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CONTENTS • INHOUD

BOARD NOTICE

BOARD NOTICE 152 OF 2012

MEDICAL AND DENTAL PROFESSIONS BOARD

HEALTH PROFESSIONS ACT, 1974 (ACT NO.56 OF 1974)

PROPOSED GUIDELINE TARIFFS FOR MEDICAL PRACTITIONERS AND DENTISTS

The Medical and Dental Professions Board intends, under section 53 (3) (d) of the Health Professions Act, 1974 (Act No. 56 of 1974), to determine and publish a fee ("Guideline Tariffs") to be used as a norm in the adjudication of complaints of overcharging.

Interested persons are invited to submit any substantiated comments or representations in writing on the proposed Guideline Tariffs to the Registrar, Health Professions Council of South Africa (for the attention of the General Manager: Professional Boards) on or before 16h00 of the 19th of October 2012 by:-

(a) posting them to P O Box 205, Pretoria, 0001;
(b) delivering them by hand at 553 Madiba Street (previously Vermeulen Street), Arcadia, Pretoria, 0002; or
(c) e-mailing them to bhekiM@hpcsa.co.za.

Benefits of the guideline tariffs

- To guide the professions and protect the public.

- Minimising complaints of 'overcharging' and fair determination of these complaints.

The impact of the Guideline tariffs for registered practitioners

- Permit practitioners to set individual fee schedules.
- Keep record of written informed consent given by patients.

The impact of the Guideline tariffs for members of the public

- Patients will be billed only in accordance with the written informed consent they have given to a practitioner for services received in the event that the fee charged is more than the Guideline tariff.
- Patients must familiarise themselves with the benefits their medical aid scheme cover for services received from practitioners.

SCHEDULE

Definitions

1. In this notice, "**the Act**" means the Health Professions Act, 1974 (Act No. 56 of 1974) and any word or phrase to which a meaning has been assigned in the Notice shall have that meaning, unless the context otherwise indicates; **"Board"** means Medical and Dental Professions Board as established in terms of section 15 of the Act.

DR. B MJAMBA-MATSHOBA

REGISTRAR

DATE: 7/9/2012

	GUIDELINE TARIFFS FOR SERVICES BY MEDICAL PRACTITIONERS				10000			11400			11000	
	Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)											
	Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at http://www.hpcsa.co.za	**Version**	**Add**	**CF**	**Units**	**BF**	**Value**	**Flag**	**CF**	**Units**	**BF**	**Value**	**Flag**	**CF**	**Units**	**BF**	**Value**	**Flag**
	In terms of section 53(1) of the Health Professions Act, 1974 (Act No. 56 of 1974) every person registered under the Act (in this section referred to as the practitioner) shall, unless the circumstances render it impossible for him or her to do so, before rendering any professional services inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services -																-	
	(a) when so requested by the person concerned; or																	
	(b) when such fee exceeds the Guideline Tariffs for such services,																	
	and shall in a case to which paragraph (b) relates, also inform the person concerned of the usual fee.																	
	Every person registered under the Act shall, unless the circumstances render it impossible for him or her to do so, before rendering any professional services also inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services if such fee exceeds the medical aid rates.																	
	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 counseling. (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.	2004.00					-					-					-	
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)	2006.04					-					-					-	
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	2005.02					-					-					-	

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	2004.00	-	-	-
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	2004.00	-	-	-
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	2004.00	-	-	-
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	2004.00	-	-	-
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days	2004.00	-	-	-
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.	2004.00	-	-	-
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	2004.00	-	-	-
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	2004.00	-	-	-
M.	Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion	2004.00	-	-	-
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	2004.00	-	-	-
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	2004.00	-	-	-
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	2004.00	-	-	-

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)	2006.05	-	-	-
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)	2004.00	-	-	-
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.	2004.00	-	-	-
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	2004.00	-	-	-
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	2004.00	-	-	-
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	2004.00	-	-	-
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used	2004.00	-	-	-
Z.	No fee is subject to more than one reduction	2004.00	-	-	-
AA.	Procedures to exclude cost of isotope	2004.00	-	-	-
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes	2004.00	-	-	-
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	2004.00	-	-	-

EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account	2004.00	-	-	-
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.	2004.00	-	-	-
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	2004.00	-	-	-
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").	2004.00	-	-	-
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	2004.00	-	-	-
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)	2004.00	-	-	-
	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	2004.00	-	-	-
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	2006.05	-	-	-

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.	2004.00					-					-		-
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	2004.00					-					-		-
0007	a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided. b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided.	2004.00	20	15.000	1.0	R	139.85	20	15.000	1.0	R	139.85		-
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	2004.00					-					-		-
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	2004.00					-					-		-
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.	2004.00					-					-		-
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)	2006.04					-					-		-

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	2004.00					-						-	-
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	2004.00					-						-	-
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	2004.00					-						-	-
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)	2005.06	10	7.500	1.0	R	112.91	10	7.500	1.0	R	112.91	-
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	2004.00					-						-	-
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	2004.00					-						-	-
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is applicable	2004.00					-						-	-
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis	2004.00					-						-	-
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)	2004.00	20	27.000	1.0	R	251.72	20	27.000	1.0	R	251.72	-
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	2004.11	20	77.000	1.0	R	717.87	20	77.000	1.0	R	717.87	-
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)	2004.00	20	115.500	1.0	R	1 076.79	20	115.500	1.0	R	1 076.79	-
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	2004.11	20	77.000	1.0	R	717.87	20	77.000	1.0	R	717.87	-
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	2004.00	20	32.000	1.0	R	298.33	20	32.000	1.0	R	298.33	-
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	2004.11	20	77.000	1.0	R	717.87	20	77.000	1.0	R	717.87	-

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	2004.00					-						-		-
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%	2004.00					-						-		-
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	2004.00					-						-		-
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure	2004.00					-						-		-
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts	2004.00					-						-		-
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	2004.00					-						-		-
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	2004.00					-						-		-
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (for 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)	2004.00					-						-		-
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	2004.00					-						-		-
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thorascope	2004.00	20	45.000	1.0	R	419.54	20	45.000	1.0	R	419.54			-
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	2004.00					-						-		-
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%	2004.00					-						-		-
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.	2004.00					-						-		-
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.	2004.00	20	21.000	1.0	R	195.79	20	21.000	1.0	R	195.79			-
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)	2004.00					-						-		-
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure	2004.00					-						-		-
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)	2004.00					-						-		-
0080	Multiple examinations: Full Fee	2004.00					-						-		-
0081	Repeat examinations: No reduction	2004.00					-						-		-
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction	2004.00					-						-		-
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	2004.00					-						-		-
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)	2004.00					-						-		-

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	2004.00					-					-			-	
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	2004.00					-					-			-	
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)	2004.00					-					-			-	
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)	2004.00					-					-			-	
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)	2004.00					-					-			-	
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	2004.00					-					-			-	
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope	2004.00					-					-			-	
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	2004.00					-					-			-	
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	2004.00					-					-			-	
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	2004.00	60	6.000	1.0	R	53.31	60	6.000	1.0	R	53.31			-	
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%	2004.00					-					-			-	
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	2004.00					-					-			-	
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	2004.00					-					-			-	
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee	2004.00					-					-			-	
6103	Post-contrast study: Bone tumour: 100% of the fee	2004.00					-					-			-	
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	2004.00					-					-			-	
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	2004.00					-					-			-	
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	2004.00					-					-			-	
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	2004.00					-					-			-	
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"	2004.00					-					-			-	
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	2004.00					-					-			-	

6110	MRI spectroscopy: 50% of fee	2004.00	-					-					-			
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)	2004.00	-					-					-			
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)	2004.00	-					-					-			
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)	2004.00	-					-					-			
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	2004.00	-					-					-			
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	2004.00	-					-					-			
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		-					-					-			
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)	2006.02	-					-					-			
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)	2006.02	-					-					-			
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)	2006.02	-					-					-			
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)	2006.02	-					-					-			
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	2006.06	-					-					-			
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	2006.06	-					-					-			
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	2006.06	-					-					-			
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	2006.06	-					-					-			
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	2006.02	-	130	15.000	1.0	R	253.13	10	17.000	1.0	R	255.91			

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	2006.02						-	130	15.000	1.0	R	253.13	10	17.000	1.0	R	255.91				
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	2006.02						-	130	15.000	1.0	R	253.13	10	17.000	1.0	R	255.91				
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)	2006.02						-	130	15.000	1.0	R	253.13	10	17.000	1.0	R	255.91				
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)	2006.02						-	130	15.000	1.0	R	253.13	10	17.000	1.0	R	255.91				
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)	2006.02						-	130	15.000	1.0	R	253.13	10	17.000	1.0	R	255.91				
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)	2006.04		10	15.000	1.0	R	225.85	10	15.000	1.0	R	225.85									-
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	2006.04						-					-									-
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	2006.06	+	10	15.000	1.0	R	225.85	10	15.000	1.0	R	225.85									-
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	2006.04	+	10	6.000	1.0	R	90.34	10	6.000	1.0	R	90.34									-
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	2006.05	+	10	8.000	1.0	R	120.40	10	8.000	1.0	R	120.40									-
0147	For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof	2006.05	+	10	14.000	1.0	R	210.74	10	14.000	1.0	R	210.74									-
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.	2006.05	+	10	-	1.0		-	10	-	1.0		-									-
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	2006.05		10	-	1.0		-	10	-	1.0		-									-
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	2006.04					-	10	16.000	1.0	R	240.81	10	16.000	1.0	R	240.81
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	2006.04					-	10	16.000	1.0	R	240.81	10	16.000	1.0	R	240.81
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	2006.04					-	10	16.000	1.0	R	240.81	10	16.000	1.0	R	240.81
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)	2006.02	12	33.000	1.0	R	496.72	12	33.000	1.0	R	496.72					-
	Item 0107 can be used once only for given confinement	2004.00					-					-					-
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)	2006.02	12	45.000	1.0	R	677.40	12	45.000	1.0	R	677.40					-
I.g	Consultative services: Miscellaneous						-					-					-
0130	Telephone consultation (all hours)	2004.00					-	10	12.000	1.0	R	180.68	10	12.000	1.0	R	180.68
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)	2004.00	10	5.000	1.0	R	75.23	10	5.000	1.0	R	75.23					-
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	2004.00	10	9.000	1.0	R	135.51	10	9.000	1.0	R	135.51					-
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	2004.00	10	21.430	1.0	R	322.64	10	21.430	1.0	R	322.64					-
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.	2006.02					-					-					-
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.	2006.02					-					-					-
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.	2006.02					-					-					-
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.	2006.02					-					-	-
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.	2006.02					-					-	-
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	2005.06	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	-
II.d	Own equipment used in treatment						-					-	-
5930	Surgical laser apparatus: Hire fee for own equipment	2004.00	20	109.000	1.0	R	1 016.18	20	109.000	1.0	R	1 016.18	-
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)	2004.00					-					-	-
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	2005.03					-					-	-
	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)	2006.04					-					-	-
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	2004.00					-					-	-
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	2004.00					-					-	-
	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	2004.00					-					-	-
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)	2005.06	10	7.500	1.0	R	112.91	10	7.500	1.0	R	112.91	-
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	2004.00	20	6.000	1.0	R	55.88	20	6.000	1.0	R	55.88	-
0204	Inhalation sedation: Per additional quarter-hour or part thereof	2004.00	20	3.000	1.0	R	28.01	20	3.000	1.0	R	28.01	-
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	2004.00	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90	-

0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	2004.00	20	6.000	1.0	R	55.88		20	6.000	1.0	R	55.88		-
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	2004.00	20	8.000	1.0	R	74.65		20	8.000	1.0	R	74.65		-
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	2004.00	20	6.000	1.0	R	55.88		20	6.000	1.0	R	55.88		-
0209	Umbilical artery cannulation at birth	2004.00	20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77		-
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	2004.00	20	3.250	1.0	R	30.36		20	3.250	1.0	R	30.36		-
0211	Exchange transfusion: First and subsequent (including after-care)	2004.00	20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		-
	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)	2004.00					-						-		-
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	2004.00	20	5.000	1.0	R	46.64		20	5.000	1.0	R	46.64		-
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	2004.00	20	9.000	1.0	R	83.89		20	9.000	1.0	R	83.89		-
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	2004.00	20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		-
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	2006.06	20	394.860	1.0	R	3 681.21	Z	20	315.890	1.0	R	2 945.00	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	2006.02	20	262.410	1.0	R	2 446.37	Z	20	209.930	1.0	R	1 957.12	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	2006.02	20	77.810	1.0	R	725.36	Z	20	77.810	1.0	R	725.36	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)	2006.02	20	42.650	1.0	R	397.58	Z	20	42.650	1.0	R	397.58	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.	2006.06					-						-		-
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	2006.04					-						-		-
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.	2006.05					-						-		-

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.	2006.05	-	-					-
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.	2006.05	-	-					-
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	2006.04	-	-					-
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute	2006.06	-	-					-
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic	2006.04	-	-					-
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute	2006.06	-	-					-
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	2006.04	-	-					-
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	2006.04	-	-					-
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.	2006.05	-	-					-
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	2006.04	-	-					-
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).	2006.05	-	-					-
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.	2006.05	-	-					-
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units	2006.04	-	-	30	3.000	1.0	R	175.53
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	2006.04	-	-					-

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	2006.04					-					-						-	
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units	2006.04					-					-						-	
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units	2006.04					-					-	30	3.000	1.0	R	175.53		
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	2006.04					-					-	30	3.000	1.0	R	175.53		
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	2006.04					-					-	30	3.000	1.0	R	175.53		
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	2006.04					-					-	30	3.000	1.0	R	175.53		
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.	2006.06					-					-						-	
	Modifiers 5441 to 5448	2006.04					-					-						-	
	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	2006.04					-					-	30	1.000	1.0	R	58.52		
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and tempero-mandibular joint: Add two (2,00) anaesthetic units	2006.04					-					-	30	2.000	1.0	R	117.02		
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	2006.04					-					-	30	3.000	1.0	R	175.53		
5444	Shaft of femur: Add four (4,00) anaesthetic units	2006.04					-					-	30	4.000	1.0	R	234.03		
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	2006.04					-					-	30	5.000	1.0	R	292.55		
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units	2006.04					-					-	30	8.000	1.0	R	468.07		
	POST-OPERATIVE ALLEVIATION OF PAIN						-					-						-	
0045	Post-operative alleviation of pain:	2006.04					-					-						-	
	(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)																		
2	Integumentary System						-					-						-	
2.1	Allergy						-					-						-	
0217	Allergy: Patch tests: First patch	2004.00	20	4.000	1.0	R	37.25	20	4.000	1.0	R	37.25						-	
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	2004.00	20	2.800	1.0	R	26.10	20	2.800	1.0	R	26.10						-	
0219	Allergy: Patch tests: Each additional patch	2004.00	20	2.000	1.0	R	18.63	20	2.000	1.0	R	18.63						-	
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	2004.00	20	1.900	1.0	R	17.75	20	1.900	1.0	R	17.75						-	
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	2004.00	20	2.800	1.0	R	26.10	20	2.800	1.0	R	26.10						-	
2.2	Skin (general)						-					-						-	
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	2004.00	20	4.000	1.0	R	37.25	20	4.000	1.0	R	37.25						-	
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	2004.00	20	8.000	1.0	R	74.65	20	8.000	1.0	R	74.65						-	
0225	Epilation: Per session	2004.00	20	8.000	1.0	R	74.65	20	8.000	1.0	R	74.65						-	
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	2004.00	20	8.000	1.0	R	74.65	20	8.000	1.0	R	74.65	30	4.000	1.0	R	234.06	T	
0228	PUVA Treatment: Maximum of 21 treatments	2004.00	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40						-	

0229	PUVA: Follow-up or maintenance therapy once a week	2004.00	20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40					-		
0230	UVR-Treatment	2004.00	20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40					-		
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	2004.00	20	5.500	1.0	R	51.33		20	5.500	1.0	R	51.33					-		
0233	Biopsy without suturing: First lesion	2004.00	20	6.000	1.0	R	55.88		20	6.000	1.0	R	55.88		30	3.000	1.0	R	175.55	T
0234	Biopsy without suturing: Subsequent lesions (each)	2004.00	20	3.000	1.0	R	28.01		20	3.000	1.0	R	28.01		30	3.000	1.0	R	175.55	T
0235	Biopsy without suturing: Maximum for multiple additional lesions	2004.00	20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77		30	3.000	1.0	R	175.55	T
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	2004.00	20	12.000	1.0	R	111.90		20	12.000	1.0	R	111.90		30	3.000	1.0	R	175.55	T
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	2004.00	20	6.000	1.0	R	55.88		20	6.000	1.0	R	55.88		30	3.000	1.0	R	175.55	T
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	2004.00	20	3.000	1.0	R	28.01		20	3.000	1.0	R	28.01		30	3.000	1.0	R	175.55	T
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	2004.00	20	42.000	1.0	R	391.57		20	42.000	1.0	R	391.57		30	3.000	1.0	R	175.55	T
0244	Repair of nail bed	2004.00	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	3.000	1.0	R	175.55	T
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	2004.00	20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	3.000	1.0	R	175.55	T
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	2004.00	20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26		30	3.000	1.0	R	175.55	T
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	2004.00	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	3.000	1.0	R	175.55	T
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	2004.00	20	15.000	1.0	R	139.91		20	15.000	1.0	R	139.91		30	3.000	1.0	R	175.55	T
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	2004.00	20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40		30	3.000	1.0	R	175.55	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	2004.00	20	87.000	1.0	R	811.15		20	87.000	1.0	R	811.15		30	3.000	1.0	R	175.55	T
0259	Removal of foreign body superficial to deep fascia (except hands)	2004.00	20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40		30	3.000	1.0	R	175.55	T
0261	Removal of foreign body deep to deep fascia (except hands)	2004.00	20	31.000	1.0	R	289.06		20	31.000	1.0	R	289.06		30	3.000	1.0	R	175.55	T
0271	Kurtin planing for acne scarring: Whole face	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
0273	Kurtin planing for acne scarring: Extensive	2004.00	20	70.000	1.0	R	652.62		20	70.000	1.0	R	652.62		30	4.000	1.0	R	234.06	T
0275	Kurtin planing for acne scarring: Limited	2004.00	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	4.000	1.0	R	234.06	T
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	2004.00	20	103.000	1.0	R	960.30		20	103.000	1.0	R	960.30		30	4.000	1.0	R	234.06	T
0279	Surgical treatment for axillary hyperhidrosis	2004.00	20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60		30	4.000	1.0	R	234.06	T
0280	Laser treatment for small skin lesions: First lesion	2004.00	20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	3.000	1.0	R	175.55	T
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	2004.00	20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26		30	3.000	1.0	R	175.55	T
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	2004.00	20	56.000	1.0	R	522.09		20	56.000	1.0	R	522.09		30	3.000	1.0	R	175.55	T
0283	Laser treatment for large skin lesions: Limited area	2004.00	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	4.000	1.0	R	234.06	T
0284	Laser treatment for large skin lesions: Extensive area	2004.00	20	70.000	1.0	R	652.62		20	70.000	1.0	R	652.62		30	4.000	1.0	R	234.06	T
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	2004.00	20	56.630	1.0	R	527.96	Z	20	56.630	1.0	R	527.96	Z					-	
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	2004.00	20	43.440	1.0	R	404.92	Z	20	43.440	1.0	R	404.92	Z					-	
2.3	Major plastic repair						-						-						-	
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	2004.00	20	234.000	1.0	R	2 181.51		20	187.200	1.0	R	1 745.20		30	4.000	1.0	R	234.06	T
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	2004.00	20	410.000	1.0	R	3 822.44		20	328.000	1.0	R	3 057.92		30	4.000	1.0	R	234.06	T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	2004.00	20	800.000	1.0	R	7 458.33		20	640.000	1.0	R	5 966.69		30	4.000	1.0	R	234.06	T
0292	Distant flaps: First stage	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
0293	Contour grafts (excluding cost of material)	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	2004.11	20	########	1.0	R	11 187.49		20	960.000	1.0	R	8 949.97		30	6.000	1.0	R	351.09	T
0295	Local skin flaps (large, complicated)	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
0296	Other procedures of major technical nature	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
0297	Subsequent major procedures for repair of same lesion	2004.00	20	104.000	1.0	R	969.54		20	104.000	1.0	R	969.54		30	4.000	1.0	R	234.06	T
0298	Lower abdominal dermo-lipectomy	2004.00	20	170.000	1.0	R	1 584.91		20	136.000	1.0	R	1 267.99		30	5.000	1.0	R	292.58	T
0299	Major abdominal lipectomy with repositioning of umbilicus	2004.00	20	275.000	1.0	R	2 563.84		20	220.000	1.0	R	2 050.98		30	5.000	1.0	R	292.58	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)	2004.00	20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	3.000	1.0	R	175.55	T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	2004.00	20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26		30	3.000	1.0	R	175.55	T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	2004.00	20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60		30	4.000	1.0	R	234.06	T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	2004.00	20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
0304	Major debridement of wound, sloughectomy or secondary suture	2004.00	20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	3.000	1.0	R	175.55	T

0305	Needle biopsy - soft tissue	2004.00	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	30	3.000	1.0	R	175.55	T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	2004.00	20	27.000	1.0	R	251.66	20	27.000	1.0	R	251.66	30	3.000	1.0	R	175.55	T
0308	Each additional small procedure done at the same time	2004.00	20	14.000	1.0	R	130.52	20	14.000	1.0	R	130.52	30	3.000	1.0	R	175.55	T
0310	Radical excision of nailbed	2004.00	20	38.000	1.0	R	354.32	20	38.000	1.0	R	354.32	30	3.000	1.0	R	175.55	T
0311	Excision of large benign tumour (more than 5 cm)	2004.00	20	55.000	1.0	R	512.71	20	55.000	1.0	R	512.71	30	3.000	1.0	R	175.55	T
0313	Extensive resection for malignant soft tissue tumour including muscle	2004.00	20	283.900	1.0	R	2 646.84	20	227.120	1.0	R	2 117.42	30	4.000	1.0	R	234.06	T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	2004.00	20	104.000	1.0	R	969.54	20	104.000	1.0	R	969.54	30	4.000	1.0	R	234.06	T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	2004.00	20	55.000	1.0	R	512.71	20	55.000	1.0	R	512.71	30	3.000	1.0	R	175.55	T
2.5	Breasts						-					-					-	
0316	Fine needle aspiration for soft tissue (all areas)	2004.00	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91					-	
0317	Aspiration of cyst or tumour	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89	30	3.000	1.0	R	175.55	T
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	2004.00	20	42.000	1.0	R	391.57	20	42.000	1.0	R	391.57	30	3.000	1.0	R	175.55	T
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	2004.00	20	94.200	1.0	R	878.18	20	94.200	1.0	R	878.18	30	3.000	1.0	R	175.55	T
0323	Subareolar cone excision of ducts of wedge excision of breast	2004.00	20	90.000	1.0	R	839.02	20	90.000	1.0	R	839.02	30	3.000	1.0	R	175.55	T
0324	Wedge excision of breast and axillary dissection	2004.00	20	225.000	1.0	R	2 097.62	20	180.000	1.0	R	1 678.18	30	5.000	1.0	R	292.58	T
0325	Total mastectomy	2004.00	20	155.000	1.0	R	1 445.00	20	124.000	1.0	R	1 156.09	30	5.000	1.0	R	292.58	T
0327	Total mastectomy with axillary gland biopsy	2004.00	20	185.000	1.0	R	1 724.67	20	148.000	1.0	R	1 379.74	30	5.000	1.0	R	292.58	T
0329	Total mastectomy with axillary gland dissection	2004.00	20	275.000	1.0	R	2 563.84	20	220.000	1.0	R	2 050.98	30	5.000	1.0	R	292.58	T
0330	Nipple and areola reconstruction	2004.00	20	95.000	1.0	R	885.65	20	95.000	1.0	R	885.65	30	4.000	1.0	R	234.06	T
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	2004.00	20	234.000	1.0	R	2 181.51	20	187.200	1.0	R	1 745.20	30	4.000	1.0	R	234.06	T
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	2004.00	20	410.000	1.0	R	3 822.44	20	328.000	1.0	R	3 057.92	30	4.000	1.0	R	234.06	T
0334	Removal of breast implant by means of capsulectomy: Per breast	2004.00	20	234.000	1.0	R	2 181.51	20	187.200	1.0	R	1 745.20	30	4.000	1.0	R	234.06	T
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	2004.00	20	150.000	1.0	R	1 398.51	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	2004.00	20	234.000	1.0	R	2 181.51	20	187.200	1.0	R	1 745.20	30	5.000	1.0	R	292.58	T
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	2004.00	20	410.000	1.0	R	3 822.44	20	328.000	1.0	R	3 057.92	30	5.000	1.0	R	292.58	T
0341	Gynaecomastia: Unilateral	2004.00	20	92.000	1.0	R	857.64	20	92.000	1.0	R	857.64	30	3.000	1.0	R	175.55	T
0343	Gynaecomastia: Bilateral	2004.00	20	161.000	1.0	R	1 501.02	20	128.800	1.0	R	1 200.82	30	3.000	1.0	R	175.55	T
2.6	Burns						-					-					-	
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	2004.00	20	276.000	1.0	R	2 573.08	20	220.800	1.0	R	2 058.46	30	5.000	1.0	R	292.58	T
0353	Tangential excision and grafting: Small	2004.00	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	30	5.000	1.0	R	292.58	T
0354	Tangential excision and grafting: Large	2004.00	20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	5.000	1.0	R	292.58	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 flag e.g. Cutler	2004.00	20	147.400	1.0	R	1 374.17	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
0357	Small skin graft in acute hand injury	2004.00	20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	3.000	1.0	R	175.55	T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	2004.00	20	192.000	1.0	R	1 789.93	20	153.600	1.0	R	1 431.95	30	3.000	1.0	R	175.55	T
0361	Z-plasty	2004.00	20	220.100	1.0	R	2 052.01	20	176.080	1.0	R	1 641.52	30	3.000	1.0	R	175.55	T
0363	Local flap and skin graft	2004.00	20	150.000	1.0	R	1 398.51	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
0365	Cross finger flap (all stages)	2004.00	20	192.000	1.0	R	1 789.93	20	153.600	1.0	R	1 431.95	30	3.000	1.0	R	175.55	T
0367	Palmar flap (all stages)	2004.00	20	192.000	1.0	R	1 789.93	20	153.600	1.0	R	1 431.95	30	3.000	1.0	R	175.55	T
0369	Distant flap: First stage	2004.00	20	158.000	1.0	R	1 473.01	20	126.400	1.0	R	1 178.38	30	3.000	1.0	R	175.55	T
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	2004.00	20	77.000	1.0	R	717.88	20	77.000	1.0	R	717.88	30	3.000	1.0	R	175.55	T
0373	Transfer neurovascular island flap	2004.00	20	230.500	1.0	R	2 148.95	20	184.400	1.0	R	1 719.10	30	3.000	1.0	R	175.55	T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	2004.00	20	242.400	1.0	R	2 259.82	20	193.920	1.0	R	1 807.83	30	3.000	1.0	R	175.55	T
0375	Dupuytren's contracture: Fasciotomy	2004.00	20	51.000	1.0	R	475.46	20	51.000	1.0	R	475.46	30	3.000	1.0	R	175.55	T
0376	Dupuytren's contracture: Fasciectomy	2004.00	20	218.000	1.0	R	2 032.36	20	174.400	1.0	R	1 625.97	30	3.000	1.0	R	175.55	T
2.8	Acupuncture						-					-					-	
	Please note: General Rule M not applicable to section 2.8 of this price list	2004.00					-					-					-	
0377	Standard acupuncture	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27					-	
0378	Laser acupuncture using more than 6 points	2004.00	20	14.000	1.0	R	130.52	20	14.000	1.0	R	130.52					-	
0379	Electro-acupuncture	2004.00	20	14.000	1.0	R	130.52	20	14.000	1.0	R	130.52					-	
0380	Scalp acupuncture	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27					-	
0381	Micro-acupuncture (ear, hand)	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27					-	
	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	2004.00					-					-					-							
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	2004.00					-					-					-							
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)	2004.00	20	27.000	1.0	R	251.72		20	27.000	1.0	R	251.72					-						
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	2004.11	20	77.000	1.0	R	717.87		20	77.000	1.0	R	717.87					-						
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)	2004.00	20	115.500	1.0	R	1 076.79		20	115.500	1.0	R	1 076.79					-						
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	2004.11	20	77.000	1.0	R	717.87		20	77.000	1.0	R	717.87					-						
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	2004.00	20	32.000	1.0	R	298.33		20	32.000	1.0	R	298.33					-						
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	2004.11	20	77.000	1.0	R	717.87		20	77.000	1.0	R	717.87					-						
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	2004.00					-					-					-							
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%	2004.00					-					-					-							
3.1	Bones						-					-					-							
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)						-					-					-							
0383	Fracture (reduction under general anaesthetic): Scapula	2004.00	20	-	1.0		-	v	20	-	1.0		-	v	30	3.000	1.0	R	175.55	TM
0387	Fracture (reduction under general anaesthetic): Clavicle	2004.00	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	3.000	1.0	R	175.55	TM
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	2004.00	20	175.700	1.0	R	1 638.00		20	140.560	1.0	R	1 310.37		30	3.000	1.0	R	175.55	TM
0389	Fracture (reduction under general anaesthetic): Humerus	2004.00	20	111.600	1.0	R	1 040.38		20	111.600	1.0	R	1 040.38		30	3.000	1.0	R	175.55	TM
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	2004.00	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	3.000	1.0	R	175.55	TM
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	2004.00	20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	3.000	1.0	R	175.55	TM
0402	Fracture (reduction under general anaesthetic): Carpal bone	2004.00	20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60		30	3.000	1.0	R	175.55	TM
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	2004.00	20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	3.000	1.0	R	175.55	TM
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	2004.00	20	118.300	1.0	R	1 102.85		20	118.300	1.0	R	1 102.85		30	3.000	1.0	R	175.55	TM
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	2004.00	20	-	1.0		-	ß	20	-	1.0		-	ß	30	3.000	1.0	R	175.55	TM
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	2004.00	20	52.000	1.0	R	484.84		20	52.000	1.0	R	484.84		30	3.000	1.0	R	175.55	TM
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	2004.00	20	48.000	1.0	R	447.45		20	48.000	1.0	R	447.45		30	3.000	1.0	R	175.55	T
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	2004.00	20	102.000	1.0	R	950.92		20	102.000	1.0	R	950.92		30	3.000	1.0	R	175.55	TM
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	2004.00	20	-	0.0		-	ß	20	-	0.0		-	ß	30	3.000	1.0	R	175.55	T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	2004.00	20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	3.000	1.0	R	175.55	TM
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	2004.00	20	237.000	1.0	R	2 209.52		20	189.600	1.0	R	1 767.64		30	3.000	1.0	R	175.55	TM
0425	Fracture (reduction under general anaesthetic): Patella	2004.00	20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	3.000	1.0	R	175.55	TM

0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	2004.00	20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0433	Fracture (reduction under general anaesthetic): Fibula shaft	2004.00	20	-	0.0		-	ß	20	-	0.0		-	ß	30	3.000	1.0	R	175.55	TM
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	2004.00	20	58.000	1.0	R	540.72		20	58.000	1.0	R	540.72		30	3.000	1.0	R	175.55	TM
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	2004.00	20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	2004.00	20	198.700	1.0	R	1 852.41		20	158.960	1.0	R	1 481.96		30	3.000	1.0	R	175.55	TM
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	2004.00	20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60		30	3.000	1.0	R	175.55	TM
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	2004.00	20	403.500	1.0	R	3 761.72		20	322.500	1.0	R	3 006.59		30	3.000	1.0	R	175.55	TM
0441	Fracture (reduction under general anaesthetic): Metatarsal	2004.00	20	41.800	1.0	R	389.66		20	41.800	1.0	R	389.66		30	3.000	1.0	R	175.55	TM
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	2004.00	20	-	0.0		-	ß	20	-	0.0		-	ß	30	3.000	1.0	R	175.55	T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	2004.00	20	32.000	1.0	R	298.30		20	32.000	1.0	R	298.30		30	3.000	1.0	R	175.55	TM
0447	Fracture (reduction under general anaesthetic): Other: Simple	2004.00	20	26.000	1.0	R	242.42		20	26.000	1.0	R	242.42		30	3.000	1.0	R	175.55	T
0449	Fracture (reduction under general anaesthetic): Other: Compound	2004.00	20	52.000	1.0	R	484.84		20	52.000	1.0	R	484.84		30	3.000	1.0	R	175.55	TM
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	2004.00	20	-	0.0		-	ß	20	-	0.0		-	ß	30	3.000	1.0	R	175.55	T
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	2004.00	20	230.000	1.0	R	2 144.25		20	184.000	1.0	R	1 715.43		30	3.000	1.0	R	175.55	TM
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	2004.00	20	-	0.0		-	ß	20	-	0.0		-	ß	30	3.000	1.0	R	175.55	TM
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	2004.00	20	-	0.0		-	ß	20	-	0.0		-	ß	30	3.000	1.0	R	175.55	TM
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	2004.00	20	-	0.0		-	v	20	-	0.0		-	v	30	3.000	1.0	R	175.55	TM
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	2004.00	20	-	0.0		-	v	20	-	0.0		-	v	30	3.000	1.0	R	175.55	TM
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	2004.00	20	-	0.0		-	v	20	-	0.0		-	v	30	3.000	1.0	R	175.55	TM
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	2004.00	20	-	0.0		-	v	20	-	0.0		-	v	30	3.000	1.0	R	175.55	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)	2004.00	20	288.000	1.0	R	2 684.98		20	230.400	1.0	R	2 148.07		30	3.000	1.0	R	175.55	TM
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	2004.00	20	43.000	1.0	R	400.96		20	43.000	1.0	R	400.96		30	3.000	1.0	R	175.55	T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	2004.00	20	282.000	1.0	R	2 629.10		20	225.600	1.0	R	2 103.19		30	3.000	1.0	R	175.55	TM
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	2004.00	20	154.000	1.0	R	1 435.76		20	123.200	1.0	R	1 148.61		30	3.000	1.0	R	175.55	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)	2004.00	20	282.000	1.0	R	2 629.10		20	225.600	1.0	R	2 103.19		30	3.000	1.0	R	175.55	TM
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	2004.00	20	340.000	1.0	R	3 169.82		20	272.000	1.0	R	2 535.83		30	3.000	1.0	R	175.55	TM
0499	Grafts to cysts: Large bones	2004.00	20	192.000	1.0	R	1 789.93		20	153.600	1.0	R	1 431.95		30	3.000	1.0	R	175.55	TM
0501	Grafts to cysts: Small bones	2004.00	20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0503	Grafts to cysts: Cartilage graft	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	3.000	1.0	R	175.55	TM
0505	Grafts to cysts: Inter-metacarpal bone graft	2004.00	20	147.000	1.0	R	1 370.50		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	2004.00	20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	3.000	1.0	R	175.55	TM
3.1.2.2	Bony operations: Acute or chronic osteomyelitis						-						-						-	
0509	Acute or chronic osteomyelitis: Conservative treatment	2004.00	20	-	1.0		-	v	20	-	1.0		-	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	2004.00					-						-						-	
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	2004.00	20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
3.1.2.3	Bony operations: Osteotomy						-						-						-	
0514	Osteotomy: Sternum: Repair of pectus excavatum	2004.00	20	330.000	1.0	R	3 076.55		20	264.000	1.0	R	2 461.18		30	3.000	1.0	R	175.55	TM
0515	Osteotomy: Sternum: Repair of pectus carinatum	2004.00	20	330.000	1.0	R	3 076.55		20	264.000	1.0	R	2 461.18		30	3.000	1.0	R	175.55	TM
0516	Osteotomy: Pelvic	2004.00	20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	3.000	1.0	R	175.55	TM
0521	Osteotomy: Femoral: Proximal	2004.00	20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	3.000	1.0	R	175.55	TM
0527	Osteotomy: Knee region	2004.11	20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	3.000	1.0	R	175.55	TM
0528	Osteotomy: Os Calcis (Dwyer operation)	2004.00	20	115.000	1.0	R	1 072.20		20	115.000	1.0	R	1 072.20		30	3.000	1.0	R	175.55	TM
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	2004.00	20	120.000	1.0	R	1 118.69		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	2004.00	20	278.900	1.0	R	2 600.21		20	223.120	1.0	R	2 080.17		30	3.000	1.0	R	175.55	TM
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	2004.00	20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0533	Osteotomy: Single metatarsal	2004.00	20	60.000	1.0	R	559.35		20	60.000	1.0	R	559.35		30	3.000	1.0	R	175.55	TM
0534	Osteotomy: Multiple metatarsal osteotomies	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM

