)	5.000	244.20 (214.20) T
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	04.00		436.000	3392.10 (2975.50)	348.800	2713.70 (2380.40)	5.000	244.20 (214.20) T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	04.00		436.000	3392.10 (2975.50)	348.800	2713.70 (2380.40)	5.000	244.20 (214.20) T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	04.00		124.000	964.70 (846.20)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	389.00 (341.20)				
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	04.00		88.000	684.60 (600.60)				
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	04.00		60.000	466.80 (409.50)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	04.00		105.000	816.90 (716.60)				
2695	Audiology 40Hz response: Unilateral	04.00		30.000	233.40 (204.70)				
2696	Audiology 40Hz response: Bilateral	04.00		53.000	412.30 (361.70)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	04.00		30.000	233.40 (204.70)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	04.00		53.000	412.30 (361.70)				
2699	Electro-cochleography: Unilateral	04.00		50.000	389.00 (341.20)				
2700	Electro-cochleography: Bilateral	04.00		88.000	684.60 (600.60)				
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	04.00		140.000	1089.20 (955.40)			4.000	195.30 (171.30) T
3248	Otoacoustic emission performed as a screening test	05.03		33.240	258.60 (226.80) Z	33.240	258.60 (226.80) Z		
3250	Otoacoustic emission (high risk patients only)	04.00		66.480	517.20 (453.70)	66.480	517.20 (453.70)		
3273	Pure tone audiometry (air conduction)	04.00		6.500	50.60 (44.40)	6.500	50.60 (44.40)		
3274	Pure tone audiometry (bone conduction with masking)	04.00		6.500	50.60 (44.40)	6.500	50.60 (44.40)		
3275	Impedance audiometry (tympanometry)	04.00		6.500	50.60 (44.40)	6.500	50.60 (44.40)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	04.00		6.500	50.60 (44.40)	6.500	50.60 (44.40)		
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	06.04		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	04.00		6.500	50.60 (44.40)	6.500	50.60 (44.40)		
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
3252	Bithermal Halpike caloric test (excluding consultation fee)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
3253	Electro-nystagmography for spontaneous and positional nystagmus	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)		
3254	Video nystagmoscopy (monocular)	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)		
3255	Caloric test done with electronystamography	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3256	Video nystagmoscopy (binocular)	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)		
3258	Otolith repositioning manoeuvre	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	4.000	195.30 (171.30) T
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	04.00		71.480	556.10 (487.80) Z	71.480	556.10 (487.80) Z		
17.5.3	Inner ear surgery								
3233	Labyrinthectomy via the middle ear or mastoid	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	5.000	244.20 (214.20) T
3240	Endolymphatic sac surgery	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	4.000	195.30 (171.30) T
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	04.00		310.000	2411.80 (2115.60)	248.000	1929.40 (1692.50)	5.000	244.20 (214.20) T
3246	Cochlear implant surgery	04.00		340.500	2649.10 (2323.80)	272.400	2119.30 (1859.00)	5.000	244.20 (214.20) T
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	5.000	244.20 (214.20) T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	06.04		510.000	3967.80 (3480.50)	408.000	3174.20 (2784.40)	11.000	537.10 (471.20) T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	06.04		620.000	4823.60 (4231.20)	496.000	3858.90 (3385.00)	11.000	537.10 (471.20) T
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	04.00		530.000	4123.40 (3617.00)	424.000	3298.70 (2893.60)	11.000	537.10 (471.20) T
5224	Removal of acoustic neuroma via the middle fossa approach	04.00		660.000	5134.80 (4504.20)	528.000	4107.80 (3603.40)	11.000	537.10 (471.20) T
17.6.2	Microsurgery of the skull base: Translabyrinthine approach								
3239	Acoustic neuroma removal translabyrinthine	04.00		660.000	5134.80 (4504.20)	528.000	4107.80 (3603.40)	5.000	244.20 (214.20) T
5227	Cochleo-vestibular neurectomy	04.00		530.000	4123.40 (3617.00)	424.000	3298.70 (2893.60)	11.000	537.10 (471.20) T
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	06.04		660.000	5134.80 (4504.20)	528.000	4107.80 (3603.40)	11.000	537.10 (471.20) T
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontine angle								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	04.00		660.000	5134.80 (4504.20)	528.000	4107.80 (3603.40)	11.000	537.10 (471.20) T
17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	04.00		710.000	5523.80 (4845.40)	568.000	4419.00 (3876.40)	11.000	537.10 (471.20) T
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
5238	Removal of tumour of the petrous apex	04.00		620.000	4823.60 (4231.20)	496.000	3858.90 (3385.00)	11.000	537.10 (471.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5239	Removal of tumour of the clivus	04.00		620.000	4823.60 (4231.20)	496.000	3858.90 (3385.00)	11.000	537.10 (471.20) T
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	04.00		520.000	4045.60 (3548.80)	416.000	3236.50 (2839.00)	8.000	390.60 (342.70) T
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	04.00		520.000	4045.60 (3548.80)	416.000	3236.50 (2839.00)	11.000	537.10 (471.20) T
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	11.000	537.10 (471.20) T
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	11.000	537.10 (471.20) T
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	04.00		520.000	4045.60 (3548.80)	416.000	3236.50 (2839.00)	11.000	537.10 (471.20) T
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	8.000	390.60 (342.70) T
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	04.00		660.000	5134.80 (4504.20)	528.000	4107.80 (3603.40)	8.000	390.60 (342.70) T
18	Physical Treatment								
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	04.00	+	0.750	5.84 (5.12)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	04.00		13.500	105.00 (92.10)				
3281	Ultrasonic therapy	04.00		10.000	77.80 (68.20)				
3282	Shortwave diathermy	04.00		10.000	77.80 (68.20)				
3284	Sensory nerve conduction studies	04.00		31.000	241.20 (211.60)				
3285	Motor nerve conduction studies	04.00		26.000	202.30 (177.40)				
3287	Spinal joint and ligament injection	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
3288	Epidural injection	04.00		36.000	280.10 (245.70)				
3289	Multiple injections: First joint	04.00		7.500	58.40 (51.20)				
3290	Multiple injections: Each additional joint	04.00		4.500	35.00 (30.70)				
3291	Tendon or ligament injection	04.00		9.000	70.00 (61.40)				
3292	Aspiration of joint or inter-articular injection	04.00		9.000	70.00 (61.40)				
3293	Aspiration or injection of bursa or ganglion	04.00		9.000	70.00 (61.40)				
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	06.05		20.000	155.60 (136.50)				
3295	Paravertebral root block: Unilateral	04.00		20.000	155.60 (136.50)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3296	Paravertebral root block: Bilateral	04.00		30.000	233.40 (204.70)				
3297	Manipulation of spine performed by a specialist in Physical Medicine	04.00		14.000	108.90 (95.50)				
3298	Spinal traction	04.00		6.000	46.70 (40.90)				
3299	Manipulation of large joints: Under general anaesthesia	04.00		14.000	108.90 (95.50)			3.000	146.50 (128.50) T
3299a	Manipulation of large joints: Under general anaesthesia	05.01		14.000	108.90 (95.50)			4.000	195.30 (171.30) T
3300	Manipulation of large joints: Without anaesthetic	04.00		-	- F	-	- F		
3301	Muscle fatigue studies	04.00		20.000	155.60 (136.50)				
3302	Strength duration curve per session	04.00		10.500	81.70 (71.70)				
3303	Electromyography	04.00		75.000	583.50 (511.80)				
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	77.80 (68.20)	10.000	77.80 (68.20)		
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT									
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								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								
3305	Finger, toe	04.00				6.300	69.40 (60.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3309	Smith-Petersen or equivalent control, in theatre	04.00				38.700	426.50 (374.10)		
3311	Stress studies, e.g. joint	04.00				7.700	84.90 (74.40)		
3313	Full length study, both legs	04.00				15.500	170.80 (149.80)		
3315	Skeletal survey under 5 years	04.00				19.900	219.30 (192.40)		
3317	Skeletal survey over 5 years	04.00				28.000	308.60 (270.70)		
3319	Arthrography per joint	04.00				15.400	169.70 (148.90)		
3320	Introduction of contrast medium or air: ADD	04.00	+			13.800	152.10 (133.40)		
6500	Hand	04.00				7.700	84.90 (74.40)		
6501	Wrist (specify region)	04.00				7.700	84.90 (74.40)		
6503	Scaphoid	04.00				7.700	84.90 (74.40)		
6504	Radius and ulna	04.00				7.700	84.90 (74.40)		
6505	Elbow	04.00				7.700	84.90 (74.40)		
6506	Humerus	04.00				7.700	84.90 (74.40)		
6507	Shoulder	04.00				7.700	84.90 (74.40)		
6508	Acromio-Clavicle joint	04.00				7.700	84.90 (74.40)		
6509	Clavicle	04.00				7.700	84.90 (74.40)		
6510	Scapula	04.00				7.700	84.90 (74.40)		
6511	Foot	04.00				7.700	84.90 (74.40)		
6512	Ankle	04.00				7.700	84.90 (74.40)		
6513	Calcaneus	04.00				7.700	84.90 (74.40)		
6514	Tibia and fibula	04.00				7.700	84.90 (74.40)		
6515	Knee	04.00				7.700	84.90 (74.40)		
6516	Patella	04.00				7.700	84.90 (74.40)		
6517	Femur	04.00				7.700	84.90 (74.40)		
6518	Hip	04.00				7.700	84.90 (74.40)		
6519	Sesamoid Bone	04.00				7.700	84.90 (74.40)		
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	04.00				11.000	121.20 (106.30)		
3325	Stress studies	04.00				11.000	121.20 (106.30)		
3329	Scoliosis studies	04.00				21.000	231.40 (203.00)		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	04.00				11.000	121.20 (106.30)		
3333	Myelography: Lumbar	04.00				28.900	318.50 (279.40)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3334	Myelography: Thoracic	04.00				22.200	244.70 (214.60)	4.000	195.30 (171.30) T
3335	Myelography: Cervical	04.00				35.500	391.20 (343.20)	4.000	195.30 (171.30) T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	04.00						4.000	195.30 (171.30) T
3344	Introduction of contrast medium	04.00	+			18.700	206.10 (180.80)		
3345	Discography	04.00				34.600	381.30 (334.50)	4.000	195.30 (171.30) T
3347	Introduction of contrast medium per disc level: ADD	04.00	+			28.200	310.80 (272.60)		
19.1.3	Skeleton: Skull								
3349	Skull studies	04.00				15.700	173.00 (151.80)		
3351	Paranasal sinuses	04.00				11.000	121.20 (106.30)		
3353	Facial bones and/or orbits	04.00				12.600	138.90 (121.80)		
3355	Mandible	04.00				9.400	103.60 (90.90)		
3357	Nasal bone	04.00				7.800	86.00 (75.40)		
3359	Mastoid: Bilateral	04.00				18.000	198.40 (174.00)		
3361	Teeth: One quadrant	04.00				3.700	40.80 (35.80)		
3363	Teeth: Two quadrants	04.00				6.300	69.40 (60.90)		
3365	Teeth: Full mouth	04.00				11.000	121.20 (106.30)		
3366	Teeth: Rotation tomography of the teeth and jaws	04.00				13.300	146.60 (128.60)		
3367	Teeth: Temporo-mandibular joints: Per side	04.00				11.000	121.20 (106.30)		
3369	Teeth: Tomography: Per side	04.00				11.000	121.20 (106.30)		
3371	Localisation of foreign body in the eye	04.00				15.700	173.00 (151.80)		
3381	Ventriculography	04.00				27.300	300.90 (263.90)	4.000	195.30 (171.30) T
3385	Post-nasal studies: Lateral neck	04.00				6.300	69.40 (60.90)		
3387	Maxillo-facial cephalometry	04.00				8.800	97.00 (85.10)		
3389	Dacrocystography	04.00				11.000	121.20 (106.30)	4.000	195.30 (171.30) T
3391	For introduction of contrast medium: ADD	04.00	+			11.000	121.20 (106.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
19.2	Alimentary tract								
3393	Bowel washout: ADD	04.00	+			4.800	52.90 (46.40)		
3395	Sialography (plus 80% for each additional gland)	04.00				12.700	140.00 (122.80)	4.000	195.30 (171.30) T
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	04.00	+			11.000	121.20 (106.30)		
3399	Pharynx and oesophagus	04.00				12.700	140.00 (122.80)		