3.1.2.4	Bony operations: Exostosis						-						-					-	
0535	Exostosis: Excision: Readily accessible sites	2004.00	20	60.000	1.0	R	559.35		20	60.000	1.0	R	559.35		30	3.000	1.0	R	175.55	TM
0537	Exostosis: Excision: Less accessible sites	2004.00	20	96.000	1.0	R	895.04		20	96.000	1.0	R	895.04		30	3.000	1.0	R	175.55	TM
3.1.2.5	Bony operations: Biopsy						-						-						-	
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	2004.00	20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06	T
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	2004.00	20	32.000	1.0	R	298.30		20	32.000	1.0	R	298.30		30	4.000	1.0	R	234.06	T
0543	Biopsy: Open (modifier 0005 not applicable). Readily accessible site	2004.00	20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60						-	
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	2004.00	20	96.000	1.0	R	895.04		20	96.000	1.0	R	895.04						-	
3.2	Joints						-						-						-	
3.2.1	Joints: Dislocations						-						-						-	
0547	Joint: Dislocation: Clavicle either end	2004.00	20	38.000	1.0	R	354.32		20	38.000	1.0	R	354.32		30	3.000	1.0	R	175.55	TM
0549	Joint: Dislocation: Shoulder	2004.00	20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	3.000	1.0	R	175.55	TM
0551	Joint: Dislocation: Elbow	2004.00	20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	3.000	1.0	R	175.55	TM
0552	Joint: Dislocation: Wrist	2004.00	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	3.000	1.0	R	175.55	TM
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	2004.00	20	130.000	1.0	R	1 211.96		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0555	Joint: Dislocation: Lunate	2004.00	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	3.000	1.0	R	175.55	TM
0556	Joint: Dislocation: Carpo-metacarpo dislocation	2004.00	20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	3.000	1.0	R	175.55	TM
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	2004.00	20	26.000	1.0	R	242.42		20	26.000	1.0	R	242.42		30	3.000	1.0	R	175.55	TM
0559	Joint: Dislocation: Hip	2004.00	20	109.000	1.0	R	1 016.18		20	109.000	1.0	R	1 016.18		30	3.000	1.0	R	175.55	TM
0561	Joint: Dislocation: Knee	2004.00	20	96.000	1.0	R	895.04		20	96.000	1.0	R	895.04		30	3.000	1.0	R	175.55	TM
0563	Joint: Dislocation: Patella	2004.00	20	32.000	1.0	R	298.30		20	32.000	1.0	R	298.30		30	3.000	1.0	R	175.55	TM
0565	Joint: Dislocation: Ankle	2004.00	20	90.000	1.0	R	839.02		20	90.000	1.0	R	839.02		30	3.000	1.0	R	175.55	TM
0567	Joint: Dislocation: Sub-Talar dislocation	2004.00	20	90.000	1.0	R	839.02		20	90.000	1.0	R	839.02		30	3.000	1.0	R	175.55	TM
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	2004.00	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	3.000	1.0	R	175.55	TM
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	2004.00	20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	3.000	1.0	R	175.55	TM
0573	Joint: Dislocation: Spine with or without paralysis	2004.00	20	-	0.0		-	v	20	-	0.0		-	v					-	
3.2.2	Joints: Operations for dislocations						-						-						-	
0578	Operations for dislocations: Recurrent dislocation of shoulder	2004.00	20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64		30	3.000	1.0	R	175.55	TM
0579	Operations for dislocations: Recurrent dislocation of all other joints	2004.00	20	161.000	1.0	R	1 501.02		20	128.800	1.0	R	1 200.82		30	3.000	1.0	R	175.55	TM
3.2.3	Joints: Capsular operations						-						-						-	
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	2004.00	20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	3.000	1.0	R	175.55	TM
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	2004.00	20	96.000	1.0	R	895.04		20	96.000	1.0	R	895.04		30	3.000	1.0	R	175.55	TM
0585	Capsulectomy digital joint	2004.00	20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60		30	3.000	1.0	R	175.55	TM
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	2004.00	20	90.000	1.0	R	839.02		20	90.000	1.0	R	839.02		30	3.000	1.0	R	175.55	TM
0587	Release of digital joint contracture	2004.00	20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
3.2.4	Joints: Synovectomy						-						-						-	
0589	Synovectomy: Digital joint	2004.00	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	3.000	1.0	R	175.55	TM
0592	Synovectomy: Large joint	2004.00	20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0593	Tendon synovectomy	2004.00	20	203.700	1.0	R	1 899.05		20	162.960	1.0	R	1 519.21		30	3.000	1.0	R	175.55	TM
3.2.5	Joints: Arthrodesis						-						-						-	
0597	Arthrodesis: Shoulder	2004.00	20	224.000	1.0	R	2 088.38		20	179.200	1.0	R	1 670.70		30	3.000	1.0	R	175.55	TM
0598	Arthrodesis: Elbow	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	3.000	1.0	R	175.55	TM
0599	Arthrodesis: Wrist	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	3.000	1.0	R	175.55	TM
0600	Arthrodesis: Digital joint	2004.00	20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0601	Arthrodesis: Hip	2004.00	20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	3.000	1.0	R	175.55	TM
0602	Arthrodesis: Knee	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	3.000	1.0	R	175.55	TM
0603	Arthrodesis: Ankle	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	3.000	1.0	R	175.55	TM
0604	Arthrodesis: Sub-talar	2004.00	20	130.000	1.0	R	1 211.96		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	3.000	1.0	R	175.55	TM
0607	Arthrodesis: Mid-tarsal wedge resection	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	3.000	1.0	R	175.55	TM
3.2.6	Joints: Arthroplasty						-						-						-	
0614	Arthroplasty: Debridement large joints	2004.00	20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0615	Arthroplasty: Excision medial or lateral end of clavicle	2004.00	20	116.000	1.0	R	1 081.44		20	116.000	1.0	R	1 081.44		30	3.000	1.0	R	175.55	TM
0617	Shoulder: Acromioplasty	2004.00	20	192.000	1.0	R	1 789.93		20	153.600	1.0	R	1 431.95		30	3.000	1.0	R	175.55	TM
0619	Shoulder: Partial replacement	2004.00	20	277.000	1.0	R	2 582.46		20	221.600	1.0	R	2 065.94		30	5.000	1.0	R	292.58	TM
0620	Shoulder: Total replacement	2004.00	20	416.000	1.0	R	3 878.31		20	332.800	1.0	R	3 102.65		30	5.000	1.0	R	292.58	TM
0621	Elbow: Excision head of radius	2004.00	20	96.000	1.0	R	895.04		20	96.000	1.0	R	895.04		30	3.000	1.0	R	175.55	TM

0622	Elbow: Excision	2004.00	20	192.000	1.0	R	1 789.93		20	153.600	1.0	R	1 431.95		30	3.000	1.0	R	175.55	TM
0623	Elbow: Partial replacement	2004.00	20	188.000	1.0	R	1 752.68		20	150.400	1.0	R	1 402.18		30	3.000	1.0	R	175.55	TM
0624	Elbow: Total replacement	2004.00	20	282.000	1.0	R	2 629.10		20	225.600	1.0	R	2 103.19		30	3.000	1.0	R	175.55	TM
0625	Wrist: Excision distal end of ulna	2004.00	20	96.000	1.0	R	895.04		20	96.000	1.0	R	895.04		30	3.000	1.0	R	175.55	TM
0626	Wrist: Excision single bone	2004.00	20	110.000	1.0	R	1 025.56		20	110.000	1.0	R	1 025.56		30	3.000	1.0	R	175.55	TM
0627	Wrist: Excision proximal row	2004.00	20	166.000	1.0	R	1 547.66		20	132.800	1.0	R	1 238.07		30	3.000	1.0	R	175.55	TM
0631	Wrist: Total replacement	2004.00	20	249.000	1.0	R	2 321.42		20	199.200	1.0	R	1 857.10		30	3.000	1.0	R	175.55	TM
0635	Digital Joint: Total replacement	2004.00	20	192.000	1.0	R	1 789.93		20	153.600	1.0	R	1 431.95		30	3.000	1.0	R	175.55	TM
0637	Hip: Total replacement	2004.00	20	416.000	1.0	R	3 878.31		20	332.800	1.0	R	3 102.65		30	3.000	1.0	R	175.55	TM
0641	Hip: Prosthetic replacement of femoral head	2004.00	20	288.000	1.0	R	2 684.98		20	230.400	1.0	R	2 148.07		30	3.000	1.0	R	175.55	TM
0643	Hip: Girdlestone	2004.00	20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	3.000	1.0	R	175.55	TM
0645	Knee: Partial replacement	2004.00	20	277.000	1.0	R	2 582.46		20	221.600	1.0	R	2 065.94		30	3.000	1.0	R	175.55	TM
0646	Knee: Total replacement	2004.00	20	416.000	1.0	R	3 878.31		20	332.800	1.0	R	3 102.65		30	3.000	1.0	R	175.55	TM
0649	Ankle: Total replacement	2004.00	20	290.400	1.0	R	2 707.41		20	232.320	1.0	R	2 165.96		30	3.000	1.0	R	175.55	TM
0650	Ankle: Astragalectomy	2004.00	20	154.000	1.0	R	1 435.76		20	123.200	1.0	R	1 148.61		30	3.000	1.0	R	175.55	TM
3.2.7	Joints: Miscellaneous (joints)						-						-						-	
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	2004.00	20	9.000	1.0	R	83.89		20	9.000	1.0	R	83.89		30	3.000	1.0	R	175.55	T
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	2004.00	20	7.500	1.0	R	69.95		20	7.500	1.0	R	69.95		30	3.000	1.0	R	175.55	T
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	2004.00	20	4.000	1.0	R	37.25		20	4.000	1.0	R	37.25		30	3.000	1.0	R	175.55	T
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	2004.00	20	60.000	1.0	R	559.35		20	60.000	1.0	R	559.35		30	3.000	1.0	R	175.55	T
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	2004.00	20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	3.000	1.0	R	175.55	T
0669a	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	2005.01	20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	4.000	1.0	R	234.06	T
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic	2006.04	20	-	0.0		-	F	20	-	0.0		-	F	30	3.000	1.0	R	175.55	T
0670a	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	2005.01	20	-	0.0		-	F	20	-	0.0		-	F	30	4.000	1.0	R	234.06	T
0673	Meniscectomy or operation for other internal derangement of knee	2004.00	20	109.000	1.0	R	1 016.18		20	109.000	1.0	R	1 016.18		30	3.000	1.0	R	175.55	TM
3.2.8	Joints: Joint ligament reconstruction or suture						-						-						-	
0675	Joint ligament reconstruction or suture: Ankle: Collateral	2004.00	20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0677	Joint ligament reconstruction or suture: Knee: Collateral	2004.00	20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0678	Joint ligament reconstruction or suture: Knee: Cruciate	2004.00	20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	2004.00	20	280.000	1.0	R	2 610.47		20	224.000	1.0	R	2 088.38		30	3.000	1.0	R	175.55	TM
0680	Joint ligament reconstruction or suture: Digital joint ligament	2004.00	20	165.000	1.0	R	1 538.27		20	132.000	1.0	R	1 230.59		30	3.000	1.0	R	175.55	TM
3.3	Amputations						-						-						-	
3.3.1	Amputations: Specific Amputations						-						-						-	
0682	Amputation: Fore-quarter amputation	2004.00	20	294.000	1.0	R	2 741.00		20	235.200	1.0	R	2 192.80		30	9.000	1.0	R	526.64	TM
0683	Amputation: Through shoulder	2004.00	20	148.000	1.0	R	1 379.74		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	TM
0685	Amputation: Upper arm or fore-arm	2004.00	20	116.000	1.0	R	1 081.44		20	116.000	1.0	R	1 081.44		30	3.000	1.0	R	175.55	TM
0687	Partial amputation of the hand: One ray	2004.00	20	102.000	1.0	R	950.92		20	102.000	1.0	R	950.92		30	3.000	1.0	R	175.55	TM
0691	Amputation: Whole or part of finger	2006.04	20	116.800	1.0	R	1 088.92		20	116.800	1.0	R	1 088.92		30	3.000	1.0	R	175.55	TM
0693	Hindquarter amputation	2004.00	20	420.000	1.0	R	3 915.56		20	336.000	1.0	R	3 132.57		30	6.000	1.0	R	351.09	TM
0695	Amputation: Through hip joint region	2004.00	20	192.000	1.0	R	1 789.93		20	153.600	1.0	R	1 431.95		30	6.000	1.0	R	351.09	TM
0697	Amputation: Through thigh	2004.00	20	205.000	1.0	R	1 911.22		20	164.000	1.0	R	1 528.89		30	6.000	1.0	R	351.09	TM
0699	Amputation: Below knee, through knee or Syme	2004.00	20	194.000	1.0	R	1 808.71		20	155.200	1.0	R	1 446.91		30	5.000	1.0	R	292.58	TM
0701	Amputation: Trans-metatarsal or trans-tarsal	2004.00	20	142.000	1.0	R	1 323.86		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
0703	Amputation: Foot: One ray	2004.00	20	97.000	1.0	R	904.28		20	97.000	1.0	R	904.28		30	3.000	1.0	R	175.55	TM
0705	Amputation: Toe	2004.00	20	66.000	1.0	R	615.37		20	66.000	1.0	R	615.37		30	3.000	1.0	R	175.55	TM
3.3.2	Amputations: Post-amputation reconstruction						-						-						-	
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	2004.00	20	75.000	1.0	R	699.26		20	75.000	1.0	R	699.26		30	3.000	1.0	R	175.55	TM
0707	Post-amputation reconstruction: Krukenberg reconstruction	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	3.000	1.0	R	175.55	TM
0709	Post-amputation reconstruction: Metacarpal transfer	2004.00	20	192.000	1.0	R	1 789.93		20	153.600	1.0	R	1 431.95		30	3.000	1.0	R	175.55	TM
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	2004.00	20	282.000	1.0	R	2 629.10		20	225.600	1.0	R	2 103.19		30	3.000	1.0	R	175.55	TM
0712	Post-amputation reconstruction: Toe to thumb transfer	2004.00	20	800.000	1.0	R	7 458.33		20	640.000	1.0	R	5 966.69		30	3.000	1.0	R	175.55	TM

3.4	Muscles, tendons and fasciae						-						-					-	
3.4.1	Muscles, tendons and fasciae: Investigations						-						-					-	
0713	Electromyography	2004.00	20	75.000	1.0	R	699.26	20	75.000	1.0	R	699.26	30	3.000	1.0	R	175.55	T	
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	2006.04	20	57.000	1.0	R	531.33	20	57.000	1.0	R	531.33	30	3.000	1.0	R	175.55	T	
0715	Strength duration curve per session	2004.00	20	10.500	1.0	R	97.82	20	10.500	1.0	R	97.82	30	3.000	1.0	R	175.55	T	
0717	Electrical examination of single nerve or muscle	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89	30	3.000	1.0	R	175.55	T	
0718	Oxidative study for mitochondrial function	2004.00	20	64.000	1.0	R	596.60	20	64.000	1.0	R	596.60					-		
0721	Voltage integration during isometric contraction	2004.00	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90	30	3.000	1.0	R	175.55	T	
0723	Tonometry with edrophonium	2004.00	20	8.000	1.0	R	74.65	20	8.000	1.0	R	74.65	30	3.000	1.0	R	175.55	T	
0725	Isometric tension studies with edrophonium	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	30	3.000	1.0	R	175.55	T	
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	2004.00	20	8.000	1.0	R	74.65	20	8.000	1.0	R	74.65	30	3.000	1.0	R	175.55	T	
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	2004.00	20	14.000	1.0	R	130.52	20	14.000	1.0	R	130.52	30	3.000	1.0	R	175.55	T	
0729	Tendon reflex time	2004.00	20	7.000	1.0	R	65.26	20	7.000	1.0	R	65.26	30	3.000	1.0	R	175.55	T	
0730	Limb brain somatosensory studies (per limb)	2004.00	20	49.000	1.0	R	456.83	20	49.000	1.0	R	456.83					-		
0731	Vision and audio-sensory studies	2004.00	20	49.000	1.0	R	456.83	20	49.000	1.0	R	456.83					-		
0733	Motor nerve conduction studies (single nerve)	2004.00	20	26.000	1.0	R	242.42	20	26.000	1.0	R	242.42					-		
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	2004.00	20	31.000	1.0	R	289.06	20	31.000	1.0	R	289.06	30	3.000	1.0	R	175.55	T	
0737	Biopsy for motor nerve terminals and end plates	2004.00	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T	
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	2004.00	20	34.000	1.0	R	316.92	20	34.000	1.0	R	316.92	30	8.000	1.0	R	468.13	T	
0740	Muscle fatigue studies	2004.00	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T	
0741	Muscle biopsy	2004.00	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	8.000	1.0	R	468.13	T	
0742	Global fee for all muscle studies, including histochemical studies	2004.00	20	262.000	1.0	R	2 442.55					-					-		
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	2004.00	20	20.250	1.0	R	188.75					-					-		
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	2004.00	20	33.300	1.0	R	310.47					-					-		
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	2004.00	20	5.700	1.0	R	53.09					-					-		
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	2004.00	20	1.600	1.0	R	14.96					-					-		
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	2004.00	20	9.900	1.0	R	92.25					-					-		
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	2004.00	20	13.700	1.0	R	127.74					-					-		
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	2004.00	20	25.900	1.0	R	241.40					-					-		
4715	Biochemical estimations on muscle biopsy specimens: Enolase	2004.00	20	32.700	1.0	R	304.90					-					-		
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	2004.00	20	37.700	1.0	R	351.53					-					-		
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	2004.00	20	15.750	1.0	R	146.80					-					-		
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	2004.00	20	11.060	1.0	R	103.10					-					-		
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	2004.00	20	34.700	1.0	R	323.52					-					-		
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	2004.00	20	40.300	1.0	R	375.73					-					-		
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	2004.00	20	28.800	1.0	R	268.53					-					-		
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	2004.00	20	43.000	1.0	R	400.96					-					-		
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	2004.00	20	14.000	1.0	R	130.52					-					-		
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	2004.00	20	20.000	1.0	R	186.40					-					-		
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	2004.00	20	71.000	1.0	R	661.86					-					-		
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	2004.00	20	69.000	1.0	R	643.23					-					-		
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	2004.00	20	82.000	1.0	R	764.52					-					-		
4744	Biochemical estimations on muscle biopsy specimens: Tension/caffeine/halothane procedure in malignant hyperthermia	2004.00	20	143.000	1.0	R	1 333.25					-					-		
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	2004.00	20	75.000	1.0	R	699.26					-					-		
3.4.2	Muscles, tendons and fasciae: Decompression Operations						-					-					-		
0743	Major compartmental decompression	2004.00	20	132.000	1.0	R	1 230.59	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T	
0744	Decompression operation: Fasciotomy only	2004.00	20	60.000	1.0	R	559.35	20	60.000	1.0	R	559.35	30	3.000	1.0	R	175.55	T	
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair						-					-					-		
0745	Muscle and tendon repair: Biceps humeri	2004.00	20	109.000	1.0	R	1 016.18	20	109.000	1.0	R	1 016.18	30	3.000	1.0	R	175.55	T	
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	3.000	1.0	R	175.55	TM	
0747	Muscle and tendon repair: Rotator cuff	2004.00	20	134.000	1.0	R	1 249.21	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T	
0748	Muscle and tendon repair: Debridement rotator cuff	2004.00	20	139.700	1.0	R	1 302.45	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T	
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	2004.00	20	271.900	1.0	R	2 534.95	20	217.520	1.0	R	2 027.96	30	4.000	1.0	R	234.06	T	
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	2004.00	20	128.000	1.0	R	1 193.34	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T	

0757	Muscle and tendon repair: Achilles tendon repair	2004.00	20	197.600	1.0	R	1 842.14	20	158.080	1.0	R	1 473.74	30	4.000	1.0	R	234.06	T
0759	Muscle and tendon repair: Other single tendon	2004.00	20	77.000	1.0	R	717.88	20	77.000	1.0	R	717.88	30	3.000	1.0	R	175.55	T
0763	Muscle and tendon repair: Tendon or ligament injection	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89	30	3.000	1.0	R	175.55	T
0767	Hand: Flexor tendon suture: Primary (per tendon)	2004.00	20	128.000	1.0	R	1 193.34	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
0769	Hand: Flexor tendon suture: Secondary (per tendon)	2004.00	20	160.000	1.0	R	1 491.64	20	128.000	1.0	R	1 193.34	30	3.000	1.0	R	175.55	T
0771	Extensor tendon suture: Primary (per tendon)	2004.00	20	129.700	1.0	R	1 209.18	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
0773	Extensor tendon suture: Secondary (per tendon)	2004.00	20	80.000	1.0	R	745.89	20	80.000	1.0	R	745.89	30	3.000	1.0	R	175.55	T
0774	Repair of Boutonniere deformity or Mallet finger with graft	2004.00	20	183.700	1.0	R	1 712.65	20	146.960	1.0	R	1 370.06	30	3.000	1.0	R	175.55	T
3.4.4	Muscles, tendons and fasciae: Tendon graft						-					-					-	
0775	Free tendon graft	2004.00	20	160.000	1.0	R	1 491.64	20	128.000	1.0	R	1 193.34	30	3.000	1.0	R	175.55	T
0776	Reconstruction of pulley for flexor tendon	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	3.000	1.0	R	175.55	T
0777	Tendon graft: Finger: Flexor	2004.00	20	192.000	1.0	R	1 789.93	20	153.600	1.0	R	1 431.95	30	3.000	1.0	R	175.55	T
0779	Tendon graft: Finger: Extensor	2004.00	20	122.000	1.0	R	1 137.46	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
0780	Two stage flexor tendon graft using silastic rod	2004.00	20	240.000	1.0	R	2 237.53	20	192.000	1.0	R	1 789.93	30	3.000	1.0	R	175.55	T
3.4.5	Muscles, tendons and fasciae: Tendolysis						-					-					-	
0781	Tendon freeing operation, except where specified elsewhere	2004.00	20	64.000	1.0	R	596.60	20	64.000	1.0	R	596.60	30	3.000	1.0	R	175.55	T
0782	Carpal tunnel syndrome	2004.00	20	98.700	1.0	R	920.12	20	98.700	1.0	R	920.12	30	3.000	1.0	R	175.55	T
0783	Tenolysis: De Quervain	2004.00	20	38.000	1.0	R	354.32	20	38.000	1.0	R	354.32	30	3.000	1.0	R	175.55	T
0784	Trigger finger	2004.00	20	38.000	1.0	R	354.32	20	38.000	1.0	R	354.32	30	3.000	1.0	R	175.55	T
0785	Flexor tendon freeing operation following free tendon graft or suture	2004.00	20	186.800	1.0	R	1 741.54	20	149.440	1.0	R	1 393.23	30	3.000	1.0	R	175.55	T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	2004.00	20	180.900	1.0	R	1 686.54	20	144.720	1.0	R	1 349.23	30	3.000	1.0	R	175.55	T
0788	Intrinsic tendon release per finger	2004.00	20	64.000	1.0	R	596.60	20	64.000	1.0	R	596.60	30	3.000	1.0	R	175.55	T
0789	Central tendon tenotomy for Boutonniere deformity	2004.00	20	64.000	1.0	R	596.60	20	64.000	1.0	R	596.60	30	3.000	1.0	R	175.55	T
3.4.6	Muscles, tendons and fasciae: Tenodesis						-					-					-	
0790	Tenodesis: Digital joint	2004.00	20	90.000	1.0	R	839.02	20	90.000	1.0	R	839.02	30	3.000	1.0	R	175.55	T
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer						-					-					-	
0791	Single tendon transfer	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	3.000	1.0	R	175.55	T
0792	Multiple tendon transfer	2004.00	20	128.000	1.0	R	1 193.34	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
0793	Hamstring to quadriceps transfer	2004.00	20	141.000	1.0	R	1 314.48	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	2004.00	20	320.000	1.0	R	2 983.27	20	256.000	1.0	R	2 386.68	30	5.000	1.0	R	292.58	T
0795	Tendon transfer at elbow	2004.00	20	116.000	1.0	R	1 081.44	20	116.000	1.0	R	1 081.44	30	3.000	1.0	R	175.55	T
0802	Radial club hand repair - stand alone procedure	2004.00	20	360.300	1.0	R	3 359.01	20	288.240	1.0	R	2 687.17	30	3.000	1.0	R	175.55	T
0803	Hand tendons: Single tendon transfer (first)	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	3.000	1.0	R	175.55	T
0809	Hand tendons: Substitution for intrinsic paralysis of hand	2004.00	20	224.000	1.0	R	2 088.38	20	179.200	1.0	R	1 670.70	30	3.000	1.0	R	175.55	T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	2004.00	20	220.600	1.0	R	2 056.70	20	176.480	1.0	R	1 645.33	30	3.000	1.0	R	175.55	T
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening						-					-					-	
0812	Percutaneous Tenotomy: All sites	2004.00	20	38.000	1.0	R	354.32	20	38.000	1.0	R	354.32	30	3.000	1.0	R	175.55	T
0813	Torticollis	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	5.000	1.0	R	292.58	T
0815	Scalenotomy	2004.00	20	132.000	1.0	R	1 230.59	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
0817	Scalenotomy with excision of first rib	2004.00	20	190.000	1.0	R	1 771.31	20	152.000	1.0	R	1 417.14	30	3.000	1.0	R	175.55	TM
0821	Tennis elbow	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	3.000	1.0	R	175.55	T
0822	Open release elbow (Mitals) - stand alone procedure	2004.00	20	278.200	1.0	R	2 593.61	20	222.560	1.0	R	2 074.89	30	3.000	1.0	R	175.55	TM
0823	Excision or slide for Volkmann's Contracture	2004.00	20	192.000	1.0	R	1 789.93	20	153.600	1.0	R	1 431.95	30	3.000	1.0	R	175.55	T
0825	Hip: Open muscle release	2004.00	20	116.000	1.0	R	1 081.44	20	116.000	1.0	R	1 081.44	30	7.000	1.0	R	409.61	T
0829	Knee: Quadriceps plasty	2004.00	20	160.000	1.0	R	1 491.64	20	128.000	1.0	R	1 193.34	30	3.000	1.0	R	175.55	T
0831	Knee: Open tenotomy	2004.00	20	141.000	1.0	R	1 314.48	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
0835	Calf	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	4.000	1.0	R	234.06	T
0837	Open elongation tendon Achilles	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	4.000	1.0	R	234.06	T
0838	Percutaneous "Hoke" elongation tendo Achilles	2004.00	20	79.300	1.0	R	739.29	20	79.300	1.0	R	739.29	30	4.000	1.0	R	234.06	T
0845	Foot: Plantar fasciotomy	2004.00	20	70.000	1.0	R	652.62	20	70.000	1.0	R	652.62	30	3.000	1.0	R	175.55	T
0846	Foot: Postero-medial release for club-foot	2004.00	20	192.000	1.0	R	1 789.93	20	153.600	1.0	R	1 431.95	30	3.000	1.0	R	175.55	T
3.5	Bursae and ganglia						-					-					-	
0847	Excision: Semimembranosus	2004.00	20	90.000	1.0	R	839.02	20	90.000	1.0	R	839.02	30	4.000	1.0	R	234.06	T
0849	Excision: Prepatellar	2004.00	20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	3.000	1.0	R	175.55	T
0851	Excision: Olecranon	2004.00	20	81.800	1.0	R	762.61	20	81.800	1.0	R	762.61	30	3.000	1.0	R	175.55	T
0853	Excision: Small bursa or ganglion	2004.00	20	80.900	1.0	R	754.25	20	80.900	1.0	R	754.25	30	3.000	1.0	R	175.55	T
0855	Excision: Compound palmar ganglion or synovectomy	2004.00	20	128.000	1.0	R	1 193.34	20	128.000	1.0	R	1 193.34	30	3.000	1.0	R	175.55	T
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89	30	3.000	1.0	R	175.55	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	2004.00		20	282.000	1.0	R	2 629.10		20	225.600	1.0	R	2 103.19		30	3.000	1.0	R	175.55	TM								
0861	Leg equalisation and congenital hips and feet: Leg lengthening	2004.00		20	416.000	1.0	R	3 878.31		20	332.800	1.0	R	3 102.65		30	3.000	1.0	R	175.55	TM								
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	2004.00		20	116.000	1.0	R	1 081.44		20	116.000	1.0	R	1 081.44		30	3.000	1.0	R	175.55	TM								
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	2004.00		20	109.000	1.0	R	1 016.18		20	109.000	1.0	R	1 016.18		30	3.000	1.0	R	175.55	TM								
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	2006.04		20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM								
0868	Open reduction of congenital dislocation of the hip	2004.00		20	186.000	1.0	R	1 734.06		20	148.800	1.0	R	1 387.22		30	3.000	1.0	R	175.55	TM								
0869	Subsequent plasters	2004.00		20	32.000	1.0	R	298.30		20	32.000	1.0	R	298.30						-									
0873	Congenital club foot: Manipulation and plaster: One foot	2004.00		20	26.000	1.0	R	242.42		20	26.000	1.0	R	242.42		30	3.000	1.0	R	175.55	T								
0874	Ponseti technique assistant (medical practitioner)	2005.03		20	13.000	1.0	R	121.14	Z	20	13.000	1.0	R	121.14	Z					-									
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis							-							-						-						-	
0883	Removal of internal fixatives or prosthesis: Readily accessible	2004.00		20	36.600	1.0	R	341.27		20	36.600	1.0	R	341.27						-									
0884	Removal of internal fixatives: Less accessible	2004.00		20	75.500	1.0	R	703.95		20	75.500	1.0	R	703.95						-									
0885	Removal of prosthesis for infection soon after operation	2004.00		20	128.000	1.0	R	1 193.34		20	120.000	1.0	R	1 118.69						-									
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	2004.00	+	20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60		30	6.000	1.0	R	351.09	TM								
3.7	Plasters (exclusive of after-care)							-							-						-						-	
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	2004.00		20	13.000	1.0	R	121.14	ò	20	13.000	1.0	R	121.14	ò	30	3.000	1.0	R	175.55	T								
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	2004.00		20	32.000	1.0	R	298.30		20	32.000	1.0	R	298.30		30	4.000	1.0	R	234.06	T								
0891	Turnbuckle cast for scoliosis (excluding after-care)	2004.00		20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	5.000	1.0	R	292.58	T								
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	2004.00		20	19.000	1.0	R	177.16		20	19.000	1.0	R	177.16		30	5.000	1.0	R	292.58	T								
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	2004.00		20	302.700	1.0	R	2 822.10		20	242.160	1.0	R	2 257.62		30	3.000	1.0	R	175.55	TM								
0896	Club foot: Posterior release only - stand alone procedure	2004.00		20	159.300	1.0	R	1 485.18		20	127.440	1.0	R	1 188.06		30	3.000	1.0	R	175.55	TM								
0900	Excision tarsal coalition - stand alone procedure	2004.00		20	141.500	1.0	R	1 319.17		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM								
0901	Tenotomy: Single tendon	2004.00		20	63.300	1.0	R	590.14		20	63.300	1.0	R	590.14		30	3.000	1.0	R	175.55	TM								
0903	Hammer toe: One toe	2004.00		20	99.500	1.0	R	927.60		20	99.500	1.0	R	927.60		30	3.000	1.0	R	175.55	TM								
0905	Filleting of toe or Ruiz-Mora procedure	2004.00		20	99.500	1.0	R	927.60		20	99.500	1.0	R	927.60		30	3.000	1.0	R	175.55	TM								
0906	Arthrodesis Hallux	2004.00		20	148.000	1.0	R	1 379.74		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM								
0907	Silver bunionectomy or similar for Hallux Valgus	2004.00		20	126.200	1.0	R	1 176.62		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM								
0909	Excision arthroplasty	2004.00		20	145.200	1.0	R	1 353.63		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM								
0910	Cheilectomy or metatarsophangeal implant Hallux	2004.00		20	183.000	1.0	R	1 706.05		20	146.400	1.0	R	1 364.93		30	3.000	1.0	R	175.55	TM								
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	2004.00		20	189.200	1.0	R	1 763.83		20	151.360	1.0	R	1 411.12		30	3.000	1.0	R	175.55	TM								
5730	Hallux Valgus double osteotomy etc.	2004.00		20	182.600	1.0	R	1 702.38		20	146.080	1.0	R	1 361.85		30	3.000	1.0	R	175.55	TM								
5731	Distal soft tissue procedure for Hallux Valgus	2004.00		20	173.600	1.0	R	1 618.49		20	138.880	1.0	R	1 294.82		30	3.000	1.0	R	175.55	TM								
5732	Aitkin procedure or similar	2004.00		20	166.800	1.0	R	1 554.99		20	133.440	1.0	R	1 244.08		30	3.000	1.0	R	175.55	T								
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	2004.00		20	91.000	1.0	R	848.40		20	91.000	1.0	R	848.40		30	3.000	1.0	R	175.55	TM								
5735	Repair angular deformity toe (lesser toes)	2004.00		20	97.200	1.0	R	906.19		20	97.200	1.0	R	906.19		30	3.000	1.0	R	175.55	TM								
5736	Sesamoidectomy	2004.00		20	97.800	1.0	R	911.76		20	97.800	1.0	R	911.76		30	3.000	1.0	R	175.55	TM								
5737	Repair major foot tendons e.g. Tib Post	2004.00		20	147.300	1.0	R	1 373.29		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM								
5738	Repair of dislocating peroneal tendons	2004.00		20	173.200	1.0	R	1 614.68		20	138.560	1.0	R	1 291.74		30	3.000	1.0	R	175.55	T								
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	2004.00		20	202.300	1.0	R	1 885.99		20	161.840	1.0	R	1 508.80		30	3.000	1.0	R	175.55	TM								
5740	Steindler strip - plantar fascia	2004.00		20	97.200	1.0	R	906.19		20	97.200	1.0	R	906.19		30	3.000	1.0	R	175.55	T								
5741	Kelikian syndactilly (one web space)	2004.00		20	97.200	1.0	R	906.19		20	97.200	1.0	R	906.19		30	3.000	1.0	R	175.55	T								
5742	Tendon transfer foot	2004.00		20	172.000	1.0	R	1 603.53		20	137.600	1.0	R	1 282.80		30	3.000	1.0	R	175.55	T								
5743	Capsulotomy metatarsophalangeal joints: Foot	2004.00		20	86.800	1.0	R	809.25		20	86.800	1.0	R	809.25		30	3.000	1.0	R	175.55	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	2004.00		20	730.000	1.0	R	6 805.71		20	584.000	1.0	R	5 444.60		30	3.000	1.0	R	175.55	TM								
0913	Replantation of thumb	2004.00		20	670.000	1.0	R	6 246.37		20	536.000	1.0	R	4 997.15		30	3.000	1.0	R	175.55	TM								
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	2004.00		20	580.000	1.0	R	5 407.35		20	464.000	1.0	R	4 325.76		30	3.000	1.0	R	175.55	TM								
0915	Replantation operation through the palm	2004.00		20	#######	1.0	R	11 840.11		20	#######	1.0	R	9 472.06		30	3.000	1.0	R	175.55	TM								
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)							-							-						-						-	
0919	Tumours: Epidermoid cysts	2004.00		20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	3.000	1.0	R	175.55	TM								
0920	Tumours: Ganglion or fibroma	2004.00		20	77.500	1.0	R	722.57		20	77.500	1.0	R	722.57		30	3.000	1.0	R	175.55	TM								

0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	2004.00		20	86.000	1.0	R	801.77		20	86.000	1.0	R	801.77		30	3.000	1.0	R	175.55	TM
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	2004.00		20	19.000	1.0	R	177.16		20	19.000	1.0	R	177.16		30	3.000	1.0	R	175.55	TM
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	2004.00		20	32.000	1.0	R	298.30		20	32.000	1.0	R	298.30		30	3.000	1.0	R	175.55	TM
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	2005.01		20	37.000	1.0	R	344.93		20	37.000	1.0	R	344.93		30	3.000	1.0	R	175.55	TM
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	2004.00						-						-						-	
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	2004.00		20	16.000	1.0	R	149.15		20	16.000	1.0	R	149.15		30	3.000	1.0	R	175.55	TM
3.8.5	Special areas: Spine							-						-						-	
	Please note the following with regard to section 3.8.5: Spine	2004.00						-						-						-	
	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)	2004.00		20	207.000	1.0	R	1 929.84		20	165.600	1.0	R	1 543.85		30	3.000	1.0	R	175.55	TM
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	2004.00	+	20	42.000	1.0	R	391.57		20	42.000	1.0	R	391.57		30	3.000	1.0	R	175.55	TM
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	2004.00		20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	5.000	1.0	R	292.58	TM
0930	Posterior osteotomy of spine: One vertebral segment	2004.00		20	339.000	1.0	R	3 160.43		20	271.200	1.0	R	2 528.35		30	3.000	1.0	R	175.55	TM
0931	Posterior spinal fusion: One level	2004.00		20	385.000	1.0	R	3 589.25		20	308.000	1.0	R	2 871.52		30	3.000	1.0	R	175.55	TM
0932	Posterior osteotomy of spine: Each additional vertebral segment	2004.00	+	20	103.000	1.0	R	960.30		20	103.000	1.0	R	960.30		30	3.000	1.0	R	175.55	TM
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	2004.00		20	315.000	1.0	R	2 936.78		20	252.000	1.0	R	2 349.43		30	3.000	1.0	R	175.55	TM
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	2004.00	+	20	103.000	1.0	R	960.30		20	103.000	1.0	R	960.30		30	3.000	1.0	R	175.55	TM
0938	Anterior fusion base of skull to C2	2004.00		20	449.000	1.0	R	4 186.00		20	359.200	1.0	R	3 348.74		30	4.000	1.0	R	234.06	TM
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	2004.00		20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	2004.00		20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	3.000	1.0	R	175.55	TM
0941	Anterior interbody fusion: One level	2004.00		20	360.000	1.0	R	3 356.22		20	288.000	1.0	R	2 684.98		30	3.000	1.0	R	175.55	TM
0942	Anterior interbody fusion: Each additional level	2004.00	+	20	102.000	1.0	R	950.92		20	102.000	1.0	R	950.92		30	3.000	1.0	R	175.55	TM
0944	Posterior fusion: Occiput to C2	2004.00		20	390.000	1.0	R	3 635.89		20	312.000	1.0	R	2 908.77		30	4.000	1.0	R	234.06	TM
0946	Posterior spinal fusion: Each additional level	2004.00	+	20	111.000	1.0	R	1 034.80		20	111.000	1.0	R	1 034.80		30	3.000	1.0	R	175.55	TM
0948	Posterior interbody lumbar fusion: One level	2004.00		20	364.000	1.0	R	3 393.47		20	291.200	1.0	R	2 714.89		30	3.000	1.0	R	175.55	TM
0950	Posterior interbody lumbar fusion: Each additional interspace	2004.00	+	20	95.000	1.0	R	885.65		20	95.000	1.0	R	885.65		30	3.000	1.0	R	175.55	TM
0959	Excision of coccyx	2004.00		20	96.000	1.0	R	895.04		20	96.000	1.0	R	895.04		30	3.000	1.0	R	175.55	TM
0961	Costo-transversectomy	2004.00		20	198.000	1.0	R	1 845.96		20	158.400	1.0	R	1 476.68		30	3.000	1.0	R	175.55	TM
0963	Antero-lateral decompression of spinal cord or anterior debridement	2004.00		20	326.000	1.0	R	3 039.30		20	260.800	1.0	R	2 431.41		30	3.000	1.0	R	175.55	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	2004.00						-						-						-	
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).	2004.00						-						-						-	
0952	Posterior fusion for spinal deformity: Up to 6 levels	2004.00		20	359.000	1.0	R	3 346.98		20	287.200	1.0	R	2 677.50		30	3.000	1.0	R	175.55	TM
0954	Posterior fusion for spinal deformity: 7 to 12 levels	2004.00		20	547.000	1.0	R	5 099.66		20	437.600	1.0	R	4 079.67		30	3.000	1.0	R	175.55	TM
0955	Posterior fusion for spinal deformity: 13 or more levels	2004.00		20	593.000	1.0	R	5 528.49		20	474.400	1.0	R	4 422.85		30	3.000	1.0	R	175.55	TM
0956	Anterior fusion for spinal deformity: 2 or 3 levels	2004.00		20	410.000	1.0	R	3 822.44		20	328.000	1.0	R	3 057.92		30	3.000	1.0	R	175.55	TM
0957	Anterior fusion for spinal deformity: 4 to 7 levels	2004.00		20	444.000	1.0	R	4 139.36		20	355.200	1.0	R	3 311.49		30	3.000	1.0	R	175.55	TM
0958	Anterior fusion for spinal deformity: 8 or more levels	2004.00		20	539.000	1.0	R	5 025.02		20	431.200	1.0	R	4 019.98		30	3.000	1.0	R	175.55	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	2004.00						-						-						-				
3.8.7	Special areas: All spinal problems							-						-						-				
0943	Laminectomy with decompression of nerve roots and disc removal: One level	2004.00		20	240.000	1.0	R	2 237.53		20	192.000	1.0	R	1 789.93		30	3.000	1.0	R	175.55	TM			
0960	Posterior non-segmental instrumentation	2004.00		20	167.000	1.0	R	1 556.90		20	133.600	1.0	R	1 245.55		30	5.000	1.0	R	292.58	TM			
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	2004.00		20	176.000	1.0	R	1 640.79		20	140.800	1.0	R	1 312.72		30	5.000	1.0	R	292.58	TM			
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	2004.00		20	201.000	1.0	R	1 873.97		20	160.800	1.0	R	1 499.12		30	5.000	1.0	R	292.58	TM			
0966	Posterior segmental instrumentation:13 or more vertebrae	2004.00		20	245.000	1.0	R	2 284.16		20	196.000	1.0	R	1 827.33		30	5.000	1.0	R	292.58	TM			
0968	Anterior instrumentation: 2 to 3 vertebrae	2004.00		20	159.000	1.0	R	1 482.40		20	127.200	1.0	R	1 185.86		30	5.000	1.0	R	292.58	TM			
0969	Skull or skull-femoral traction including two weeks after-care	2004.00		20	64.000	1.0	R	596.60		20	64.000	1.0	R	596.60						-				
0970	Anterior instrumentation: 4 to 7 vertebrae	2004.00		20	185.000	1.0	R	1 724.67		20	148.000	1.0	R	1 379.74		30	5.000	1.0	R	292.58	TM			
0971	Halo-splint and POP jacket including two weeks after-care	2004.00		20	116.000	1.0	R	1 081.44		20	116.000	1.0	R	1 081.44						-				
0972	Anterior instrumentation: 8 or more vertebrae	2004.00		20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	5.000	1.0	R	292.58	TM			
0974	Additional pelvic fixation of instrumentation other than sacrum	2004.00		20	108.000	1.0	R	1 006.94		20	108.000	1.0	R	1 006.94		30	5.000	1.0	R	292.58	TM			
5750	Reinsertion of instrumentation	2004.00		20	276.000	1.0	R	2 573.08		20	220.800	1.0	R	2 058.46		30	6.000	1.0	R	351.09	TM			
5751	Removal of posterior non-segmental instrumentation	2004.00		20	173.000	1.0	R	1 612.92		20	138.400	1.0	R	1 290.28		30	6.000	1.0	R	351.09	TM			
5752	Removal of posterior segmental instrumentation	2004.00		20	175.000	1.0	R	1 631.55		20	140.000	1.0	R	1 305.24		30	6.000	1.0	R	351.09	TM			
5753	Removal of anterior instrumentation	2004.00		20	204.000	1.0	R	1 901.83		20	163.200	1.0	R	1 521.55		30	6.000	1.0	R	351.09	TM			
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	2004.00		20	295.000	1.0	R	2 750.24		20	236.000	1.0	R	2 200.28		30	3.000	1.0	R	175.55	TM			
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	2004.00		20	304.000	1.0	R	2 834.12		20	243.200	1.0	R	2 267.30		30	3.000	1.0	R	175.55	TM			
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	2004.00		20	321.000	1.0	R	2 992.66		20	256.800	1.0	R	2 394.16		30	3.000	1.0	R	175.55	TM			
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	2004.00	+	20	63.000	1.0	R	587.36		20	63.000	1.0	R	587.36		30	3.000	1.0	R	175.55	TM			
5759	Laminectomy for decompression diskectomy, etc. revision operation	2004.00		20	352.000	1.0	R	3 281.72		20	281.600	1.0	R	2 625.29		30	4.000	1.0	R	234.06	TM			
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	2004.00		20	301.000	1.0	R	2 806.26		20	240.800	1.0	R	2 245.01		30	3.000	1.0	R	175.55	TM			
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	2004.00	+	20	68.000	1.0	R	633.99		20	68.000	1.0	R	633.99		30	3.000	1.0	R	175.55	TM			
5763	Anterior disc removal and spinal decompression cervical: One level	2004.00		20	344.000	1.0	R	3 207.07		20	275.200	1.0	R	2 565.60		30	3.000	1.0	R	175.55	TM			
5764	Anterior disc removal and spinal decompression cervical: Each additional level	2004.00	+	20	81.000	1.0	R	755.13		20	81.000	1.0	R	755.13		30	3.000	1.0	R	175.55	TM			
5765	Vertebral corpectomy for spinal decompression: One level	2004.00		20	466.000	1.0	R	4 344.53		20	372.800	1.0	R	3 475.60		30	3.000	1.0	R	175.55	TM			
5766	Vertebral corpectomy for spinal decompression: Each additional level	2004.00		20	88.000	1.0	R	820.39		20	88.000	1.0	R	820.39		30	3.000	1.0	R	175.55	TM			
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	2004.00		20	71.000	1.0	R	661.86		20	71.000	1.0	R	661.86						-				
3.9	Facial bone procedures							-						-						-				
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9	2004.00						-						-						-				
0987	Repair of orbital floor (blowout fracture)	2004.00		20	184.600	1.0	R	1 721.01		20	147.680	1.0	R	1 376.80		30	4.000	1.0	R	234.06	TM			
0988	Genioplasty	2004.00		20	263.000	1.0	R	2 451.94		20	210.400	1.0	R	1 961.52		30	4.000	1.0	R	234.06	TM			
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	2004.00		20	202.200	1.0	R	1 885.11		20	161.760	1.0	R	1 508.06		30	4.000	1.0	R	234.06	TM			
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	2004.00		20	302.000	1.0	R	2 815.50		20	241.600	1.0	R	2 252.49		30	4.000	1.0	R	234.06	TM			
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	2004.00		20	433.000	1.0	R	4 036.85		20	346.400	1.0	R	3 229.51		30	4.000	1.0	R	234.06	TM			
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	2004.00		20	970.000	1.0	R	9 043.24		20	776.000	1.0	R	7 234.53		30	4.000	1.0	R	234.06	TM			
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	2004.00		20	302.000	1.0	R	2 815.50		20	241.600	1.0	R	2 252.49		30	4.000	1.0	R	234.06	TM			
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	2004.00		20	########	1.0	R	10 283.21		20	882.400	1.0	R	8 226.51		30	4.000	1.0	R	234.06	TM			
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	2004.00		20	########	1.0	R	15 420.13		20	########	1.0	R	12 336.10		30	4.000	1.0	R	234.06	TM			
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	2004.00		20	-	1.0		-	F	20	-	1.0		-	F					-				
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	2004.00		20	302.000	1.0	R	2 815.50		20	241.600	1.0	R	2 252.49		30	3.000	1.0	R	175.55	TM			
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	2004.00		20	184.000	1.0	R	1 715.43		20	147.200	1.0	R	1 372.41		30	3.000	1.0	R	175.55	TM			
1001	Temporo-mandibular joint: Reconstruction for dysfunction	2004.00		20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	TM			
1003	Manipulation: Immobilisation and follow-up of fractured nose	2004.00		20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	3.000	1.0	R	175.55	TM			
1005	Nasal fracture without manipulation	2004.00		20	-	1.0		-	F	20	-	1.0		-	F					-				
1007	Mandibulectomy	2004.00		20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	5.000	1.0	R	292.58	TM			
1009	Maxillectomy	2004.00		20	382.500	1.0	R	3 566.08		20	306.000	1.0	R	2 852.75		30	4.000	1.0	R	234.06	TM			
1011	Bone graft to mandible	2004.00		20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	TM			

1012	Adjustment of occlusion by ramisection	2004.00	20	227.000	1.0	R	2 116.24		20	181.600	1.0	R	1 692.99		30	4.000	1.0	R	234.06	TM
1013	Fracture of arch of zygoma without displacement	2004.00	20	-	1.0		-	F	20	-	1.0		-	F					-	
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	2004.00	20	131.000	1.0	R	1 221.35		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	TM
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	2004.00	20	262.000	1.0	R	2 442.55		20	209.600	1.0	R	1 954.04		30	3.000	1.0	R	175.55	TM
4	Respiratory System						-						-						-	
4.1	Nose and sinuses						-						-						-	
1018	Flexible nasopharyngolaryngoscope examination	2004.00	20	51.940	1.0	R	484.26		20	51.940	1.0	R	484.26						-	
1019	ENT endoscopy in rooms with rigid endoscope	2004.00	20	12.000	1.0	R	111.90						-						-	
1020	Repair of perforated septum: Any method	2006.04	20	141.900	1.0	R	1 322.98		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1022	Functional reconstruction of nasal septum	2004.00	20	121.200	1.0	R	1 129.98		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	2004.00	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	4.000	1.0	R	234.06	T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	2006.04	20	64.600	1.0	R	602.32		20	64.600	1.0	R	602.32		30	4.000	1.0	R	234.06	T
1027	Dacrocystorhinostomy	2004.00	20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	5.000	1.0	R	292.58	T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	2006.04	20	62.600	1.0	R	583.54		20	62.600	1.0	R	583.54		30	4.000	1.0	R	234.06	T
1030	Endoscopic turbinectomy: Laser or microdebrider	2004.00	20	90.000	1.0	R	839.02		20	90.000	1.0	R	839.02		30	5.000	1.0	R	292.58	T
1031	Removal of single nasal polyp at rooms (at initial consultation only)	2004.00	20	25.400	1.0	R	236.85		20	25.400	1.0	R	236.85						-	
1033	Removal of multiple polyps in hospital under general anaesthetic	2004.00	20	81.800	1.0	R	762.61		20	81.800	1.0	R	762.61		30	4.000	1.0	R	234.06	T
1034	Autogenous nasal bone transplant: Bone removal included	2004.00	20	100.000	1.0	R	932.29		20	100.000	1.0	R	932.29		30	4.000	1.0	R	234.06	T
1035	Functional endoscopic sinus surgery: Unilateral	2004.00	20	140.000	1.0	R	1 305.24		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1036	Functional endoscopic sinus surgery: Bilateral	2004.00	20	245.000	1.0	R	2 284.16		20	196.000	1.0	R	1 827.33		30	4.000	1.0	R	234.06	T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	2004.00	20	8.000	1.0	R	74.65		20	8.000	1.0	R	74.65						-	
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	2004.00	20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	4.000	1.0	R	234.06	T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	2004.00	20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	6.000	1.0	R	351.09	T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	2004.00	20	60.000	1.0	R	559.35		20	60.000	1.0	R	559.35		30	6.000	1.0	R	351.09	T
1045	Ligation anterior ethmoidal artery	2004.00	20	135.400	1.0	R	1 262.27		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
1047	Caldwell-Luc operation: Unilateral	2004.00	20	137.300	1.0	R	1 280.01		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1049	Ligation internal maxillary artery	2004.00	20	196.000	1.0	R	1 827.33		20	156.800	1.0	R	1 461.87		30	6.000	1.0	R	351.09	T
1050	Vidian neurectomy (transantral or transnasal)	2004.00	20	113.000	1.0	R	1 053.43		20	113.000	1.0	R	1 053.43		30	4.000	1.0	R	234.06	T
1051	Removal nasopharyngeal fibroma	2004.00	20	285.000	1.0	R	2 656.96		20	228.000	1.0	R	2 125.63		30	6.000	1.0	R	351.09	T
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	2004.00	20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06	T
1053	Frontal sinus drainage, trephine operation	2004.00	20	93.100	1.0	R	867.91		20	93.100	1.0	R	867.91		30	4.000	1.0	R	234.06	T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	2006.04	20	37.300	1.0	R	347.72						-						-	
1055	External frontal ethmoidectomy	2004.00	20	190.700	1.0	R	1 777.91		20	152.560	1.0	R	1 422.27		30	4.000	1.0	R	234.06	T
1057	External ethmoidectomy and/or sphenoidectomy	2004.00	20	199.400	1.0	R	1 859.01		20	159.520	1.0	R	1 487.24		30	4.000	1.0	R	234.06	T
1058	Sublabial transseptal sphenoidotomy	2004.00	20	137.000	1.0	R	1 277.23		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1059	Frontal osteomyelitis	2004.00	20	194.000	1.0	R	1 808.71		20	155.200	1.0	R	1 446.91		30	4.000	1.0	R	234.06	T
1060	Obliteration of frontal sinus	2004.00	20	291.100	1.0	R	2 713.87		20	232.880	1.0	R	2 171.09		30	4.000	1.0	R	234.06	T
1061	Lateral rhinotomy	2004.00	20	164.000	1.0	R	1 528.89		20	131.200	1.0	R	1 223.11		30	4.000	1.0	R	234.06	T
1062	Excision nasolabial cyst	2004.00	20	186.100	1.0	R	1 734.94		20	148.880	1.0	R	1 387.95		30	4.000	1.0	R	234.06	T
1063	Removal of foreign bodies from nose: At rooms	2004.00	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27						-	
1065	Removal of foreign body from nose: Under general anaesthetic	2004.00	20	38.600	1.0	R	359.89		20	38.600	1.0	R	359.89		30	4.000	1.0	R	234.06	T
1067	Proof puncture at rooms: Unilateral	2004.00	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	4.000	1.0	R	234.06	T
1069	Proof puncture, uni- or bilateral under general anaesthetic	2004.00	20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	4.000	1.0	R	234.06	T
1071	Proetz treatment (consultation fee only to be charged for first treatment)	2004.00	20	4.000	1.0	R	37.25		20	4.000	1.0	R	37.25						-	
1077	Septum abscess: At rooms, including after-care	2004.00	20	8.000	1.0	R	74.65		20	8.000	1.0	R	74.65						-	
1079	Septum abscess: Under general anaesthetic	2004.00	20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	4.000	1.0	R	234.06	T
1081	Oro-antral fistula (without Caldwell-Luc)	2004.00	20	111.800	1.0	R	1 042.28		20	111.800	1.0	R	1 042.28		30	4.000	1.0	R	234.06	T
1083	Choanal atresia: Intranasal approach	2004.00	20	113.000	1.0	R	1 053.43		20	113.000	1.0	R	1 053.43		30	5.000	1.0	R	292.58	T
1084	Choanal atresia: Transpalatal approach	2004.00	20	194.000	1.0	R	1 808.71		20	155.200	1.0	R	1 446.91		30	7.000	1.0	R	409.61	T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	2004.00	20	350.000	1.0	R	3 263.09		20	280.000	1.0	R	2 610.47		30	5.000	1.0	R	292.58	T
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	2004.00	20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	5.000	1.0	R	292.58	T
1089	Forehead rhinoplasty (all stages): Total	2004.00	20	552.000	1.0	R	5 146.30		20	441.600	1.0	R	4 117.07		30	5.000	1.0	R	292.58	T
1091	Forehead rhinoplasty (all stages): Partial	2004.00	20	414.000	1.0	R	3 859.69		20	331.200	1.0	R	3 087.69		30	5.000	1.0	R	292.58	T

1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	2004.00	20	138.000	1.0	R	1 286.61	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1095	Full nasal reconstruction for secondary cleft lip deformity	2004.00	20	357.900	1.0	R	3 336.71	20	286.320	1.0	R	2 669.28	30	5.000	1.0	R	292.58	T
1097	Partial nasal reconstruction for cleft lip deformity	2004.00	20	199.700	1.0	R	1 861.80	20	159.760	1.0	R	1 489.44	30	5.000	1.0	R	292.58	T
1099	Columella reconstruction or lengthening	2004.00	20	138.000	1.0	R	1 286.61	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	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	2004.00					-					-					-	
4.2	Throat						-					-					-	
1101	Tonsillectomy (dissection of the tonsils)	2004.00	20	75.000	1.0	R	699.26	20	75.000	1.0	R	699.26	30	4.000	1.0	R	234.06	T
1102	Laser tonsillectomy	2004.00	20	75.000	1.0	R	699.26	20	75.000	1.0	R	699.26	30	6.000	1.0	R	351.09	T
1105	Removal of adenoids	2004.11	20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95	30	4.000	1.0	R	234.06	T
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	2004.00	20	168.300	1.0	R	1 569.07	20	134.640	1.0	R	1 255.23	30	5.000	1.0	R	292.58	T
1107	Opening of quinsy: At rooms	2004.00	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90	30	6.000	1.0	R	351.09	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	2004.00	20	85.000	1.0	R	792.38	20	85.000	1.0	R	792.38	30	5.000	1.0	R	292.58	T
1109	Opening of quinsy: Under general anaesthetic	2004.00	20	35.000	1.0	R	326.31	20	35.000	1.0	R	326.31	30	6.000	1.0	R	351.09	T
1110	Ludwig's Angina: Drainage	2004.00	20	42.000	1.0	R	391.57	20	42.000	1.0	R	391.57	30	9.000	1.0	R	526.64	T
1111	Post tonsillectomy or adenoidectomy haemorrhage	2004.00	20	46.000	1.0	R	428.82	20	46.000	1.0	R	428.82	30	6.000	1.0	R	351.09	T
1112	Pharyngeal pouch operation	2004.11	20	231.800	1.0	R	2 161.12	20	185.440	1.0	R	1 728.78	30	5.000	1.0	R	292.58	T
1113	Retropharyngeal abscess: Internal approach	2004.00	20	35.000	1.0	R	326.31	20	35.000	1.0	R	326.31	30	6.000	1.0	R	351.09	T
1115	Retropharyngeal abscess: External approach	2004.00	20	85.000	1.0	R	792.38	20	85.000	1.0	R	792.38	30	6.000	1.0	R	351.09	T
1116	Functional reconstruction of palate and uvula	2004.00	20	168.300	1.0	R	1 569.07	20	134.640	1.0	R	1 255.23	30	5.000	1.0	R	292.58	T
4.3	Larynx						-					-					-	
1117	Laryngeal intubation	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27					-	
1118	Laryngeal stroboscopy with video capture	2004.00	20	39.000	1.0	R	363.56	20	39.000	1.0	R	363.56	30	6.000	1.0	R	351.09	T
1119	Laryngectomy without block dissection of the neck	2004.00	20	430.000	1.0	R	4 008.84	20	344.000	1.0	R	3 207.07	30	7.000	1.0	R	409.61	T
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	2004.00	20	35.000	1.0	R	326.31					-					-	
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	2004.00	20	81.100	1.0	R	756.16	20	81.100	1.0	R	756.16	30	6.000	1.0	R	351.09	T
1126	Post laryngectomy for voice restoration	2004.00	20	139.500	1.0	R	1 300.54	20	120.000	1.0	R	1 118.69	30	9.000	1.0	R	526.64	T
1127	Tracheotomy	2004.00	20	90.000	1.0	R	839.02	20	90.000	1.0	R	839.02	30	9.000	1.0	R	526.64	T
1128	Endolaryngeal operations	2004.00	20	75.000	1.0	R	699.26	20	75.000	1.0	R	699.26	30	8.000	1.0	R	468.13	T
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	2004.00	20	294.400	1.0	R	2 744.66	20	235.520	1.0	R	2 195.73	30	8.000	1.0	R	468.13	T
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	2004.00	20	41.400	1.0	R	386.00	20	41.400	1.0	R	386.00	30	6.000	1.0	R	351.09	T
1131	Direct laryngoscopy plus foreign body removal	2004.00	20	64.600	1.0	R	602.32	20	64.600	1.0	R	602.32	30	6.000	1.0	R	351.09	T
	MODIFIERS						-					-					-	
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (for 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)	2004.00					-					-					-	
4.4	Bronchial procedures						-					-					-	
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy	2004.00					-					-					-	
1132	Bronchoscopy: Diagnostic bronchoscopy	2004.00	20	65.000	1.0	R	605.98	20	65.000	1.0	R	605.98	30	6.000	1.0	R	351.09	T
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	2004.00	20	80.000	1.0	R	745.89	20	80.000	1.0	R	745.89	30	8.000	1.0	R	468.13	T
1134	Bronchoscopy: Bronchoscopy with laser	2004.00	20	75.000	1.0	R	699.26					-	30	8.000	1.0	R	468.13	T
1136	Nebulisation (in rooms)	2004.00	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90	ç
1137	Bronchial lavage	2004.00					-					-	30	8.000	1.0	R	468.13	T
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	12.000	1.0	R	702.04	T
4.5	Pleura						-					-					-	
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	3.000	1.0	R	175.55	T
1141	Insertion of intercostal catheter (under water drainage)	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	6.000	1.0	R	351.09	T
1142	Intra-pleural block	2004.00	20	36.000	1.0	R	335.70	20	36.000	1.0	R	335.70	20	36.000	1.0	R	335.70	ç
1143	Paracentesis chest: Diagnostic	2004.00	20	8.000	1.0	R	74.65	20	8.000	1.0	R	74.65	30	3.000	1.0	R	175.55	T
1145	Paracentesis chest: Therapeutic	2004.00	20	13.000	1.0	R	121.14	20	13.000	1.0	R	121.14	30	3.000	1.0	R	175.55	T
1147	Pneumothorax: Induction (diagnostic)	2004.00	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04					-	
1149	Pleurectomy	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	11.000	1.0	R	643.53	T

1151	Decortication of lung	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	11.000	1.0	R	643.53	T
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	2004.00	20	55.000	1.0	R	512.71	20	55.000	1.0	R	512.71	30	3.000	1.0	R	175.55	T
4.6	Pulmonary procedures						-					-					-	
4.6.1	Pulmonary procedures: Surgical						-					-					-	
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	2004.00	20	32.000	1.0	R	298.30	20	32.000	1.0	R	298.30	30	5.000	1.0	R	292.58	T
1157	Pneumonectomy	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	11.000	1.0	R	643.53	T
1159	Pulmonary lobectomy	2004.00	20	389.500	1.0	R	3 631.35	20	311.600	1.0	R	2 904.96	30	11.000	1.0	R	643.53	T
1161	Segmental lobectomy	2004.00	20	365.000	1.0	R	3 402.86	20	292.000	1.0	R	2 722.23	30	11.000	1.0	R	643.53	T
1163	Excision tracheal stenosis: Cervical	2004.00	20	375.000	1.0	R	3 496.13	20	300.000	1.0	R	2 796.87	30	8.000	1.0	R	468.13	T
1164	Excision tracheal stenosis: Intra thoracic	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	12.000	1.0	R	702.04	T
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	2004.00	20	215.000	1.0	R	2 004.49	20	172.000	1.0	R	1 603.53	30	12.000	1.0	R	702.04	T
1168	Thoracoplasty: Complete	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	11.000	1.0	R	643.53	T
1169	Thoracoplasty: Limited (osteoplastic)	2004.00	20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	11.000	1.0	R	643.53	T
1171	Drainage empyema (including six weeks after treatment)	2004.00	20	170.000	1.0	R	1 584.91	20	136.000	1.0	R	1 267.99	30	11.000	1.0	R	643.53	T
1173	Drainage of lung abscess (including six weeks after treatment)	2004.00	20	170.000	1.0	R	1 584.91	20	136.000	1.0	R	1 267.99	30	11.000	1.0	R	643.53	T
1175	Thoracotomy (limited): For lung or pleural biopsy	2004.00	20	115.000	1.0	R	1 072.20	20	115.000	1.0	R	1 072.20	30	11.000	1.0	R	643.53	T
1177	Major: Diagnostic, as for inoperable carcinoma	2004.00	20	215.000	1.0	R	2 004.49	20	172.000	1.0	R	1 603.53	30	11.000	1.0	R	643.53	T
1179	Thoracoscopy	2004.00	20	89.000	1.0	R	829.78	20	89.000	1.0	R	829.78	30	11.000	1.0	R	643.53	T
1181	Lung transplant: Unilateral	2004.00	20	600.000	1.0	R	5 593.75	20	480.000	1.0	R	4 475.06	30	15.000	1.0	R	877.59	T
1182	Harvesting donor lung: Unilateral	2004.00	20	120.000	1.0	R	1 118.69	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1183	Excision or plication of emphysematous cyst: Unilateral	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	11.000	1.0	R	643.53	T
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	2004.00	20	438.000	1.0	R	4 083.49	20	350.400	1.0	R	3 266.76	30	11.000	1.0	R	643.53	T
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	2004.00	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	30	11.000	1.0	R	643.53	T
4.6.2	Pulmonary function tests						-					-					-	
1186	Flow volume test: Inspiration/expiration	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	ç
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	ç
1189	Forced expirogram only	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	ç
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	2004.00	20	45.310	1.0	R	422.37					-					-	
1191	N2 single breath distribution	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	ç
1192	Peak expiratory flow only	2004.00	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64	ç
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	2004.00	20	37.760	1.0	R	351.97					-					-	
1195	Thoracic gas volume	2004.00	20	37.930	1.0	R	353.59					-					-	
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	2004.00	20	45.310	1.0	R	422.37					-					-	
1197	Compliance and resistance, using oesophageal balloon	2004.00	20	24.000	1.0	R	223.80	20	24.000	1.0	R	223.80	20	24.000	1.0	R	223.80	ç
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	2004.00	20	55.890	1.0	R	521.07	20	55.890	1.0	R	521.07					-	
1199	Pulmonary stress testing: For determination of VO2 max	2004.00	20	96.500	1.0	R	899.73	20	96.500	1.0	R	899.73					-	
1200	Carbon monoxide diffusing capacity, any method	2004.00	20	38.060	1.0	R	354.76					-					-	
1201	Maximum inspiratory/expiratory pressure	2004.00	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64	ç
4.7	Intensive care						-					-					-	
	RULES GOVERNING THIS SECTION						-					-					-	
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)	2006.05					-					-					-	
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)	2004.00					-					-					-	

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.	2004.00					-					-					-	
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	2004.00					-					-					-	
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures						-					-					-	
1202	Insertion of central venous catheter via peripheral vein in neonates	2004.00	20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95	ç
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care						-					-					-	
1204	Intensive care: Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	ç
1205	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	2004.00	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	ç
1206	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	ç
1207	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	ç
	Please Note: The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109	2004.00					-					-					-	
1208	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	2004.00	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	20	137.000	1.0	R	1 277.23	ç
1209	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	2004.00	20	58.000	1.0	R	540.72	20	58.000	1.0	R	540.72	20	58.000	1.0	R	540.72	ç
1210	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	ç
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures						-					-					-	
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.	2004.00					-					-					-	
1212	Ventilation: First day	2004.00	20	75.000	1.0	R	699.26	20	75.000	1.0	R	699.26	20	75.000	1.0	R	699.26	ç
1213	Ventilation: Subsequent days, per day	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	ç
1214	Ventilation: After two weeks, per day	2004.00	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	ç
1215	Insertion of arterial pressure cannula	2004.00	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	ç
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	2004.11	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	ç
1217	Insertion of central venous line via peripheral vein	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	ç
1218	Insertion of central venous line via subclavian or jugular veins	2004.00	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	ç
1219	Hyperalimentation (daily tariff)	2004.00	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91	ç
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	ç
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)	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	ç
4.8	Hyperbaric Oxygen Therapy						-					-					-	

	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy:	2004.00					-						-									-	
	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	2004.00	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67									-	
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	2005.03	20	101.130	1.0	R	942.85	Z	20	101.130	1.0	R	942.85	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	2004.00	20	60.000	1.0	R	559.35		20	60.000	1.0	R	559.35									-	
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	2005.03	20	131.260	1.0	R	1 223.70	Z	20	131.260	1.0	R	1 223.70	Z								-	
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	2004.00	20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89									-	
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	2005.03	20	131.260	1.0	R	1 223.70	Z	20	131.260	1.0	R	1 223.70	Z								-	
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	2004.00	20	90.000	1.0	R	839.02		20	90.000	1.0	R	839.02									-	
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	2005.03	20	214.180	1.0	R	1 996.72	Z	20	214.180	1.0	R	1 996.72	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	2004.00	20	190.000	1.0	R	1 771.31		20	190.000	1.0	R	1 771.31									-	
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	2005.03	20	386.420	1.0	R	3 602.60	Z	20	386.420	1.0	R	3 602.60	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	2004.00	20	327.000	1.0	R	3 048.53		20	327.000	1.0	R	3 048.53									-	
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	2005.03	20	680.850	1.0	R	6 347.56	Z	20	680.850	1.0	R	6 347.56	Z								-	
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	2005.03	20	678.280	1.0	R	6 323.51	Z	20	678.280	1.0	R	6 323.51	Z								-	
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	2005.03	20	671.850	1.0	R	6 263.67	Z	20	671.850	1.0	R	6 263.67	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	2004.00					-						-									-	
5	Mediastinal Procedures						-						-									-	
1222	Mediastinal tumours	2004.00	20	285.000	1.0	R	2 656.96		20	228.000	1.0	R	2 125.63		30	11.000	1.0	R	643.53	T			
1223	Mediastinoscopy	2004.00	20	95.000	1.0	R	885.65		20	95.000	1.0	R	885.65		30	5.000	1.0	R	292.58	T			
1224	Mediastinotomy	2004.00	20	115.000	1.0	R	1 072.20		20	115.000	1.0	R	1 072.20		30	11.000	1.0	R	643.53	T			
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	2004.00	20	350.000	1.0	R	3 263.09		20	280.000	1.0	R	2 610.47		30	11.000	1.0	R	643.53	T			
1226	Removal of single rib with a lesion	2004.00	20	282.000	1.0	R	2 629.10		20	225.600	1.0	R	2 103.19		30	11.000	1.0	R	643.53	T			
6	Cardiovascular System						-						-									-	
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP						-						-									-	
6.1	Cardiovascular system: General						-						-									-	
1227	Prolonged neonatal resuscitation	2004.00	20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40	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	2004.00					-						-									-	