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00				20.000	220.40 (193.40)		
3405	Double contrast: ADD	04.00	+			7.300	80.50 (70.60)		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	04.00				20.000	220.40 (193.40)		
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	318.50 (279.40)		
3409	Barium enema (control film of abdomen included)	04.00				18.300	201.70 (176.90)		
3411	Air contrast study: ADD	04.00	+			19.300	212.70 (186.60)		
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	04.00				23.300	256.80 (225.30)	4.000	195.30 (171.30) T
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	04.00				15.500	170.80 (149.80)	4.000	195.30 (171.30) T
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	04.00							
3417	Gastric/oesophageal/duodenal intubation control	04.00				5.900	65.00 (57.00)		
3419	Gastric/oesophageal intubation insertion of tube: ADD	04.00	+			5.600	61.70 (54.10)		
3421	Duodenal intubation: Insertion of tube: ADD	04.00	+			11.000	121.20 (106.30)		
3423	Hypotonic duodenography (item 3403 and item 3405 included)	04.00	+			29.300	322.90 (283.30)		
19.3	Biliary tract								
3425	Oral cholecystography	04.00				15.700	173.00 (151.80)		
3427	Cholangiography: Intravenous	04.00				22.000	242.50 (212.70)		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	04.00				21.000	231.40 (203.00)		
3433	Post operative: T-tube	04.00				16.700	184.10 (161.40)		
3435	Introduction of contrast medium: ADD	04.00	+			5.600	61.70 (54.10)		
3437	Trans hepatic, percutaneous	04.00				18.300	201.70 (176.90)		
3439	Introduction of contrast medium: ADD	04.00	+			33.100	364.80 (320.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3441	Tomography of biliary tract: ADD	04.00	+			9.400	103.60 (90.90)		
19.4	Chest								
3443	Larynx (Tomography included)	04.00				12.500	137.80 (120.80)		
3445	Chest (item 3601 included)	04.00				9.400	103.60 (90.90)		
3447	Chest and cardiac studies (item 3601)	04.00				12.600	138.90 (121.80)		
3449	Ribs	04.00				12.300	135.60 (118.90)		
3451	Sternum or sterno-clavicular joints	04.00				12.600	138.90 (121.80)		
3453	Bronchography: Unilateral	04.00				12.600	138.90 (121.80)	8.000	390.60 (342.70) T
3455	Bronchography: Bilateral	04.00				22.100	243.60 (213.70)	8.000	390.60 (342.70) T
3457	Introduction of contrast medium included	04.00				35.700	393.40 (345.10)		
3461	Pleurography	04.00				12.600	138.90 (121.80)	3.000	146.50 (128.50) T
3463	For introduction of contrast medium: ADD	04.00	+			2.800	30.90 (27.10)		
3465	Laryngography	04.00				11.000	121.20 (106.30)		
3467	For introduction of contrast medium: ADD	04.00	+			10.000	110.20 (96.70)		
3468	Thoracic inlet	04.00				6.300	69.40 (60.90)		
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	103.60 (90.90)		
3479	Acute abdomen or equivalent studies	04.00				15.700	173.00 (151.80)		
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	276.60 (242.70)		
3493	Waterload test: ADD	04.00	+			12.200	134.50 (117.90)		
3497	Cystography only or urethrography only (retrograde)	04.00				19.300	212.70 (186.60)		
3499	Cysto-urethrography: Retrograde	04.00				31.900	351.60 (308.40)		
3503	Cysto-urethrography: Introduction of contrast medium	04.00	+			3.700	40.80 (35.80)		
3505	Retrograde-prograde pyelography	04.00				18.300	201.70 (176.90)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
3511	Aspiration renal cyst	04.00				18.400	202.80 (177.90)			
3513	Tomography of renal tract: ADD	04.00	+			9.400	103.60 (90.90)			
19.7	Gynaecology and obstetrics									
3515	Pregnancy	04.00				9.400	103.60 (90.90)			
3517	Pelvimetry	04.00				17.400	191.80 (168.20)			
3519	Hystero-salpingography	04.00				12.500	137.80 (120.80)	3.000	146.50 (128.50) T	
3521	Introduction of contrast medium: ADD	04.00	+			15.300	168.60 (147.90)			
19.8	Vascular studies									
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures):									04.00
	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)									
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								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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							
3545	Venography: Per limb	04.00				16.500	181.80 (159.50)		
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	1838.30 (1612.50)		
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	04.00				48.600	535.60 (469.80)	4.000	195.30 (171.30) T
3558	Translumbar aortic puncture, with full study	04.00				69.600	767.10 (672.90)	5.000	244.20 (214.20) T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	04.00				57.000	628.20 (551.10)	4.000	195.30 (171.30) T
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram	06.04				65.400	720.80 (632.30)	4.000	195.30 (171.30) T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	04.00				73.200	806.70 (707.70)	4.000	195.30 (171.30) T
3564	Direct femoral arterial or venous or jugular venous puncture	04.00				37.200	410.00 (359.60)		
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)	04.00				85.800	945.60 (829.50)	5.000	244.20 (214.20) T
3569	Intravascular pressure studies, arterial or venous, once off per case	04.00				19.800	218.20 (191.40)		
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	04.00				130.800	1441.50 (1264.50)	5.000	244.20 (214.20) T
3572	Transcatheter selective blood sampling, arterial or venous	04.00				32.400	357.10 (313.20)		
3574	Spinal angiogram (global fee) including all selective catheterisations	04.00				480.000	5290.10 (4640.40)	5.000	244.20 (214.20) T
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb	04.00	+			7.400	81.60 (71.50)		
3575	Cut-downs for venography: ADD	04.00	+			11.000	121.20 (106.30)		
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							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	244.20 (214.20) T
6404	CT limb with contrast only	04.00						5.000	244.20 (214.20) T
6405	CT limb pre- AND post contrast	04.00						5.000	244.20 (214.20) T
6406	CT joint uncontrasted	04.00						5.000	244.20 (214.20) T
6407	CT joint with contrast only	04.00						5.000	244.20 (214.20) T
6408	CT joint pre AND post contrast	04.00						5.000	244.20 (214.20) T
6409	CT brain uncontrasted (including posterior fossa)	04.00						5.000	244.20 (214.20) T
6410	CT brain with contrast only (including posterior fossa)	04.00						5.000	244.20 (214.20) T
6411	CT brain pre AND post contrast (including posterior fossa)	04.00						5.000	244.20 (214.20) T
6412	CT orbits complete study, axial OR coronal, uncontrasted	04.00						5.000	244.20 (214.20) T
6413	CT orbits complete study, axial AND coronal, uncontrasted	04.00						5.000	244.20 (214.20) T
6414	CT orbits complete study, axial OR coronal pre AND post contrast	04.00						5.000	244.20 (214.20) T
6415	CT orbits complete study, axial AND coronal pre AND post contrast	04.00						5.000	244.20 (214.20) T
6416	CT paranasal sinuses limited study axial OR coronal	04.00						5.000	244.20 (214.20) T
6417	CT paranasal sinuses limited study axial AND coronal	04.00						5.000	244.20 (214.20) T
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	04.00						5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	04.00						5.000	244.20 (214.20) T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	04.00						5.000	244.20 (214.20) T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	04.00						5.000	244.20 (214.20) T
6422	CT pituitary fossa, uncontrasted	04.00						5.000	244.20 (214.20) T
6423	CT pituitary fossa, pre AND post contrast	04.00						5.000	244.20 (214.20) T
6424	CT internal auditory meati, uncontrasted	04.00						5.000	244.20 (214.20) T
6425	CT internal auditory meati, pre AND post contrast	04.00						5.000	244.20 (214.20) T
6426	CT mastoids	04.00						5.000	244.20 (214.20) T
6427	CT ear structures, limited study	04.00						5.000	244.20 (214.20) T
6428	CT middle AND inner ear, complete study including reconstructions	04.00						5.000	244.20 (214.20) T
6429	CT facial bones	04.00						5.000	244.20 (214.20) T
6430	CT neck soft tissue, uncontrasted	04.00						5.000	244.20 (214.20) T
6431	CT neck soft tissue with contrast only	04.00						5.000	244.20 (214.20) T
6432	CT neck pre AND post contrast	04.00						5.000	244.20 (214.20) T
6433	CT cervical spine uncontrasted	04.00						5.000	244.20 (214.20) T
6434	CT cervical spine pre AND post contrast	04.00						5.000	244.20 (214.20) T
6435	CT cervical spine post myelogram	04.00						5.000	244.20 (214.20) T
6436	CT dorsal spine uncontrasted	04.00						5.000	244.20 (214.20) T
6437	CT dorsal spine pre AND post contrast	04.00						5.000	244.20 (214.20) T
6438	CT dorsal spine post myelogram	04.00						5.000	244.20 (214.20) T
6439	CT lumbar spine uncontrasted	04.00						5.000	244.20 (214.20) T
6440	CT lumbar spine pre AND post contrast	04.00						5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6441	CT lumbar spine post myelogram	04.00						5.000	244.20 (214.20) T
6442	CT pelvimetry (topogram only)	04.00						5.000	244.20 (214.20) T
6443	CT chest uncontrasted	04.00						5.000	244.20 (214.20) T
6444	CT chest with contrast	04.00						5.000	244.20 (214.20) T
6445	CT chest pre AND post contrast	04.00						5.000	244.20 (214.20) T
6446	CT chest high resolution lungs, limited study	04.00						5.000	244.20 (214.20) T
6447	CT high resolution lungs, complete study	04.00						5.000	244.20 (214.20) T
6448	CT abdomen uncontrasted	04.00						5.000	244.20 (214.20) T
6449	CT abdomen with contrast	04.00						5.000	244.20 (214.20) T
6450	CT abdomen pre AND post contrast	04.00						5.000	244.20 (214.20) T
6451	CT abdomen triphasic study	04.00						5.000	244.20 (214.20) T
6452	CT pelvis uncontrasted	04.00						5.000	244.20 (214.20) T
6453	CT pelvis with contrast	04.00						5.000	244.20 (214.20) T
6454	CT pelvis pre AND post contrast	04.00						5.000	244.20 (214.20) T
6455	CT abdomen AND pelvis uncontrasted	04.00						5.000	244.20 (214.20) T
6456	CT abdomen AND pelvis with contrast	04.00						5.000	244.20 (214.20) T
6457	CT abdomen AND pelvis pre AND post contrast	04.00						5.000	244.20 (214.20) T
6458	CT chest, abdomen AND pelvis with contrast	04.00						5.000	244.20 (214.20) T
6459	CT base of skull to symphysis pubis with contrast	04.00						5.000	244.20 (214.20) T
6460	CT for dental implants maxilla OR mandible	04.00							
6461	CT for dental implants maxilla AND mandible	04.00							
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)	04.00						5.000	244.20 (214.20) T
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	04.00						5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6464	CT limited study, any region. Region to be identified on the account	04.00						5.000	244.20 (214.20) T
6465	CT guidance for aspiration, biopsy or drainage	04.00						11.000	537.10 (471.20) T
6466	CT guidance for aspiration at time of CT diagnostic study	04.00							
6467	CT stereotactic localisation for biopsy	04.00						11.000	537.10 (471.20) T
6468	CT for radiotherapy planning (not to be used as an add-on)	04.00							
6469	Quantitative CT for bone mineral density	04.00							
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast	04.00						5.000	244.20 (214.20) T
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast	04.00						5.000	244.20 (214.20) T
6472	Computer Aided Diagnosis for Mammography	04.00							
19.10	Radiology: Miscellaneous								
3594	Mammogram of surgically removed breast biopsy specimen	04.00							
3600	Peripheral bone densitometry utilizing ionizing radiation	04.00		13.000	143.30 (125.70)	13.000	143.30 (125.70)		
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	04.00	+			7.700	84.90 (74.40)		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	04.00				10.700	117.90 (103.40)		
3603	Sinography	04.00				18.400	202.80 (177.90)		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	04.00		77.000	848.60 (744.40)	77.000	848.60 (744.40)		
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	363.70 (319.00)		
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	04.00				21.000	231.40 (203.00)		
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	61.70 (54.10)		
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	440.80 (386.70)	3.000	146.50 (128.50) T
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	04.00				-	-		