1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	2004.00					-	20	4.500	1.0	R	41.94					-			
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	2004.00					-	20	6.500	1.0	R	60.57					-			
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added	2004.00					-					-					-			
1230	Physician's fee for interpreting an ECG: Without effort	2004.00	20	6.000	1.0	R	55.88					-					-			
1231	Physician's fee for interpreting an ECG: With and without effort	2006.04	20	10.000	1.0	R	93.27					-					-			
	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	2004.00					-					-					-			
1232	Electrocardiogram: Without effort	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89					-			
1233	Electrocardiogram: With and without effort	2006.04	20	13.000	1.0	R	121.14	20	13.000	1.0	R	121.14					-			
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	2004.00	20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95					-			
1235	Multi-stage treadmill test	2004.00	20	60.000	1.0	R	559.35	20	60.000	1.0	R	559.35					-			
1236	Electrocardiogram without effort: Under 4 years old	2006.04	20	18.000	1.0	R	167.77	20	18.000	1.0	R	167.77					-			
1237	24 Hour ambulatory blood pressure: Hire fee	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67					-			
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	2004.00	20	55.000	1.0	R	512.71	20	55.000	1.0	R	512.71					-			
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	2004.00	20	27.000	1.0	R	251.66	20	27.000	1.0	R	251.66					-			
1240	Signal averaged electrocardiogram	2004.00	20	80.000	1.0	R	745.89	20	80.000	1.0	R	745.89					-			
1241	X-ray Screening: Chest	2004.00	20	4.000	1.0	R	37.25	20	4.000	1.0	R	37.25					-			
1242	X-ray screening: Prosthetic valves	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27					-			
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	2004.00	20	55.000	1.0	R	512.71	20	55.000	1.0	R	512.71					-			
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	2004.00	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04					-			
1245	Angiography cerebral: First two series	2004.00	20	34.300	1.0	R	319.71	20	34.300	1.0	R	319.71	30	4.000	1.0	R	234.06	T		
1246	Angiography peripheral: Per limb	2004.00	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	30	4.000	1.0	R	234.06	T		
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	2004.00	20	65.000	1.0	R	605.98	20	65.000	1.0	R	605.98	30	6.000	1.0	R	351.09	T		
1248	Paracentesis of pericardium	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	9.000	1.0	R	526.64	T		
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	2004.00	20	51.000	1.0	R	475.46	20	51.000	1.0	R	475.46					-			
	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%	2004.00					-					-					-			
6.2	Invasive Cardiology						-					-					-			
6.2.1	Invasive cardiology: Cardiac catheterisation						-					-					-			
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	2004.00	20	140.000	1.0	R	1 305.24					-	30	9.000	1.0	R	526.64	T		
1250	Endomyocardial biopsy	2004.00	20	70.000	1.0	R	652.62	20	70.000	1.0	R	652.62	30	9.000	1.0	R	526.64	T		
1251	Transseptal puncture	2004.00	20	70.000	1.0	R	652.62	20	70.000	1.0	R	652.62	30	9.000	1.0	R	526.64	T		
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	2004.00	20	140.000	1.0	R	1 305.24					-	30	9.000	1.0	R	526.64	T		
1253	Right heart catheterisation (with or without biopsy)	2004.00	20	70.000	1.0	R	652.62					-	30	9.000	1.0	R	526.64	T		
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	2004.00	20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95	30	9.000	1.0	R	526.64	T		
1255	Tilt test	2004.00	20	31.300	1.0	R	291.85	20	31.300	1.0	R	291.85					-			
6.2.2	Invasive cardiology: Electrophysiological study						-					-					-			
1256	Ventricular stimulation study	2004.00	20	160.000	1.0	R	1 491.64					-	30	9.000	1.0	R	526.64	T		
1257	Full electrophysiological study	2004.00	20	300.000	1.0	R	2 796.87					-	30	9.000	1.0	R	526.64	T		
6.2.3	Invasive cardiology: Pacemakers						-					-					-			
1258	Pacemaker: Permanent - single chamber	2004.00	20	155.000	1.0	R	1 445.00	20	124.000	1.0	R	1 156.09	30	9.000	1.0	R	526.64	T		
1259	Pacemaker: Permanent - dual chamber	2004.00	20	230.000	1.0	R	2 144.25	20	184.000	1.0	R	1 715.43	30	9.000	1.0	R	526.64	T		
1260	AV nodal ablation	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	9.000	1.0	R	526.64	T		
1261	Accessory pathway ablation	2004.00	20	600.000	1.0	R	5 593.75	20	480.000	1.0	R	4 475.06	30	9.000	1.0	R	526.64	T		
1262	Electrophysiological mapping	2004.00	20	500.000	1.0	R	4 661.46	20	400.000	1.0	R	3 729.16					-			
1263	Insertion transvenous implantable defibrillator	2004.00	20	212.000	1.0	R	1 976.48	20	169.600	1.0	R	1 581.10	30	15.000	1.0	R	877.59	T		
1264	Test for implantable transvenous defibrillator	2004.00	20	120.000	1.0	R	1 118.69	20	120.000	1.0	R	1 118.69	30	15.000	1.0	R	877.59	T		
1265	Renewal of pacemaker unit only, team fee	2004.00	20	125.000	1.0	R	1 165.33	20	120.000	1.0	R	1 118.69	30	9.000	1.0	R	526.64	T		
1266	Resiting pacemaker generator	2004.00	20	80.000	1.0	R	745.89	20	80.000	1.0	R	745.89					-			
1267	Repositioning of catheter electrode	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	9.000	1.0	R	526.64	T		
1268	Threshold testing: Own equipment	2004.00	20	15.000	1.0	R	139.91					-					-			
1269	Threshold testing: Hospital equipment	2004.00	20	11.000	1.0	R	102.51					-					-			
1270	Programming of atrio-ventricular sequential pacemaker	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22					-			

1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	2004.00	20	120.000	1.0	R	1 118.69	20	120.000	1.0	R	1 118.69	30	9.000	1.0	R	526.64	T
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	2004.00	20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	9.000	1.0	R	526.64	T
6.2.4	Invasive cardiology: Percutaneous translumical angioplasty						-					-					-	
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	2004.00	20	260.000	1.0	R	2 423.93	20	208.000	1.0	R	1 939.23	30	13.000	1.0	R	760.56	T
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	2004.00	20	140.000	1.0	R	1 305.24	20	120.000	1.0	R	1 118.69	30	13.000	1.0	R	760.56	T
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	2004.00	20	60.000	1.0	R	559.35	20	60.000	1.0	R	559.35	30	13.000	1.0	R	760.56	T
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	2004.00	20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95	30	13.000	1.0	R	760.56	T
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	2004.00	20	60.000	1.0	R	559.35	20	60.000	1.0	R	559.35	30	13.000	1.0	R	760.56	T
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	2004.00	20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95	30	13.000	1.0	R	760.56	T
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	2004.00	20	260.000	1.0	R	2 423.93	20	208.000	1.0	R	1 939.23	30	15.000	1.0	R	877.59	T
1283	Use of balloon procedure as in item 1282: Second cardiologist	2004.00	20	140.000	1.0	R	1 305.24	20	120.000	1.0	R	1 118.69	30	15.000	1.0	R	877.59	T
1284	Atherectomy: Single lesion: First cardiologist	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53					-	
1285	Atherectomy: Single lesion: Second cardiologist	2004.00	20	180.000	1.0	R	1 678.18	20	144.000	1.0	R	1 342.49					-	
1286	Insertion of intravascular stent: First cardiologist	2004.00	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29					-	
1287	Insertion of intravascular stent: Second cardiologist	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22					-	
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	2004.00	20	300.000	1.0	R	2 796.87					-	30	15.000	1.0	R	877.59	T
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	2004.00	20	160.000	1.0	R	1 491.64					-	30	15.000	1.0	R	877.59	T
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation						-					-					-	
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	2004.00	20	210.000	1.0	R	1 957.86	20	168.000	1.0	R	1 566.28	30	12.000	1.0	R	702.04	T
1289	Paediatric cardiac catheterisation: Infants below the age of one year	2004.00	20	263.000	1.0	R	2 451.94	20	210.400	1.0	R	1 961.52	30	12.000	1.0	R	702.04	T
6.3	Cardiac surgery						-					-					-	
1294	Patent ductus arteriosus	2004.00	20	320.000	1.0	R	2 983.27	20	256.000	1.0	R	2 386.68	30	13.000	1.0	R	760.56	T
1295	Pericardiectomy for constrictive pericarditis	2004.00	20	400.000	1.0	R	3 729.16	20	320.000	1.0	R	2 983.27	30	15.000	1.0	R	877.59	T
1297	Coarctation of aorta	2004.00	20	425.000	1.0	R	3 962.20	20	340.000	1.0	R	3 169.82	30	15.000	1.0	R	877.59	T
1299	Systemo-pulmonary anastomosis	2004.00	20	425.000	1.0	R	3 962.20	20	340.000	1.0	R	3 169.82	30	15.000	1.0	R	877.59	T
1301	Mitral valvotomy: Closed heart technique	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	15.000	1.0	R	877.59	T
1302	Heart transplant	2004.00	20	875.000	1.0	R	8 157.58	20	700.000	1.0	R	6 526.04	30	15.000	1.0	R	877.59	T
1303	Harvesting donor heart	2004.00	20	75.000	1.0	R	699.26	20	75.000	1.0	R	699.26	30	5.000	1.0	R	292.58	T
1305	Operative implantation of cardiac pacemaker by thoracotomy	2004.00	20	220.000	1.0	R	2 050.98	20	176.000	1.0	R	1 640.79	30	15.000	1.0	R	877.59	T
1307	Re-exploration after cardiac surgery	2004.00	20	215.000	1.0	R	2 004.49	20	172.000	1.0	R	1 603.53	30	15.000	1.0	R	877.59	T
1308	Heart and lung transplant	2004.00	20	########	1.0	R	9 322.91	20	800.000	1.0	R	7 458.33	30	15.000	1.0	R	877.59	T
1309	Harvesting donor heart and lungs	2004.00	20	120.000	1.0	R	1 118.69	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1311	Pericardial drainage	2004.00	20	140.000	1.0	R	1 305.24	20	120.000	1.0	R	1 118.69	30	13.000	1.0	R	760.56	T
6.3.1	Cardiac surgery: Open heart surgery						-					-					-	
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	2004.00	20	25.000	1.0	R	233.04					-					-	
1320	Repeat open heart surgery (additional fee above procedure fee)	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	15.000	1.0	R	877.59	T
1321	Stand-by fee for coronary angioplasty	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	ç
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	2004.00	20	20.000	1.0	R	186.40					-					-	
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions						-					-					-	
1323	Atrial septal defect: Osteum secundum	2004.00	20	500.000	1.0	R	4 661.46	20	400.000	1.0	R	3 729.16	30	15.000	1.0	R	877.59	T
1325	Atrial septal defect: Sinus venosus or osteum primum	2004.00	20	563.000	1.0	R	5 248.81	20	450.400	1.0	R	4 199.05	30	15.000	1.0	R	877.59	T
1327	Atrial septal defect: Ventricular septal defect	2004.00	20	603.800	1.0	R	5 629.24	20	483.040	1.0	R	4 503.36	30	15.000	1.0	R	877.59	T
1329	Atrial septal defect: Fallot's tetralogy	2004.00	20	563.000	1.0	R	5 248.81	20	450.400	1.0	R	4 199.05	30	15.000	1.0	R	877.59	T
1330	Atrial septal defect: Pulmonary stenosis	2004.00	20	500.000	1.0	R	4 661.46	20	400.000	1.0	R	3 729.16	30	15.000	1.0	R	877.59	T
1331	Transposition of large vessels (venous repair)	2004.00	20	563.000	1.0	R	5 248.81	20	450.400	1.0	R	4 199.05	30	15.000	1.0	R	877.59	T
1332	Transposition of great arteries (arterial repair)	2004.00	20	750.000	1.0	R	6 992.26	20	600.000	1.0	R	5 593.75	30	15.000	1.0	R	877.59	T
1333	Ebstein's Anomaly	2004.00	20	563.000	1.0	R	5 248.81	20	450.400	1.0	R	4 199.05	30	15.000	1.0	R	877.59	T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	2004.00	20	548.800	1.0	R	5 116.38	20	439.040	1.0	R	4 093.16	30	20.000	1.0	R	1 170.17	T
1335	Total anomalous venous drainage	2004.00	20	563.000	1.0	R	5 248.81	20	450.400	1.0	R	4 199.05	30	15.000	1.0	R	877.59	T
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	2004.00	20	658.900	1.0	R	6 142.83	20	527.120	1.0	R	4 914.29	30	20.000	1.0	R	1 170.17	T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	2004.00	20	500.000	1.0	R	4 661.46	20	400.000	1.0	R	3 729.16	30	15.000	1.0	R	877.59	T
1338	Fontan type repair	2004.00	20	750.000	1.0	R	6 992.26	20	600.000	1.0	R	5 593.75	30	15.000	1.0	R	877.59	T

6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions						-					-					-		
1339	Mitral valve replacement	2004.00	20	657.000	1.0	R	6 125.08	20	525.600	1.0	R	4 900.06	30	15.000	1.0	R	877.59	T	
1340	Mitral valvuloplasty	2004.00	20	688.000	1.0	R	6 414.14	20	550.400	1.0	R	5 131.34	30	15.000	1.0	R	877.59	T	
1341	Aortic valve replacement	2004.00	20	623.800	1.0	R	5 815.64	20	499.040	1.0	R	4 652.51	30	15.000	1.0	R	877.59	T	
1342	Tricuspid annulo plasty	2004.00	20	188.000	1.0	R	1 752.68	20	150.400	1.0	R	1 402.18	30	15.000	1.0	R	877.59	T	
1343	Double valve replacement	2004.00	20	968.900	1.0	R	9 032.97	20	775.120	1.0	R	7 226.32	30	15.000	1.0	R	877.59	T	
1344	Acute dissecting aneurysm repair	2004.00	20	750.000	1.0	R	6 992.26	20	600.000	1.0	R	5 593.75	30	15.000	1.0	R	877.59	T	
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	2004.00	20	#######	1.0	R	9 322.91	20	800.000	1.0	R	7 458.33	30	15.000	1.0	R	877.59	T	
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	2004.00	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29					-		
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	2004.00	20	175.000	1.0	R	1 631.55	20	140.000	1.0	R	1 305.24					-		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	2004.00	20	750.000	1.0	R	6 992.26	20	600.000	1.0	R	5 593.75	30	15.000	1.0	R	877.59	T	
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	2004.00	20	781.000	1.0	R	7 281.17	20	624.800	1.0	R	5 825.02	30	15.000	1.0	R	877.59	T	
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	2004.00	20	813.000	1.0	R	7 579.47	20	650.400	1.0	R	6 063.63	30	15.000	1.0	R	877.59	T	
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	2004.00	20	875.000	1.0	R	8 157.58	20	700.000	1.0	R	6 526.04	30	15.000	1.0	R	877.59	T	
1352	Cardiac aneurysm	2004.00	20	563.000	1.0	R	5 248.81	20	450.400	1.0	R	4 199.05	30	15.000	1.0	R	877.59	T	
1353	Ascending/descending thoracic aortic aneurysm repair	2004.00	20	625.000	1.0	R	5 826.78	20	500.000	1.0	R	4 661.46	30	15.000	1.0	R	877.59	T	
1354	Arrhythmia surgery	2004.00	20	688.000	1.0	R	6 414.14	20	550.400	1.0	R	5 131.34	30	15.000	1.0	R	877.59	T	
1355	Cardiac tumour	2004.00	20	625.000	1.0	R	5 826.78	20	500.000	1.0	R	4 661.46	30	15.000	1.0	R	877.59	T	
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	2004.00	20	188.000	1.0	R	1 752.68	20	150.400	1.0	R	1 402.18	30	15.000	1.0	R	877.59	T	
1358	Harvesting of radial artery	2004.00	20	175.000	1.0	R	1 631.55	20	140.000	1.0	R	1 305.24					-		
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	2004.00					-					-					-		
6.4.1	Peripheral vascular system: Investigations						-					-					-		
1357	Skin temperature test: Response to reflex heating	2004.00	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91					-		
1359	Skin temperature test: Response to reflex cooling	2004.00	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91					-		
1361	Cold sensitivity test	2004.00	20	17.000	1.0	R	158.53	20	17.000	1.0	R	158.53					-		
1363	Oscillometry test	2004.00	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64					-		
1365	Sweating test	2004.00	20	17.000	1.0	R	158.53	20	17.000	1.0	R	158.53					-		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	2004.00	20	26.300	1.0	R	245.21	20	26.300	1.0	R	245.21					-		
1367	Doppler blood tests	2004.00	20	6.000	1.0	R	55.88	20	6.000	1.0	R	55.88					-		
5369	Doppler arterial pressures	2004.00	20	6.000	1.0	R	55.88	20	6.000	1.0	R	55.88					-		
5371	Doppler arterial pressures with exercise	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27					-		
5373	Doppler segmental pressures and wave forms	2004.00	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90					-		
5375	Venous doppler examination (both limbs)	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89					-		
5377	Venous plethysmography	2004.00	20	16.000	1.0	R	149.15	20	16.000	1.0	R	149.15					-		
5379	Supra-orbital doppler test	2004.00	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64					-		
5381	Carotid non-invasive complex tests	2004.00	20	39.000	1.0	R	363.56	20	39.000	1.0	R	363.56					-		
6.4.2	Peripheral vascular system: Arterio-venous abnormalities						-					-					-		
1369	Fistula or aneurysm (as for grafting of various arteries)	2004.00					-					-					-		
6.4.3	Arteries						-					-					-		
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches						-					-					-		
1372	Abdominal aorta and iliac artery: Unruptured	2004.00	20	540.000	1.0	R	5 034.40	20	432.000	1.0	R	4 027.46	30	15.000	1.0	R	877.59	T	
1373	Abdominal aorta and iliac artery: Ruptured	2004.00	20	600.000	1.0	R	5 593.75	20	480.000	1.0	R	4 475.06	30	15.000	1.0	R	877.59	T	
1375	Grafting and/or thrombo-endarterectomy for thrombosis	2004.00	20	444.000	1.0	R	4 139.36	20	355.200	1.0	R	3 311.49	30	15.000	1.0	R	877.59	T	
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	2004.00	20	594.000	1.0	R	5 537.87	20	475.200	1.0	R	4 430.18	30	15.000	1.0	R	877.59	T	
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery						-					-					-		
1379	Prosthetic grafting and/or thrombo-endarterectomy	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	13.000	1.0	R	760.56	T	
6.4.3.3	Peripheral vascular system: Arteries: Peripheral						-					-					-		
1385	Prosthetic grafting	2004.00	20	255.000	1.0	R	2 377.29	20	204.000	1.0	R	1 901.83	30	5.000	1.0	R	292.58	T	
1387	Grafting vein: Vein grafting proximal to knee joint	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	5.000	1.0	R	292.58	T	
1388	Grafting vein: Distal to knee joint	2004.00	20	444.000	1.0	R	4 139.36	20	355.200	1.0	R	3 311.49	30	5.000	1.0	R	292.58	T	

1389	Grafting vein: Endarterectomy when not part of another specified procedure	2004.00	20	264.000	1.0	R	2 461.18	20	211.200	1.0	R	1 969.00	30	5.000	1.0	R	292.58	T
1390	Grafting vein: Carotid endarterectomy	2004.00	20	321.000	1.0	R	2 992.66	20	256.800	1.0	R	2 394.16	30	15.000	1.0	R	877.59	T
1393	Embolectomy: Peripheral embolectomy transfemoral	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	5.000	1.0	R	292.58	T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	2004.00	20	125.000	1.0	R	1 165.33	20	100.000	1.0	R	932.29	30	5.000	1.0	R	292.58	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	2004.00	20	264.000	1.0	R	2 461.18	20	211.200	1.0	R	1 969.00	30	15.000	1.0	R	877.59	T
1397	Profundoplasty	2004.00	20	210.000	1.0	R	1 957.86	20	168.000	1.0	R	1 566.28	30	5.000	1.0	R	292.58	T
1399	Distal tibial (ankle region)	2004.00	20	456.000	1.0	R	4 251.26	20	364.800	1.0	R	3 400.95	30	5.000	1.0	R	292.58	T
1401	Femoro-femoral	2004.00	20	254.000	1.0	R	2 368.05	20	203.200	1.0	R	1 894.35	30	5.000	1.0	R	292.58	T
1402	Carotid-subclavian	2004.00	20	288.000	1.0	R	2 684.98	20	230.400	1.0	R	2 148.07	30	8.000	1.0	R	468.13	T
1403	Axillo-femoral: (Bifemoral + 50%)	2004.00	20	288.000	1.0	R	2 684.98	20	230.400	1.0	R	2 148.07	30	8.000	1.0	R	468.13	T
6.4.4	Peripheral vascular system: Veins						-					-					-	
1407	Ligation of saphenous vein	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	3.000	1.0	R	175.55	T
1408	Placement of Hickman catheter or similar	2004.00	20	91.000	1.0	R	848.40	20	91.000	1.0	R	848.40	30	4.000	1.0	R	234.06	T
1410	Litigation of inferior vena cava: Abdominal	2004.00	20	180.000	1.0	R	1 678.18	20	144.000	1.0	R	1 342.49	30	8.000	1.0	R	468.13	T
1412	Umbrella operation on inferior vena cava: Abdominal	2004.00	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	30	8.000	1.0	R	468.13	T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	2004.00	20	141.000	1.0	R	1 314.48	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	2004.00	20	247.000	1.0	R	2 302.79	20	197.600	1.0	R	1 842.14	30	3.000	1.0	R	175.55	T
1417	Extensive sub-fascial ligation of perforating veins	2004.00	20	125.000	1.0	R	1 165.33	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
1419	Lesser varicose vein procedures	2004.00	20	31.000	1.0	R	289.06	20	31.000	1.0	R	289.06	30	3.000	1.0	R	175.55	T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89					-	
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	2004.00	20	240.000	1.0	R	2 237.53	20	192.000	1.0	R	1 789.93	30	11.000	1.0	R	643.53	T
1427	Thrombectomy: Illio-femoral	2004.00	20	175.000	1.0	R	1 631.55	20	140.000	1.0	R	1 305.24	30	6.000	1.0	R	351.09	T
6.4.5	Peripheral vascular system: Portal hypertension						-					-					-	
1429	Porto-caval shunt	2004.00	20	500.000	1.0	R	4 661.46	20	400.000	1.0	R	3 729.16	30	11.000	1.0	R	643.53	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	2004.00	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90					-	
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	2004.00	20	6.000	1.0	R	55.88	20	6.000	1.0	R	55.88					-	
	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.	2004.00					-					-					-	
7	Lympho Reticular System						-					-					-	
7.1	Spleen						-					-					-	
1435	Splenectomy (in all cases)	2004.00	20	221.300	1.0	R	2 063.15	20	177.040	1.0	R	1 650.46	30	9.000	1.0	R	526.64	T
1436	Splenorrhaphy	2004.00	20	231.800	1.0	R	2 161.12	20	185.440	1.0	R	1 728.78	30	9.000	1.0	R	526.64	T
7.2	Lymph nodes and lymphatic channels						-					-					-	
1439	Excision of lymph node for biopsy: Neck or axilla	2004.00	20	65.000	1.0	R	605.98	20	65.000	1.0	R	605.98	30	4.000	1.0	R	234.06	T
1441	Excision of lymph node for biopsy: Groin	2004.00	20	65.000	1.0	R	605.98	20	65.000	1.0	R	605.98	30	3.000	1.0	R	175.55	T
1443	Simple excision of lymph nodes for tuberculosis	2004.00	20	91.000	1.0	R	848.40	20	91.000	1.0	R	848.40	30	3.000	1.0	R	175.55	T
1445	Radical excision of lymph nodes of neck: Total: Unilateral	2004.00	20	315.000	1.0	R	2 936.78	20	252.000	1.0	R	2 349.43	30	5.000	1.0	R	292.58	T
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	2004.00	20	235.000	1.0	R	2 190.89	20	188.000	1.0	R	1 752.68	30	5.000	1.0	R	292.58	T
1449	Radical excision of lymph nodes of axilla	2004.00	20	160.000	1.0	R	1 491.64	20	128.000	1.0	R	1 193.34	30	4.000	1.0	R	234.06	T
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	2004.00	20	58.000	1.0	R	540.72	20	58.000	1.0	R	540.72	30	5.000	1.0	R	292.58	T
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	2004.00	20	175.000	1.0	R	1 631.55	20	140.000	1.0	R	1 305.24	30	4.000	1.0	R	234.06	T
1453	Radical excision of lymph nodes of groin: Inguinal	2004.00	20	150.000	1.0	R	1 398.51	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	2004.00	20	39.000	1.0	R	363.56	20	39.000	1.0	R	363.56	30	5.000	1.0	R	292.58	T
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	2004.00	20	275.000	1.0	R	2 563.84	20	220.000	1.0	R	2 050.98	30	6.000	1.0	R	351.09	T
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte phaeresis	2004.00	20	42.000	1.0	R	391.57	20	42.000	1.0	R	391.57	30	5.000	1.0	R	292.58	T

1457	Bone marrow biopsy: By trephine	2004.00	20	13.000	1.0	R	121.14		20	13.000	1.0	R	121.14		30	3.000	1.0	R	175.55	T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	2004.00	20	8.000	1.0	R	74.65		20	8.000	1.0	R	74.65						-	
1459	Staging laparotomy for lymphoma (including splenectomy	2004.00	20	245.000	1.0	R	2 284.16		20	196.000	1.0	R	1 827.33		30	7.000	1.0	R	409.61	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.	2004.00					-						-						-	
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.	2004.00	20	21.000	1.0	R	195.79		20	21.000	1.0	R	195.79						-	
8.1	Oral cavity						-						-						-	
1461	All dental procedures	2004.00					-						-		30	4.000	1.0	R	234.06	T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	2004.00	20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	4.000	1.0	R	234.06	T
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	2004.00	20	15.000	1.0	R	139.91		20	15.000	1.0	R	139.91		30	4.000	1.0	R	234.06	T
1467	Drainage of intra-oral abscess	2004.00	20	31.000	1.0	R	289.06		20	31.000	1.0	R	289.06		30	4.000	1.0	R	234.06	T
1469	Local excision of mucosal lesion of oral cavity	2004.00	20	23.000	1.0	R	214.41		20	23.000	1.0	R	214.41		30	4.000	1.0	R	234.06	T
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	2004.00	20	549.000	1.0	R	5 118.29		20	439.200	1.0	R	4 094.63		30	7.000	1.0	R	409.61	T
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	2004.00	20	-	0.0		-	q	20	-	0.0		-	q	30	7.000	1.0	R	409.61	T
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	2004.00	20	215.000	1.0	R	2 004.49		20	172.000	1.0	R	1 603.53		30	6.000	1.0	R	351.09	T
1477	Cleft palate: Secondary repair	2004.00	20	174.200	1.0	R	1 624.07		20	139.360	1.0	R	1 299.22		30	6.000	1.0	R	351.09	T
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	2004.00	20	240.000	1.0	R	2 237.53		20	192.000	1.0	R	1 789.93		30	6.000	1.0	R	351.09	T
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	2004.00	20	227.000	1.0	R	2 116.24		20	181.600	1.0	R	1 692.99		30	6.000	1.0	R	351.09	T
1480	Repair of oronasal fistula (large) e.g. distant flap	2004.00	20	227.000	1.0	R	2 116.24		20	181.600	1.0	R	1 692.99		30	6.000	1.0	R	351.09	T
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	2004.00	20	138.000	1.0	R	1 286.61		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
1482	Repair of oronasal fistula (large): Second stage	2004.00	20	138.000	1.0	R	1 286.61		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
1483	Alveolar periosteal or other flaps for arch closure	2004.00	20	138.000	1.0	R	1 286.61		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1486	Closure of anterior nasal floor	2004.00	20	138.000	1.0	R	1 286.61		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
8.2	Lips						-						-						-	
1484	Cleft lip repair: Lip adhesion (cleft lip)	2004.00	20	95.000	1.0	R	885.65		20	95.000	1.0	R	885.65		30	5.000	1.0	R	292.58	T
1485	Local excision of benign lesion of lip	2004.00	20	27.000	1.0	R	251.66		20	27.000	1.0	R	251.66		30	4.000	1.0	R	234.06	T
1487	Resection for lip malignancy	2004.00	20	91.000	1.0	R	848.40		20	91.000	1.0	R	848.40		30	4.000	1.0	R	234.06	T
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	2004.00	20	227.000	1.0	R	2 116.24		20	181.600	1.0	R	1 692.99		30	5.000	1.0	R	292.58	T
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	2004.00	20	251.600	1.0	R	2 345.61		20	201.280	1.0	R	1 876.46		30	5.000	1.0	R	292.58	T
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	2004.00	20	329.900	1.0	R	3 075.67		20	263.920	1.0	R	2 460.44		30	5.000	1.0	R	292.58	T
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	2004.00	20	227.000	1.0	R	2 116.24		20	181.600	1.0	R	1 692.99		30	5.000	1.0	R	292.58	T
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	2004.00	20	251.600	1.0	R	2 345.61		20	201.280	1.0	R	1 876.46		30	5.000	1.0	R	292.58	T
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	2004.00	20	91.000	1.0	R	848.40		20	91.000	1.0	R	848.40		30	5.000	1.0	R	292.58	T
1495	Abbé or Estlander type flap (all stages included)	2004.00	20	273.100	1.0	R	2 546.09		20	218.480	1.0	R	2 036.90		30	5.000	1.0	R	292.58	T
1497	Vermilionectomy	2004.00	20	94.900	1.0	R	884.77		20	94.900	1.0	R	884.77		30	4.000	1.0	R	234.06	T
1499	Lip reconstruction following an injury: Direct repair	2004.00	20	105.600	1.0	R	984.50		20	105.600	1.0	R	984.50		30	4.000	1.0	R	234.06	T
1501	Lip reconstruction following an injury or tumour removal: Flap repair	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	2004.00	20	104.000	1.0	R	969.54		20	104.000	1.0	R	969.54		30	4.000	1.0	R	234.06	T
8.3	Tongue						-						-						-	
1505	Partial glossectomy	2004.00	20	225.000	1.0	R	2 097.62		20	180.000	1.0	R	1 678.18		30	6.000	1.0	R	351.09	T
1507	Local excision of lesion of tongue	2004.00	20	27.000	1.0	R	251.66		20	27.000	1.0	R	251.66		30	4.000	1.0	R	234.06	T
8.4	Palate, uvula and salivary glands						-						-						-	
1509	Wide excision of lesion of palate	2004.00	20	100.000	1.0	R	932.29		20	100.000	1.0	R	932.29		30	5.000	1.0	R	292.58	T
1511	Radical resection of palate (including skin graft)	2004.00	20	250.000	1.0	R	2 330.80		20	200.000	1.0	R	1 864.58		30	7.000	1.0	R	409.61	T
1513	Excision of ranula	2004.00	20	85.600	1.0	R	798.10		20	85.600	1.0	R	798.10		30	5.000	1.0	R	292.58	T
1515	Excision of sublingual salivary gland	2004.00	20	120.000	1.0	R	1 118.69		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1517	Excision of submandibular salivary gland	2004.00	20	146.000	1.0	R	1 361.11		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1519	Excision of submandibular salivary gland with suprahyoid dissection	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
1521	Excision of submandibular salivary gland: With radical neck dissection	2004.00	20	352.000	1.0	R	3 281.72		20	281.600	1.0	R	2 625.29		30	6.000	1.0	R	351.09	T
1523	Local resection of parotid tumour	2004.00	20	169.600	1.0	R	1 581.10		20	135.680	1.0	R	1 264.91		30	5.000	1.0	R	292.58	T

1525	Partial parotidectomy	2004.00		20	310.000	1.0	R	2 890.15		20	248.000	1.0	R	2 312.03		30	5.000	1.0	R	292.58	T
1526	Total parotidectomy with preservation of facial nerve	2004.00		20	358.500	1.0	R	3 342.29		20	286.800	1.0	R	2 673.83		30	5.000	1.0	R	292.58	T
1527	Total parotidectomy	2004.00		20	358.500	1.0	R	3 342.29		20	286.800	1.0	R	2 673.83		30	5.000	1.0	R	292.58	T
1529	Parotidectomy: Extracapsular	2004.00		20	300.000	1.0	R	2 796.87		20	240.000	1.0	R	2 237.53		30	5.000	1.0	R	292.58	T
1531	Drainage of parotid abscess	2004.00		20	25.000	1.0	R	233.04		20	25.000	1.0	R	233.04		30	4.000	1.0	R	234.06	T
1533	Closure of salivary fistula	2004.00		20	91.000	1.0	R	848.40		20	91.000	1.0	R	848.40		30	4.000	1.0	R	234.06	T
1535	Dilatation of salivary duct	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	4.000	1.0	R	234.06	T
1537	Operative removal of salivary calculus	2004.00		20	55.000	1.0	R	512.71		20	55.000	1.0	R	512.71		30	4.000	1.0	R	234.06	T
1539	Salivary duct: Meatotomy	2004.00		20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40		30	4.000	1.0	R	234.06	T
1541	Branchial cyst and/or fistula: Excision	2004.00		20	140.000	1.0	R	1 305.24		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
1543	Excision of cystic hygroma	2004.00		20	140.000	1.0	R	1 305.24		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
1544	Ludwig's Angina: Drainage	2004.00		20	42.000	1.0	R	391.57		20	42.000	1.0	R	391.57		30	9.000	1.0	R	526.64	T
8.5	Oesophagus							-						-						-	
1545	Oesophagoscopy with rigid instrument: First and subsequent	2004.00		20	47.000	1.0	R	438.21		20	47.000	1.0	R	438.21		30	4.000	1.0	R	234.06	T
1549	Oesophagoscopy with dilatation of stricture	2004.00		20	70.000	1.0	R	652.62		20	70.000	1.0	R	652.62		30	4.000	1.0	R	234.06	T
1550	Oesophagoscopy with removal of foreign body	2004.00		20	70.000	1.0	R	652.62		20	70.000	1.0	R	652.62		30	4.000	1.0	R	234.06	T
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	2004.00		20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		30	4.000	1.0	R	234.06	T
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	2004.00		20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		30	4.000	1.0	R	234.06	T
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	2004.00		20	65.000	1.0	R	605.98		20	65.000	1.0	R	605.98		30	4.000	1.0	R	234.06	T
1554	Per-oral small bowel biopsy	2004.00		20	25.000	1.0	R	233.04		20	25.000	1.0	R	233.04		30	4.000	1.0	R	234.06	T
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	2004.00		20	400.000	1.0	R	3 729.16		20	320.000	1.0	R	2 983.27		30	15.000	1.0	R	877.59	T
1557	Oesophageal dilatation	2004.00		20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	4.000	1.0	R	234.06	T
1559	Oesophagectomy: Two stage	2004.00		20	500.000	1.0	R	4 661.46		20	400.000	1.0	R	3 729.16		30	11.000	1.0	R	643.53	T
1560	Oesophagectomy: Three stage	2004.00		20	550.000	1.0	R	5 127.67		20	440.000	1.0	R	4 102.11		30	11.000	1.0	R	643.53	T
1561	Thoraco-abdominal oesophagogastrectomy	2004.00		20	500.000	1.0	R	4 661.46		20	400.000	1.0	R	3 729.16		30	11.000	1.0	R	643.53	T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	2004.00		20	300.000	1.0	R	2 796.87		20	240.000	1.0	R	2 237.53		30	11.000	1.0	R	643.53	T
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	2004.00		20	350.000	1.0	R	3 263.09		20	280.000	1.0	R	2 610.47		30	11.000	1.0	R	643.53	T
1566	Private fee: Gastroplasty	2004.00		20	325.000	1.0	R	3 029.91		20	260.000	1.0	R	2 423.93		30	8.000	1.0	R	468.13	T
1567	Bochdalek hernia repair in newborn	2004.00		20	250.000	1.0	R	2 330.80		20	200.000	1.0	R	1 864.58		30	14.000	1.0	R	819.07	T
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	2004.00		20	375.000	1.0	R	3 496.13		20	300.000	1.0	R	2 796.87		30	11.000	1.0	R	643.53	T
1569	Heller's operation	2004.00		20	250.000	1.0	R	2 330.80		20	200.000	1.0	R	1 864.58		30	14.000	1.0	R	819.07	T
1575	Insertion of indwelling oesophageal tube by laparotomy	2004.00		20	142.000	1.0	R	1 323.86		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
1578	Oesophageal motility (4 channel + pneumograph)	2004.00		20	100.000	1.0	R	932.29		20	100.000	1.0	R	932.29		30	4.000	1.0	R	234.06	T
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	2004.00		20	400.000	1.0	R	3 729.16		20	320.000	1.0	R	2 983.27		30	11.000	1.0	R	643.53	T
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	2004.00		20	110.000	1.0	R	1 025.56		20	110.000	1.0	R	1 025.56		30	4.000	1.0	R	234.06	T
1581	Removal of benign oesophageal tumours	2004.00		20	285.000	1.0	R	2 656.96		20	228.000	1.0	R	2 125.63		30	11.000	1.0	R	643.53	T
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1583	Excision of intrathoracic oesophageal diverticulum	2004.00		20	250.000	1.0	R	2 330.80		20	200.000	1.0	R	1 864.58		30	11.000	1.0	R	643.53	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 antimone pH probe)	2004.00		20	55.000	1.0	R	512.71		20	55.000	1.0	R	512.71						-	
1585	24 Hour oesophageal pH studies: Interpretation	2004.00		20	27.000	1.0	R	251.66		20	27.000	1.0	R	251.66						-	
8.6	Stomach							-						-						-	
1587	Upper gastro-intestinal endoscopy: Hospital equipment	2004.00		20	48.750	1.0	R	454.49	Z	20	48.750	1.0	R	454.49	Z	30	4.000	1.0	R	234.06	T
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	2004.00	+	20	25.000	1.0	R	233.04	Z	20	25.000	1.0	R	233.04	Z	30	4.000	1.0	R	234.06	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)	2004.00	+	20	34.000	1.0	R	316.92		20	34.000	1.0	R	316.92		30	6.000	1.0	R	351.09	T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	2004.00	+	20	25.000	1.0	R	233.04	Z	20	25.000	1.0	R	233.04	Z	30	4.000	1.0	R	234.06	T
1593	Augmented histamine test: Gastric intubation with x-ray screening	2004.00		20	5.000	1.0	R	46.64		20	5.000	1.0	R	46.64						-	
1597	Gastrostomy or Gastrotomy	2004.00		20	147.500	1.0	R	1 375.19		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
1598	Gastrotomy with suture repair of bleeding ulcer	2005.03		20	251.200	1.0	R	2 341.95	Z	20	200.960	1.0	R	1 873.53	Z	30	6.000	1.0	R	351.09	T
1599	Pyloromyotomy (Rammstedt)	2004.00		20	116.000	1.0	R	1 081.44		20	116.000	1.0	R	1 081.44		30	6.000	1.0	R	351.09	T
1601	Local excision of ulcer or benign neoplasm	2004.00		20	195.600	1.0	R	1 823.52		20	156.480	1.0	R	1 458.79		30	6.000	1.0	R	351.09	T
1603	Vagotomy: Abdominal	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
1604	Vagotomy: Thoracic	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	11.000	1.0	R	643.53	T
1605	Truncal or selective with drainage procedures	2004.00		20	250.000	1.0	R	2 330.80		20	200.000	1.0	R	1 864.58		30	6.000	1.0	R	351.09	T
1607	Vagotomy and antrectomy	2004.00		20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	6.000	1.0	R	351.09	T

1609	Highly selective vagotomy	2004.00		20	250.000	1.0	R	2 330.80		20	200.000	1.0	R	1 864.58		30	6.000	1.0	R	351.09	T
1611	Pyloroplasty	2004.00		20	180.200	1.0	R	1 679.94		20	144.160	1.0	R	1 343.95		30	6.000	1.0	R	351.09	T
1613	Gastroenterostomy	2004.00		20	203.600	1.0	R	1 898.17		20	162.880	1.0	R	1 518.47		30	6.000	1.0	R	351.09	T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	2004.00		20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64		30	7.000	1.0	R	409.61	T
1617	Partial gastrectomy	2004.00		20	328.300	1.0	R	3 060.71		20	262.640	1.0	R	2 448.57		30	7.000	1.0	R	409.61	T
1619	Total gastrectomy	2004.00		20	384.430	1.0	R	3 583.98		20	307.540	1.0	R	2 867.12		30	7.000	1.0	R	409.61	T
1621	Revision of gastrectomy or gastro-enterostomy	2004.00		20	375.000	1.0	R	3 496.13		20	300.000	1.0	R	2 796.87		30	7.000	1.0	R	409.61	T
1625	Gastro-esophageal operation for portal hypertension (Tanner)	2004.00		20	375.000	1.0	R	3 496.13		20	300.000	1.0	R	2 796.87		30	11.000	1.0	R	643.53	T
8.7	Duodenum							-						-						-	
1626	Endoscopic examination of the small bowel beyond the duodenojenunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	2004.00		20	120.000	1.0	R	1 118.69		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
1627	Duodenal intubation (under X-ray screening)	2004.00		20	8.000	1.0	R	74.65						-						-	
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	2004.00		20	21.000	1.0	R	195.79						-						-	
1631	Duodenal intubation: Under 3 years of age	2006.04		20	15.000	1.0	R	139.91						-						-	
8.8	Intestines							-						-						-	
1632	H2 breath test (intestines)	2004.00		20	9.000	1.0	R	83.89		20	9.000	1.0	R	83.89						-	
1633	Complete test using lactose or lactulose	2004.00		20	27.000	1.0	R	251.66		20	27.000	1.0	R	251.66						-	
1634	Enterotomy or Enterostomy	2004.11		20	202.600	1.0	R	1 888.78		20	162.080	1.0	R	1 511.00		30	6.000	1.0	R	351.09	T
1635	Intestinal obstruction of the newborn	2004.00		20	240.000	1.0	R	2 237.53		20	192.000	1.0	R	1 789.93		30	7.000	1.0	R	409.61	T
1637	Operation for relief of intestinal obstruction	2004.00		20	240.000	1.0	R	2 237.53		20	192.000	1.0	R	1 789.93		30	7.000	1.0	R	409.61	T
1639	Resection of small bowel with enterostomy or anastomosis	2004.00		20	244.900	1.0	R	2 283.14		20	195.920	1.0	R	1 826.60		30	6.000	1.0	R	351.09	T
1641	Entero-enterostomy or entero-colostomy for bypass	2004.00		20	213.100	1.0	R	1 986.75		20	170.480	1.0	R	1 589.31		30	6.000	1.0	R	351.09	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)	2005.03		20	150.000	1.0	R	1 398.51	Z	20	120.000	1.0	R	1 118.69	Z					-	
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	2005.03		20	90.000	1.0	R	839.02	Z	20	90.000	1.0	R	839.02	Z					-	
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	2004.00		20	185.200	1.0	R	1 726.58		20	148.160	1.0	R	1 381.35		30	6.000	1.0	R	351.09	T
1647	Closure of intestinal fistula	2004.00		20	258.000	1.0	R	2 405.30		20	206.400	1.0	R	1 924.27		30	6.000	1.0	R	351.09	T
1649	Excision of Meckel's diverticulum	2004.00		20	179.800	1.0	R	1 676.28		20	143.840	1.0	R	1 341.02		30	6.000	1.0	R	351.09	T
1651	Excision of lesion of mesentery	2004.00		20	171.600	1.0	R	1 599.87		20	137.280	1.0	R	1 279.87		30	4.000	1.0	R	234.06	T
1652	Laparotomy for mesenteric thrombosis	2004.00		20	300.000	1.0	R	2 796.87		20	240.000	1.0	R	2 237.53		30	8.000	1.0	R	468.13	T
1653	Total colonoscopy: With hospital equipment (including biopsy)	2004.00		20	90.000	1.0	R	839.02	Z	20	90.000	1.0	R	839.02	Z	30	4.000	1.0	R	234.06	T
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	2004.00	+	20	30.000	1.0	R	279.67	Z	20	30.000	1.0	R	279.67	Z	30	4.000	1.0	R	234.06	T
1656	Left-sided colonoscopy	2004.00		20	60.000	1.0	R	559.35	Z	20	60.000	1.0	R	559.35	Z	30	4.000	1.0	R	234.06	T
1657	Right or left hemicolectomy or segmental colectomy	2004.00		20	325.000	1.0	R	3 029.91		20	260.000	1.0	R	2 423.93		30	6.000	1.0	R	351.09	T
1658	Reconstruction of colon after Hartman's procedure	2004.00		20	359.400	1.0	R	3 350.65		20	287.520	1.0	R	2 680.58		30	6.000	1.0	R	351.09	T
1661	Colotomy: Including removal of tumour or foreign body	2004.00		20	205.700	1.0	R	1 917.67		20	164.560	1.0	R	1 534.17		30	6.000	1.0	R	351.09	T
1663	Total colectomy	2004.00		20	390.000	1.0	R	3 635.89		20	312.000	1.0	R	2 908.77		30	6.000	1.0	R	351.09	T
1665	Colostomy or ileostomy isolated procedure	2004.00		20	233.800	1.0	R	2 179.75		20	187.040	1.0	R	1 743.74		30	6.000	1.0	R	351.09	T
1666	Continent ileostomy pouch (all types)	2004.00		20	300.000	1.0	R	2 796.87		20	240.000	1.0	R	2 237.53		30	6.000	1.0	R	351.09	T
1667	Colostomy: Closure	2004.00		20	179.100	1.0	R	1 669.68		20	143.280	1.0	R	1 335.74		30	5.000	1.0	R	292.58	T
1668	Revision of ileostomy pouch	2004.00		20	375.000	1.0	R	3 496.13		20	300.000	1.0	R	2 796.87		30	6.000	1.0	R	351.09	T
1669	Total proctocolectomy and ileostomy	2004.00		20	480.000	1.0	R	4 475.06		20	384.000	1.0	R	3 580.02		30	7.000	1.0	R	409.61	T
1670	Proctocolectomy, ileostomy and ileostomy pouch	2004.00		20	540.000	1.0	R	5 034.40		20	432.000	1.0	R	4 027.46		30	7.000	1.0	R	409.61	T
1671	Colomyotomy (Reilly operation)	2004.00		20	185.000	1.0	R	1 724.67		20	148.000	1.0	R	1 379.74		30	6.000	1.0	R	351.09	T
8.9	Appendix							-						-						-	
1673	Drainage of appendix abscess	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
1675	Appendicectomy	2004.00		20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	4.000	1.0	R	234.06	T
8.10	Rectum and anus							-						-						-	
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	2004.00		20	48.750	1.0	R	454.49	Z	20	48.750	1.0	R	454.49	Z	30	3.000	1.0	R	175.55	T
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	2004.00		20	13.000	1.0	R	121.14		20	13.000	1.0	R	121.14		30	3.000	1.0	R	175.55	T
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	2004.00	+	20	25.000	1.0	R	233.04	Z	20	25.000	1.0	R	233.04	Z	30	3.000	1.0	R	175.55	T
1679	Sigmoidoscopy with removal of polyps, first and subsequent	2004.00		20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	3.000	1.0	R	175.55	T
1681	Proctoscopy with removal of polyps: First time	2004.00		20	21.000	1.0	R	195.79		20	21.000	1.0	R	195.79		30	3.000	1.0	R	175.55	T
1683	Proctoscopy with removal of polyps: Subsequent times	2004.00		20	15.000	1.0	R	139.91		20	15.000	1.0	R	139.91		30	3.000	1.0	R	175.55	T
1685	Endoscopic fulguration of tumour	2004.00		20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06	T
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	2004.00		20	381.300	1.0	R	3 554.79		20	305.040	1.0	R	2 843.80		30	6.000	1.0	R	351.09	T

1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	2004.00		20	445.000	1.0	R	4 148.75		20	356.000	1.0	R	3 318.97		30	8.000	1.0	R	468.13	T
1689	Perineal resection of rectum	2004.00		20	141.000	1.0	R	1 314.48		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.	2004.00						-						-						-	
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	2004.00		20	409.300	1.0	R	3 815.84		20	327.440	1.0	R	3 052.64		30	7.000	1.0	R	409.61	T
1692	Abdomino-perineal resection of rectum: Perineal surgeon	2004.00		20	158.500	1.0	R	1 477.70		20	126.800	1.0	R	1 182.19						-	
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	2004.00		20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64		30	4.000	1.0	R	234.06	T
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	2004.00		20	400.000	1.0	R	3 729.16		20	320.000	1.0	R	2 983.27		30	7.000	1.0	R	409.61	T
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	2004.00		20	300.000	1.0	R	2 796.87		20	240.000	1.0	R	2 237.53		30	6.000	1.0	R	351.09	T
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	2004.00		20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64		30	6.000	1.0	R	351.09	T
1701	Repair of prolapsed rectum: Abdominal: Perineal	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	2004.00		20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	4.000	1.0	R	234.06	T
1705	Incision and drainage of peri-anal abscess	2004.00		20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	3.000	1.0	R	175.55	T
1707	Drainage of submucous abscess	2004.00		20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	3.000	1.0	R	175.55	T
1709	Drainage of ischio-rectal abscess	2004.00		20	87.000	1.0	R	811.15		20	87.000	1.0	R	811.15		30	3.000	1.0	R	175.55	T
1711	Excision of pelvi-rectal fistula	2004.00		20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64		30	5.000	1.0	R	292.58	T
1713	Excision of fistula-in-ano	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	3.000	1.0	R	175.55	T
1715	Operation for fissure-in-ano	2004.00		20	66.800	1.0	R	622.70		20	66.800	1.0	R	622.70		30	3.000	1.0	R	175.55	T
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	3.000	1.0	R	175.55	T
1721	Sclerosing injection for haemorrhoids: Per injection	2004.00		20	5.000	1.0	R	46.64		20	5.000	1.0	R	46.64						-	
1723	Haemorrhoidectomy	2004.00		20	120.000	1.0	R	1 118.69		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	T
1725	Drainage of external thrombosed pile	2004.00		20	12.500	1.0	R	116.59		20	12.500	1.0	R	116.59		30	3.000	1.0	R	175.55	T
1727	Multiple procedures (haemorrhoids, fissure, etc.)	2004.00		20	90.000	1.0	R	839.02		20	90.000	1.0	R	839.02		30	3.000	1.0	R	175.55	T
1728	Biopsy of ano-rectal wall, for congenital megacolon	2005.03		20	60.600	1.0	R	564.92	Z	20	60.600	1.0	R	564.92	Z	30	5.000	1.0	R	292.58	T
1729	Excision of anal skin tags	2004.00		20	25.000	1.0	R	233.04		20	25.000	1.0	R	233.04		30	3.000	1.0	R	175.55	T
1731	Operation for low imperforate anus	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	6.000	1.0	R	351.09	T
1733	Anoplasty: Y-V-plasty	2004.00		20	41.000	1.0	R	382.19		20	41.000	1.0	R	382.19		30	3.000	1.0	R	175.55	T
1735	Anal sphincteroplasty for incontinence	2004.00		20	120.000	1.0	R	1 118.69		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55	T
1737	Dilation of ano-rectal stricture	2004.00		20	12.500	1.0	R	116.59		20	12.500	1.0	R	116.59		30	3.000	1.0	R	175.55	T
1739	Closure of recto-vesical fistula	2004.00		20	241.000	1.0	R	2 246.77		20	192.800	1.0	R	1 797.41		30	5.000	1.0	R	292.58	T
1741	Closure of recto-urethral fistula	2004.00		20	241.000	1.0	R	2 246.77		20	192.800	1.0	R	1 797.41		30	5.000	1.0	R	292.58	T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	2004.00		20	27.000	1.0	R	251.66		20	27.000	1.0	R	251.66						-	
8.11	Liver							-						-						-	
1743	Needle biopsy of liver	2004.00		20	30.300	1.0	R	282.46		20	30.300	1.0	R	282.46		30	3.000	1.0	R	175.55	T
1745	Biopsy of liver by laparotomy	2004.00		20	125.000	1.0	R	1 165.33		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1747	Drainage of liver abscess or cyst	2004.00		20	179.100	1.0	R	1 669.68		20	143.280	1.0	R	1 335.74		30	7.000	1.0	R	409.61	T
1748	Body composition measured by bio-electrical impedance	2004.00		20	3.000	1.0	R	28.01		20	3.000	1.0	R	28.01						-	
1749	Hemi-hepatectomy: Right	2004.00		20	564.000	1.0	R	5 258.05		20	451.200	1.0	R	4 206.53		30	9.000	1.0	R	526.64	T
1751	Hemi-hepatectomy: Left	2004.00		20	521.100	1.0	R	4 858.12		20	416.880	1.0	R	3 886.53		30	9.000	1.0	R	526.64	T
1752	Extended right or left hepatectomy	2004.00		20	570.900	1.0	R	5 322.43		20	456.720	1.0	R	4 258.01		30	9.000	1.0	R	526.64	T
1753	Partial or segmental hepatectomy	2004.00		20	378.000	1.0	R	3 523.99		20	302.400	1.0	R	2 819.31		30	9.000	1.0	R	526.64	T
1754	Hepatico-jejunostomy	2004.00		20	369.200	1.0	R	3 442.01		20	295.360	1.0	R	2 753.61		30	9.000	1.0	R	526.64	T
1755	Liver transplant	2004.00		20	########	1.0	R	13 059.56		20	########	1.0	R	10 447.62		30	15.000	1.0	R	877.59	T
1756	Harvesting donor hepatectomy	2004.00		20	616.200	1.0	R	5 744.80		20	492.960	1.0	R	4 595.75		30	5.000	1.0	R	292.58	T
1757	Suture of liver wound or injury	2004.00		20	214.200	1.0	R	1 997.01		20	171.360	1.0	R	1 597.52		30	9.000	1.0	R	526.64	T
8.12	Biliary tract							-						-						-	
1759	Cholecystostomy	2004.00		20	171.600	1.0	R	1 599.87		20	137.280	1.0	R	1 279.87		30	6.000	1.0	R	351.09	T
1761	Cholecystectomy	2004.00		20	225.000	1.0	R	2 097.62		20	180.000	1.0	R	1 678.18		30	6.000	1.0	R	351.09	T
1762	Cholecystectomy and operative cholangiogram	2004.00		20	255.000	1.0	R	2 377.29		20	204.000	1.0	R	1 901.83		30	6.000	1.0	R	351.09	T
1763	With exploration of common bile duct	2004.00		20	264.500	1.0	R	2 465.87		20	211.600	1.0	R	1 972.67		30	6.000	1.0	R	351.09	T
1765	Exploration of common bile duct: Secondary operation	2004.00		20	327.700	1.0	R	3 055.13		20	262.160	1.0	R	2 444.17		30	6.000	1.0	R	351.09	T
1767	Reconstruction of common bile duct	2004.00		20	371.700	1.0	R	3 465.33		20	297.360	1.0	R	2 772.24		30	6.000	1.0	R	351.09	T
1768	Resection bile duct tumour with reconstruction	2004.00		20	327.700	1.0	R	3 055.13		20	262.160	1.0	R	2 444.17		30	6.000	1.0	R	351.09	T
1769	Cholecysto-enterostomy or gastrostomy	2004.00		20	236.300	1.0	R	2 203.06		20	189.040	1.0	R	1 762.36		30	6.000	1.0	R	351.09	T
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	2006.04	+	20	25.600	1.0	R	238.61		20	25.600	1.0	R	238.61		30	6.000	1.0	R	351.09	T
1773	Transduodenal sphincteroplasty	2004.00		20	225.000	1.0	R	2 097.62		20	180.000	1.0	R	1 678.18		30	6.000	1.0	R	351.09	T
1774	Balloon dilatation of common bile duct strictures	2004.00		20	125.000	1.0	R	1 165.33		20	100.000	1.0	R	932.29		30	6.000	1.0	R	351.09	T

1775	Excision choledochal cyst with reconstruction	2004.00		20	327.700	1.0	R	3 055.13		20	262.160	1.0	R	2 444.17		30	6.000	1.0	R	351.09	T
1777	Porto-enterostomy for biliary atresia	2004.00		20	400.000	1.0	R	3 729.16		20	320.000	1.0	R	2 983.27		30	11.000	1.0	R	643.53	T
8.13	Pancreas							-						-						-	
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	2004.00		20	105.900	1.0	R	987.29		20	105.900	1.0	R	987.29		30	4.000	1.0	R	234.06	T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	2004.00	+	20	15.820	1.0	R	147.54		20	15.820	1.0	R	147.54		30	4.000	1.0	R	234.06	T
1780	Gastric and duodenal intubation	2004.00		20	8.000	1.0	R	74.65		20	8.000	1.0	R	74.65						-	
1781	Procedure (excluding laboratory tests)	2004.00		20	21.000	1.0	R	195.79		20	21.000	1.0	R	195.79						-	
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	2004.00	+	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	4.000	1.0	R	234.06	T
1783	Drainage of pancreatic abscess	2004.00		20	239.300	1.0	R	2 230.93		20	191.440	1.0	R	1 784.80		30	6.000	1.0	R	351.09	T
1784	Debridement pancreatic necrosis	2004.00		20	348.400	1.0	R	3 248.13		20	278.720	1.0	R	2 598.45		30	6.000	1.0	R	351.09	T
1785	Internal drainage of pancreatic cyst	2004.00		20	250.600	1.0	R	2 336.37		20	200.480	1.0	R	1 869.13		30	6.000	1.0	R	351.09	T
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	2004.00	+	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	6.000	1.0	R	351.09	T
1786	Internal drainage of pancreatic cyst with Roux-Y	2004.00		20	306.800	1.0	R	2 860.23		20	245.440	1.0	R	2 288.27		30	6.000	1.0	R	351.09	T
1787	Operative pancreatogram: ADD	2004.00	+	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27						-	
1788	Biopsy of pancreas	2004.00		20	177.700	1.0	R	1 656.62		20	142.160	1.0	R	1 325.33		30	6.000	1.0	R	351.09	T
1789	Pancreatico-duodenectomy	2004.00		20	704.800	1.0	R	6 570.77		20	563.840	1.0	R	5 256.59		30	8.000	1.0	R	468.13	T
1791	Local, partial or subtotal pancreatectomy	2004.00		20	351.300	1.0	R	3 275.12		20	281.040	1.0	R	2 620.15		30	8.000	1.0	R	468.13	T
1793	Distal pancreatectomy with internal drainage	2004.00		20	377.400	1.0	R	3 518.42		20	301.920	1.0	R	2 814.77		30	8.000	1.0	R	468.13	T
8.14	Peritoneal cavity							-						-						-	
1797	Pneumo-peritoneum: First	2004.00		20	13.000	1.0	R	121.14		20	13.000	1.0	R	121.14		30	4.000	1.0	R	234.06	T
1799	Pneumo-peritoneum: Repeat	2004.00		20	6.000	1.0	R	55.88		20	6.000	1.0	R	55.88		30	4.000	1.0	R	234.06	T
1800	Peritoneal lavage	2004.00		20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40						-	
1801	Diagnostic paracentesis: Abdomen	2004.00		20	8.000	1.0	R	74.65		20	8.000	1.0	R	74.65						-	
1803	Therapeutic paracentesis: Abdomen	2004.00		20	13.000	1.0	R	121.14		20	13.000	1.0	R	121.14						-	
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	2004.00	+	20	45.000	1.0	R	419.58		20	45.000	1.0	R	419.58		30	5.000	1.0	R	292.58	T
1809	Laparotomy	2004.00		20	196.000	1.0	R	1 827.33		20	156.800	1.0	R	1 461.87		30	4.000	1.0	R	234.06	T
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	2004.00		20	350.000	1.0	R	3 263.09		20	280.000	1.0	R	2 610.47		30	7.000	1.0	R	409.61	T
1811	Suture of burst abdomen	2004.00		20	188.300	1.0	R	1 755.47		20	150.640	1.0	R	1 404.38		30	7.000	1.0	R	409.61	T
1812	Laparotomy for control of surgical haemorrhage	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	9.000	1.0	R	526.64	T
1813	Drainage of sub-phrenic abscess	2004.00		20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	7.000	1.0	R	409.61	T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	2004.00		20	248.400	1.0	R	2 315.84		20	198.720	1.0	R	1 852.70		30	5.000	1.0	R	292.58	T
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	2004.00		20	75.000	1.0	R	699.26		20	75.000	1.0	R	699.26		30	4.000	1.0	R	234.06	T
9	Herniae							-						-						-	
1819	Inguinal or femoral hernia: Adult	2004.00		20	125.000	1.0	R	1 165.33		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1821	Inguinal or femoral hernia: Child under 14 years	2004.00		20	90.000	1.0	R	839.02		20	90.000	1.0	R	839.02		30	4.000	1.0	R	234.06	T
1823	Inguinal hernia: Infant under one year	2004.00		20	100.000	1.0	R	932.29		20	100.000	1.0	R	932.29		30	4.000	1.0	R	234.06	T
1825	Recurrent inguinal or femoral hernia	2004.00		20	155.000	1.0	R	1 445.00		20	124.000	1.0	R	1 156.09		30	4.000	1.0	R	234.06	T
1827	Strangulated hernia or femoral hernia	2004.00		20	238.000	1.0	R	2 218.90		20	190.400	1.0	R	1 775.12		30	7.000	1.0	R	409.61	T
1829	Epigastric hernia	2004.00		20	93.300	1.0	R	869.82		20	93.300	1.0	R	869.82		30	4.000	1.0	R	234.06	T
1831	Umbilical hernia: Adult	2004.00		20	140.000	1.0	R	1 305.24		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
1833	Umbilical hernia: Child under 14 years	2004.00		20	60.000	1.0	R	559.35		20	60.000	1.0	R	559.35		30	4.000	1.0	R	234.06	T
1835	Incisional hernia	2004.00		20	166.800	1.0	R	1 554.99		20	133.440	1.0	R	1 244.08		30	4.000	1.0	R	234.06	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)	2004.00	+	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	4.000	1.0	R	234.06	T
1837	Repair of omphalocele in new-born (one or more procedures)	2004.00		20	275.000	1.0	R	2 563.84		20	220.000	1.0	R	2 050.98		30	7.000	1.0	R	409.61	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.	2004.00						-						-						-	
10.1	Kidney							-						-						-	

1839	Renal biopsy: Per kidney: Open	2004.00	20	71.000	1.0	R	661.86	20	71.000	1.0	R	661.86	30	5.000	1.0	R	292.58	T
1841	Renal biopsy: Needle	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	30	3.000	1.0	R	175.55	T
1843	Peritoneal dialysis: First day	2004.00	20	33.000	1.0	R	307.68	20	33.000	1.0	R	307.68					-	
1845	Peritoneal dialysis: Every subsequent day	2004.00	20	33.000	1.0	R	307.68	20	33.000	1.0	R	307.68					-	
1847	Haemodialysis: Per hour or part thereof	2004.00	20	21.000	1.0	R	195.79	20	21.000	1.0	R	195.79					-	
1849	Haemodialysis: Maximum: Eight hours	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03					-	
1851	Haemodialysis: Thereafter per week	2004.00	20	55.000	1.0	R	512.71	20	55.000	1.0	R	512.71					-	
1852	Continuous haemodiafiltration per day in intensive or high care unit	2004.00	20	33.000	1.0	R	307.68	20	33.000	1.0	R	307.68					-	
1853	Nephrectomy: Primary nephrectomy	2004.00	20	225.000	1.0	R	2 097.62	20	180.000	1.0	R	1 678.18	30	5.000	1.0	R	292.58	T
1855	Nephrectomy: Secondary nephrectomy	2004.00	20	267.000	1.0	R	2 489.19	20	213.600	1.0	R	1 991.44	30	5.000	1.0	R	292.58	T
1857	Radical with regional lymph adenectomy for tumour	2004.11	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	6.000	1.0	R	351.09	T
1859	Nephrectomy: Partial	2004.00	20	267.000	1.0	R	2 489.19	20	213.600	1.0	R	1 991.44	30	5.000	1.0	R	292.58	T
1861	Symphysiotomy for horse-shoe kidney	2004.00	20	287.000	1.0	R	2 675.74	20	229.600	1.0	R	2 140.59	30	6.000	1.0	R	351.09	T
1863	Nephro-ureterectomy	2004.00	20	305.000	1.0	R	2 843.51	20	244.000	1.0	R	2 274.78	30	5.000	1.0	R	292.58	T
1865	Nephrotomy with drainage nephrostomy	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	6.000	1.0	R	351.09	T
1869	Nephrolithotomy	2004.00	20	227.000	1.0	R	2 116.24	20	181.600	1.0	R	1 692.99	30	5.000	1.0	R	292.58	T
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	2004.00	20	284.000	1.0	R	2 647.72	20	227.200	1.0	R	2 118.15	30	5.000	1.0	R	292.58	T
1871	Staghorn stone: Surgical	2004.00	20	341.000	1.0	R	3 179.06	20	272.800	1.0	R	2 543.31	30	6.000	1.0	R	351.09	T
1873	Suture renal laceration (renorraphy)	2004.00	20	193.000	1.0	R	1 799.32	20	154.400	1.0	R	1 439.43	30	6.000	1.0	R	351.09	T
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	2004.00	20	34.000	1.0	R	316.92	20	34.000	1.0	R	316.92	30	3.000	1.0	R	175.55	T
1877	Operation for renal cyst: Marsupialisation or excision	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
1879	Closure renal fistula	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
1881	Pyeloplasty	2006.04	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	5.000	1.0	R	292.58	T
1883	Pyelostomy	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
1885	Pyelolithotomy	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	2004.00	20	223.000	1.0	R	2 078.99	20	178.400	1.0	R	1 663.22	30	5.000	1.0	R	292.58	T
1889	Nephrectomy for Allograft: Living or dead	2004.00	20	255.000	1.0	R	2 377.29	20	204.000	1.0	R	1 901.83	30	5.000	1.0	R	292.58	T
1891	Perinephric abscess or renal abscess: Drainage	2004.00	20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	7.000	1.0	R	409.61	T
1893	Aberrant renal vessels: Repositioning with pyeloplasty	2004.00	20	210.000	1.0	R	1 957.86	20	168.000	1.0	R	1 566.28	30	5.000	1.0	R	292.58	T
1894	Auto transplantation of kidney	2004.00	20	420.000	1.0	R	3 915.56	20	336.000	1.0	R	3 132.57	30	10.000	1.0	R	585.16	T
1895	Allo transplantation of kidney	2004.00	20	420.000	1.0	R	3 915.56	20	336.000	1.0	R	3 132.57	30	10.000	1.0	R	585.16	T
10.2	Ureter						-					-					-	
1897	Ureterorraphy: Suture of ureter	2004.11	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1898	Ureterorraphy: Lumbar approach	2004.11	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
1899	Ureteroplasty	2004.00	20	181.000	1.0	R	1 687.42	20	144.800	1.0	R	1 349.97	30	5.000	1.0	R	292.58	T
1901	Ureterolysis	2004.00	20	118.000	1.0	R	1 100.07	20	118.000	1.0	R	1 100.07	30	5.000	1.0	R	292.58	T
1902	Ureterolysis: Lumbar approach	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
1903	Ureterectomy only	2004.00	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1905	Ureterolithotomy	2004.00	20	265.800	1.0	R	2 478.04	20	212.640	1.0	R	1 982.49	30	5.000	1.0	R	292.58	T
1907	Cutaneous ureterostomy: Unilateral	2004.00	20	108.000	1.0	R	1 006.94	20	108.000	1.0	R	1 006.94	30	5.000	1.0	R	292.58	T
1909	Cutaneous ureterostomy: Bilateral	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
1911	Uretero-enterostomy: Unilateral	2004.00	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1913	Uretero-enterostomy: Bilateral	2004.00	20	240.000	1.0	R	2 237.53	20	192.000	1.0	R	1 789.93	30	5.000	1.0	R	292.58	T
1915	Uretero-ureterostomy	2004.00	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1917	Transuretero-ureterostomy	2004.00	20	155.000	1.0	R	1 445.00	20	124.000	1.0	R	1 156.09	30	5.000	1.0	R	292.58	T
1919	Closure of ureteric fistula	2004.00	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1921	Immediate deligation of ureter	2004.00	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1923	Ureterolysis for retrocaval ureter with anastomosis	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	5.000	1.0	R	292.58	T
1925	Uretero-pyelostomy	2004.00	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	5.000	1.0	R	292.58	T
1927	Uretero-neo-cystostomy: Unilateral	2004.00	20	316.100	1.0	R	2 946.90	20	252.880	1.0	R	2 357.64	30	5.000	1.0	R	292.58	T
1929	Uretero-neo-cystostomy: Bilateral	2004.00	20	474.150	1.0	R	4 420.50	20	379.320	1.0	R	3 536.31	30	5.000	1.0	R	292.58	T
1931	Uretero-neo-cystostomy: With Boariplasty	2004.00	20	351.800	1.0	R	3 279.81	20	281.440	1.0	R	2 623.82	30	5.000	1.0	R	292.58	T
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	2004.00	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	5.000	1.0	R	292.58	T
1935	Uretero-ileal conduit	2004.00	20	388.000	1.0	R	3 617.27	20	310.400	1.0	R	2 893.81	30	5.000	1.0	R	292.58	T
1937	Replacement of ureter by bowel segment: Unilateral	2004.00	20	277.000	1.0	R	2 582.46	20	221.600	1.0	R	2 065.94	30	5.000	1.0	R	292.58	T
1939	Replacement of ureter by bowel segment: Bilateral	2004.00	20	485.000	1.0	R	4 521.55	20	388.000	1.0	R	3 617.27	30	5.000	1.0	R	292.58	T
1941	Ureterostomy-in-situ: Unilateral	2004.00	20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	30	5.000	1.0	R	292.58	T
1943	Ureterostomy-in-situ: Bilateral	2004.00	20	175.000	1.0	R	1 631.55	20	140.000	1.0	R	1 305.24	30	5.000	1.0	R	292.58	T
10.3	Bladder						-					-					-	