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	04.00	+			11.000	121.20 (106.30)		
3613	Setting of sterile trays	04.00				3.300	36.40 (31.90)		
5029	Mammotome - stereotaxis: Hand held	04.00							
5034	Fine needle aspiration or biopsy or core biopsy of mamma	04.00				25.000	275.50 (241.70)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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	222.50 (195.20)	30.000	222.50 (195.20)		
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	04.00		110.000	815.80 (715.60)	110.000	815.80 (715.60)	5.000	244.20 (214.20) T
3612	Ultrasonic bone densitometry	04.00		19.000	140.90 (123.60)	19.000	140.90 (123.60)		
3614	Transvaginal aspiration of ova	04.00		110.000	815.80 (715.60)	110.000	815.80 (715.60)		
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	370.80 (325.30)	50.000	370.80 (325.30)		
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	370.80 (325.30)	50.000	370.80 (325.30)		
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	04.00		40.000	296.60 (260.20)	40.000	296.60 (260.20)		
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	04.00		30.000	222.50 (195.20)	30.000	222.50 (195.20)	9.000	439.50 (385.50) T
3620	Cardiac examination plus Doppler colour mapping	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
3621	Cardiac examination (MMode)	04.00		25.000	185.40 (162.60)	25.000	185.40 (162.60)		
3622	Cardiac examination: 2 Dimensional	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
3623	Cardiac examination + effort	04.00	+	10.000	74.20 (65.10)	10.000	74.20 (65.10)		
3624	Cardiac examinations + contrast	04.00	+	10.000	74.20 (65.10)	10.000	74.20 (65.10)		
3625	Cardiac examinations + doppler	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
3626	Cardiac examination + phonocardiography	04.00	+	10.000	74.20 (65.10)	10.000	74.20 (65.10)		
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	445.00 (390.30)	60.000	445.00 (390.30)		
3628	Renal tract	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
3631	Ophthalmic examination	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3633	Neonatal head scan	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
3634	Peripheral vascular study, B mode only	04.00		39.000	289.20 (253.70)	39.000	289.20 (253.70)		
3635	+ Doppler	04.00		39.000	289.20 (253.70)	39.000	289.20 (253.70)		
3636	Trans-oesophageal echocardiography including passing the device	04.00		100.000	741.60 (650.50)	100.000	741.60 (650.50)		
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	578.40 (507.40)	78.000	578.40 (507.40)		
5026	Ultrasound guided amniocentesis	04.00		39.000	289.20 (253.70)			6.000	293.00 (257.00) T
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
5101	Pleural space ultrasound	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
5103	Ultrasound soft tissue, any region	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)		
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	04.00		25.000	185.40 (162.60)	25.000	185.40 (162.60)		
5107	Ultrasound after 24 weeks - motivation required	04.00		25.000	185.40 (162.60)	25.000	185.40 (162.60)		
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	370.80 (325.30)	50.000	370.80 (325.30)		
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	949.20 (832.70)	120.000	889.90 (780.60)		
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	1527.70 (1340.10)	164.800	1222.20 (1072.10)		
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	867.70 (761.10)	117.000	867.70 (761.10)		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	04.00		117.000	867.70 (761.10)	117.000	867.70 (761.10)		
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	1320.00 (1157.90)	142.400	1056.00 (926.30)		
5115	Intra-operative ultrasound study	04.00		50.000	370.80 (325.30)	50.000	370.80 (325.30)	3.000	146.50 (128.50) T
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	04.00		88.000	652.60 (572.50)	88.000	652.60 (572.50)		
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior descending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	04.00		44.000	326.30 (286.20)	44.000	326.30 (286.20)		
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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	04.00		6.000	44.50 (39.03)	6.000	44.50 (39.03)		
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	77.10 (67.70)		
3640	Theatre investigations with fixed installation	04.00	+			3.000	33.10 (29.00)		
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	365.90 (321.00)	22.100	243.60 (213.70)		
3642	Repeat of further tracer tests for same investigation: Half of above fee	04.00		16.600	182.90 (160.50)	11.100	122.30 (107.30)		
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	905.90 (794.70)	54.800	604.00 (529.80)		
3645	Other organ scanning with use of relevant radio isotopes	04.00		82.200	905.90 (794.70)	54.800	604.00 (529.80)		
3646	Thyroid scanning	04.00		28.800	317.40 (278.40)	19.200	211.60 (185.60)		
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera	04.00							
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
				RVU	Fee	RVU	Fee	RVU	Fee	
19.14	Interventional radiological procedures									
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures):									04.00
	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)									
	Note: In regard to multiple examinations see modifier 0080									04.00
5002	Percutaneous transluminal angioplasty: Aortic/IVC	04.00				102.600	1130.80 (991.90)	13.000	634.80 (556.80) T	
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	04.00				102.600	1130.80 (991.90)	13.000	634.80 (556.80) T	
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	04.00				102.600	1130.80 (991.90)	13.000	634.80 (556.80) T	
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	04.00				139.200	1534.10 (1345.70)	13.000	634.80 (556.80) T	
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	04.00				139.200	1534.10 (1345.70)	13.000	634.80 (556.80) T	
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	04.00				172.200	1897.80 (1664.80)	13.000	634.80 (556.80) T	
5014	Atherectomy (per vessel)	04.00				204.600	2254.90 (1978.00)			
5016	Aspiration thrombectomy (per vessel)	04.00				131.400	1448.20 (1270.30)			
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	04.00				106.800	1177.00 (1032.50)	5.000	244.20 (214.20) T	
5022	Embolisation non-intracranial, per vessel	04.00				106.800	1177.00 (1032.50)	9.000	439.50 (385.50) T	
5030	Percutaneous nephrostomy for further procedure or drainage	04.00				73.800	813.30 (713.50)	6.000	293.00 (257.00) T	
5031	Antegrade ureteric stent insertion	04.00				69.600	767.10 (672.90)	6.000	293.00 (257.00) T	
5033	Percutaneous cystostomy in radiology suite	04.00				30.000	330.60 (290.00)			

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5035	Urethral balloon dilatation in radiology suite	04.00				22.800	251.30 (220.40)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	04.00				34.200	376.90 (330.60)		
5037	Urethral stenting in radiology suite	04.00				102.600	1130.80 (991.90)		
5038	Intracranial/spinal AVM embolisation (per session)	04.00				335.400	3696.40 (3242.50)	13.000	634.80 (556.80) T
5039	Intracranial thrombolysis (on-table) per session	04.00				139.200	1534.10 (1345.70)	13.000	634.80 (556.80) T
5040	Intracranial aneurysm occlusion	04.00				286.800	3160.80 (2772.70)	13.000	634.80 (556.80) T
5041	Balloon occlusion/Wada test	04.00				106.800	1177.00 (1032.50)	9.000	439.50 (385.50) T
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	06.04				286.800	3160.80 (2772.70)	13.000	634.80 (556.80) T
5043	Intracranial angioplasty	04.00				204.600	2254.90 (1978.00)	13.000	634.80 (556.80) T
5044	Transhepatic portogram	04.00				139.200	1534.10 (1345.70)	9.000	439.50 (385.50) T
5045	Hepatic arterial infusion catheter insertion	04.00				156.000	1719.30 (1508.10)	6.000	293.00 (257.00) T
5046	Percutaneous biliary drainage (external)	04.00				102.600	1130.80 (991.90)	9.000	439.50 (385.50) T
5047	Combined internal/external biliary drainage	04.00				102.600	1130.80 (991.90)	9.000	439.50 (385.50) T
5048	Biliary stent insertion	04.00				139.200	1534.10 (1345.70)	9.000	439.50 (385.50) T
5049	Percutaneous gall bladder drainage	04.00				69.600	767.10 (672.90)	9.000	439.50 (385.50) T
5050	Percutaneous or renal gall bladder stone removal	04.00				172.200	1897.80 (1664.80)	5.000	244.20 (214.20) T
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1534.10 (1345.70)	13.000	634.80 (556.80) T
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1534.10 (1345.70)	13.000	634.80 (556.80) T
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1534.10 (1345.70)	13.000	634.80 (556.80) T
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	04.00				172.200	1897.80 (1664.80)	13.000	634.80 (556.80) T
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	04.00				204.600	2254.90 (1978.00)	13.000	634.80 (556.80) T
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	04.00				204.600	2254.90 (1978.00)	13.000	634.80 (556.80) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	04.00				311.400	3431.90 (3010.50)	13.000	634.80 (556.80) T
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	04.00				82.200	905.90 (794.70)	5.000	244.20 (214.20) T
5074	IVC filter insertion jugular or femoral route	04.00				156.000	1719.30 (1508.10)	9.000	439.50 (385.50) T
5076	Intravascular foreign body removal, arterial or venous, any route	04.00				204.600	2254.90 (1978.00)	9.000	439.50 (385.50) T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	04.00				70.200	773.70 (678.70)	5.000	244.20 (214.20) T
5080	Transjugular intrahepatic porto-systemic shunt	04.00				335.400	3696.40 (3242.50)	13.000	634.80 (556.80) T
5082	Transjugular liver biopsy	04.00				69.600	767.10 (672.90)	9.000	439.50 (385.50) T
5084	Endoluminal fallopian tube recanalisation	04.00				172.200	1897.80 (1664.80)	6.000	293.00 (257.00) T
5086	Renal cyst aspiration/ablation	04.00				22.800	251.30 (220.40)		
5088	Oesophageal stent insertion in radiology suite	04.00				102.600	1130.80 (991.90)	6.000	293.00 (257.00) T
5090	Tracheal stent insertion	04.00				102.600	1130.80 (991.90)	6.000	293.00 (257.00) T
5091	GIT balloon dilatation under fluoroscopy	04.00				66.600	734.00 (643.90)	6.000	293.00 (257.00) T
5092	Other GIT stent insertion	04.00				102.600	1130.80 (991.90)	6.000	293.00 (257.00) T
5093	Percutaneous gastrostomy in radiology suite	04.00				85.800	945.60 (829.50)		
5094	Cutting needle biopsy with image guidance	04.00				22.800	251.30 (220.40)		
5095	Chest drain insertion in radiology suite	04.00				32.400	357.10 (313.20)		
5096	Percutaneous cyst or tumour ablation (non aspiration)	04.00				54.600	601.70 (527.80)		
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level	04.00						13.000	634.80 (556.80) T
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES									
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								04.00
19.15	Magnetic Resonance Imaging (MRI)								
6100	In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes								04.00
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								04.00
6103	Post-contrast study: Bone tumour: 100% of the fee								04.00
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								04.00
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								04.00
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								04.00
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								04.00
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								04.00
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								04.00
6110	MRI spectroscopy: 50% of fee								04.00
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								04.00
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								04.00
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	04.00				400.000	3355.20 (2943.20)	5.000	244.20 (214.20) T
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA	04.00							
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations	04.00				70.000	587.20 (515.10)	5.000	244.20 (214.20) T
20	Radiation Oncology								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST								04.00
	(a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services.								