1952	J J Stent catheter	2004.00	+	20	44.000	1.0	R	410.20	20	44.000	1.0	R	410.20	30	3.000	1.0	R	175.55	T
1953	With hydrodilatation of the bladder for interstitial cystitis	2004.00	+	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64	30	3.000	1.0	R	175.55	T
1954	Uretroscopy	2004.00	+	20	35.000	1.0	R	326.31					-	30	3.000	1.0	R	175.55	T
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	2004.00	+	20	35.000	1.0	R	326.31	20	35.000	1.0	R	326.31	30	3.000	1.0	R	175.55	T
1957	With dilatation of the ureter or ureters	2004.00	+	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	30	3.000	1.0	R	175.55	T
1959	With manipulation of ureteral calculus	2004.00	+	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T
1961	With removal of foreign body or calculus from urethra or bladder	2004.00	+	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T
1963	With fulguration or treatment of minor lesions, with or without biopsy	2004.00	+	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91	30	3.000	1.0	R	175.55	T
1964	And control of haemorrhage and blood clot evacuation	2004.00	+	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91	30	3.000	1.0	R	175.55	T
1965	And catheterisation of the ejaculatory duct	2004.00	+	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	30	3.000	1.0	R	175.55	T
1967	With ureteric meatotomy: Unilateral or bilateral	2004.00	+	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91	30	3.000	1.0	R	175.55	T
1969	And cold biopsy	2004.00	+	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91	30	3.000	1.0	R	175.55	T
1971	With cryosurgery for bladder or prostatic disease	2004.00	+	20	55.000	1.0	R	512.71	20	55.000	1.0	R	512.71	30	3.000	1.0	R	175.55	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	2004.00	+	20	35.000	1.0	R	326.31	20	35.000	1.0	R	326.31	30	3.000	1.0	R	175.55	T
1975	Ultraviolet cystoscopy for bladder tumour	2004.00		20	60.000	1.0	R	559.35	20	60.000	1.0	R	559.35	30	3.000	1.0	R	175.55	T
1976	Optic urethrotomy	2004.00		20	80.000	1.0	R	745.89	20	80.000	1.0	R	745.89	30	3.000	1.0	R	175.55	T
1977	Transurethral resection of ejaculatory duct	2004.00		20	60.700	1.0	R	565.94	20	60.700	1.0	R	565.94	30	3.000	1.0	R	175.55	T
1979	Internal urethrotomy: Female	2004.00		20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	3.000	1.0	R	175.55	T
1981	Internal urethrotomy: Male	2004.00		20	76.200	1.0	R	710.40	20	76.200	1.0	R	710.40	30	3.000	1.0	R	175.55	T
1983	Transurethral resection of bladder tumour	2004.00		20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	30	5.000	1.0	R	292.58	T
1984	Transurethral resection of bladder tumours: Large multiple tumours	2004.00		20	115.000	1.0	R	1 072.20	20	115.000	1.0	R	1 072.20	30	5.000	1.0	R	292.58	T
1985	Transurethral resection of bladder neck: Female or child	2004.00		20	105.000	1.0	R	978.93	20	105.000	1.0	R	978.93	30	5.000	1.0	R	292.58	T
1986	Transurethral resection of bladder neck: Male	2004.00		20	125.000	1.0	R	1 165.33	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
1987	Litholapaxy	2004.00		20	80.000	1.0	R	745.89	20	80.000	1.0	R	745.89	30	5.000	1.0	R	292.58	T
1989	Cystometrogram	2004.00		20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	30	3.000	1.0	R	175.55	T
1991	Flometric bladder, studies with videocystograph	2004.00		20	40.000	1.0	R	372.95	20	40.000	1.0	R	372.95	30	3.000	1.0	R	175.55	T
1992	Without videocystograph	2004.00		20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	30	3.000	1.0	R	175.55	T
1993	Voiding cysto-urethrogram	2004.00		20	21.000	1.0	R	195.79	20	21.000	1.0	R	195.79	30	3.000	1.0	R	175.55	T
1994	Rigiscan examination	2004.00		20	66.000	1.0	R	615.37	20	66.000	1.0	R	615.37					-	
1995	Percutaneous aspiration of bladder	2004.00		20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	30	3.000	1.0	R	175.55	T
1996	Bladder catheterisation: Male (not at operation)	2004.00		20	6.000	1.0	R	55.88	20	6.000	1.0	R	55.88	30	3.000	1.0	R	175.55	T
1997	Bladder catheterisation: Female (not at operation)	2004.00		20	3.000	1.0	R	28.01	20	3.000	1.0	R	28.01					-	
1999	Percutaneous cystostomy	2004.00		20	24.000	1.0	R	223.80	20	24.000	1.0	R	223.80	30	3.000	1.0	R	175.55	T
1945	Instillation of radio-opaque material for cystography or urethrocystography	2004.00		20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64	30	3.000	1.0	R	175.55	T
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	2004.00		20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	30	3.000	1.0	R	175.55	T
1949	Cystoscopy: Hospital equipment	2004.00		20	44.000	1.0	R	410.20	20	44.000	1.0	R	410.20	30	3.000	1.0	R	175.55	T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	2004.00	+	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	30	3.000	1.0	R	175.55	T
2001	Total cystectomy: After previous urinary diversion	2004.00		20	294.000	1.0	R	2 741.00	20	235.200	1.0	R	2 192.80	30	8.000	1.0	R	468.13	T
2003	Total cystectomy: With conduit construction and ureteric anastomosis	2004.00		20	554.700	1.0	R	5 171.38	20	443.760	1.0	R	4 137.16	30	8.000	1.0	R	468.13	T
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	2004.00		20	650.000	1.0	R	6 059.97	20	520.000	1.0	R	4 847.86	30	8.000	1.0	R	468.13	T
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	2004.00		20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	8.000	1.0	R	468.13	T
2007	Partial cystectomy	2004.00		20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	6.000	1.0	R	351.09	T
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	2004.00		20	600.000	1.0	R	5 593.75	20	480.000	1.0	R	4 475.06	30	8.000	1.0	R	468.13	T
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	2004.00		20	462.000	1.0	R	4 307.14	20	369.600	1.0	R	3 445.68	30	8.000	1.0	R	468.13	T
2010	Reversion of temporary conduit	2004.00		20	360.000	1.0	R	3 356.22	20	288.000	1.0	R	2 684.98	30	8.000	1.0	R	468.13	T
2011	Partial cystectomy with uretero-neo-cystostomy	2004.00		20	202.000	1.0	R	1 883.21	20	161.600	1.0	R	1 506.60	30	6.000	1.0	R	351.09	T
2012	Reversion of conduit with major urinary tract reconstruction	2004.00		20	600.000	1.0	R	5 593.75	20	480.000	1.0	R	4 475.06	30	8.000	1.0	R	468.13	T
2013	Diverticulectomy (independent procedure): Multiple or single	2004.00		20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2015	Suprapubic cystostomy	2004.00		20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	5.000	1.0	R	292.58	T
2016	Abdomino-neo-urethrostomy	2004.00		20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	5.000	1.0	R	292.58	T
2017	Open loop fulguration or excision of bladder tumour	2004.00		20	101.000	1.0	R	941.68	20	101.000	1.0	R	941.68	30	5.000	1.0	R	292.58	T
2019	Operation for vesico-vaginal or urethra-vaginal fistula	2004.00		20	155.000	1.0	R	1 445.00	20	124.000	1.0	R	1 156.09	30	5.000	1.0	R	292.58	T
2020	Repair of vesico vaginal fistula: Abdominal approach	2004.00		20	255.000	1.0	R	2 377.29	20	204.000	1.0	R	1 901.83	30	5.000	1.0	R	292.58	T
2021	Vesico-plication (Hamilton Stewart)	2004.00		20	118.000	1.0	R	1 100.07	20	118.000	1.0	R	1 100.07	30	5.000	1.0	R	292.58	T
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	2004.11		20	195.000	1.0	R	1 817.95	20	156.000	1.0	R	1 454.39	30	5.000	1.0	R	292.58	T
2025	Vesico-urethropexy with rectus sling	2004.11		20	229.400	1.0	R	2 138.68	20	183.520	1.0	R	1 710.89	30	5.000	1.0	R	292.58	T

2027	Open operation for ureterocele: Unilateral	2004.00	20	118.000	1.0	R	1 100.07	20	118.000	1.0	R	1 100.07	30	5.000	1.0	R	292.58	T
2029	Open operation for ureterocele: Bilateral	2004.00	20	207.000	1.0	R	1 929.84	20	165.600	1.0	R	1 543.85	30	5.000	1.0	R	292.58	T
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	2004.00	20	264.000	1.0	R	2 461.18	20	211.200	1.0	R	1 969.00	30	8.000	1.0	R	468.13	T
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	2004.00	20	53.000	1.0	R	494.08	20	53.000	1.0	R	494.08	30	8.000	1.0	R	468.13	T
2035	Cutaneous vesicostomy	2004.00	20	118.000	1.0	R	1 100.07	20	118.000	1.0	R	1 100.07	30	5.000	1.0	R	292.58	T
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	2004.00	20	126.000	1.0	R	1 174.71	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2039	Operation for ruptured bladder	2004.00	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	6.000	1.0	R	351.09	T
2042	Enterocystoplasty plus bowel anastomosis	2004.00	20	419.900	1.0	R	3 914.68	20	335.920	1.0	R	3 131.69	30	5.000	1.0	R	292.58	T
2043	Cysto-lithotomy	2004.00	20	132.000	1.0	R	1 230.59	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2045	Excision of patent-urachus or urachal cyst	2004.00	20	112.000	1.0	R	1 044.19	20	112.000	1.0	R	1 044.19	30	5.000	1.0	R	292.58	T
2047	Drainage of perivesical or prevesical abscess	2004.00	20	105.000	1.0	R	978.93	20	105.000	1.0	R	978.93	30	5.000	1.0	R	292.58	T
2049	Evacuation of clots from bladder: Other than post-operative	2004.00	20	132.100	1.0	R	1 231.62	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
2050	Evacuation of clots from bladder: Post-operative	2004.00					-					-	30	4.000	1.0	R	234.06	T
2051	Simple bladder lavage: Including catheterisation	2004.00	20	12.000	1.0	R	111.90	20	12.000	1.0	R	111.90	30	3.000	1.0	R	175.55	T
2053	Bladder neck plasty: Male	2004.00	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2057	Bladder neck plasty: Female	2004.00	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
10.4	Urethra						-					-					-	
2059	Open biopsy of urethra: Male	2004.00	20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	3.000	1.0	R	175.55	T
2061	Open biopsy of urethra: Female	2004.00	20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	3.000	1.0	R	175.55	T
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	2004.00	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	30	3.000	1.0	R	175.55	T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	2004.00	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T
2069	Dilatation of female urethra	2004.00	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64	30	3.000	1.0	R	175.55	T
2071	Urethrorraphy: Suture of urethral wound or injury	2004.00	20	139.000	1.0	R	1 295.85	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
2073	External urethrotomy: Pendulous urethra (anterior)	2004.00	20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	3.000	1.0	R	175.55	T
2075	Urethraplasty: Pendulous urethra: First stage	2004.00	20	71.000	1.0	R	661.86	20	71.000	1.0	R	661.86	30	4.000	1.0	R	234.06	T
2077	Urethraplasty: Pendulous urethra: Second stage	2004.00	20	145.000	1.0	R	1 351.87	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
2079	Reconstruction of female urethra	2004.00	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
2081	Reconstruction or repair of male anterior urethra (one stage)	2004.00	20	261.600	1.0	R	2 438.89	20	209.280	1.0	R	1 951.11	30	4.000	1.0	R	234.06	T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	6.000	1.0	R	351.09	T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	6.000	1.0	R	351.09	T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	2004.00	20	294.000	1.0	R	2 741.00	20	235.200	1.0	R	2 192.80	30	6.000	1.0	R	351.09	T
2087	Urethral diverticulectomy: Male or female	2004.00	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	2004.00	20	86.000	1.0	R	801.77	20	86.000	1.0	R	801.77					-	
2089	Marsupialisation of urethral diverticula: Male or female	2004.00	20	115.100	1.0	R	1 073.08	20	115.100	1.0	R	1 073.08	30	4.000	1.0	R	234.06	T
2091	Total urethrectomy: Female	2004.00	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2093	Total urethrectomy: Male	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
2095	Drainage of simple localised perineal urinary extravasation	2004.00	20	128.800	1.0	R	1 200.82	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	2005.05	20	137.000	1.0	R	1 277.23	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2099	Fulguration for urethral caruncle or polyp	2004.00	20	53.600	1.0	R	499.66	20	53.600	1.0	R	499.66	30	3.000	1.0	R	175.55	T
2101	Excision of urethral caruncle	2004.00	20	53.600	1.0	R	499.66	20	53.600	1.0	R	499.66	30	3.000	1.0	R	175.55	T
2103	Simple urethral meatotomy	2004.00	20	26.300	1.0	R	245.21	20	26.300	1.0	R	245.21	30	3.000	1.0	R	175.55	T
2105	Incision of deep peri-urethral abscess: Female	2004.00	20	123.100	1.0	R	1 147.58	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
2107	Incision of deep peri-urethral abscess: Male	2004.00	20	123.100	1.0	R	1 147.58	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
2109	Badenoch pull-through for intractable stricture or incontinence	2004.00	20	181.000	1.0	R	1 687.42	20	144.800	1.0	R	1 349.97	30	5.000	1.0	R	292.58	T
2111	External sphincterotomy	2006.04	20	108.000	1.0	R	1 006.94	20	108.000	1.0	R	1 006.94	30	5.000	1.0	R	292.58	T
2113	Drainage of Skene gland abscess or cyst	2004.00	20	42.300	1.0	R	394.36	20	42.300	1.0	R	394.36	30	3.000	1.0	R	175.55	T
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	5.000	1.0	R	292.58	T
2116	Urethral meatoplasty	2004.00	20	101.500	1.0	R	946.22	20	101.500	1.0	R	946.22	30	3.000	1.0	R	175.55	T
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	2004.00	20	150.300	1.0	R	1 401.30	20	120.240	1.0	R	1 121.04	30	3.000	1.0	R	175.55	T
2121	Closure of urethrovaginal fistula: Including diversionary procedures	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	5.000	1.0	R	292.58	T
11	Male Genital System						-					-					-	
11.1	Penis						-					-					-	
2123	Biopsy of penis (independent procedure)	2004.00	20	52.100	1.0	R	485.72	20	52.100	1.0	R	485.72	30	3.000	1.0	R	175.55	T
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	2006.04	20	16.600	1.0	R	154.72	20	16.600	1.0	R	154.72	30	3.000	1.0	R	175.55	T
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	2006.04	20	41.600	1.0	R	387.90	20	41.600	1.0	R	387.90	30	3.000	1.0	R	175.55	T

2129	Electrodesiccation: Limited number	2004.00	20	20.800	1.0	R	193.88	20	20.800	1.0	R	193.88	30	3.000	1.0	R	175.55	T
2131	Electrodesiccation: Multiple extensive	2004.00	20	41.600	1.0	R	387.90	20	41.600	1.0	R	387.90	30	3.000	1.0	R	175.55	T
2132	Ligation of abnormal venous drainage	2004.00	20	106.100	1.0	R	989.19	20	106.100	1.0	R	989.19	30	3.000	1.0	R	175.55	T
2133	Circumcision: Clamp procedure	2004.00	20	42.300	1.0	R	394.36	20	42.300	1.0	R	394.36	30	3.000	1.0	R	175.55	T
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	2004.00	20	60.000	1.0	R	559.35	20	60.000	1.0	R	559.35	30	3.000	1.0	R	175.55	T
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	2004.00	20	36.800	1.0	R	343.03	20	36.800	1.0	R	343.03	30	3.000	1.0	R	175.55	T
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	2004.00	20	101.000	1.0	R	941.68	20	101.000	1.0	R	941.68	30	3.000	1.0	R	175.55	T
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	2004.00	20	188.600	1.0	R	1 758.26	20	150.880	1.0	R	1 406.58	30	3.000	1.0	R	175.55	T
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	2004.00	20	224.600	1.0	R	2 093.95	20	179.680	1.0	R	1 675.10	30	3.000	1.0	R	175.55	T
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	3.000	1.0	R	175.55	T
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	3.000	1.0	R	175.55	T
2153	Reconstructive operation for epispadias with incontinence	2004.00	20	168.000	1.0	R	1 566.28	20	134.400	1.0	R	1 253.03	30	3.000	1.0	R	175.55	T
2154	Induction of artificial erection	2004.00	20	16.000	1.0	R	149.15	20	16.000	1.0	R	149.15	30	3.000	1.0	R	175.55	T
2155	Hypospadias: Urethral reconstruction	2004.00	20	187.000	1.0	R	1 743.44	20	149.600	1.0	R	1 394.70	30	3.000	1.0	R	175.55	T
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	2004.00	20	84.000	1.0	R	783.14	20	84.000	1.0	R	783.14	30	3.000	1.0	R	175.55	T
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	3.000	1.0	R	175.55	T
2161	Total amputation of penis: Without gland dissection	2004.00	20	210.000	1.0	R	1 957.86	20	168.000	1.0	R	1 566.28	30	4.000	1.0	R	234.06	T
2163	Total amputation of penis: With gland-dissection	2004.00	20	336.000	1.0	R	3 132.57	20	268.800	1.0	R	2 506.05	30	6.000	1.0	R	351.09	T
2165	Partial amputation of penis: With gland-dissection	2004.00	20	210.000	1.0	R	1 957.86	20	168.000	1.0	R	1 566.28	30	6.000	1.0	R	351.09	T
2167	Partial amputation of penis: Without gland-dissection	2004.00	20	84.000	1.0	R	783.14	20	84.000	1.0	R	783.14	30	4.000	1.0	R	234.06	T
2169	Injection procedure for Peyronie's disease	2004.00	20	14.000	1.0	R	130.52	20	14.000	1.0	R	130.52	30	3.000	1.0	R	175.55	T
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	2004.00	20	42.000	1.0	R	391.57	20	42.000	1.0	R	391.57	30	3.000	1.0	R	175.55	T
2173	Priapism operation: Shunt procedure: Any type	2004.00	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	4.000	1.0	R	234.06	T
2174	Priapism operation: Stab shunt	2004.00	20	114.400	1.0	R	1 066.48	20	114.400	1.0	R	1 066.48	30	4.000	1.0	R	234.06	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	2004.00					-					-					-	
2175	Testis biopsy: Needle (independent procedure)	2004.00	20	18.500	1.0	R	172.47	20	18.500	1.0	R	172.47	30	3.000	1.0	R	175.55	T
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	2004.00	20	58.900	1.0	R	549.08	20	58.900	1.0	R	549.08	30	3.000	1.0	R	175.55	T
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	2004.00	20	58.900	1.0	R	549.08	20	58.900	1.0	R	549.08	30	3.000	1.0	R	175.55	T
2181	Epididymis biopsy: Needle	2004.00	20	86.100	1.0	R	802.65	20	86.100	1.0	R	802.65	30	3.000	1.0	R	175.55	T
2183	Puncture aspiration hydrocele with or without injection of medication	2004.00	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	30	3.000	1.0	R	175.55	T
2185	Operation for maldescended testicle: Including herniotomy	2004.00	20	135.000	1.0	R	1 258.60	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
2187	Operation for torsion appendix testis	2004.00	20	119.200	1.0	R	1 111.36	20	119.200	1.0	R	1 111.36	30	4.000	1.0	R	234.06	T
2189	Operation for torsion testis with fixation of contralateral testis	2004.00	20	119.200	1.0	R	1 111.36	20	119.200	1.0	R	1 111.36	30	4.000	1.0	R	234.06	T
2191	Orchidectomy (total or subcapsular): Unilateral	2004.00	20	98.000	1.0	R	913.67	20	98.000	1.0	R	913.67	30	3.000	1.0	R	175.55	T
2193	Orchidectomy (total or subcapsular): Bilateral	2004.00	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
2195	Radical operation for malignant testis: Excluding gland dissection	2004.00	20	155.300	1.0	R	1 447.79	20	124.240	1.0	R	1 158.29	30	6.000	1.0	R	351.09	T
2197	Operation for hydrocele or spermatocele	2004.00	20	99.800	1.0	R	930.38	20	99.800	1.0	R	930.38	30	4.000	1.0	R	234.06	T
2199	Varicocelectomy	2004.00	20	106.100	1.0	R	989.19	20	106.100	1.0	R	989.19	30	4.000	1.0	R	234.06	T
2201	Abdominal ligation of spermatic vein for varicocele	2004.00	20	112.800	1.0	R	1 051.67	20	112.800	1.0	R	1 051.67	30	4.000	1.0	R	234.06	T
2203	Epididymectomy: Unilateral	2004.00	20	114.400	1.0	R	1 066.48	20	114.400	1.0	R	1 066.48	30	3.000	1.0	R	175.55	T
2205	Epididymectomy: Bilateral	2004.00	20	158.200	1.0	R	1 474.92	20	126.560	1.0	R	1 179.85	30	3.000	1.0	R	175.55	T
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	2004.00	20	55.900	1.0	R	521.21	20	55.900	1.0	R	521.21	30	3.000	1.0	R	175.55	T
2209	Vasotomy: Unilateral or bilateral	2004.00	20	70.400	1.0	R	656.28	20	70.400	1.0	R	656.28	30	3.000	1.0	R	175.55	T
2210	Vasogram, seminal vesiculogram: Unilateral	2004.00	20	58.100	1.0	R	541.60	20	58.100	1.0	R	541.60	30	3.000	1.0	R	175.55	T
2211	Vasogram, seminal vesiculogram: Bilateral	2004.00	20	58.100	1.0	R	541.60	20	58.100	1.0	R	541.60	30	3.000	1.0	R	175.55	T
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	2004.00	20	91.200	1.0	R	850.31	20	91.200	1.0	R	850.31	30	4.000	1.0	R	234.06	T
2213	Suture or repair of testicular injury	2004.00	20	110.300	1.0	R	1 028.35	20	110.300	1.0	R	1 028.35	30	4.000	1.0	R	234.06	T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	2004.00	20	90.000	1.0	R	839.02	20	90.000	1.0	R	839.02	30	4.000	1.0	R	234.06	T
2217	Excision of local lesion of testis or epididymis	2004.00	20	90.800	1.0	R	846.50	20	90.800	1.0	R	846.50	30	4.000	1.0	R	234.06	T
2219	Vaso-vasostomy: Unilateral	2004.00	20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	3.000	1.0	R	175.55	T
2221	Vaso-vasostomy: Bilateral	2004.00	20	117.000	1.0	R	1 090.83	20	117.000	1.0	R	1 090.83	30	3.000	1.0	R	175.55	T
2223	Epididymo-vasostomy: Unilateral	2004.00	20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	3.000	1.0	R	175.55	T
2225	Epididymo-vasostomy: Bilateral	2004.00	20	117.000	1.0	R	1 090.83	20	117.000	1.0	R	1 090.83	30	3.000	1.0	R	175.55	T

2227	Incision and drainage of scrotal wall abscess	2004.00	20	42.700	1.0	R	398.02	20	42.700	1.0	R	398.02	30	3.000	1.0	R	175.55	T
2229	Excision of Mullerian duct cyst	2004.00	20	189.000	1.0	R	1 762.07	20	151.200	1.0	R	1 409.66	30	4.000	1.0	R	234.06	T
2231	Excision of lesion of spermatic cord	2004.00	20	84.000	1.0	R	783.14	20	84.000	1.0	R	783.14	30	3.000	1.0	R	175.55	T
2233	Seminal Vesiculectomy	2004.00	20	220.000	1.0	R	2 050.98	20	176.000	1.0	R	1 640.79	30	5.000	1.0	R	292.58	T
11.3	Prostate						-					-					-	
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	2004.00	20	23.300	1.0	R	217.20	20	23.300	1.0	R	217.20	30	3.000	1.0	R	175.55	T
2237	Biopsy prostate: Incisional, any approach	2004.00	20	105.000	1.0	R	978.93	20	105.000	1.0	R	978.93	30	4.000	1.0	R	234.06	T
2239	Transurethral drainage of prostatic abscess	2004.00	20	117.400	1.0	R	1 094.49	20	117.400	1.0	R	1 094.49	30	4.000	1.0	R	234.06	T
2241	Perineal drainage of prostatic abscess	2004.00	20	77.000	1.0	R	717.88	20	77.000	1.0	R	717.88	30	4.000	1.0	R	234.06	T
2243	Trans-urethral cryo-surgical removal of prostate	2004.00	20	126.000	1.0	R	1 174.71	20	120.000	1.0	R	1 118.69	30	6.000	1.0	R	351.09	T
2245	Trans-urethral resection of prostate	2004.00	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	6.000	1.0	R	351.09	T
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	2004.00	20	126.000	1.0	R	1 174.71	20	120.000	1.0	R	1 118.69	30	6.000	1.0	R	351.09	T
2249	Trans-urethral resection of post-operative bladder neck contracture	2004.00	20	126.000	1.0	R	1 174.71	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2251	Prostatectomy: Perineal: Sub-total	2004.00	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	6.000	1.0	R	351.09	T
2253	Prostatectomy: Perineal: Radical	2004.00	20	336.000	1.0	R	3 132.57	20	268.800	1.0	R	2 506.05	30	8.000	1.0	R	468.13	T
2254	Pelvic lymph adenectomy	2004.11	20	175.000	1.0	R	1 631.55	20	140.000	1.0	R	1 305.24	30	8.000	1.0	R	468.13	T
2255	Supra-pelvic, transversical	2004.00	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	6.000	1.0	R	351.09	T
2257	Retropubic: Sub-total	2004.00	20	252.000	1.0	R	2 349.43	20	201.600	1.0	R	1 879.54	30	6.000	1.0	R	351.09	T
2259	Retropubic: Radical	2004.00	20	336.000	1.0	R	3 132.57	20	268.800	1.0	R	2 506.05	30	8.000	1.0	R	468.13	T
2260	Prostate brachytherapy	2004.00	20	230.000	1.0	R	2 144.25	20	184.000	1.0	R	1 715.43	30	8.000	1.0	R	468.13	T
12	Female Genital System						-					-					-	
12.1	Vulva and introitus						-					-					-	
2271	Removal of tag or polyp	2004.00	20	6.000	1.0	R	55.88	20	6.000	1.0	R	55.88	30	3.000	1.0	R	175.55	T
2272	Removal of small superficial benign lesions	2004.00	20	23.000	1.0	R	214.41	20	23.000	1.0	R	214.41	30	3.000	1.0	R	175.55	T
2273	Biopsy with suture in theatre (excluding after-care)	2004.00	20	27.000	1.0	R	251.66	20	27.000	1.0	R	251.66	30	3.000	1.0	R	175.55	T
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	2004.00	20	71.000	1.0	R	661.86	20	71.000	1.0	R	661.86	30	3.000	1.0	R	175.55	T
2275	Reduction labial hypertrophy	2004.00	20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	4.000	1.0	R	234.06	T
2277	Removal of extensive benign vulva tumour	2004.00	20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	4.000	1.0	R	234.06	T
2279	Secondary perineal repair: Repair second degree tear	2004.00	20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	6.000	1.0	R	351.09	T
2280	Secondary perineal repair: Repair third degree tear	2004.00	20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	6.000	1.0	R	351.09	T
2281	Excision of inclusion cyst	2004.00	20	43.000	1.0	R	400.96	20	43.000	1.0	R	400.96	30	4.000	1.0	R	234.06	T
2283	Hymenectomy	2004.00	20	43.000	1.0	R	400.96	20	43.000	1.0	R	400.96	30	4.000	1.0	R	234.06	T
2285	Drainage haematocolpos	2004.00	20	54.000	1.0	R	503.47	20	54.000	1.0	R	503.47	30	4.000	1.0	R	234.06	T
2287	Clitoris repair for injury: Including skin graft, if required	2004.00	20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	4.000	1.0	R	234.06	T
2288	Clitoral reduction	2004.00	20	160.000	1.0	R	1 491.64	20	128.000	1.0	R	1 193.44	30	4.000	1.0	R	234.06	T
2289	Denervation or alcohol infiltration vulva (Woodruff)	2004.00	20	54.000	1.0	R	503.47	20	54.000	1.0	R	503.47	30	4.000	1.0	R	234.06	T
2291	Vulva: Undercutting skin (ball)	2004.00	20	58.000	1.0	R	540.72	20	58.000	1.0	R	540.72	30	4.000	1.0	R	234.06	T
2293	Vulva and introitus: Drainage of abscess	2004.00	20	27.000	1.0	R	251.66	20	27.000	1.0	R	251.66	30	3.000	1.0	R	175.55	T
2295	Bartholin gland: Bartholin abscess marsupialisation	2004.00	20	36.000	1.0	R	335.70	20	36.000	1.0	R	335.70	30	3.000	1.0	R	175.55	T
2297	Bartholin gland: Bartholin gland excision	2004.00	20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	3.000	1.0	R	175.55	T
2299	Bartholin gland: Bartholin radical excision for malignant lesion	2004.00	20	357.000	1.0	R	3 328.21	20	285.600	1.0	R	2 662.68	30	6.000	1.0	R	351.09	T
2301	Operation for enlarging introitus: Fenton plasty	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	4.000	1.0	R	234.06	T
2303	Operation for enlarging introitus: Bilateral Z-plastic	2004.00	20	88.000	1.0	R	820.39	20	88.000	1.0	R	820.39	30	4.000	1.0	R	234.06	T
2305	Vulvectomy: Partial	2004.00	20	161.000	1.0	R	1 501.02	20	128.800	1.0	R	1 200.82	30	4.000	1.0	R	234.06	T
2307	Vulvectomy	2004.00	20	225.000	1.0	R	2 097.62	20	180.000	1.0	R	1 678.18	30	6.000	1.0	R	351.09	T
2309	Radical vulvectomy with bilateral lymphdenectomy	2004.00	20	357.000	1.0	R	3 328.21	20	285.600	1.0	R	2 662.68	30	6.000	1.0	R	351.09	T
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	2004.00	20	402.000	1.0	R	3 747.79	20	321.600	1.0	R	2 998.23	30	6.000	1.0	R	351.09	T
12.2	Vaginal procedures and operations						-					-					-	
2312	Artificial insemination	2004.00	20	13.000	1.0	R	121.14	20	13.000	1.0	R	121.14					-	
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	2004.00	20	25.500	1.0	R	237.73	20	25.500	1.0	R	237.73	30	3.000	1.0	R	175.55	T
2314	Intra uterine insemination	2004.00	20	18.000	1.0	R	167.77	20	18.000	1.0	R	167.77					-	
2315	Simms Hühner test plus wet smear	2004.00	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64					-	
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	2004.00	20	14.000	1.0	R	130.52	20	14.000	1.0	R	130.52	30	3.000	1.0	R	175.55	T
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	2004.00	20	7.000	1.0	R	65.26	20	7.000	1.0	R	65.26	30	3.000	1.0	R	175.55	T
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	2004.00	20	56.000	1.0	R	522.09	20	56.000	1.0	R	522.09	30	3.000	1.0	R	175.55	T

2319	Excision of cysts or tumours	2004.00	20	54.000	1.0	R	503.47	20	54.000	1.0	R	503.47	30	3.000	1.0	R	175.55	T
2321	Drainage of vaginal abscess	2004.00	20	54.000	1.0	R	503.47	20	54.000	1.0	R	503.47	30	3.000	1.0	R	175.55	T
2322	Pudendal nerve block	2004.00	20	15.000	1.0	R	139.91	20	15.000	1.0	R	139.91					-	
2323	Reconstruction of vagina after atresia	2004.00	20	107.000	1.0	R	997.55	20	107.000	1.0	R	997.55	30	5.000	1.0	R	292.58	T
2325	Construction of artificial vagina: Labial fusion	2004.00	20	179.000	1.0	R	1 668.80	20	143.200	1.0	R	1 335.01	30	4.000	1.0	R	234.06	T
2327	Construction of artificial vagina: Macindoe type	2004.00	20	196.000	1.0	R	1 827.33	20	156.800	1.0	R	1 461.87	30	5.000	1.0	R	292.58	T
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	2004.11	20	241.000	1.0	R	2 246.77	20	192.800	1.0	R	1 797.41	30	6.000	1.0	R	351.09	T
2331	Vaginal septum removal	2004.00	20	107.000	1.0	R	997.55	20	107.000	1.0	R	997.55	30	4.000	1.0	R	234.06	T
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	2004.00	20	243.300	1.0	R	2 268.33	20	194.640	1.0	R	1 814.57	30	6.000	1.0	R	351.09	T
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	2004.00	20	243.300	1.0	R	2 268.33	20	194.640	1.0	R	1 814.57	30	6.000	1.0	R	351.09	T
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	2004.00	20	166.900	1.0	R	1 556.02	20	133.520	1.0	R	1 244.81	30	6.000	1.0	R	351.09	T
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	2004.00	20	166.900	1.0	R	1 556.02	20	133.520	1.0	R	1 244.81	30	6.000	1.0	R	351.09	T
2339	Colpotomy: Diagnostic (excluding after-care)	2004.00	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	4.000	1.0	R	234.06	T
2341	Colpotomy: Therapeutic, with or without sterilisation	2004.00	20	103.000	1.0	R	960.30	20	103.000	1.0	R	960.30	30	4.000	1.0	R	234.06	T
2343	Vaginal hysterectomy: Without repair	2004.00	20	210.500	1.0	R	1 962.40	20	168.400	1.0	R	1 569.95	30	6.000	1.0	R	351.09	T
2345	Vaginal hysterectomy: With repair	2004.00	20	231.700	1.0	R	2 160.09	20	185.360	1.0	R	1 728.05	30	6.000	1.0	R	351.09	T
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	2004.00	20	320.000	1.0	R	2 983.27	20	256.000	1.0	R	2 386.68	30	6.000	1.0	R	351.09	T
2361	Vaginal hysterectomy and repair for total prolapse	2004.00	20	320.000	1.0	R	2 983.27	20	256.000	1.0	R	2 386.68	30	6.000	1.0	R	351.09	T
2363	Fothergill or Manchester repair operation	2004.00	20	196.000	1.0	R	1 827.33	20	156.800	1.0	R	1 461.87	30	5.000	1.0	R	292.58	T
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	2004.00	20	232.000	1.0	R	2 162.88	20	185.600	1.0	R	1 730.39	30	5.000	1.0	R	292.58	T
2366	Posterior repair alone	2004.00	20	107.000	1.0	R	997.55	20	107.000	1.0	R	997.55	30	5.000	1.0	R	292.58	T
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	2004.00	20	161.000	1.0	R	1 501.02	20	128.800	1.0	R	1 200.82	30	5.000	1.0	R	292.58	T
2368	Uterovesical fistula	2004.00	20	210.000	1.0	R	1 957.86	20	168.000	1.0	R	1 566.28	30	5.000	1.0	R	292.58	T
2369	Repair of Vesico- or urethro-vaginal fistula	2004.00	20	179.000	1.0	R	1 668.80	20	143.200	1.0	R	1 335.01	30	5.000	1.0	R	292.58	T
2370	Repair of VVF - Obstetric or radiation	2004.00	20	232.000	1.0	R	2 162.88	20	185.600	1.0	R	1 730.39	30	5.000	1.0	R	292.58	T
2371	Closure of uretero-vaginal fistula	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	5.000	1.0	R	292.58	T
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	5.000	1.0	R	292.58	T
2373	Closure of recto-vaginal fistula	2004.00	20	134.000	1.0	R	1 249.21	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2374	Closure of recto-vaginal fistula: Obstetric or radiation	2004.00	20	151.000	1.0	R	1 407.75	20	120.800	1.0	R	1 126.17	30	5.000	1.0	R	292.58	T
2375	Colpocleisis	2004.00	20	129.000	1.0	R	1 202.72	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
2377	Le Fort operation	2004.00	20	129.000	1.0	R	1 202.72	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T
2379	Schauta operation	2004.00	20	357.000	1.0	R	3 328.21	20	285.600	1.0	R	2 662.68	30	8.000	1.0	R	468.13	T
2381	Vaginectomy	2004.00	20	268.000	1.0	R	2 498.58	20	214.400	1.0	R	1 998.77	30	8.000	1.0	R	468.13	T
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	2004.00	20	429.000	1.0	R	3 999.60	20	343.200	1.0	R	3 199.59	30	8.000	1.0	R	468.13	T
2385	Vaginal laceration or trauma: Repair	2004.00	20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	4.000	1.0	R	234.06	T
12.3	Cervix						-					-					-	
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	2006.05	20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40					-	
2391	Cervix: Canal reconstruction	2004.00	20	147.000	1.0	R	1 370.50	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	2004.00	20	14.000	1.0	R	130.52	20	14.000	1.0	R	130.52					-	
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	2004.00	20	22.000	1.0	R	205.17	20	22.000	1.0	R	205.17	30	3.000	1.0	R	175.55	T
2396	Laser or harmonic scalpel *treatment* of the cervix	2004.00	20	80.000	1.0	R	745.89	20	80.000	1.0	R	745.89	30	3.000	1.0	R	175.55	T
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	2004.00	20	31.000	1.0	R	289.06	20	31.000	1.0	R	289.06	30	3.000	1.0	R	175.55	T
2399	Punch biopsy (excluding after-care)	2004.00	20	9.000	1.0	R	83.89	20	9.000	1.0	R	83.89	30	3.000	1.0	R	175.55	T
2400	Biopsy during pregnancy (excluding after-care)	2004.00	20	13.000	1.0	R	121.14	20	13.000	1.0	R	121.14	30	3.000	1.0	R	175.55	T
2403	Wedge biopsy: Cervix (excluding after-care)	2004.00	20	18.000	1.0	R	167.77	20	18.000	1.0	R	167.77	30	3.000	1.0	R	175.55	T
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	2004.00	20	24.000	1.0	R	223.80	20	24.000	1.0	R	223.80	30	3.000	1.0	R	175.55	T
2405	Cone biopsy: Cervix (excluding after-care)	2004.00	20	54.000	1.0	R	503.47	20	54.000	1.0	R	503.47	30	3.000	1.0	R	175.55	T
2407	Amputation: Cervix	2004.00	20	67.000	1.0	R	624.61	20	67.000	1.0	R	624.61	30	3.000	1.0	R	175.55	T
2409	Cervix encirclage: McDonald stitch	2004.00	20	35.000	1.0	R	326.31	20	35.000	1.0	R	326.31	30	3.000	1.0	R	175.55	T
2411	Cervix encirclage: Shirodkar suture	2004.00	20	60.000	1.0	R	559.35	20	60.000	1.0	R	559.35	30	3.000	1.0	R	175.55	T
2413	Cervix encirclage: Lash	2004.00	20	49.000	1.0	R	456.83	20	49.000	1.0	R	456.83	30	3.000	1.0	R	175.55	T
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	2004.00	20	5.000	1.0	R	46.64	20	5.000	1.0	R	46.64					-	
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	2004.00	20	30.000	1.0	R	279.67	20	30.000	1.0	R	279.67	30	3.000	1.0	R	175.55	T
2417	Repair of tears: Emmet repair of tears	2004.00	20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	3.000	1.0	R	175.55	T
2418	Repair of tears: Sturmdorff repair of tears	2004.00	20	54.000	1.0	R	503.47	20	54.000	1.0	R	503.47	30	3.000	1.0	R	175.55	T
2421	Extirpation of cervical stump: Vaginal	2004.00	20	134.000	1.0	R	1 249.21	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
2423	Extirpation of cervical stump: Abdominal	2004.00	20	134.000	1.0	R	1 249.21	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T