	(b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								04.00
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values								04.00
20.1	Kilovolt therapy								
20.2	Radium therapy								
20.3	Isotope therapy								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								
20.7	Technical aids								
5141	Radiation materials (see modifier 0095)	05.03							
20.8	Oncological surgical procedures								
20.9	Special procedures								
20.10	Chemotherapy								
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.								04.11
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities								04.11
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	04.11		42.950	334.20 (293.10) Z	42.950	334.20 (293.10) Z		
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	05.03		24.490	190.50 (167.10) Z	24.490	190.50 (167.10) Z		
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	05.03		30.610	238.10 (208.90) Z	30.610	238.10 (208.90) Z		
	Non-infusional chemotherapy: Consultations are charged separately.	05.05							
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.								04.11
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities(consultations to be charged separately)	04.11		159.470	1240.70 (1088.30) Z	127.580	992.60 (870.70) Z		
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	05.03		90.030	700.40 (614.40) Z	90.030	700.40 (614.40) Z		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	04.11		112.540	875.60 (768.00) Z	112.540	875.60 (768.00) Z		
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).	04.11							
20.11	Radiation Therapy Planning								
20.11.1	Manual Radiotherapy Planning Procedures								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		42.560	402.40 (353.00) Z				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		99.320	939.20 (823.80) Z				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		56.180	531.20 (466.00) Z				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		131.100	1239.70 (1087.40) Z				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		76.620	724.50 (635.50) Z				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		178.770	1690.40 (1482.90) Z				
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		170.260	1610.00 (1412.30) Z				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		397.270	3756.60 (3295.30) Z				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		238.360	2253.90 (1977.10) Z				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		556.180	5259.20 (4613.40) Z				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		297.950	2817.40 (2471.40) Z				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		695.220	6574.00 (5766.70) Z				
20.11.3	Three Dimensional Radiotherapy Planning Procedures								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		240.230	2271.60 (1992.60) Z				
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		977.200	9240.40 (8105.60) Z				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		407.750	3855.70 (3382.20) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1368.070	12936.50 (11347.80) Z				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		554.330	5241.70 (4598.00) Z				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1710.090	16170.60 (14184.70) Z				
20.11.4 Intensity Modulated Radiotherapy Planning Procedures									
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		642.920	6079.50 (5332.90) Z				
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1916.810	18125.40 (15899.40) Z				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		232.180	2195.50 (1925.90) Z				
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		958.400	9062.60 (7949.70) Z				
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		753.350	7123.70 (6248.80) Z				
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		2174.480	20561.90 (18036.70) Z				
20.11.5 Kilovolt Radiation Treatment									
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	05.03		49.080	464.10 (407.10) Z				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	05.01		114.520	1082.90 (949.90) Z				
20.11.6 Short Course Radiation Treatment									
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		105.740	999.90 (877.10) Z				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		246.730	2333.10 (2046.60) Z				
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		148.040	1399.90 (1228.00) Z				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		345.410	3266.20 (2865.10) Z				
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		190.330	1799.80 (1578.70) Z				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	05.01		444.110	4199.50 (3683.80) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
20.11.7	Weekly Radiation Treatment Sessions								
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		193.860	1833.10 (1608.00) Z				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		452.330	4277.20 (3752.00) Z				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		246.730	2333.10 (2046.60) Z				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		575.690	5443.70 (4775.20) Z				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		317.220	2999.60 (2631.30) Z				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	05.01		740.180	6999.10 (6139.60) Z				
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques								
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		236.240	2233.90 (1959.50) Z				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	05.01		551.210	5212.20 (4572.10) Z				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		330.730	3127.40 (2743.30) Z				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		771.710	7297.30 (6401.10) Z				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	05.03		425.230	4021.00 (3527.20) Z				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	05.01		992.190	9382.10 (8230.00) Z				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	05.03		348.870	3298.90 (2893.80) Z				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	05.01		814.030	7697.50 (6752.20) Z				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	05.03		826.830	7818.50 (6858.30) Z				
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	05.01		1929.260	18243.10 (16002.70) Z				
20.11.8	Stereotactic Radiation								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	05.03		3719.340	35170.10 (30850.90) Z				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	05.01		8678.460	82063.50 (71985.50) Z				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	05.03		4277.240	40445.60 (35478.60) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	05.01		9980.230	94373.10 (82783.40) Z				
20.12	Brachytherapy								
20.12.1	Isotope/Applicator Therapy								
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included	05.03		108.400	1025.00 (899.10) Z				
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included	05.03		216.800	2050.10 (1798.30) Z				
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included	05.03		601.160	5684.60 (4986.50) Z				
20.12.2	Brachytherapy Implants								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included	05.03		216.800	2050.10 (1798.30) Z				
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included	05.03		786.800	7440.00 (6526.30) Z				
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included	05.03		1049.070	9920.00 (8701.80) Z				
20.12.3	Brachytherapy Treatment								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included	05.03		613.040	5796.90 (5085.00) Z				
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	05.03		415.960	3933.30 (3450.30) Z				
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	05.03		970.560	9177.60 (8050.50) Z				
20.12.4	Brachytherapy Imaging								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	05.03		156.770	1482.40 (1300.40) Z				
21	Clinical Pathology								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								04.00
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values. Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.								04.00
21.1	Haematology								
3705	Alkali resistant haemoglobin	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	04.00		3.650	32.80 (28.80)	2.450	22.00 (19.30)		
3710	Antibody titration	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
3712	Antibody identification	04.00		8.450	76.00 (66.70)	5.650	50.80 (44.60)		
3713	Bleeding time (does not include the cost of the simplate device)	04.00		6.940	62.40 (54.80)	4.630	41.60 (36.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3714	Blood volume, dye method	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
3715	Buffy layer examination	04.00		19.900	179.00 (157.00)	13.270	119.40 (104.70)		
3716	Mean Cell Volume	04.00		2.250	-	1.500	-		
3717	Bone marrow cytological examination only	04.00		19.900	179.00 (157.00)	13.270	119.40 (104.70)		
3719	Bone marrow: Aspiration	04.00		8.400	75.50 (66.30)	5.600	50.40 (44.20)		
3720	Bone marrow trephine biopsy	04.00		32.600	293.20 (257.20)	21.700	195.20 (171.20)		
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	04.00		36.800	331.00 (290.30)	24.500	220.40 (193.30)		
3722	Capillary fragility: Hess	04.00		2.020	18.20 (15.90)	1.350	12.10 (10.70)		
3723	Circulating anticoagulants	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3724	Coagulation factor inhibitor assay	04.00		57.560	517.70 (454.10)	38.370	345.10 (302.70)		
3726	Activated protein C resistance	04.00		26.000	233.80 (205.10)	17.300	155.60 (136.50)		
3727	Coagulation time	04.00		3.160	28.40 (24.90)	2.110	19.00 (16.60)		
3728	Anti-factor Xa Activity	04.00		53.600	482.10 (422.90)	35.730	321.40 (281.90)		
3729	Cold agglutinins	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3730	Protein S: Functional	04.00		37.500	337.30 (295.90)	25.000	224.90 (197.20)		
3731	Compatibility for blood transfusion	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3732	Cryoglobulin	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3734	Protein C (chromogenic)	04.00		30.290	272.40 (239.00)	20.190	181.60 (159.30)		
3735	Anti-thrombin III (chromogenic)	04.00		22.000	197.90 (173.60)	14.700	132.20 (116.00)		
3736	Plasminogen (chromogenic)	04.00		61.650	554.50 (486.40)	41.100	369.70 (324.30)		
3737	Lupus Russel Viper method	04.00		17.000	152.90 (134.10)	11.300	101.60 (89.20)		
3738	Lupus Kaolin Exner method	04.00		25.000	224.90 (197.20)	16.700	150.20 (131.80)		
3739	Erythrocyte count	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3740	Factors V and VII: Qualitative	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
3741	Coagulation factor assay: Functional	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
3743	Erythrocyte sedimentation rate	04.00		3.000	27.00 (23.70)	2.000	18.00 (15.80)		
3744	Fibrin stabilizing factor (urea test)	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3746	Fibrin monomers	04.00		2.700	24.30 (21.30)	1.800	16.20 (14.20)		
3748	Plasminogen activator inhibitor (PAI-I)	04.00		65.950	593.20 (520.30)	43.970	395.50 (346.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3750	Tissue plasminogen Activator (tPA)	04.00		67.790	609.70 (534.80)	45.190	406.40 (356.50)		
3753	Osmotic fragility (before and after incubation)	04.00		18.000	161.90 (142.00)	12.000	107.90 (94.70)		
3754	ABO Reverse Group	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	04.00		10.500	94.40 (82.80)	7.000	63.00 (55.20)		
3756	Full cross match	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
3757	Coagulation factors: Quantitative	04.00		32.200	289.60 (254.00)	21.470	193.10 (169.40)		
3758	Factor VIII related antigen	04.00		60.460	543.80 (477.00)	40.310	362.50 (318.00)		
3759	Coagulation factor correction study	04.00		11.720	105.40 (92.50)	7.810	70.20 (61.60)		
3761	Factor XIII related antigen	04.00		61.110	549.60 (482.10)	40.740	366.40 (321.40)		
3762	Haemoglobin estimation	04.00		1.800	16.20 (14.20)	1.200	10.80 (9.47)		
3763	Contact activated product assay	04.00		16.200	145.70 (127.80)	10.800	97.10 (85.20)		
3764	Grouping: A B and O antigens	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3765	Grouping: Rh antigen	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3766	PIVKA	04.00		43.490	391.10 (343.10)	28.990	260.70 (228.70)		
3767	Euglobulin Lysis time	04.00		25.580	230.10 (201.80)	17.050	153.30 (134.50)		
3768	Haemoglobin A2 (column chromatography)	04.00		15.000	134.90 (118.30)	10.000	89.90 (78.90)		
3769	Haemoglobin electrophoresis	04.00		26.820	241.20 (211.60)	17.880	160.80 (141.10)		
3770	Haemoglobin-S (solubility test)	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3772	Haptoglobin: Quantitative	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
3773	Ham's acidified serum test	04.00		8.000	72.00 (63.10)	5.330	47.90 (42.10)		
3775	Heinz bodies	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3776	Haemosiderin in urinary sediment	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3783	Leucocyte differential count	04.00		6.200	55.80 (48.90)	4.150	37.30 (32.70)		
3785	Leucocytes: Total count	04.00		1.800	16.20 (14.20)	1.200	10.80 (9.47)		
3786	QBC malaria concentration and fluorescent staining	04.00		25.000	224.90 (197.20)	16.700	150.20 (131.80)		
3787	LE-cells	04.00		8.300	74.70 (65.50)	5.550	49.90 (43.80)		
3789	Neutrophil alkaline phosphatase	04.00		28.000	251.80 (220.90)	18.700	168.20 (147.50)		
3791	Packed cell volume: Haematocrit	04.00		1.800	16.20 (14.20)	1.200	10.80 (9.47)		
3792	Plasmodium falciparum: Monoclonal immunological identification	04.00		9.000	80.90 (71.00)	6.000	54.00 (47.30)		
3793	Plasma haemoglobin	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3794	Platelet sensitivities	04.00		18.640	167.60 (147.10)	12.430	111.80 (98.10)		