2425	Removal of cervical polyps (excluding after-care)	2004.00		20	13.000	1.0	R	121.14		20	13.000	1.0	R	121.14		30	3.000	1.0	R	175.55		T
2427	Removal of cervical myomata	2004.00		20	54.000	1.0	R	503.47		20	54.000	1.0	R	503.47		30	3.000	1.0	R	175.55		T
2429	Colposcopy (excluding after-care)	2004.00		20	27.000	1.0	R	251.66		20	27.000	1.0	R	251.66		30	3.000	1.0	R	175.55		T
12.4	Uterus							-						-						-		
2433	Embryo transfer	2004.00		20	45.000	1.0	R	419.58		20	45.000	1.0	R	419.58		30	4.000	1.0	R	234.06		T
2434	Endometrial biopsy (excluding after-care)	2004.00		20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77		30	3.000	1.0	R	175.55		T
2435	Hysterosalpingogram (excluding after-care)	2004.00		20	22.000	1.0	R	205.17		20	22.000	1.0	R	205.17		30	3.000	1.0	R	175.55		T
2436	Hysteroscopy (excluding after-care)	2004.00		20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	3.000	1.0	R	175.55		T
2437	Hysteroscopy and D&C (excluding after-care)	2004.00		20	58.000	1.0	R	540.72		20	58.000	1.0	R	540.72		30	3.000	1.0	R	175.55		T
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	2004.00		20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		30	3.000	1.0	R	175.55		T
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	2004.00		20	63.000	1.0	R	587.36		20	63.000	1.0	R	587.36		30	3.000	1.0	R	175.55		T
2440	Hysteroscopy and polypectomy (excluding after-care)	2004.00		20	75.000	1.0	R	699.26		20	75.000	1.0	R	699.26		30	3.000	1.0	R	175.55		T
2441	Hysteroscopy and myomectomy (excluding after-care)	2004.00		20	130.000	1.0	R	1 211.96		20	120.000	1.0	R	1 118.69		30	3.000	1.0	R	175.55		T
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	2006.04		20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77		30	3.000	1.0	R	175.55		T
2443	Dilatation and curettage (D&C) (excluding after-care)	2006.04		20	35.000	1.0	R	326.31		20	35.000	1.0	R	326.31		30	3.000	1.0	R	175.55		T
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	2006.04		20	45.000	1.0	R	419.58		20	45.000	1.0	R	419.58		30	3.000	1.0	R	175.55		T
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	2004.00		20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06		T
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	2004.00		20	71.000	1.0	R	661.86		20	71.000	1.0	R	661.86		30	4.000	1.0	R	234.06		T
2448	Termination of pregnancy before 12 weeks	2004.00		20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06		T
2449	Evacuation: Missed abortion: Before 12 weeks gestation	2004.00		20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06		T
2451	Evacuation: Missed abortion: After 12 weeks gestation	2004.00		20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		30	4.000	1.0	R	234.06		T
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	2004.00		20	54.000	1.0	R	503.47		20	54.000	1.0	R	503.47		30	4.000	1.0	R	234.06		T
2453	Evacuation hydatidiform mole	2004.00		20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		30	5.000	1.0	R	292.58		T
2455	Evacuation uterus post-partum	2004.00		20	54.000	1.0	R	503.47		20	54.000	1.0	R	503.47		30	6.000	1.0	R	351.09		T
2461	Ventrosuspension	2004.00		20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		30	4.000	1.0	R	234.06		T
2463	Uteroplasty: Strassman	2004.00		20	143.000	1.0	R	1 333.25		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09		T
2465	Uteroplasty: Tompkins	2004.00		20	143.000	1.0	R	1 333.25		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09		T
2467	Myomectomy	2004.00		20	143.000	1.0	R	1 333.25		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09		T
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	2004.00		20	254.100	1.0	R	2 368.93		20	203.280	1.0	R	1 895.23		30	6.000	1.0	R	351.09		T
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	2004.00		20	252.200	1.0	R	2 351.19		20	201.760	1.0	R	1 881.01		30	6.000	1.0	R	351.09		T
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	2004.00		20	355.000	1.0	R	3 309.58		20	284.000	1.0	R	2 647.72		30	6.000	1.0	R	351.09		T
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	2004.00		20	472.800	1.0	R	4 407.89		20	378.240	1.0	R	3 526.34		30	8.000	1.0	R	468.13		T
2477	Abdominal hysterotomy with or without sterilisation	2004.00		20	188.000	1.0	R	1 752.68		20	150.400	1.0	R	1 402.18		30	6.000	1.0	R	351.09		T
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	2004.00		20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64		30	6.000	1.0	R	351.09		T
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	2004.00		20	225.000	1.0	R	2 097.62		20	180.000	1.0	R	1 678.18		30	6.000	1.0	R	351.09		T
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	2004.00		20	120.000	1.0	R	1 118.69						-						-		
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	2004.00						-						-						-		
2481	Insufflation Fallopian tubes (excluding after-care)	2004.00		20	16.000	1.0	R	149.15		20	16.000	1.0	R	149.15		30	3.000	1.0	R	175.55		T
2483	Salpingolysis	2004.00		20	125.000	1.0	R	1 165.33		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06		T
2485	Salpingostomy	2004.00		20	161.000	1.0	R	1 501.02		20	128.800	1.0	R	1 200.82		30	4.000	1.0	R	234.06		T
2487	Tuboplasty tubal anastomosis or re-implantation	2004.00		20	196.000	1.0	R	1 827.33		20	156.800	1.0	R	1 461.87		30	4.000	1.0	R	234.06		T
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	2004.00		20	125.000	1.0	R	1 165.33		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09		T
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	2004.00		20	161.000	1.0	R	1 501.02		20	128.800	1.0	R	1 200.82		30	6.000	1.0	R	351.09		T
2491	Ectopic pregnancy - after 12 weeks	2004.00		20	225.000	1.0	R	2 097.62		20	180.000	1.0	R	1 678.18		30	6.000	1.0	R	351.09		T
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	2004.00		20	94.000	1.0	R	876.42		20	94.000	1.0	R	876.42		30	5.000	1.0	R	292.58		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	2004.00						-						-						-		
2493	Diagnostic laparoscopy (excluding after-care)	2004.00		20	94.400	1.0	R	880.08		20	94.400	1.0	R	880.08		30	5.000	1.0	R	292.58		T
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	2004.00	+	20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77		30	5.000	1.0	R	292.58		T
2497	Laparoscopy: Plus sterilisation	2004.00	+	20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	5.000	1.0	R	292.58		T
2499	Laparoscopy: Plus biopsy (excluding after-care)	2004.00	+	20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77		30	5.000	1.0	R	292.58		T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	2004.00	+	20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	5.000	1.0	R	292.58		T

2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	2004.00	+	20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77		30	5.000	1.0	R	292.58	T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	2004.00	+	20	52.000	1.0	R	484.84		20	52.000	1.0	R	484.84		30	5.000	1.0	R	292.58	T
2503	Laparoscopy: Plus ovarian drilling	2004.00	+	20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	5.000	1.0	R	292.58	T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	2004.00	+	20	107.000	1.0	R	997.55		20	107.000	1.0	R	997.55		30	5.000	1.0	R	292.58	T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	2004.00	+	20	52.000	1.0	R	484.84		20	52.000	1.0	R	484.84		30	5.000	1.0	R	292.58	T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	2004.00		20	58.000	1.0	R	540.72		20	58.000	1.0	R	540.72						-	
12.6	Ovaries							-						-						-	
2525	Wedge resection of ovaries, unilateral or bilateral	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	4.000	1.0	R	234.06	T
2527	Removal of ovarian tumour or cyst	2004.00		20	187.000	1.0	R	1 743.44		20	149.600	1.0	R	1 394.70		30	4.000	1.0	R	234.06	T
2529	Oophorectomy: Uni- or bilateral	2004.00		20	134.500	1.0	R	1 253.91		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
2531	Ovarian carcinoma debulking and omentectomy	2004.00		20	357.000	1.0	R	3 328.21		20	285.600	1.0	R	2 662.68		30	6.000	1.0	R	351.09	T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	2004.00		20	469.000	1.0	R	4 372.40		20	375.200	1.0	R	3 497.89		30	6.000	1.0	R	351.09	T
12.7	Miscellaneous procedures							-						-						-	
2535	Exenteration: Anterior Exenteration	2004.00		20	402.000	1.0	R	3 747.79		20	321.600	1.0	R	2 998.23		30	8.000	1.0	R	468.13	T
2537	Exenteration: Posterior Exenteration	2004.00		20	402.000	1.0	R	3 747.79		20	321.600	1.0	R	2 998.23		30	8.000	1.0	R	468.13	T
2539	Exenteration: Total	2004.00		20	625.000	1.0	R	5 826.78		20	500.000	1.0	R	4 661.46		30	8.000	1.0	R	468.13	T
2541	Presacral neurectomy	2004.00		20	98.000	1.0	R	913.67		20	98.000	1.0	R	913.67		30	5.000	1.0	R	292.58	T
2543	Moschowitz operation	2004.00		20	120.000	1.0	R	1 118.69		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	2004.00		20	193.100	1.0	R	1 800.20		20	154.480	1.0	R	1 440.16		30	5.000	1.0	R	292.58	T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	2004.00		20	195.000	1.0	R	1 817.95		20	156.000	1.0	R	1 454.39		30	5.000	1.0	R	292.58	T
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	2004.00		20	149.000	1.0	R	1 389.12		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
2547	Operations for stress incontinence: Burch colposuspension	2004.00		20	161.000	1.0	R	1 501.02		20	128.800	1.0	R	1 200.82		30	5.000	1.0	R	292.58	T
2548	Operation for stress incontinence: Use of tape	2004.00		20	229.400	1.0	R	2 138.68		20	183.520	1.0	R	1 710.89		30	5.000	1.0	R	292.58	T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	2004.00		20	196.000	1.0	R	1 827.33		20	156.800	1.0	R	1 461.87		30	5.000	1.0	R	292.58	T
2551	Laparotomy	2004.00		20	196.000	1.0	R	1 827.33		20	156.800	1.0	R	1 461.87		30	4.000	1.0	R	234.06	T
2552	Removal benign retroperitoneal tumour	2004.00		20	223.000	1.0	R	2 078.99		20	178.400	1.0	R	1 663.22		30	6.000	1.0	R	351.09	T
2553	Radical removal of malignant retroperitoneal tumour	2004.00		20	350.000	1.0	R	3 263.09		20	280.000	1.0	R	2 610.47		30	8.000	1.0	R	468.13	T
2554	Drainage of pelvic abscess per abdomen	2004.00		20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	6.000	1.0	R	351.09	T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	2004.00		20	75.000	1.0	R	699.26		20	75.000	1.0	R	699.26		30	5.000	1.0	R	292.58	T
2558	Drainage intra-abdominal abscess: Delayed closure	2004.00		20	268.000	1.0	R	2 498.58		20	214.400	1.0	R	1 998.77		30	6.000	1.0	R	351.09	T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	6.000	1.0	R	351.09	T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	2004.00		20	51.000	1.0	R	475.46		20	51.000	1.0	R	475.46		30	6.000	1.0	R	351.09	T
2565	Implantation hormone pellets (excluding after-care)	2004.00		20	3.000	1.0	R	28.01		20	3.000	1.0	R	28.01						-	
2570	Ligation of internal iliac vessels (when not part of another procedure)	2004.00		20	225.000	1.0	R	2 097.62		20	180.000	1.0	R	1 678.18		30	8.000	1.0	R	468.13	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	2004.00						-						-						-	
13.1	Pre-natal care and procedures							-						-						-	
2603	External cephalic version (excluding after-care)	2004.00		20	22.000	1.0	R	205.17		20	22.000	1.0	R	205.17						-	
2605	Amniocentesis (excluding after-care)	2004.00		20	36.000	1.0	R	335.70		20	36.000	1.0	R	335.70						-	
2607	Amnioscopy (excluding after-care)	2004.00		20	18.000	1.0	R	167.77		20	18.000	1.0	R	167.77						-	
2609	Intra-uterine transfusion of foetus or cordocentesis	2004.00		20	134.000	1.0	R	1 249.21		20	120.000	1.0	R	1 118.69						-	

2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	2004.00	20	16.000	1.0	R	149.15	20	16.000	1.0	R	149.15					-		
2611	Chorion villus sampling (excluding after-care)	2004.00	20	54.000	1.0	R	503.47	20	54.000	1.0	R	503.47					-		
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)	2004.11	20	282.000	1.0	R	2 629.10	20	225.600	1.0	R	2 103.19	30	6.000	1.0	R	351.09	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)	2004.00	20	267.000	1.0	R	2 489.19	20	213.600	1.0	R	1 991.44	30	6.000	1.0	R	351.09	T	
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	2004.00	20	190.000	1.0	R	1 771.31	20	152.000	1.0	R	1 417.14					-		
	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	2004.00					-					-					-		
	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	2004.00					-					-					-		
13.3	Operative procedures (excluding antenatal care)						-					-					-		
2653	Caesarean-hysterectomy	2004.00	20	335.000	1.0	R	3 123.18	20	268.000	1.0	R	2 498.58	30	9.000	1.0	R	526.64	T	
2657	Post-partum hysterectomy	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	8.000	1.0	R	468.13	T	
2669	Abdominal operation for ruptured gravid uterus: Repair	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	9.000	1.0	R	526.64	T	
14	Nervous System						-					-					-		
14.1	Diagnostic procedures						-					-					-		
2681	Visual evoked potentials (VEP): Unilateral	2004.00	20	50.000	1.0	R	466.22					-					-		
2682	Visual evoked potentials (VEP): Bilateral	2004.00	20	88.000	1.0	R	820.39					-					-		
2683	Electro-retinography (Ganzfeld method): Unilateral	2004.00	20	60.000	1.0	R	559.35					-					-		
2684	Electro-retinography (Ganzfeld method): Bilateral	2004.00	20	105.000	1.0	R	978.93					-					-		
2685	Electro-oculography: Unilateral	2004.00	20	30.000	1.0	R	279.67					-					-		
2686	Electro-oculography: Bilateral	2004.00	20	53.000	1.0	R	494.08					-					-		
2687	VEP stable condition (photic drive): Unilateral	2004.00	20	50.000	1.0	R	466.22					-					-		
2689	VEP stable condition (photic drive): Bilateral	2004.00	20	88.000	1.0	R	820.39					-					-		
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	2004.00	20	150.000	1.0	R	1 398.51					-					-		
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry	2004.00					-					-					-		
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	2004.00	20	48.000	1.0	R	447.45					-					-		
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	2004.00	20	6.000	1.0	R	55.88	20	6.000	1.0	R	55.88					-		
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	2004.00	20	220.000	1.0	R	2 050.98					-					-		

2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	2004.00	20	80.000	1.0	R	745.89						-						-			
2709	Full spinogram including bilateral median and posterior-tibial studies	2004.00	20	140.000	1.0	R	1 305.24						-						-			
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)	2004.00					-						-						-			
2711	Electro-encephalography: Taking of record	2004.00	20	36.100	1.0	R	336.58		20	36.100	1.0	R	336.58						-			
2712	Electro-encephalography: Interpretation	2004.00	20	24.000	1.0	R	223.80		20	24.000	1.0	R	223.80						-			
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	2006.02	20	18.400	1.0	R	171.59		20	18.400	1.0	R	171.59	Z					-			
2714	Cisternal puncture and/or intrathecal injections	2004.00	20	15.000	1.0	R	139.91		20	15.000	1.0	R	139.91						-			
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	2004.00	20	136.000	1.0	R	1 267.99						-						-			
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	2004.00	20	30.000	1.0	R	279.67						-						-			
2717	Electromyography: First	2004.00	20	75.000	1.0	R	699.26		20	75.000	1.0	R	699.26						-			
2718	Electromyography: Subsequent	2004.00	20	75.000	1.0	R	699.26		20	75.000	1.0	R	699.26						-			
2719	Overnight polysomnogram and sleep staging: Hire	2004.00	20	125.000	1.0	R	1 165.33						-						-			
2720	Overnight polysomnogram and sleep staging: Interpretation	2004.00	20	23.000	1.0	R	214.41						-						-			
2721	Daytime polysomnogram: Hire	2004.00	20	125.000	1.0	R	1 165.33						-						-			
2722	Daytime polysomnogram: Interpretation	2004.00	20	17.000	1.0	R	158.53						-						-			
2723	Multiple sleep latency test: Interpretation	2004.00	20	125.000	1.0	R	1 165.33						-						-			
2724	Overnight continuous positive airways pressure (CPAP) titration	2004.00	20	155.000	1.0	R	1 445.00		20	124.000	1.0	R	1 156.09						-			
2725	Angiography carotis: Unilateral	2004.00	20	25.000	1.0	R	233.04		20	25.000	1.0	R	233.04		30	4.000	1.0	R	234.06	T		
2726	Angiography carotis: Bilateral	2004.00	20	44.000	1.0	R	410.20		20	44.000	1.0	R	410.20		30	4.000	1.0	R	234.06	T		
2727	Vertebral artery: Direct needling	2004.00	20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06	T		
2729	Vertebral catheterisation	2004.00	20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22		30	4.000	1.0	R	234.06	T		
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	2006.02	20	60.000	1.0	R	559.35	Z					-						-			
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	2004.00	20	14.500	1.0	R	135.22						-		30	4.000	1.0	R	234.06	T		
2733	Cortical Stimulation	2004.00	20	58.900	1.0	R	549.08		20	58.900	1.0	R	549.08						-			
2734	Sodium Amytal Testing (WADA test)	2004.00	20	88.700	1.0	R	826.99		20	88.700	1.0	R	826.99		30	13.000	1.0	R	760.56	T		
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	2004.00	20	31.500	1.0	R	293.60		20	-	1.0		-	v					-			
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	2004.00	20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26						-			
2739	Ventricular needling without burring: Tapping only	2004.00	20	16.000	1.0	R	149.15		20	16.000	1.0	R	149.15		30	4.000	1.0	R	234.06	T		
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	2004.00	20	43.000	1.0	R	400.96		20	43.000	1.0	R	400.96		30	4.000	1.0	R	234.06	T		
2743	Subdural tapping: First sitting	2004.00	20	15.000	1.0	R	139.91		20	15.000	1.0	R	139.91		30	4.000	1.0	R	234.06	T		
2745	Subdural tapping: Subsequent	2004.00	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	4.000	1.0	R	234.06	T		
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	2004.00	20	36.100	1.0	R	336.58		20	36.100	1.0	R	336.58						-			
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	2004.00	20	24.500	1.0	R	228.34		20	24.500	1.0	R	228.34						-			
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	2004.00	20	36.100	1.0	R	336.58		20	36.100	1.0	R	336.58						-			
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	2004.00	20	24.500	1.0	R	228.34		20	24.500	1.0	R	228.34						-			
6010	Electroenchephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	2004.00	20	294.600	1.0	R	2 746.57		20	235.680	1.0	R	2 197.20						-			
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	2004.00	20	128.600	1.0	R	1 198.91		20	120.000	1.0	R	1 118.69						-			
14.2	Introduction of burr holes for						-						-						-			
2747	Ventriculography	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	8.000	1.0	R	468.13	T		
2749	Catheterisation for ventriculography and/or drainage	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	8.000	1.0	R	468.13	T		
2751	Biopsy of brain tumour	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	8.000	1.0	R	468.13	T		
2753	Subdural haematoma or hygroma	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	8.000	1.0	R	468.13	T		
2755	Subdural empyema	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	8.000	1.0	R	468.13	T		
2757	Brain abscess	2004.00	20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	8.000	1.0	R	468.13	T		
14.3	Nerve procedures						-						-						-			
2759	Nerve biopsy: Peripheral	2004.00	20	37.000	1.0	R	344.93		20	37.000	1.0	R	344.93		30	4.000	1.0	R	234.06	T		
2763	Nerve biopsy: Cranial nerves: Extra-cranial	2004.00	20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40		30	4.000	1.0	R	234.06	T		
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	2004.00	20	26.000	1.0	R	242.42		20	26.000	1.0	R	242.42		30	4.000	1.0	R	234.06	T		
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	2004.00	20	25.000	1.0	R	233.04						-						-			
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	2004.00	20	30.000	1.0	R	279.67						-						-			

6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	2004.00		20	35.000	1.0	R	326.31				-				-				-				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	2004.00		20	35.000	1.0	R	326.31				-				-				-				
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	2004.00		20	50.000	1.0	R	466.22				-				-				-				
14.3.1	Nerve procedures: Nerve repair or suture							-				-				-								
2767	Suture brachial plexus (see also items 2837 and 2839)	2004.00		20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	6.000	1.0	R	351.09	T				
2769	Suture: Large nerve: Primary	2004.00		20	134.000	1.0	R	1 249.21	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T				
2771	Suture: Large nerve: Secondary	2004.00		20	202.000	1.0	R	1 883.21	20	161.600	1.0	R	1 506.60	30	5.000	1.0	R	292.58	T				
2773	Digital nerve: Primary	2004.00		20	65.000	1.0	R	605.98	20	65.000	1.0	R	605.98	30	3.000	1.0	R	175.55	T				
2775	Digital nerve: Secondary	2004.00		20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	3.000	1.0	R	175.55	T				
2777	Nerve graft: Simple	2004.00		20	202.000	1.0	R	1 883.21	20	161.600	1.0	R	1 506.60	30	4.000	1.0	R	234.06	T				
2779	Fascicular: First fasciculus	2004.00		20	202.000	1.0	R	1 883.21	20	161.600	1.0	R	1 506.60	30	4.000	1.0	R	234.06	T				
2781	Fascicular: Each additional fasciculus	2004.00		20	50.000	1.0	R	466.22	20	50.000	1.0	R	466.22	30	4.000	1.0	R	234.06	T				
2783	Fascicular: Nerve flap: To include all stages	2004.00		20	224.000	1.0	R	2 088.38	20	179.200	1.0	R	1 670.70	30	4.000	1.0	R	234.06	T				
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	2004.00		20	124.000	1.0	R	1 156.09	20	120.000	1.0	R	1 118.69	30	6.000	1.0	R	351.09	T				
2787	Fascicular: Grafting of facial nerve	2004.00		20	215.000	1.0	R	2 004.49	20	172.000	1.0	R	1 603.53	30	5.000	1.0	R	292.58	T				
14.3.2	Nerve procedures: Neurectomy							-				-						-						
2789	Trigeminal ganglion: Injection of alcohol	2004.00		20	150.000	1.0	R	1 398.51	20	120.000	1.0	R	1 118.69	30	4.000	1.0	R	234.06	T				
2791	Trigeminal ganglion: Injection of cortisone	2004.00		20	65.000	1.0	R	605.98	20	65.000	1.0	R	605.98	30	3.000	1.0	R	175.55	T				
2793	Trigeminal ganglion: Coagulation through high frequency	2004.00		20	170.000	1.0	R	1 584.91	20	136.000	1.0	R	1 267.99	30	3.000	1.0	R	175.55	T				
2799	Procedures for pain relief: Intrathecal injections for pain	2004.00		20	36.000	1.0	R	335.70	20	36.000	1.0	R	335.70	30	4.000	1.0	R	234.06	T				
2800	Procedures for pain relief: Plexus nerve block	2004.00		20	36.000	1.0	R	335.70	20	36.000	1.0	R	335.70	20	36.000	1.0	R	335.70	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)	2004.00		20	36.000	1.0	R	335.70	20	36.000	1.0	R	335.70					-						
2802	Procedures for pain relief: Peripheral nerve block	2004.00		20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	20	25.000	1.0	R	233.04	ç				
2803	Alcohol injection in peripheral nerves for pain: Unilateral	2004.00		20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T				
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	2004.00	+	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	20	10.000	1.0	R	93.27	ç				
2805	Alcohol injection in peripheral nerves for pain: Bilateral	2004.00		20	35.000	1.0	R	326.31	20	35.000	1.0	R	326.31	30	3.000	1.0	R	175.55	T				
2809	Peripheral nerve section for pain	2004.00		20	45.000	1.0	R	419.58	20	45.000	1.0	R	419.58	30	3.000	1.0	R	175.55	T				
2811	Pudendal neurectomy: Bilateral	2004.00		20	116.000	1.0	R	1 081.44	20	116.000	1.0	R	1 081.44	30	3.000	1.0	R	175.55	T				
2813	Obturator or Stoffels	2004.00		20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	3.000	1.0	R	175.55	T				
2815	Interdigital	2004.00		20	82.300	1.0	R	767.30	20	82.300	1.0	R	767.30	30	3.000	1.0	R	175.55	T				
2825	Excision: Neuroma: Peripheral	2004.00		20	109.500	1.0	R	1 020.87	20	109.500	1.0	R	1 020.87	30	3.000	1.0	R	175.55	T				
14.3.3	Nerve procedures: Other nerve procedures							-				-						-						
2827	Transposition of ulnar nerve	2004.00		20	100.000	1.0	R	932.29	20	100.000	1.0	R	932.29	30	3.000	1.0	R	175.55	T				
2829	Neurolysis: Minor	2004.00		20	51.000	1.0	R	475.46	20	51.000	1.0	R	475.46	30	3.000	1.0	R	175.55	T				
2831	Neurolysis: Major	2004.00		20	132.000	1.0	R	1 230.59	20	120.000	1.0	R	1 118.69	30	3.000	1.0	R	175.55	T				
2833	Neurolysis: Digital	2004.00		20	96.000	1.0	R	895.04	20	96.000	1.0	R	895.04	30	3.000	1.0	R	175.55	T				
2835	Scalenotomy	2004.00		20	132.000	1.0	R	1 230.59	20	120.000	1.0	R	1 118.69	30	6.000	1.0	R	351.09	T				
2837	Brachial plexus, suture or neurolysis (item 2767)	2004.00		20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	6.000	1.0	R	351.09	T				
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	2004.00		20	895.200	1.0	R	8 345.89	20	716.160	1.0	R	6 676.65	30	6.000	1.0	R	351.09	T				
2841	Carpal Tunnel	2004.00		20	64.000	1.0	R	596.60	20	64.000	1.0	R	596.60	30	3.000	1.0	R	175.55	T				
2843	Lumbar sympathectomy: Unilateral	2004.00		20	153.000	1.0	R	1 426.37	20	122.400	1.0	R	1 141.13	30	4.000	1.0	R	234.06	T				
2845	Lumbar sympathectomy: Bilateral	2004.00		20	268.000	1.0	R	2 498.58	20	214.400	1.0	R	1 998.77	30	6.000	1.0	R	351.09	T				
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	2004.00						-				-		30	11.000	1.0	R	643.53	T				
2847	Cervical sympathectomy: Unilateral	2004.00		20	153.000	1.0	R	1 426.37	20	122.400	1.0	R	1 141.13	30	4.000	1.0	R	234.06	T				
2848	Cervical sympathectomy: Bilateral	2004.00		20	268.000	1.0	R	2 498.58	20	214.400	1.0	R	1 998.77	30	6.000	1.0	R	351.09	T				
2849	Sympathetic block: Other levels: Unilateral	2004.00		20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	3.000	1.0	R	175.55	T				
2851	Sympathetic block: Other levels: Bilateral	2004.00		20	35.000	1.0	R	326.31	20	35.000	1.0	R	326.31	30	3.000	1.0	R	175.55	T				
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	2004.00		20	20.000	1.0	R	186.40	20	20.000	1.0	R	186.40	30	4.000	1.0	R	234.06	T				
14.4	Skull procedures							-				-						-						
2855	Removal of skull tumour: With or without plastic repair: Small	2004.00		20	170.000	1.0	R	1 584.91	20	136.000	1.0	R	1 267.99	30	5.000	1.0	R	292.58	T				
2857	Removal of skull tumour: With or without plastic repair: Major	2004.00		20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	8.000	1.0	R	468.13	T				
2859	Repair of depressed fracture of skull: Without brain laceration: Major	2004.00		20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	8.000	1.0	R	468.13	T				
2860	Repair of depressed fracture of skull: Without brain laceration: Small	2004.00		20	170.000	1.0	R	1 584.91	20	136.000	1.0	R	1 267.99	30	8.000	1.0	R	468.13	T				
2861	Repair of depressed fracture of skull: With brain lacerations: Small	2004.00		20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	8.000	1.0	R	468.13	T				
2862	Repair of depressed fracture of skull: With brain lacerations: Major	2004.00		20	375.000	1.0	R	3 496.13	20	300.000	1.0	R	2 796.87	30	8.000	1.0	R	468.13	T				

2863	Cranioplasty	2004.00	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	8.000	1.0	R	468.13	T
2864	Encephalocele (excluding frontal)	2004.11	20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	8.000	1.0	R	468.13	T
2865	Craniostenosis: Few suturae	2004.00	20	213.000	1.0	R	1 985.72	20	170.400	1.0	R	1 588.58	30	9.000	1.0	R	526.64	T
2867	Craniostenosis: Multiple suturae	2004.00	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	9.000	1.0	R	526.64	T
14.5	Shunt procedures						-					-					-	
2869	Ventriculo-cisternostomy	2004.00	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	8.000	1.0	R	468.13	T
2871	Ventriculo-caval shunt	2004.00	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	11.000	1.0	R	643.53	T
2873	Ventriculo-peritoneal shunt	2004.00	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	8.000	1.0	R	468.13	T
2875	Theco-peritoneal C.S.F. shunt	2004.00	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	8.000	1.0	R	468.13	T
14.6	Aneurysm repair						-					-					-	
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	15.000	1.0	R	877.59	T
2877	Extracranial to intracranial vascular	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	15.000	1.0	R	877.59	T
2878	Posterior fossa arteriovenous anomalies	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	15.000	1.0	R	877.59	T
14.7	Posterior fossa surgery						-					-					-	
2879	Glosso pharyngeal nerve	2004.00	20	480.000	1.0	R	4 475.06	20	384.000	1.0	R	3 580.02	30	6.000	1.0	R	351.09	T
2881	Eighth nerve: Intracranial	2004.00	20	480.000	1.0	R	4 475.06	20	384.000	1.0	R	3 580.02	30	8.000	1.0	R	468.13	T
2883	Eighth nerve: Extracranial	2004.00	20	480.000	1.0	R	4 475.06	20	384.000	1.0	R	3 580.02	30	4.000	1.0	R	234.06	T
2884	Sub-temporal section of the trigeminal nerve	2004.00	20	375.000	1.0	R	3 496.13	20	300.000	1.0	R	2 796.87	30	9.000	1.0	R	526.64	T
2885	Trigeminal tractotomy	2004.00	20	480.000	1.0	R	4 475.06	20	384.000	1.0	R	3 580.02	30	9.000	1.0	R	526.64	T
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	9.000	1.0	R	526.64	T
2887	Vestibular nerve	2004.00	20	480.000	1.0	R	4 475.06	20	384.000	1.0	R	3 580.02	30	9.000	1.0	R	526.64	T
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	2006.04	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	11.000	1.0	R	643.53	T
2891	Posterior fossa tumour removal: Glioma, secondary deposits	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	11.000	1.0	R	643.53	T
2893	Posterior fossa tumour removal: Abscess	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	11.000	1.0	R	643.53	T
2895	Excision of tumour of glomus jugulare: Intracranial	2004.00	20	420.000	1.0	R	3 915.56	20	336.000	1.0	R	3 132.57	30	11.000	1.0	R	643.53	T
2897	Excision of tumour of glomus jugulare: Extracranial	2004.00	20	420.000	1.0	R	3 915.56	20	336.000	1.0	R	3 132.57	30	9.000	1.0	R	526.64	T
2898	Excision of tumour of glomus jugulare: Hemispherectomy	2004.00	20	500.000	1.0	R	4 661.46	20	400.000	1.0	R	3 729.16	30	15.000	1.0	R	877.59	T
14.7.1	Posterior fossa surgery: Supratentorial procedures						-					-					-	
2899	Craniectomy for extra-dural haematoma or empyema	2004.00	20	375.000	1.0	R	3 496.13	20	300.000	1.0	R	2 796.87	30	11.000	1.0	R	643.53	T
14.8	Craniotomy for						-					-					-	
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	11.000	1.0	R	643.53	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	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	11.000	1.0	R	643.53	T
2903	Craniotomy for Abscess, Glioma	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	11.000	1.0	R	643.53	T
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	11.000	1.0	R	643.53	T
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	11.000	1.0	R	643.53	T
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	2004.11	20	375.000	1.0	R	3 496.13	20	300.000	1.0	R	2 796.87	30	11.000	1.0	R	643.53	T
2907	Craniotomy for Temporal lobectomy	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	11.000	1.0	R	643.53	T
2908	Craniotomy for Torkildsen anastomosis	2004.00	20	375.000	1.0	R	3 496.13	20	300.000	1.0	R	2 796.87	30	11.000	1.0	R	643.53	T
2909	Craniotomy for CSF-leaks	2004.00	20	450.000	1.0	R	4 195.38	20	360.000	1.0	R	3 356.22	30	11.000	1.0	R	643.53	T
2910	Craniotomy for removal of arteriovenous malformation	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	11.000	1.0	R	643.53	T
14.8.1	Craniotomy for Stereo-tactic cerebral and spinal cord procedures						-					-					-	
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	2004.00	20	280.000	1.0	R	2 610.47	20	224.000	1.0	R	2 088.38	30	4.000	1.0	R	234.06	T
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	2004.00	20	196.000	1.0	R	1 827.33	20	156.800	1.0	R	1 461.87	30	4.000	1.0	R	234.06	T
2915	Transnasal hypophysectomy	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	11.000	1.0	R	643.53	T
2916	Transfrontal hypophysectomy	2004.00	20	480.000	1.0	R	4 475.06	20	384.000	1.0	R	3 580.02	30	11.000	1.0	R	643.53	T
2917	Transnasal hypophyseal implants	2004.00	20	172.000	1.0	R	1 603.53	20	137.600	1.0	R	1 282.80	30	11.000	1.0	R	643.53	T
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	2004.00	20	-	0.0		-	20	-	0.0		-					-	
14.9	Spinal operations						-					-					-	
	See section 3.8.7 for laminectomy procedures	2004.00					-					-					-	
2923	Chordotomy: Unilateral	2004.00	20	178.000	1.0	R	1 659.41	20	142.400	1.0	R	1 327.53	30	3.000	1.0	R	175.55	TM
2925	Chordotomy: Open	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	3.000	1.0	R	175.55	TM
2927	Rhizotomy: Extradural, but intraspinal	2004.00	20	320.000	1.0	R	2 983.27	20	256.000	1.0	R	2 386.68	30	3.000	1.0	R	175.55	TM
2928	Rhizotomy: Intradural	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	3.000	1.0	R	175.55	TM
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	8.000	1.0	R	468.13	T