3795	Platelet aggregation per aggregant	04.00		12.140	109.20 (95.80)	8.090	72.80 (63.80)		
3797	Platelet count	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3799	Platelet adhesiveness	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3801	Prothrombin consumption	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3803	Prothrombin determination (two stages)	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3805	Prothrombin index	04.00		6.000	54.00 (47.30)	4.000	36.00 (31.60)		
3806	Therapeutic drug level: Dosage	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3809	Reticulocyte count	04.00		3.000	27.00 (23.70)	2.000	18.00 (15.80)		
3810	Schumm's test	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3811	Sickling test	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3814	Sucrose lysis test for PNH	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	04.00		21.100	189.80 (166.50)	14.070	126.50 (111.00)		
3820	Thrombo - Elastogram	04.00		26.000	233.80 (205.10)	17.330	155.90 (136.70)		
3825	Fibrinogen titre	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	04.00		8.000	72.00 (63.10)	5.330	47.90 (42.10)		
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	04.00		16.000	143.90 (126.20)	10.700	96.20 (84.40)		
3832	Red cell pyruvate kinase: Quantitative	04.00		16.000	143.90 (126.20)	10.700	96.20 (84.40)		
3834	Red cell Rhesus phenotype	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3835	Haemoglobin F in blood smear	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3837	Partial thromboplastin time	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3841	Thrombin time (screen)	04.00		7.160	64.40 (56.50)	4.770	42.90 (37.60)		
3843	Thrombin time (serial)	04.00		7.650	68.80 (60.40)	5.100	45.90 (40.20)		
3847	Haemoglobin H	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3851	Fibrin degeneration products (diffusion plate)	04.00		10.350	93.10 (81.70)	6.900	62.10 (54.40)		
3853	Fibrin degeneration products (latex slide)	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3854	XDP (Dimer test or equivalent latex slide test)	04.00		8.500	76.40 (67.10)	5.670	51.00 (44.70)		
3855	Haemagglutination inhibition	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3856	D-Dimer (quantitative)	04.00		27.520	247.50 (217.10)	18.350	165.00 (144.80)		
3857	Ristocetin Cofactor	04.00		35.530	319.60 (280.30)	23.690	213.10 (186.90)		
3858	Heparin removal	04.00		28.880	259.70 (227.80)	19.250	173.10 (151.90)		
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	04.00		12.600	113.30 (99.40)	8.400	75.50 (66.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3864	Entomological examination	04.00		20.700	186.20 (163.30)	13.800	124.10 (108.90)		
3865	Parasites in blood smear	04.00		5.600	50.40 (44.20)	3.730	33.50 (29.40)		
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	04.00		4.900	44.10 (38.70)	3.300	29.70 (26.00)		
3868	Fungus identification	04.00		8.300	74.70 (65.50)	5.500	49.50 (43.40)		
3869	Faeces (including parasites)	04.00		4.900	44.10 (38.70)	3.270	29.40 (25.80)		
3873	Transmission electron microscopy	04.00		85.000	764.50 (670.60)	57.000	512.70 (449.70)		
3874	Scanning electron microscopy	04.00		100.000	899.40 (788.90)	67.000	602.60 (528.60)		
3875	Inclusion bodies	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3878	Crystal identification polarized light microscopy	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3879	Campylobacter in stool: Fastidious culture	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3880	Antigen detection with polyclonal antibodies	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3881	Mycobacteria	04.00		3.000	27.00 (23.70)	2.000	18.00 (15.80)		
3882	Antigen detection with monoclonal antibodies	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
3883	Concentration techniques for parasites	04.00		3.000	27.00 (23.70)	2.000	18.00 (15.80)		
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	04.00		6.300	56.70 (49.70)	4.200	37.80 (33.10)		
3885	Cytochemical stain	04.00		5.450	49.00 (43.00)	3.650	32.80 (28.80)		
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	04.00		8.000	72.00 (63.10)	5.330	47.90 (42.10)		
3888	Adhesive tape preparation	04.00		2.700	24.30 (21.30)	1.800	16.20 (14.20)		
3889	Clostridium difficile toxin: Monoclonal immunological	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
3890	Antibiotic assay of tissues and fluids	04.00		13.900	125.00 (109.70)	9.270	83.40 (73.10)		
3891	Blood culture: Aerobic	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3892	Blood culture: Anaerobic	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3893	Bacteriological culture: Miscellaneous	04.00		6.300	56.70 (49.70)	4.200	37.80 (33.10)		
3894	Radiometric blood culture	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
3895	Bacteriological culture: Fastidious organisms	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3896	In vivo culture: Bacteria	04.00		16.000	143.90 (126.20)	10.650	95.80 (84.00)		
3897	In vivo culture: Virus	04.00		16.000	143.90 (126.20)	10.650	95.80 (84.00)		
3899	Bacterial exotoxin production (in vivo assay)	04.00		20.700	186.20 (163.30)	13.800	124.10 (108.90)		
3901	Fungal culture	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3902	Clostridium difficile (cytotoxicity neutralisation)	04.00		30.000	269.80 (236.70)	20.000	179.90 (157.80)		
3903	Antibiotic level: Biological fluids	04.00		11.700	105.20 (92.30)	7.800	70.20 (61.50)		
3904	Rotavirus latex slide test	04.00		5.620	50.50 (44.30)	3.750	33.70 (29.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3905	Identification of virus or rickettsia	04.00		20.700	186.20 (163.30)	13.800	124.10 (108.90)		
3906	Identification: Chlamydia	04.00		16.000	143.90 (126.20)	10.650	95.80 (84.00)		
3907	Culture for staphylococcus aureus	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3908	Anaerobe culture: Comprehensive	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3909	Anaerobe culture: Limited procedure	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3911	Beta-lactamase assay	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3914	Sterility control test: Biological method	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3915	Mycobacterium culture	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3916	Radiometric tuberculosis culture	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
3918	Mycoplasma culture: Comprehensive	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3919	Identification of mycobacterium	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3920	Mycobacterium: Antibiotic sensitivity	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3921	Antibiotic synergistic study	04.00		20.700	186.20 (163.30)	13.800	124.10 (108.90)		
3922	Viable cell count	04.00		1.350	12.10 (10.70)	0.900	8.09 (7.10)		
3923	Biochemical identification of bacterium: Abridged	04.00		3.150	28.30 (24.90)	2.100	18.90 (16.60)		
3924	Biochemical identification of bacterium: Extended	04.00		12.500	112.40 (98.60)	8.330	74.90 (65.70)		
3925	Serological identification of bacterium: Abridged	04.00		3.150	28.30 (24.90)	2.100	18.90 (16.60)		
3926	Serological identification of bacterium: Extended	04.00		10.200	91.70 (80.50)	6.800	61.20 (53.60)		
3927	Grouping for streptococci	04.00		7.300	65.70 (57.60)	4.850	43.60 (38.30)		
3928	Antimicrobial substances	04.00		3.800	34.20 (30.00)	2.500	22.50 (19.70)		
3929	Radiometric mycobacterium identification	04.00		14.000	125.90 (110.50)	9.300	83.60 (73.40)		
3930	Radiometric mycobacterium antibiotic sensitivity	04.00		25.000	224.90 (197.20)	16.700	150.20 (131.80)		
3931	Helicobacter: Monoclonal immunological	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
4650	Antibiotic MIC per organism per antibiotic	04.00		8.000	72.00 (63.10)	5.330	47.90 (42.10)		
4651	Non-radiometric automated blood cultures	04.00		13.900	125.00 (109.70)	9.270	83.40 (73.10)		
4652	Rapid automated bacterial identification per organism	04.00		15.000	134.90 (118.30)	10.000	89.90 (78.90)		
4653	Rapid automated antibiotic susceptibility per organism	04.00		17.000	152.90 (134.10)	11.330	101.90 (89.40)		
4654	Rapid automated MIC per organism per antibiotic	04.00		17.000	152.90 (134.10)	11.330	101.90 (89.40)		
4655	Mycobacteria: MIC determination - E Test	05.03		16.500	148.40 (130.20) Z	11.000	98.90 (86.80) Z		
4656	Mycobacteria: Identification HPLC	05.03		35.000	314.80 (276.10) Z	23.330	209.80 (184.10) Z		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain	05.03		9.900	89.00 (78.10) Z	6.600	59.40 (52.10) Z		
21.4	Serology								
3958	Anti Gad/Ia2 Ab	04.00		67.950	611.10 (536.10)	45.300	407.40 (357.40)		
3959	Rose Waaler agglutination test	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3960	Gonococcal, listeria or echinococcus agglutination	04.00		9.500	85.40 (75.00)	6.300	56.70 (49.70)		
3961	Slide agglutination test	04.00		2.630	23.70 (20.70)	1.750	15.70 (13.80)		
3963	Serum complement level: Each component	04.00		3.150	28.30 (24.90)	2.100	18.90 (16.60)		
3965	Anti Ia2 Antibodies	04.00		36.000	323.80 (284.00)	24.000	215.90 (189.30)		
3966	Anti Gad Antibodies	04.00		36.000	323.80 (284.00)	24.000	215.90 (189.30)		
3967	Auto-antibody: Sensitized erythrocytes	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3968	Herpes virus typing: Monoclonal immunological	04.00		20.690	186.10 (163.20)	13.790	124.00 (108.80)		
3969	Western blot technique	04.00		74.000	665.60 (583.80)	49.000	440.70 (386.60)		
3970	Epstein-Barr virus antibody titer	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	04.00		14.100	126.80 (111.20)	9.400	84.50 (74.20)		
3933	IgE: Total: EMIT or ELISA	04.00		11.700	105.20 (92.30)	7.800	70.20 (61.50)		
3934	Auto antibodies by labelled antibodies	04.00		16.000	143.90 (126.20)	10.650	95.80 (84.00)		
3935	Sperm antibodies	04.00		16.000	143.90 (126.20)	10.650	95.80 (84.00)		
3936	Virus neutralisation test: First antibody	04.00		75.000	674.60 (591.70)	50.000	449.70 (394.50)		
3937	Virus neutralisation test: Each additional antibody	04.00		15.000	134.90 (118.30)	10.000	89.90 (78.90)		
3938	Precipitation test per antigen	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3939	Agglutination test per antigen	04.00		5.500	49.50 (43.40)	3.670	33.00 (29.00)		
3940	Haemagglutination test: Per antigen	04.00		9.900	89.00 (78.10)	6.600	59.40 (52.10)		
3941	Modified Coombs' test for brucellosis	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3942	Hepatitis Rapid Viral Ab	04.00		12.240	110.10 (96.60)	8.160	73.40 (64.40)		
3943	Antibody titer to bacterial exotoxin	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
3945	Complement fixation test	04.00		5.850	52.60 (46.20)	3.900	35.10 (30.80)		
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	04.00		14.050	126.40 (110.80)	9.370	84.30 (73.90)		
3947	C-reactive protein	04.00		10.840	97.50 (85.50)	7.227	65.00 (57.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.950	116.50 (102.20)	8.630	77.60 (68.10)		
3949	Qualitative Kahn, VDRL or other flocculation	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3950	Neutrophil phagocytosis	04.00		25.200	226.60 (198.80)	16.800	151.10 (132.50)		
3951	Quantitative Kahn, VDRL or other flocculation	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
3952	Neutrophil chemotaxis	04.00		67.950	611.10 (536.10)	45.300	407.40 (357.40)		
3953	Tube agglutination test	04.00		4.150	37.30 (32.70)	2.760	24.80 (21.80)		
3955	Paul Bunnell: Presumptive	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	04.00		8.500	76.40 (67.10)	5.670	51.00 (44.70)		
3971	Immuno-diffusion test: Per antigen	04.00		3.150	28.30 (24.90)	2.100	18.90 (16.60)		
3972	Respiratory syncytial virus (ELISA technique)	04.00		35.000	314.80 (276.10)	23.000	206.90 (181.50)		
3973	Immuno electrophoresis: Per immune serum	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
3974	Polymerase chain reaction	04.00		75.000	674.60 (591.70)	50.000	449.70 (394.50)		
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	04.00		12.000	107.90 (94.70)	8.000	72.00 (63.10)		
3978	Lymphocyte transformation	04.00		51.700	465.00 (407.90)	34.500	310.30 (272.20)		
3980	Bilharzia Ag Serum/Urine	04.00		14.500	130.40 (114.40)	9.670	87.00 (76.30)		
3982	Histone Ab	04.00		16.000	143.90 (126.20)	10.670	96.00 (84.20)		
4600	Anti-CCP	05.03		17.460	157.00 (137.80) Z	11.640	104.70 (91.80) Z		
4601	Panel typing: Antibody detection: Class I	04.00		36.000	323.80 (284.00)	24.000	215.90 (189.30)		
4602	Panel typing: Antibody detection: Class II	04.00		44.000	395.70 (347.10)	29.300	263.50 (231.20)		
4603	HLA test for specific locus/antigen - serology	04.00		27.000	242.80 (213.00)	18.000	161.90 (142.00)		
4604	HLA typing: Class I - serology	04.00		52.000	467.70 (410.30)	34.700	312.10 (273.80)		
4605	HLA typing: Class II - serology	04.00		52.000	467.70 (410.30)	34.700	312.10 (273.80)		
4606	HLA typing: Class I & II - serology	04.00		90.000	809.50 (710.10)	60.000	539.60 (473.40)		
4607	Cross matching T-cells (per tray)	04.00		18.000	161.90 (142.00)	12.000	107.90 (94.70)		
4608	Cross matching B-cells	04.00		38.000	341.80 (299.80)	25.300	227.50 (199.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4609	Cross matching T- & B-cells	04.00		48.000	431.70 (378.70)	32.000	287.80 (252.50)		
4610	Helicobacter: Pylori antigen test	04.00		34.600	311.20 (273.00)	23.070	207.50 (182.00)		
4611	Erythropoietin	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4612	HTLV I/II	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4613	Anti-Gm1 Antibody Assay	04.00		75.000	674.60 (591.70)	50.000	449.70 (394.50)		
4614	HIV Ab - Rapid Test	04.00		12.000	107.90 (94.70)	8.000	72.00 (63.10)		
21.5	Skin tests								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section								04.00
21.6	Biochemical tests: Blood								
3991	Abnormal pigments: Qualitative	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
3993	Abnormal pigments: Quantitative	04.00		9.000	80.90 (71.00)	6.000	54.00 (47.30)		
3995	Acid phosphate	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
3998	Amino acids Quantitative (Post derivatisation HPLC)	04.00		78.120	702.60 (616.30)	52.080	468.40 (410.90)		
3999	Albumin	04.00		4.800	43.20 (37.90)	3.200	28.80 (25.20)		
4000	Alcohol	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
4001	Alkaline phosphatase	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
4002	Alkaline phosphatase-iso-enzymes	04.00		11.700	105.20 (92.30)	7.800	70.20 (61.50)		
4003	Ammonia: Enzymatic	04.00		7.710	69.30 (60.80)	5.140	46.20 (40.60)		
4004	Ammonia: Monitor	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4005	Alpha-1-antitrypsin: Total	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
4006	Amylase	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
4007	Arsenic in blood, hair or nails	04.00		36.250	326.00 (286.00)	24.170	217.40 (190.70)		
4008	Bilirubin - Reflectance	04.00		4.770	42.90 (37.60)	3.180	28.60 (25.10)		
4009	Bilirubin: Total	04.00		4.770	42.90 (37.60)	3.180	28.60 (25.10)		
4010	Bilirubin: Conjugated	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4011	Breath Hydrogen Test	04.00		21.560	193.90 (170.10)	14.370	129.20 (113.40)		
4012	CSF Nicotinic Acid	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4013	CSF Glutamine	04.00		11.250	101.20 (88.80)	7.500	67.50 (59.20)		
4014	Cadmium: Atomic absorption	04.00		18.120	163.00 (143.00)	12.080	108.60 (95.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4016	Calcium: Ionized	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
4017	Calcium: Spectrophotometric	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4018	Calcium: Atomic absorption	04.00		7.250	65.20 (57.20)	4.830	43.40 (38.10)		
4019	Carotene	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4020	Carnitine (Total or free) in biological fluid: Each	04.00		11.690	105.10 (92.20)	7.790	70.10 (61.50)		
4021	Carnitine (Total or free) in muscle: Each	04.00		23.380	210.30 (184.50)	15.590	140.20 (123.00)		
4022	Acyl Carnitine	04.00		23.380	210.30 (184.50)	15.590	140.20 (123.00)		
4023	Chloride	04.00		2.590	23.30 (20.40)	1.730	15.60 (13.60)		
4025	Chol/HDL/LDL/Trig	04.00		27.070	243.50 (213.60)	18.050	162.30 (142.40)		
4026	LDL cholesterol (chemical determination)	04.00		6.900	62.10 (54.40)	4.600	41.40 (36.30)		
4027	Cholesterol total	04.00		5.340	48.00 (42.10)	3.560	32.00 (28.10)		
4028	HDL cholesterol	04.00		6.900	62.10 (54.40)	4.600	41.40 (36.30)		
4029	Cholinesterase: Serum or erythrocyte: Each	04.00		7.480	67.30 (59.00)	4.990	44.90 (39.40)		
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	04.00		9.000	80.90 (71.00)	6.000	54.00 (47.30)		
4031	Total CO2	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
4032	Creatinine	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4033	CSF-Immunoglobulin G	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
4034	C1-Esterase Inhibitor	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
4035	CSF-Albumin	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
4036	CSF-IgG Index	04.00		22.050	198.30 (174.00)	14.700	132.20 (116.00)		
4038	Glutamic acid	04.00		29.060	261.40 (229.30)	19.370	174.20 (152.80)		
4040	Homocysteine (random)	04.00		15.300	137.60 (120.70)	10.200	91.70 (80.50)		
4041	Homocysteine (after Methionine load)	04.00		18.100	162.80 (142.80)	12.060	108.50 (95.10)		
4042	D-Xylose absorption test: Two hours	04.00		13.150	118.30 (103.70)	8.750	78.70 (69.00)		
4045	Fibrinogen: Quantitative	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
4049	Glucose tolerance test (2 specimens)	04.00		8.970	80.70 (70.80)	5.980	53.80 (47.20)		
4050	Glucose strip-test with photometric reading	04.00		1.800	16.20 (14.20)	1.200	10.80 (9.47)		
4051	Galactose	04.00		11.250	101.20 (88.80)	7.500	67.50 (59.20)		
4052	Glucose tolerance test (3 specimens)	04.00		13.170	118.50 (103.90)	8.780	79.00 (69.30)		
4053	Glucose tolerance test (4 specimens)	04.00		17.370	156.20 (137.00)	11.580	104.20 (91.40)		
4057	Glucose: Quantitative	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4061	Glucose tolerance test (5 specimens)	04.00		21.560	193.90 (170.10)	14.370	129.20 (113.40)		
4062	Galactose-1-phosphate uridyl transferase	04.00		16.000	143.90 (126.20)	10.700	96.20 (84.40)		
4063	Fructosamine	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
4064	HbA1C	06.04		14.250	128.20 (112.40)	9.500	85.40 (75.00)		
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.00		46.880	421.60 (369.90)	31.250	281.10 (246.50)		
4067	Lithium: Flame ionisation	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
4068	Lithium: Atomic absorption	04.00		7.480	67.30 (59.00)	4.990	44.90 (39.40)		
4071	Iron	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
4073	Iron-binding capacity	04.00		7.650	68.80 (60.40)	5.100	45.90 (40.20)		
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	171.80 (150.70)	12.730	114.50 (100.40)		
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	04.11		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
4079	Ketones in plasma: Qualitative	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4081	Drug level-biological fluid: Quantitative	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
4082	Tacrolimus assay	04.00		20.100	180.80 (158.60)	13.400	120.50 (105.70)		
4083	Lysosomal enzyme assay	04.00		36.560	328.80 (288.40)	24.370	219.20 (192.30)		
4084	Thymidine kinase	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4085	Lipase	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
4086	Lactate	04.00		16.000	143.90 (126.20)	10.670	96.00 (84.20)		
4091	Lipoprotein electrophoresis	04.00		9.000	80.90 (71.00)	6.000	54.00 (47.30)		
4092	Orosmucoid	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
4093	Osmolality: Serum or urine	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
4094	Magnesium: Spectrophotometric	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4095	Magnesium: Atomic absorption	04.00		7.250	65.20 (57.20)	4.830	43.40 (38.10)		
4096	Mercury: Atomic absorption	04.00		18.120	163.00 (143.00)	12.080	108.60 (95.30)		
4098	Copper: Atomic absorption	04.00		18.120	163.00 (143.00)	12.080	108.60 (95.30)		
4105	Protein electrophoresis	04.00		9.000	80.90 (71.00)	6.000	54.00 (47.30)		
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	04.00		20.000	179.90 (157.80)	13.200	118.70 (104.10)		
4109	Phosphate	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4113	Potassium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4114	Sodium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4117	Protein: Total	04.00		3.110	28.00 (24.50)	2.070	18.60 (16.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4121	pH, pCO2 or pO2: Each	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
4123	Pyruvic acid	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4125	Salicylates	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4127	Caeruloplasmin	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4128	Phenylalanine: Quantitative	04.00		11.250	101.20 (88.80)	7.500	67.50 (59.20)		
4130	Aspartate aminotransferase (AST)	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4131	Alanine aminotransferase (ALT)	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4132	Creatine kinase (CK)	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4133	Lactate dehydrogenase (LD)	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4134	Gamma glutamyl transferase (GGT)	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4135	Aldolase	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4136	Angiotensin converting enzyme (ACE)	04.00		9.000	80.90 (71.00)	6.000	54.00 (47.30)		
4137	Lactate dehydrogenase isoenzyme	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
4138	CK-MB: Immunoinhibition/precipitation	04.11		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
4139	Adenosine deaminase	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4143	Serum/plasma enzymes	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4144	Transferrin	04.00		11.700	105.20 (92.30)	7.800	70.20 (61.50)		
4146	Lead: Atomic absorption	04.00		15.000	134.90 (118.30)	10.000	89.90 (78.90)		
4147	Triglyceride	04.00		7.930	71.30 (62.60)	5.290	47.60 (41.70)		
4148	Tay - Sachs Study	04.00		36.560	328.80 (288.40)	24.370	219.20 (192.30)		
4149	Red cell magnesium	04.00		11.700	105.20 (92.30)	7.800	70.20 (61.50)		
4151	Urea	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4152	CK-MB: Mass determination: Quantitative (Automated)	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
4153	CK-MB: Mass determination: Quantitative (Not automated)	04.00		17.470	157.10 (137.80)	11.650	104.80 (91.90)		
4154	Myoglobin quantitative: Monoclonal immunological	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
4155	Uric acid	04.00		3.780	34.00 (29.80)	2.520	22.70 (19.90)		
4156	Vitamin D3	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4157	Vitamin A-saturation test	04.00		15.300	137.60 (120.70)	10.200	91.70 (80.50)		
4158	Vitamin E (tocopherol)	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
4159	Vitamin A	04.00		6.300	56.70 (49.70)	4.200	37.80 (33.10)		
4161	Troponin isoforms: Each	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4163	Apoprotein AI: Turbidometric method	04.00		8.280	74.50 (65.30)	5.520	49.60 (43.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4165	Apoprotein All: Turbidometric method	04.00		8.280	74.50 (65.30)	5.520	49.60 (43.50)		
4167	Apoprotein B: Turbidometric method	04.00		8.280	74.50 (65.30)	5.520	49.60 (43.50)		
4170	Lipoprotein (a)(Lp(a)) assay	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4171	Sodium + potassium + chloride + CO2 + urea	04.00		15.840	142.50 (125.00)	10.560	95.00 (83.30)		
4172	ELISA/EMIT technique	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4173	Sirolimus Assay	04.00		78.000	701.50 (615.40)	52.000	467.70 (410.30)		
4181	Quantitative protein estimation: Mancini method	04.00		7.760	69.80 (61.20)	5.170	46.50 (40.80)		
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	04.00		8.280	74.50 (65.30)	5.520	49.60 (43.50)		
4183	Quantitative protein estimation: Labelled antibody	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4184	C-reactive protein (Ultra sensitive)	04.00		11.680	105.00 (92.10)	7.790	70.10 (61.50)		
4185	Lactose	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
4186	Vitamin B6	04.00		15.300	137.60 (120.70)	10.200	91.70 (80.50)		
4187	Zinc: Atomic absorption	04.00		18.120	163.00 (143.00)	12.080	108.60 (95.30)		
21.7	Biochemical tests: Urine								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	04.00		1.500	13.50 (11.80)	1.000	8.99 (7.89)		
4189	Abnormal pigments	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4193	Alkapton test: Homogentisic acid	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4194	Amino acids: Quantitative (Post derivatisation HPLC)	04.00		78.120	702.60 (616.30)	52.080	468.40 (410.90)		
4195	Amino laevulinic acid	04.00		18.000	161.90 (142.00)	12.000	107.90 (94.70)		
4197	Amylase	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
4198	Arsenic	04.00		18.120	163.00 (143.00)	12.080	108.60 (95.30)		
4199	Ascorbic acid	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4201	Bence-Jones protein	04.00		2.700	24.30 (21.30)	1.800	16.20 (14.20)		
4204	Calcium: Atomic absorption	04.00		7.250	65.20 (57.20)	4.830	43.40 (38.10)		
4205	Calcium: Spectrophotometric	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4209	Lead: Atomic absorption	04.00		15.000	134.90 (118.30)	10.000	89.90 (78.90)		
4210	Urine collagen telopeptides	04.00		36.500	328.30 (288.00)	24.330	218.80 (192.00)		
4211	Bile pigments: Qualitative	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4213	Protein: Quantitative	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4216	Mucopolysaccharides: Qualitative	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4217	Oxalate	04.00		9.380	84.40 (74.00)	6.250	56.20 (49.30)		
4218	Glucose: Quantitative	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4219	Steroids: Chromatography (each)	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
4221	Creatinine	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4223	Creatinine clearance	04.00		7.650	68.80 (60.40)	5.100	45.90 (40.20)		
4227	Electrophoresis: Qualitative	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4228	Fetal Lung Maturity	04.00		36.560	328.80 (288.40)	24.370	219.20 (192.30)		
4230	Urine/Fluid - Specific Gravity	04.00		0.900	8.09 (7.10)	0.600	5.40 (4.73)		
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	337.30 (295.90) Z	25.000	224.90 (197.20) Z		
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	420.90 (369.20) Z	31.200	280.60 (246.20) Z		
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	337.30 (295.90) Z	25.000	224.90 (197.20) Z		
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	420.90 (369.20) Z	31.200	280.60 (246.20) Z		
4237	5-Hydroxy-indole-acetic acid: Screen test	04.00		2.700	24.30 (21.30)	1.800	16.20 (14.20)		
4238	5HIAA (Hplc)	04.00		78.120	702.60 (616.30)	52.080	468.40 (410.90)		
4247	Ketones: Excluding dip-stick method	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4248	Reducing substances	04.00		1.800	16.20 (14.20)	1.200	10.80 (9.47)		
4251	Metanephrines: Column chromatography	04.00		22.050	198.30 (174.00)	14.700	132.20 (116.00)		
4252	Metanephrine (Hplc)	04.00		78.120	702.60 (616.30)	52.080	468.40 (410.90)		
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	04.00		27.000	242.80 (213.00)	18.000	161.90 (142.00)		
4254	Nitrosonaphtol test for tyrosine	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4255	Orotic Acid - Urine	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
4256	Very long Chain Fatty Acids	04.00		129.380	1163.60 (1020.70)	86.250	775.70 (680.50)		
4261	Micro Albumin: Quantitative	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4262	Micro Albumin: Qualitative	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4263	pH: Excluding dip-stick method	04.00		0.900	8.09 (7.10)	0.600	5.40 (4.73)		
4265	Thin layer chromatography: One way	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
4266	Thin layer chromatography: Two way	04.00		11.250	101.20 (88.80)	7.500	67.50 (59.20)		
4268	Organic acids: Quantitative: GCMS	04.00		109.380	983.80 (863.00)	72.920	655.80 (575.30)		
4269	Phenylpyruvic acid: Ferric chloride	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4270	Chromium Total Urine	04.00		18.120	163.00 (143.00)	12.080	108.60 (95.30)		
4271	Phosphate excretion index	04.00		22.050	198.30 (174.00)	14.700	132.20 (116.00)		
4272	Porphobilinogen qualitative screen: Urine	04.00		5.000	45.00 (39.40)	3.330	30.00 (26.30)		
4273	Porphobilinogen/ALA: Quantitative each	04.00		15.000	134.90 (118.30)	10.000	89.90 (78.90)		
4283	Magnesium: Spectrophotometric	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4284	Magnesium: Atomic absorption	04.00		7.250	65.20 (57.20)	4.830	43.40 (38.10)		
4285	Identification of carbohydrate	04.00		7.650	68.80 (60.40)	5.100	45.90 (40.20)		
4287	Identification of drug: Qualitative	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4288	Identification of drug: Quantitative	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
4293	Urea clearance	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4297	Copper: Spectrophotometric	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4298	Copper: Atomic absorption	04.00		18.120	163.00 (143.00)	12.080	108.60 (95.30)		
4301	Chloride	04.00		2.590	23.30 (20.40)	1.730	15.60 (13.60)		
4309	Urobilinogen: Quantitative	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
4313	Phosphates	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4315	Potassium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4316	Sodium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4319	Urea	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4321	Uric acid	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4323	Total protein and protein electrophoresis	04.00		11.250	101.20 (88.80)	7.500	67.50 (59.20)		
4325	VMA: Quantitative	04.00		11.250	101.20 (88.80)	7.500	67.50 (59.20)		
4326	Catecholamines (HPLC)	04.00		78.120	702.60 (616.30)	52.080	468.40 (410.90)		
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.11		46.880	421.60 (369.90)	31.250	281.10 (246.50)		
4328	Immunoglobulin D	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
4335	Cystine: Quantitative	04.00		12.600	113.30 (99.40)	8.400	75.50 (66.30)		
4336	Dinitrophenol hydrazine test: Ketoacids	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
21.8	Biochemical tests: Faeces								
4339	Chloride	04.00		2.590	23.30 (20.40)	1.730	15.60 (13.60)		
4343	Fat: Qualitative	04.00		3.150	28.30 (24.90)	2.100	18.90 (16.60)		
4345	Fat: Quantitative	04.00		22.050	198.30 (174.00)	14.700	132.20 (116.00)		
4347	Ph	04.00		0.900	8.09 (7.10)	0.600	5.40 (4.73)		
4351	Occult blood: Chemical test	04.00		2.250	20.20 (17.80)	1.500	13.50 (11.80)		
4352	Occult blood: Monoclonal antibodies	04.00		10.000	89.90 (78.90)	6.670	60.00 (52.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4357	Potassium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4358	Sodium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4359	Secretory IgA	04.00		9.450	85.00 (74.60)	6.300	56.70 (49.70)		
4362	Elastase quantitative ELISA	04.00		47.000	422.70 (370.80)	31.330	281.80 (247.20)		
4363	Stercobilinogen: Quantitative	04.00		6.750	60.70 (53.30)	4.500	40.50 (35.50)		
21.9	Biochemical tests: Miscellaneous								
4366	Porphyryn screen qualitative: Urine, stool, red blood cells: Each	04.00		5.000	45.00 (39.40)	3.330	30.00 (26.30)		
4367	Porphyryn qualitative analysis by TLC: Urine, stool, red blood cells: Each	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4368	Porphyryn: Total quantisation: Urine, stool, red blood cells: Each	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4369	Porphyryn quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	04.00		30.000	269.80 (236.70)	20.000	179.90 (157.80)		
4370	Drug level in biological fluid: Monoclonal immunological	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
4371	Amylase in exudate	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
4372	Fluoride in biological fluids and water	04.00		15.620	140.50 (123.20)	10.410	93.60 (82.10)		
4374	Trace metals in biological fluid: Atomic absorption	04.00		18.130	163.10 (143.00)	12.090	108.70 (95.40)		
4375	Calcium in fluid: Spectrophotometric	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4376	Calcium in fluid: Atomic absorption	04.00		7.250	65.20 (57.20)	4.830	43.40 (38.10)		
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	04.11		21.880	196.80 (172.60)	14.590	131.20 (115.10)		
4378	Urea breath test	04.00		58.000	521.70 (457.60)	38.670	347.80 (305.10)		
4380	Lecithin in amniotic fluid: L/S ratio	04.00		27.000	242.80 (213.00)	18.000	161.90 (142.00)		
4381	Lamellar body count in amniotic fluid	04.00		10.000	89.90 (78.90)	6.700	60.30 (52.90)		
4390	Foam test: Amniotic fluid	04.00		3.150	28.30 (24.90)	2.100	18.90 (16.60)		
4391	Renal calculus: Chemistry	04.00		5.400	48.60 (42.60)	3.600	32.40 (28.40)		
4392	Renal calculus: Crystallography	04.00		16.250	146.20 (128.20)	10.800	97.10 (85.20)		
4395	Sweat: Sodium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4396	Sweat: Potassium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4397	Sweat: Chloride	04.00		2.590	23.30 (20.40)	1.730	15.60 (13.60)		
4399	Sweat collection by iontophoresis (excluding collection material)	04.00		4.500	40.50 (35.50)	3.000	27.00 (23.70)		
4400	Tryptophane loading test	04.00		22.050	198.30 (174.00)	14.700	132.20 (116.00)		
21.10	Cerebrospinal fluid								
4401	Cell count	04.00		3.450	31.00 (27.20)	2.300	20.70 (18.10)		
4407	Cell count, protein, glucose and chloride	04.00		7.650	68.80 (60.40)	5.100	45.90 (40.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4409	Chloride	04.00		2.590	23.30 (20.40)	1.730	15.60 (13.60)		
4416	Sodium	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4417	Protein: Qualitative	04.00		0.900	8.09 (7.10)	0.600	5.40 (4.73)		
4419	Protein: Quantitative	04.00		3.110	28.00 (24.50)	2.070	18.60 (16.30)		
4421	Glucose	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4423	Urea	04.00		3.620	32.60 (28.60)	2.410	21.70 (19.00)		
4425	Protein electrophoresis	04.00		12.600	113.30 (99.40)	8.400	75.50 (66.30)		
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	323.80 (284.00)	24.000	215.90 (189.30)		
4426	HLA typing low resolution Class I DNA-PCR per locus	04.00		100.000	899.40 (788.90)	67.000	602.60 (528.60)		
4427	HLA typing low resolution Class II DNA-PCR per locus	04.00		74.000	665.60 (583.80)	49.300	443.40 (389.00)		
4428	HLA typing high resolution Class I or II DNA-PCR per locus	04.00		66.000	593.60 (520.70)	44.000	395.70 (347.10)		
4429	Quantitative PCR (DNA/RNA)	04.00		84.300	758.20 (665.10)	56.200	505.50 (443.40)		
4430	Recombinant DNA technique	04.00		25.000	224.90 (197.20)	16.670	149.90 (131.50)		
4431	Ribosomal RNA targeting for bacteriological identification	04.00		35.000	314.80 (276.10)	23.330	209.80 (184.10)		
4432	Ribosomal RNA amplification for bacteriological identification	04.00		75.000	674.60 (591.70)	50.000	449.70 (394.50)		
4433	Bacteriological DNA identification (LCR)	04.00		25.000	224.90 (197.20)	16.670	149.90 (131.50)		
4434	Bacteriological DNA identification (PCR)	04.00		75.000	674.60 (591.70)	50.000	449.70 (394.50)		
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	05.03		150.000	1349.10 (1183.40) Z	100.000	899.40 (788.90) Z		
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	04.00		6.600	59.40 (52.10)	4.400	39.60 (34.70)		
4436	Friberg test: Semen	04.00		14.500	130.40 (114.40)	9.670	87.00 (76.30)		
4437	Kremer test: Semen	04.00		3.600	32.40 (28.40)	2.400	21.60 (18.90)		
4440	Semen analysis: Cell count	04.00		7.650	68.80 (60.40)	5.100	45.90 (40.20)		
4441	Semen analysis: Cytology	04.00		7.200	64.80 (56.80)	4.800	43.20 (37.90)		
4442	Semen analysis: Viability + motility - 6 hours	04.00		6.000	54.00 (47.30)	4.000	36.00 (31.60)		
4443	Semen analysis: Supravital stain	04.00		5.440	48.90 (42.90)	3.630	32.60 (28.60)		
4445	Seminal fluid: Alpha glucosidase	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4446	Seminal fluid fructose	04.00		3.150	28.30 (24.90)	2.100	18.90 (16.60)		
4447	Seminal fluid: Acid phosphatase	04.00		5.180	46.60 (40.90)	3.450	31.00 (27.20)		
21.12	Immunology								
4448	HCG: Latex agglutination: Qualitative (side room)	04.00		4.000	36.00 (31.60)	2.670	24.00 (21.10)		
4449	HCG: Latex agglutination: Semi-quantitative (side room)	04.00		9.310	83.70 (73.50)	6.210	55.90 (49.00)		
4450	HCG: Monoclonal immunological: Qualitative	04.00		10.000	89.90 (78.90)	6.670	60.00 (52.60)		
4451	HCG: Monoclonal immunological: Quantitative	04.00		12.400	111.50 (97.80)	8.270	74.40 (65.20)		
4452	Bone Specific Alk Phosphatase	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4455	Anti IgE receptor antibody test (10 samples and dilution)	04.00		161.560	1453.10 (1274.60)	107.710	968.70 (849.80)		
4456	Eosinophil cationic protein	04.00		27.810	250.10 (219.40)	18.540	166.70 (146.30)		
4457	Mast cell tryptase	04.00		96.870	871.20 (764.30)	64.580	580.80 (509.50)		
4458	Micro-albuminuria: Radio-isotope method	04.00		12.420	111.70 (98.00)	8.300	74.70 (65.50)		
4459	Acetyl choline receptor antibody	04.00		158.120	1422.10 (1247.50)	105.410	948.10 (831.60)		
4460	CA-199 tumour marker	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4461	Nuclear Matrix Protein 22	04.00		35.000	314.80 (276.10)	23.330	209.80 (184.10)		
4462	CA-125 tumour marker	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4463	C6 complement functional essay	04.00		45.000	404.70 (355.00)	30.000	269.80 (236.70)		
4466	Beta-2-microglobulin	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4467	Chromograqnin A	04.00		47.000	422.70 (370.80)	31.330	281.80 (247.20)		
4468	CA-549	04.00		20.000	179.90 (157.80)	13.300	119.60 (104.90)		
4469	Tumour markers: Monoclonal immunological (each)	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4470	CA-195 tumour marker	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4471	Carcino-embryonic antigen	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4473	TSH Receptor Ab	04.00		17.480	157.20 (137.90)	11.650	104.80 (91.90)		
4474	Cast Per Allergen	04.00		27.810	250.10 (219.40)	18.540	166.70 (146.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4475	CA-724	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4477	Neuron specific enolase	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4478	Osteocalcin	04.00		31.400	282.40 (247.70)	20.930	188.20 (165.10)		
4479	Vitamin B12-absorption: Shilling test	04.00		11.700	105.20 (92.30)	7.800	70.20 (61.50)		
4480	Serotonin	04.00		18.750	168.60 (147.90)	12.500	112.40 (98.60)		
4482	Free thyroxine (FT4)	04.00		17.480	157.20 (137.90)	11.650	104.80 (91.90)		
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	04.00		37.080	333.50 (292.50)	24.720	222.30 (195.00)		
4485	Insulin	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4486	C-Peptide	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4487	Calcitonin	04.00		18.900	170.00 (149.10)	12.600	113.30 (99.40)		
4488	B-Type Natriuretic Peptide	04.00		47.040	423.10 (371.10)	31.360	282.10 (247.40)		
4490	Releasing hormone response	04.00		50.000	449.70 (394.50)	33.350	299.90 (263.10)		
4491	Vitamin B12	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4492	Vitamin D3: Calcitriol (RIA)	04.00		75.000	674.60 (591.70)	50.000	449.70 (394.50)		
4493	Drug concentration: Quantitative	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4494	Free hormone assay	04.00		17.480	157.20 (137.90)	11.650	104.80 (91.90)		
4495	Growth hormone	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4496	Hormone concentration: Quantitative	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4497	Carbohydrate deficient transferrin	04.00		29.060	261.40 (229.30)	19.370	174.20 (152.80)		
4499	Cortisol	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4500	DHEA sulphate	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4501	Testosterone	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4502	Free testosterone	04.00		17.480	157.20 (137.90)	11.650	104.80 (91.90)		
4503	Oestradiol	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4505	Oestriol	04.00		10.800	97.10 (85.20)	7.200	64.80 (56.80)		
4506	Multiple antigen specific IgE screening test for Atopy	04.00		37.260	335.10 (294.00)	24.800	223.10 (195.70)		
4507	Thyrotropin (TSH)	04.00		19.600	176.30 (154.60)	13.070	117.60 (103.10)		
4508	Combined antigen specific IgE	04.00		24.480	220.20 (193.10)	16.600	149.30 (131.00)		
4509	Free tri-iodothyronine (FT3)	04.00		17.480	157.20 (137.90)	11.650	104.80 (91.90)		
4511	Renin activity	04.00		18.900	170.00 (149.10)	12.600	113.30 (99.40)		
4512	Parathormone	04.00		17.080	153.60 (134.80)	11.390	102.40 (89.90)		
4513	IgE: Total	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4514	Antigen specific IgE	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4515	Aldosterone	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4516	Follitropin (FSH)	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4517	Lutropin (LH)	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4518	Soluble transferrin receptor	04.00		11.250	101.20 (88.80)	7.500	67.50 (59.20)		
4519	Prostate specific antigen	04.00		14.490	130.30 (114.30)	9.660	86.90 (76.20)		
4520	17 Hydroxy progesterone	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4521	Progesterone	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4522	Alpha-feto protein	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4523	ACTH	04.00		21.740	195.50 (171.50)	14.490	130.30 (114.30)		
4524	Free PSA	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4526	Sex hormone binding globulin	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4527	Gastrin	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4528	Ferritin	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4529	Anti-DNA antibodies	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4530	Antiplatelet antibodies	04.00		15.300	137.60 (120.70)	10.200	91.70 (80.50)		
4531	Hepatitis: Per antigen or antibody	04.00		14.490	130.30 (114.30)	9.660	86.90 (76.20)		
4532	Transcobalamine	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4533	Folic acid	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4534	Prostatic acid phosphatase	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4536	Erythrocyte folate	04.00		17.480	157.20 (137.90)	11.650	104.80 (91.90)		
4537	Prolactin	04.00		12.420	111.70 (98.00)	8.280	74.50 (65.30)		
4538	Procalcitonin: Semi-quantitative	04.00		32.000	287.80 (252.50)	21.330	191.80 (168.30)		
4539	Procalcitonin: Quantitative	04.00		46.000	413.70 (362.90)	30.670	275.80 (242.00)		
4540	HCG: Quantitative as used for Down's screen	04.00		15.000	134.90 (118.30)	10.000	89.90 (78.90)		
4546	First trimester Downs screen	04.00		53.500	481.20 (422.10)	35.670	320.80 (281.40)		
4552	Second Trimester Down's screen	04.00		33.620	302.40 (265.20)	22.410	201.60 (176.80)		
4553	Thyroglobulin	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
4554	SCC marker	04.00		20.000	179.90 (157.80)	13.330	119.90 (105.20)		
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre	04.00		27.000	242.80 (213.00)				
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							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
22	Anatomical Pathology								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								04.00
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	04.00		13.400	139.00 (121.90)	8.900	92.30 (81.00)		
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	04.00		7.800	80.90 (71.00)	5.200	53.90 (47.30)		
4564	Performance of fine-needle aspiration for cytology	04.00		15.000	155.60 (136.50)				
4565	Examination of fine needle aspiration in theatre	04.00		90.000	933.60 (818.90)	60.000	622.40 (545.90)		
4566	Vaginal or cervical smears, each	04.00		11.000	114.10 (100.10)	7.000	72.60 (63.70)		
22.2	Histology								
4567	Histology per sample	04.00		20.000	196.40 (172.30)	13.300	130.60 (114.60)		
4571	Histology per additional block, each	04.00		11.600	113.90 (99.90)	7.700	75.60 (66.30)		
4575	Histology and frozen section in laboratory	04.00		22.700	222.90 (195.50)	15.100	148.30 (130.10)		
4577	Histology and frozen section in theatre	04.00		90.000	883.70 (775.20)	60.000	589.10 (516.80)		
4578	Second and subsequent frozen sections, each	04.00		20.000	196.40 (172.30)	13.400	131.60 (115.40)		
4579	Attendance in theatre - no frozen section performed	04.00		45.000	441.90 (387.60)	30.000	294.60 (258.40)		
4582	Serial step sections (including item 4567)	04.00		23.300	228.80 (200.70)	15.600	153.20 (134.40)		
4584	Serial step sections per additional block, each	04.00		13.500	132.60 (116.30)	9.000	88.40 (77.50)		
4587	Histology consultation	04.00		10.100	99.20 (87.00)	6.700	65.80 (57.70)		
4589	Special stains	04.00		6.700	65.80 (57.70)	4.500	44.20 (38.80)		
4591	Immunofluorescence studies	04.00		20.700	203.30 (178.30)	13.800	135.50 (118.90)		
4592	Immunoperoxidase studies	04.00		40.000	392.80 (344.50)	26.670	261.90 (229.70)		
4593	Electron microscopy	04.00		94.000	923.00 (809.60)	63.000	618.60 (542.60)		
4595	Foetal autopsy excluding histology	04.00		73.000	716.80 (628.80)	48.670	477.90 (419.20)		
23	Human Genetics								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
23.1	Cytogenetic								
4750	Cell culture: Lymphocytes, cord blood	04.00		15.000	138.20 (121.20)	15.000	138.20 (121.20)		
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	04.00		45.000	414.50 (363.60)	45.000	414.50 (363.60)		
4752	Cell culture: Chorionic villi	04.00		60.000	552.70 (484.80)	60.000	552.70 (484.80)		
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	04.00		135.000	1243.60 (1090.90)	135.000	1243.60 (1090.90)		
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idiograms, karyotyping, one staining technique	04.00		270.000	2487.20 (2181.80)	270.000	2487.20 (2181.80)		
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	04.00		70.000	644.80 (565.60)	70.000	644.80 (565.60)		
4760	FISH procedure, including cell culture	04.00		115.000	1059.40 (929.30)	115.000	1059.40 (929.30)		
4761	FISH analysis per probe system	04.00		35.000	322.40 (282.80)	35.000	322.40 (282.80)		
23.2	DNA-testing								
4763	Blood: DNA extraction	04.00		45.000	414.50 (363.60)	45.000	414.50 (363.60)		
4764	Blood: Genotype per person: Southern blotting	04.00		89.000	819.90 (719.20)	89.000	819.90 (719.20)		
4765	Blood: Genotype per person: PCR	04.00		60.000	552.70 (484.80)	60.000	552.70 (484.80)		
4766	HIV Drug Resistance Testing	04.00		513.000	4725.80 (4145.40)	342.000	3150.50 (2763.60)		
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	04.00		90.000	829.10 (727.30)	90.000	829.10 (727.30)		
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	04.00		188.000	1731.90 (1519.20)	188.000	1731.90 (1519.20)		
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	04.00		120.000	1105.40 (969.70)	120.000	1105.40 (969.70)		
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	The indicated amount 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 Indicated amount	09.00		1.000	7.78 (6.82)	1.000	7.78 (6.82)		
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	04.00		18.000	140.00 (122.80)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	04.00				18.000	140.00 (122.80)		
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: 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.								04.00
II	REMUNERATION FOR SUPPLIES, MATERIALS AND SPECIAL MEDICINE USED IN TREATMENT								
0202	Setting of sterile tray								
1.	INJECTIONS, INFUSIONS AND INHALATION SEDATION								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof								
0204	Inhalation sedation: Per additional quarter-hour or part thereof								
0206	Intravenous infusions (push-in), patients over two years: Insertion of cannula. Chargeable once per 24 hours								
0208	Therapeutic venesection (not to be used when blood is drawn for the purpose of laboratory investigations)								
0213	Chemotherapy: Intramuscular or subcutaneous: Per injection								
0214	Chemotherapy: Intravenous bolus technique: Per injection								
0215	Chemotherapy: Intravenous infusion technique: Per injection								
2.	INTEGUMENTARY SYSTEM								
0217	Allergy: First patch								
0219	Allergy: Each additional patch								
0222	Skin: Intralesional Injection: Single								
0223	Skin: Intralesional Injection: Multiple								
0225	Skin: Epilation: per session								
0227	Skin: Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session								
0228	Skin: PUVA treatment: Maximum of 21 treatments								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0229	Skin: PUVA: Follow-up or maintenance once a week								
0230	Skin: UVR treatment								
0231	Skin: UVR follow-up: For use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp								
0233	Skin: Biopsy without suturing: First lesion								
0234	Skin: Biopsy without suturing: Subsequent lesions								
0235	Skin: Biopsy without suturing: Maximum for multiple additional lesions								
0237	Skin: Deep skin biopsy by surgical incision with local anaesthetic and suturing								
0241	Skin: Treatment of benign skin lesion by chemo-cryotherapy: First lesion								
0242	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesion								
0243	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions								
0244	Skin: Repair of nail bed								
0245	Skin: Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesion								
0246	Skin: Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent 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								

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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1037	Diathermy to nose or pharynx, exclusive of consultation fee, uni-or bilateral: Under local anaesthetic								
1063	Removal of foreign body from nose at rooms								
1067	Proof puncture at rooms (unilateral)								
1071	Proetz treatment (consultation fee only to be charged for first treatment)								
1077	Septum abscess, at rooms, including after-care								
1107	Opening of quinsy, at rooms								
1117	Laryngeal intubation								
1123	Botulinum toxin injection for adductor disphonia (+ item 0201 + item 0202)								
1136	Nebulisation (in rooms)								
1143	Paracentesis chest: Diagnostic								
1145	Paracentesis chest: Therapeutic								
1186	Pulmonary Function Tests: Flow volume test: Inspiration/expiration								
1188	Pulmonary Function Tests: Flow volume test: Inspiration/expiration, pre and post bronchodilator, (to be charged for only with first consultation - thereafter item 1186 applies)								
1189	Forced expirogram only								
1191	N2 single breath distribution								
1192	Peak expiratory flow only								
1193	Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method								
1195	Thoracic gas volume								
1196	Determination of resistance to airflow, oscillatory or plethysnographic methods								
1197	Compliance and resistance using oesophageal balloon								
1198	Prolonged postexposure evaluation of bronchospasm with multiple sirometric determinations after antigen, cold air, methacholine or other chemical agents with subsequent spirometrics								
1199	Pulmonary stress testing; simple (eg. prolonged exercise test for bronchospasm with pre- and post-spirometry)								
1200	Carbon monoxide diffusing capacity, any method								
1201	Maximum inspiratory/expiratory pressure								
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)								

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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
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 haemorrhoids: Per injection								
1725	Drainage of external thrombosed pile								
1729	Excision of anal skin tags								
1748	Body composition measured by bio-electrical impedance								
1780	Gastric and duodenal intubation								
1797	Pneumo-peritoneum: First								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1799	Pneumo-peritoneum: Repeat								
1801	Diagnostic paracentesis: Abdomen								
1803	Therapeutic paracentesis: Abdomen								
10.	URINARY SYSTEM								
1841	Renal biopsy (needle)								
1847	Haemodialysis: Per hour or part thereof								
1849	Haemodialysis: Maximum: Eight hours								
1851	Haemodialysis: Thereafter per week								
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy								
1945	Instillation of radio-opaque material for cystography or urethrocytography								
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder								
1949	Cystoscopy								
1989	Cystometrogram								
1991	Flometric bladder studies with videocystograph								
1992	Flometric bladder studies without videocystograph								
1996	Bladder catheterisation: Male (not during operation)								
1997	Bladder catheterisation: Female (not during operation)								
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								

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

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

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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per session								
15.	ENDOCRINE SYSTEM								
3001	Implantation of pellets (excluding cost of material)								
16.	EYE								
3002	Gonioscopy								
3003	Fundus contact lens or 90 D lens examination								
3004	Peripheral fundus examination with indirect ophthalmoscope								
3005	Endothelial cell count								
3006	Keratometry								
3007	Potential acuity measurement								
3008	Contrast sensitivity test								
3010	Orthoptic consultation								
3011	Orthoptic subsequent sessions								
3012	Pre-surgical retinal examination before retinal surgery								
3013	Ocular motility assessment: Comprehensive examination								
3014	Tonometry: Per test with maximum of 2 tests for provocative tonometry(one or both eyes)								
3015	Charting of visual field with manual perimeter								
3016	Retinal threshold test without storage facilities								
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs								
3018	Retinal threshold trend evaluation (additional to item 3017)								
3019	Ocular muscle function with Hess screen or perimeter								
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations								
3022	Digital fluorescein video angiography								
3023	Digital indocyanine video angiography								
3025	Electronic tonography								
3027	Fundus photography								
3029	Anterior segment microphotography								

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

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

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

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