2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	8.000	1.0	R	468.13	T
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	3.000	1.0	R	175.55	TM
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	2004.00	20	350.000	1.0	R	3 263.09	20	280.000	1.0	R	2 610.47	30	8.000	1.0	R	468.13	T
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	2004.00	20	320.000	1.0	R	2 983.27	20	256.000	1.0	R	2 386.68	30	7.000	1.0	R	409.61	T
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	2004.00	20	225.000	1.0	R	2 097.62	20	180.000	1.0	R	1 678.18	30	3.000	1.0	R	175.55	T
2937	Repair of meningocele, involving nerve tissue	2004.00	20	250.000	1.0	R	2 330.80	20	200.000	1.0	R	1 864.58	30	9.000	1.0	R	526.64	T
2938	Simple	2004.00	20	150.000	1.0	R	1 398.51	20	120.000	1.0	R	1 118.69	30	9.000	1.0	R	526.64	T
2939	Excision of arterial vascular malformations and cysts of the spinal cord	2004.00	20	700.000	1.0	R	6 526.04	20	560.000	1.0	R	5 220.80	30	9.000	1.0	R	526.64	T
2940	Lumbar osteophyte removal	2004.00	20	187.000	1.0	R	1 743.44	20	149.600	1.0	R	1 394.70	30	3.000	1.0	R	175.55	TM
2941	Cervical or thoracic osteophyte removal	2004.00	20	285.000	1.0	R	2 656.96	20	228.000	1.0	R	2 125.63	30	3.000	1.0	R	175.55	TM
14.10	Arterial ligations						-					-					-	
2951	Carotis: Trauma	2004.00	20	120.000	1.0	R	1 118.69	20	120.000	1.0	R	1 118.69	30	8.000	1.0	R	468.13	T
2953	Carotis: For aneurysm (AV anomaly)	2004.00	20	150.000	1.0	R	1 398.51	20	120.000	1.0	R	1 118.69	30	8.000	1.0	R	468.13	T
2955	Removal of carotid body tumour (without vascular reconstruction)	2004.00	20	335.600	1.0	R	3 128.76	20	268.480	1.0	R	2 502.98	30	8.000	1.0	R	468.13	T
14.11	Medical psychotherapy						-					-					-	
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	2004.00					-	20	16.000	1.0	R	149.15					-	
2958	Psychoanalytic therapy: Per 60-minute session	2004.00					-	20	48.000	1.0	R	447.45					-	
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	2004.00					-	20	16.000	1.0	R	149.15					-	
2963	Pairs, marriage or sex therapy: Per 20-minute session	2004.00					-	20	16.000	1.0	R	149.15					-	
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	2004.00					-	20	8.000	1.0	R	74.65					-	
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	2004.00					-	20	32.000	1.0	R	298.30					-	
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	2004.00					-	20	48.000	1.0	R	447.45					-	
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	2004.00					-	20	32.000	1.0	R	298.30					-	
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	2004.00					-	20	48.000	1.0	R	447.45					-	
	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	2004.00					-					-					-	
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)	2004.00					-					-					-	
14.12	Physical treatment methods						-					-					-	
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)	2004.00					-	20	17.000	1.0	R	158.53	30	3.000	1.0	R	175.55	T
14.13	Psychiatric examination methods						-					-					-	
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session	2006.05					-	20	16.000	1.0	R	149.15					-	
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	2004.00					-	20	16.000	1.0	R	149.15					-	
15	Endocrine System						-					-					-	
15.1	Thyroid						-					-					-	
2983	Lobectomy: Partial	2004.00	20	198.100	1.0	R	1 846.84	20	158.480	1.0	R	1 477.56	30	5.000	1.0	R	292.58	T
2985	Lobectomy: Total	2004.00	20	200.000	1.0	R	1 864.58	20	160.000	1.0	R	1 491.64	30	5.000	1.0	R	292.58	T
2987	Thyroidectomy: Subtotal	2004.00	20	266.000	1.0	R	2 479.95	20	212.800	1.0	R	1 983.96	30	5.000	1.0	R	292.58	T
2989	Thyroidectomy: Total	2004.00	20	279.000	1.0	R	2 601.09	20	223.200	1.0	R	2 080.90	30	5.000	1.0	R	292.58	T
2991	Thyroglossal cyst or fistula excision	2004.00	20	126.200	1.0	R	1 176.62	20	120.000	1.0	R	1 118.69	30	5.000	1.0	R	292.58	T
15.2	Parathyroid						-					-					-	
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	2004.00	20	275.000	1.0	R	2 563.84	20	220.000	1.0	R	2 050.98	30	5.000	1.0	R	292.58	T
15.3	Adrenals						-					-					-	
2995	Adrenalectomy: Unilateral	2004.00	20	225.000	1.0	R	2 097.62	20	180.000	1.0	R	1 678.18	30	9.000	1.0	R	526.64	T
2997	Bilateral exploration of adrenal glands: Including removal	2004.00	20	394.000	1.0	R	3 673.29	20	315.200	1.0	R	2 938.54	30	11.000	1.0	R	643.53	T
15.4	Hypophysis						-					-					-	
2999	Transethmoidal hypophysectomy	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	11.000	1.0	R	643.53	T
3000	Transnasal hypophysectomy (see also item 2915)	2004.00	20	300.000	1.0	R	2 796.87	20	240.000	1.0	R	2 237.53	30	11.000	1.0	R	643.53	T

15.5	Endocrine system: General							-						-					-	
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	2004.00		20	3.000	1.0	R	28.01		20	3.000	1.0	R	28.01					-	
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	2004.00						-						-					-	
16.1.1	Eye investigations							-						-					-	
3002	Gonioscopy	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
3006	Keratometry	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
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	2004.00	+	20	11.680	1.0	R	108.82						-					-	
3012	Pre-surgical retinal examination before retinal surgery	2004.00		20	32.000	1.0	R	298.30		20	32.000	1.0	R	298.30					-	
3013	Ocular motility assessment: Comprehensive examination	2004.00		20	12.000	1.0	R	111.90		20	12.000	1.0	R	111.90					-	
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	2004.00		20	9.000	1.0	R	83.89		20	9.000	1.0	R	83.89					-	
16.1.2	Special eye investigations							-						-					-	
3005	Endothelial cell count	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
3007	Potential acuity measurement	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
3008	Contrast sensitivity test	2004.00		20	7.000	1.0	R	65.26		20	7.000	1.0	R	65.26					-	
3010	Orthoptics consultation	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27					-	
3011	Orthoptic subsequent sessions	2004.00		20	5.000	1.0	R	46.64		20	5.000	1.0	R	46.64					-	
3015	Charting of visual field with manual perimeter	2004.00		20	28.000	1.0	R	261.05		20	28.000	1.0	R	261.05					-	
3016	Retinal threshold test without storage facilities	2004.00		20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67					-	
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	2004.00		20	74.000	1.0	R	689.87		20	74.000	1.0	R	689.87					-	
3018	Retinal threshold trend evaluation (additional to item 3017)	2004.00		20	16.000	1.0	R	149.15		20	16.000	1.0	R	149.15					-	
3019	Ocular muscle function with Hess screen or perimeter	2004.00		20	16.000	1.0	R	149.15		20	16.000	1.0	R	149.15					-	
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	2004.00		20	46.000	1.0	R	428.82		20	46.000	1.0	R	428.82					-	
3022	Digital fluorescein video angiography	2004.00		20	68.000	1.0	R	633.99		20	68.000	1.0	R	633.99	30	9.000	1.0	R	526.64	T
3023	Digital indocyanine video angiography	2004.00		20	110.000	1.0	R	1 025.56		20	110.000	1.0	R	1 025.56	30	9.000	1.0	R	526.64	T
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	2004.00		20	12.000	1.0	R	111.90		20	12.000	1.0	R	111.90					-	
3025	Electronic tonography	2004.00		20	19.000	1.0	R	177.16		20	19.000	1.0	R	177.16					-	
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	2004.00		20	19.300	1.0	R	179.95		20	19.300	1.0	R	179.95					-	
3027	Fundus photography	2004.00		20	21.000	1.0	R	195.79		20	21.000	1.0	R	195.79					-	
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	2004.00		20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95					-	
3029	Anterior segment microphotography	2004.00		20	21.000	1.0	R	195.79		20	21.000	1.0	R	195.79					-	
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	2004.00		20	45.000	1.0	R	419.58		20	45.000	1.0	R	419.58					-	
3032	Eyelid and orbit photography	2004.00		20	9.000	1.0	R	83.89		20	9.000	1.0	R	83.89					-	
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	2004.00		20	16.000	1.0	R	149.15		20	16.000	1.0	R	149.15					-	
3034	Determination of lens implant power per eye	2004.00		20	15.000	1.0	R	139.91		20	15.000	1.0	R	139.91					-	
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	2004.00		20	22.000	1.0	R	205.17		20	22.000	1.0	R	205.17					-	
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)	2004.00		20	36.000	1.0	R	335.70		20	36.000	1.0	R	335.70					-	
16.2	Retina							-						-					-	
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	2004.00		20	306.900	1.0	R	2 861.26		20	245.520	1.0	R	2 289.00	30	6.000	1.0	R	351.09	T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93	30	6.000	1.0	R	351.09	T

3041	Pan retinal photocoagulation (per eye): Done in one sitting	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09		T
3044	Removal of encircling band and/or buckling material	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	6.000	1.0	R	351.09		T
16.3	Cataract							-						-						-				
3045	Cataract: Intra-capsular	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	7.000	1.0	R	409.61		T
3047	Cataract: Extra-capsular (including capsulotomy)	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	7.000	1.0	R	409.61		T
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	2004.00		20	57.000	1.0	R	531.33		20	57.000	1.0	R	531.33		30	7.000	1.0	R	409.61		T
3050	Repositioning of intra ocular lens	2004.00		20	171.100	1.0	R	1 595.18		20	136.880	1.0	R	1 276.05		30	7.000	1.0	R	409.61		T
3051	Needling or capsulotomy	2004.00		20	130.000	1.0	R	1 211.96		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06		T
3052	Laser capsulotomy	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	4.000	1.0	R	234.06		T
3057	Removal of lenticulus	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	7.000	1.0	R	409.61		T
3058	Exchange of intra ocular lens	2004.00		20	236.000	1.0	R	2 200.28		20	188.800	1.0	R	1 760.16		30	7.000	1.0	R	409.61		T
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	7.000	1.0	R	409.61		T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	2004.00		20	4.000	1.0	R	37.25						-						-				
16.4	Glaucoma							-						-						-				
3061	Drainage operation	2004.00		20	247.600	1.0	R	2 308.36		20	198.080	1.0	R	1 846.69		30	6.000	1.0	R	351.09		T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	2004.00		20	60.000	1.0	R	559.35		20	60.000	1.0	R	559.35		30	6.000	1.0	R	351.09		T
3063	Cyclocryotherapy or cyclodiathermy	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	6.000	1.0	R	351.09		T
3064	Laser trabeculoplasty	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	6.000	1.0	R	351.09		T
3065	Removal of blood from anterior chamber	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	4.000	1.0	R	234.06		T
3067	Goniotomy	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	7.000	1.0	R	409.61		T
16.5	Intra-ocular foreign body							-						-						-				
3071	Intra-ocular foreign body: Anterior to Iris	2004.00		20	127.000	1.0	R	1 183.95		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06		T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	6.000	1.0	R	351.09		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)	2004.00		20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40						-				
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	2004.00		20	175.600	1.0	R	1 637.12		20	140.480	1.0	R	1 309.64		30	5.000	1.0	R	292.58		T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	2004.00		20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64		30	5.000	1.0	R	292.58		T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	2004.00		20	120.000	1.0	R	1 118.69		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58		T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58		T
16.7	Globe							-						-						-				
3079	Transcleral biopsy	2004.00		20	132.000	1.0	R	1 230.59		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06		T
3080	Examination of eyes under general anaesthetic where no surgery is done	2004.00		20	80.000	1.0	R	745.89		20	80.000	1.0	R	745.89		30	4.000	1.0	R	234.06		T
3081	Treatment of minor perforating injury	2004.00		20	161.600	1.0	R	1 506.60		20	129.280	1.0	R	1 205.22		30	6.000	1.0	R	351.09		T
3083	Treatment of major perforating injury	2004.00		20	267.500	1.0	R	2 493.88		20	214.000	1.0	R	1 995.11		30	6.000	1.0	R	351.09		T
3085	Enucleation or Evisceration	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	5.000	1.0	R	292.58		T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	2004.00		20	160.000	1.0	R	1 491.64		20	128.000	1.0	R	1 193.34		30	5.000	1.0	R	292.58		T
3088	Hydroxyapetite insertion (additional to item 3087)	2004.00	+	20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95		30	5.000	1.0	R	292.58		T
3089	Subconjunctival injection if not done at time of operation	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	5.000	1.0	R	292.58		T
3090	Intra vitreal injection drug	2005.06		20	47.600	1.0	R	443.78		20	47.600	1.0	R	443.78		30	4.000	1.0	R	234.06		T
3091	Retrobulbar injection (if not done at time of operation)	2004.00		20	16.000	1.0	R	149.15		20	16.000	1.0	R	149.15		30	4.000	1.0	R	234.06		T
3092	External laser treatment for superficial lesions	2004.00		20	53.000	1.0	R	494.08		20	53.000	1.0	R	494.08						-				
3093	Treatment of tumours of retina or choriod by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	2004.00		20	209.000	1.0	R	1 948.47		20	167.200	1.0	R	1 558.80		30	6.000	1.0	R	351.09		T
3094	Implantation of intra vitreal drug delivery system	2004.00		20	247.600	1.0	R	2 308.36		20	198.080	1.0	R	1 846.69		30	4.000	1.0	R	234.06		T
3095	Biopsy of vitreous body or anterior chamber contents	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	6.000	1.0	R	351.09		T
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	2004.00		20	130.000	1.0	R	1 211.96		20	120.000	1.0	R	1 118.69		30	7.000	1.0	R	409.61		T
3097	Anterior vitrectomy	2004.00		20	280.000	1.0	R	2 610.47		20	224.000	1.0	R	2 088.38		30	6.000	1.0	R	351.09		T
3098	Removal of silicon from globe	2004.00		20	280.000	1.0	R	2 610.47		20	224.000	1.0	R	2 088.38		30	6.000	1.0	R	351.09		T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	2004.00		20	419.000	1.0	R	3 906.32		20	335.200	1.0	R	3 125.09		30	6.000	1.0	R	351.09		T
3100	Lensectomy done at time of posterior vitrectomy	2004.00		20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	7.000	1.0	R	409.61		T
16.8	Orbit							-						-						-				
3101	Drainage of orbital abscess	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	5.000	1.0	R	292.58		T

3103	Orbit: Removal of tumour	2004.00		20	240.000	1.0	R	2 237.53		20	192.000	1.0	R	1 789.93		30	5.000	1.0	R	292.58	T
3104	Removal orbital prosthesis	2004.00		20	212.700	1.0	R	1 982.93		20	170.160	1.0	R	1 586.38		30	5.000	1.0	R	292.58	T
3105	Orbit: Exenteration	2004.00		20	275.000	1.0	R	2 563.84		20	220.000	1.0	R	2 050.98		30	5.000	1.0	R	292.58	T
3107	Orbitotomy requiring bone flap	2004.00		20	393.000	1.0	R	3 663.90		20	314.400	1.0	R	2 931.06		30	5.000	1.0	R	292.58	T
3108	Eye socket reconstruction	2004.00		20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	5.000	1.0	R	292.58	T
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	2004.00		20	300.000	1.0	R	2 796.87		20	240.000	1.0	R	2 237.53		30	5.000	1.0	R	292.58	T
3110	Second stage hydroxyapetite implantation	2004.00		20	110.000	1.0	R	1 025.56		20	110.000	1.0	R	1 025.56		30	5.000	1.0	R	292.58	T
16.9	Cornea							-						-						-	
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	2004.00		20	-	0.0		-	F	20	-	0.0		-	F					-	
3112	Fitting of contact lens for treatment of disease including supply of lens	2004.00		20	12.200	1.0	R	113.80		20	12.200	1.0	R	113.80						-	
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	2004.00		20	200.000	1.0	R	1 864.58		20	160.000	1.0	R	1 491.64						-	
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	2004.00		20	78.850	1.0	R	735.04						-						-	
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	2004.00		20	166.000	1.0	R	1 547.66		20	132.800	1.0	R	1 238.07						-	
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	2004.00		20	135.200	1.0	R	1 260.51		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
3117	Removal of foreign body: On the basis of fee per consultation	2004.00		20	-	0.0		-	F	20	-	0.0		-	F	30	4.000	1.0	R	234.06	T
3118	Curettage of cornea after removal of foreign body (after-care excluded)	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27						-	
3119	Tattooing	2004.00		20	26.000	1.0	R	242.42		20	26.000	1.0	R	242.42		30	4.000	1.0	R	234.06	T
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
3121	Corneal graft (Lamellar or full thickness)	2004.00		20	289.000	1.0	R	2 694.36		20	231.200	1.0	R	2 155.40		30	6.000	1.0	R	351.09	T
3122	Epikeratophakia	2004.00		20	289.000	1.0	R	2 694.36		20	231.200	1.0	R	2 155.40						-	
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	2004.00		20	254.000	1.0	R	2 368.05		20	203.200	1.0	R	1 894.35		30	6.000	1.0	R	351.09	T
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	2004.00		20	9.000	1.0	R	83.89		20	9.000	1.0	R	83.89						-	
3125	Keratectomy	2004.00		20	127.000	1.0	R	1 183.95		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	2004.00	+	20	52.180	1.0	R	486.46		20	52.180	1.0	R	486.46						-	
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	4.000	1.0	R	234.06	T
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
3129	Additional to item 3128 for the use of own diamond knives	2004.00	+	20	40.000	1.0	R	372.95		20	40.000	1.0	R	372.95						-	
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	2004.00		20	96.900	1.0	R	903.40		20	96.900	1.0	R	903.40		30	4.000	1.0	R	234.06	T
3131	Cornea: Paracentesis	2004.00		20	53.000	1.0	R	494.08		20	53.000	1.0	R	494.08		30	4.000	1.0	R	234.06	T
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	2004.00		20	150.000	1.0	R	1 398.51		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	2004.00		20	116.300	1.0	R	1 084.23		20	116.300	1.0	R	1 084.23		30	4.000	1.0	R	234.06	T
3136	Conjunctival flap or graft (not for use with pterigium surgery)	2004.00		20	95.700	1.0	R	892.25		20	95.700	1.0	R	892.25		30	6.000	1.0	R	351.09	T
3138	Removal corneal epithelium and chelating agent for band keratopathy	2004.00		20	69.500	1.0	R	647.93		20	69.500	1.0	R	647.93		30	4.000	1.0	R	234.06	T
16.10	Ducts							-						-						-	
3133	Probing and/or syringing, per duct	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	4.000	1.0	R	234.06	T
3135	Insert polythene tubes	2004.00		20	51.800	1.0	R	482.94		20	51.800	1.0	R	482.94		30	4.000	1.0	R	234.06	T
3137	Excision of lacrimal sac: Unilateral	2004.00		20	132.000	1.0	R	1 230.59		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
3139	Dacrocystorhinostomy (Single) with or without polythene tube	2004.00		20	210.000	1.0	R	1 957.86		20	168.000	1.0	R	1 566.28		30	5.000	1.0	R	292.58	T
3141	Sealing Punctum surgical or by cautery: Per eye	2004.00		20	24.900	1.0	R	232.16		20	24.900	1.0	R	232.16		30	4.000	1.0	R	234.06	T
3142	Sealing Punctum with plugs: Per eye	2004.00		20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40		30	4.000	1.0	R	234.06	T
3143	Three-snip operation	2004.00		20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	4.000	1.0	R	234.06	T
3145	Repair of caniculus: Primary procedure	2004.00		20	132.000	1.0	R	1 230.59		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
3147	Repair of caniculus: Secondary procedure	2004.00		20	175.000	1.0	R	1 631.55		20	140.000	1.0	R	1 305.24		30	4.000	1.0	R	234.06	T
16.11	Iris							-						-						-	
3149	Iridectomy or iridotomy by open operation as isolated procedure	2004.00		20	132.000	1.0	R	1 230.59		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T
3151	Excision of iris tumour	2004.00		20	185.000	1.0	R	1 724.67		20	148.000	1.0	R	1 379.74		30	6.000	1.0	R	351.09	T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	2004.00		20	105.000	1.0	R	978.93		20	105.000	1.0	R	978.93		30	4.000	1.0	R	234.06	T
3155	Iridocyclectomy for tumour	2004.00		20	266.000	1.0	R	2 479.95		20	212.800	1.0	R	1 983.96		30	6.000	1.0	R	351.09	T

3157	Division of anterior synechiae as isolated procedure	2004.00	20	132.000	1.0	R	1 230.59		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
3158	Repair iris as in dialysis: Anterior chamber reconstruction	2004.00	20	142.400	1.0	R	1 327.53		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
16.12	Lids						-						-						-					
3161	Tarsorrhaphy	2004.00	20	47.000	1.0	R	438.21		20	47.000	1.0	R	438.21		30	4.000	1.0	R	234.06	T				
3163	Excision of superficial lid tumour	2004.00	20	47.000	1.0	R	438.21		20	47.000	1.0	R	438.21		30	4.000	1.0	R	234.06	T				
3165	Repair of skin laceration lid: Simple	2004.00	20	27.300	1.0	R	254.45		20	27.300	1.0	R	254.45		30	4.000	1.0	R	234.06	T				
3167	Diathermy to wart on lid margin	2004.00	20	12.000	1.0	R	111.90		20	12.000	1.0	R	111.90		30	4.000	1.0	R	234.06	T				
3169	Electrolysis of any number of eyelashes: Per eye	2004.00	20	15.000	1.0	R	139.91		20	15.000	1.0	R	139.91						-					
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	2004.00	20	20.400	1.0	R	190.21		20	20.400	1.0	R	190.21		30	4.000	1.0	R	234.06	T				
3173	Epicanthal folds	2004.00	20	128.700	1.0	R	1 199.79		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	2004.00	20	25.000	1.0	R	233.04						-						-					
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	2004.00	20	35.000	1.0	R	326.31						-						-					
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	2004.00	20	187.000	1.0	R	1 743.44		20	149.600	1.0	R	1 394.70		30	4.000	1.0	R	234.06	T				
16.12.1	Lids: Entropion or ectropion by						-						-						-					
3177	Entropion or ectropion by Cautery	2004.00	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27		30	4.000	1.0	R	234.06	T				
3179	Entropion or ectropion by Suture	2004.00	20	49.400	1.0	R	460.50		20	49.400	1.0	R	460.50		30	4.000	1.0	R	234.06	T				
3181	Entropion or ectropion by Open operation	2004.00	20	111.500	1.0	R	1 039.50		20	111.500	1.0	R	1 039.50		30	4.000	1.0	R	234.06	T				
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	2004.00	20	122.600	1.0	R	1 143.04		20	122.600	1.0	R	1 143.04		30	4.000	1.0	R	234.06	T				
16.12.2	Lids: Reconstruction of eyelid						-						-						-					
3185	Staged procedure for partial or total loss of eyelid: First stage	2004.00	20	259.000	1.0	R	2 414.69		20	207.200	1.0	R	1 931.75		30	4.000	1.0	R	234.06	T				
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	2004.00	20	206.000	1.0	R	1 920.46		20	164.800	1.0	R	1 536.37		30	4.000	1.0	R	234.06	T				
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	2004.00	20	136.500	1.0	R	1 272.53		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	2004.00	20	150.200	1.0	R	1 400.27		20	120.160	1.0	R	1 120.30		30	4.000	1.0	R	234.06	T				
3172	Blepharoplasty lower eyelid plus fat pad	2004.00	20	125.800	1.0	R	1 172.81		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
16.12.3	Lids: Ptosis						-						-						-					
3193	Repair by superior rectus, levator or frontalis muscle operation	2004.00	20	190.000	1.0	R	1 771.31		20	152.000	1.0	R	1 417.14		30	4.000	1.0	R	234.06	T				
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	2004.00	20	137.600	1.0	R	1 282.80		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	2004.00	20	166.000	1.0	R	1 547.66		20	132.800	1.0	R	1 238.07		30	4.000	1.0	R	234.06	T				
16.13	Conjunctiva						-						-						-					
3199	Repair of conjunctiva by grafting	2004.00	20	132.000	1.0	R	1 230.59		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
3200	Repair of lacerated conjunctiva	2004.00	20	47.000	1.0	R	438.21		20	47.000	1.0	R	438.21		30	4.000	1.0	R	234.06	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.	2004.00					-						-						-					
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	2004.00	20	109.000	1.0	R	1 016.18						-						-					
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R15,00 per minute may be charged	2004.00					-						-						-					
3196	Diamond knife: Use of own diamond knife during intraocular surgery	2004.00	20	12.000	1.0	R	111.90						-						-					
3198	Excimer laser: Hire fee (per eye)	2004.00	20	284.130	1.0	R	2 648.90						-						-					
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	2004.00	20	109.000	1.0	R	1 016.18						-						-					
3202	Phako emulsification apparatus: Hire fee	2004.00	20	109.000	1.0	R	1 016.18						-						-					
3203	Vitrectomy apparatus: Hire fee	2004.00	20	120.000	1.0	R	1 118.69						-						-					
17	Ear						-						-						-					
17.1	External ear (Pinna)						-						-						-					
3267	Major congenital deformity reconstruction of external ear: Unilateral	2004.00	20	138.000	1.0	R	1 286.61		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T				
3269	Major congenital deformity reconstruction of external ear: Bilateral	2004.00	20	242.000	1.0	R	2 256.15		20	193.600	1.0	R	1 804.89		30	5.000	1.0	R	292.58	T				
3270	Excision of superficial pre-auricular fistula	2004.00	20	55.000	1.0	R	512.71		20	55.000	1.0	R	512.71		30	4.000	1.0	R	234.06	T				
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	2004.00	20	-	0.0		-	f					-						-					
3272	Excision of complicated pre-auricular fistula	2004.00	20	140.000	1.0	R	1 305.24		20	120.000	1.0	R	1 118.69		30	4.000	1.0	R	234.06	T				
17.2	External ear canal						-						-						-					
3204	External ear canal: Removal of foreign body: At rooms	2004.00	20	-	0.0		-	F	20	-	0.0		-	F					-					
3205	External ear canal: Removal of foreign body: Under general anaesthetic	2004.00	20	21.000	1.0	R	195.79		20	21.000	1.0	R	195.79		30	4.000	1.0	R	234.06	T				
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	2004.00	20	164.000	1.0	R	1 528.89		20	131.200	1.0	R	1 223.11		30	4.000	1.0	R	234.06	T				
3217	Meatus atresia: Congenital	2004.00	20	277.000	1.0	R	2 582.46		20	221.600	1.0	R	2 065.94		30	4.000	1.0	R	234.06	T				
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	2004.00	20	77.000	1.0	R	717.88		20	77.000	1.0	R	717.88		30	4.000	1.0	R	234.06	T				

3221	Meatus atresia: Removal of osteoma from meatus: Multiple	2004.00	20	215.000	1.0	R	2 004.49		20	172.000	1.0	R	1 603.53		30	4.000	1.0	R	234.06	T
17.3	Middle ear						-						-						-	
3206	Microscopic examination of tympanic membrane including microsuction	2004.00	20	8.000	1.0	R	74.65		20	8.000	1.0	R	74.65						-	
3207	Myringotomy: Unilateral	2004.00	20	28.000	1.0	R	261.05		20	28.000	1.0	R	261.05		30	4.000	1.0	R	234.06	T
3209	Myringotomy: Bilateral	2004.00	20	46.000	1.0	R	428.82		20	46.000	1.0	R	428.82		30	4.000	1.0	R	234.06	T
3211	Unilateral myringotomy with insertion of ventilation tube	2004.00	20	38.000	1.0	R	354.32		20	38.000	1.0	R	354.32		30	4.000	1.0	R	234.06	T
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	2004.00	20	57.000	1.0	R	531.33		20	57.000	1.0	R	531.33		30	4.000	1.0	R	234.06	T
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	2004.00	20	65.000	1.0	R	605.98		20	65.000	1.0	R	605.98		30	4.000	1.0	R	234.06	T
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	2004.00	20	255.000	1.0	R	2 377.29		20	204.000	1.0	R	1 901.83		30	5.000	1.0	R	292.58	T
3237	Exploratory tympanotomy	2004.00	20	158.900	1.0	R	1 481.37		20	127.120	1.0	R	1 185.13		30	5.000	1.0	R	292.58	T
3243	Myringoplasty	2004.00	20	138.000	1.0	R	1 286.61		20	120.000	1.0	R	1 118.69		30	5.000	1.0	R	292.58	T
3245	Functional reconstruction of tympanic membrane	2004.00	20	277.000	1.0	R	2 582.46		20	221.600	1.0	R	2 065.94		30	5.000	1.0	R	292.58	T
3249	Stapedotomy and stapedectomy	2004.00	20	277.000	1.0	R	2 582.46		20	221.600	1.0	R	2 065.94		30	5.000	1.0	R	292.58	T
3257	Cortical mastoidectomy	2004.00	20	188.500	1.0	R	1 757.38		20	150.800	1.0	R	1 405.84		30	5.000	1.0	R	292.58	T
3259	Radical mastoidectomy (excluding minor procedures)	2004.00	20	277.400	1.0	R	2 586.13		20	221.920	1.0	R	2 068.87		30	5.000	1.0	R	292.58	T
3261	Muscle grafting to mastoid cavity without tympanoplasty	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	5.000	1.0	R	292.58	T
3263	Autogenous bone graft to mastoid cavity	2004.00	20	180.000	1.0	R	1 678.18		20	144.000	1.0	R	1 342.49		30	5.000	1.0	R	292.58	T
3264	Tympanomastoidectomy	2004.00	20	375.000	1.0	R	3 496.13		20	300.000	1.0	R	2 796.87		30	5.000	1.0	R	292.58	T
3265	Reconstruction of posterior canal wall, following radical mastoid	2004.00	20	320.000	1.0	R	2 983.27		20	256.000	1.0	R	2 386.68		30	5.000	1.0	R	292.58	T
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	2004.00	20	30.000	1.0	R	279.67		20	30.000	1.0	R	279.67		30	5.000	1.0	R	292.58	T
17.4	Facial nerve						-						-						-	
17.4.1	Facial nerve: Facial nerve tests						-						-						-	
3223	Percutaneous stimulation of the facial nerve	2004.00	20	9.000	1.0	R	83.89		20	9.000	1.0	R	83.89		30	4.000	1.0	R	234.06	T
3224	Electroneurography (ENOG)	2004.00	20	75.000	1.0	R	699.26		20	75.000	1.0	R	699.26		30	4.000	1.0	R	234.06	T
17.4.2	Facial nerve: Facial nerve surgery						-						-						-	
3227	Exploration of facial nerve: Exploration of tympanomastiod segment	2004.00	20	297.000	1.0	R	2 768.86		20	237.600	1.0	R	2 215.09		30	5.000	1.0	R	292.58	T
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	2004.00	20	436.000	1.0	R	4 064.86		20	348.800	1.0	R	3 251.80		30	5.000	1.0	R	292.58	T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	2004.00	20	436.000	1.0	R	4 064.86		20	348.800	1.0	R	3 251.80		30	5.000	1.0	R	292.58	T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	2004.00	20	124.000	1.0	R	1 156.09		20	120.000	1.0	R	1 118.69		30	6.000	1.0	R	351.09	T
17.5	Inner ear						-						-						-	
17.5.1	Inner ear: Audiometry						-						-						-	
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	2004.00	20	50.000	1.0	R	466.22						-						-	
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	2004.00	20	88.000	1.0	R	820.39						-						-	
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	2004.00	20	60.000	1.0	R	559.35						-						-	
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	2004.00	20	105.000	1.0	R	978.93						-						-	
2695	Audiology 40Hz response: Unilateral	2004.00	20	30.000	1.0	R	279.67						-						-	
2696	Audiology 40Hz response: Bilateral	2004.00	20	53.000	1.0	R	494.08						-						-	
2697	Mid- and long latency auditory evoked potentials: Unilateral	2004.00	20	30.000	1.0	R	279.67						-						-	
2698	Mid- and long latency auditory evoked potentials: Bilateral	2004.00	20	53.000	1.0	R	494.08						-						-	
2699	Electro-cochleography: Unilateral	2004.00	20	50.000	1.0	R	466.22						-						-	
2700	Electro-cochleography: Bilateral	2004.00	20	88.000	1.0	R	820.39						-						-	
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	2004.00	20	140.000	1.0	R	1 305.24						-		30	4.000	1.0	R	234.06	T
3248	Otoacoustic emission performed as a screening test	2005.03	20	33.240	1.0	R	309.88	Z	20	33.240	1.0	R	309.88	Z					-	
3250	Otoacoustic emission (high risk patients only)	2004.00	20	66.480	1.0	R	619.77		20	66.480	1.0	R	619.77						-	
3273	Pure tone audiometry (air conduction)	2004.00	20	6.500	1.0	R	60.57		20	6.500	1.0	R	60.57						-	
3274	Pure tone audiometry (bone conduction with masking)	2004.00	20	6.500	1.0	R	60.57		20	6.500	1.0	R	60.57						-	
3275	Impedance audiometry (tympanometry)	2004.00	20	6.500	1.0	R	60.57		20	6.500	1.0	R	60.57						-	
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	2004.00	20	6.500	1.0	R	60.57		20	6.500	1.0	R	60.57						-	
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	2006.04	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27						-	
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	2004.00	20	6.500	1.0	R	60.57		20	6.500	1.0	R	60.57						-	
17.5.2	Inner ear: Balance tests						-						-						-	
3251	Minimal caloric test (excluding consultation fee)	2004.00	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27						-	
3252	Bithermal Halpike caloric test (excluding consultation fee)	2004.00	20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40						-	
3253	Electro-nystagmography for spontaneous and positional nystagmus	2004.00	20	25.000	1.0	R	233.04		20	25.000	1.0	R	233.04						-	
3254	Video nystagmoscopy (monocular)	2004.00	20	25.000	1.0	R	233.04		20	25.000	1.0	R	233.04						-	

3255	Caloric test done with electronystamography	2004.00		20	70.000	1.0	R	652.62		20	70.000	1.0	R	652.62						-				
3256	Video nystagmoscopy (binocular)	2004.00		20	50.000	1.0	R	466.22		20	50.000	1.0	R	466.22						-				
3258	Otolith repositioning manoeuvre	2004.00		20	14.000	1.0	R	130.52		20	14.000	1.0	R	130.52		30	4.000	1.0	R	234.06	T			
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	2004.00		20	71.480	1.0	R	666.40	Z	20	71.480	1.0	R	666.40	Z					-				
17.5.3	Inner ear surgery							-						-						-				
3233	Labyrinthectomy via the middle ear or mastoid	2004.00		20	277.000	1.0	R	2 582.46		20	221.600	1.0	R	2 065.94		30	5.000	1.0	R	292.58	T			
3240	Endolymphatic sac surgery	2004.00		20	277.000	1.0	R	2 582.46		20	221.600	1.0	R	2 065.94		30	4.000	1.0	R	234.06	T			
3244	Fenestration and occulasion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	2004.00		20	310.000	1.0	R	2 890.15		20	248.000	1.0	R	2 312.03		30	5.000	1.0	R	292.58	T			
3246	Cochlear implant surgery	2004.00		20	340.500	1.0	R	3 174.51		20	272.400	1.0	R	2 539.49		30	5.000	1.0	R	292.58	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	2004.00		20	420.000	1.0	R	3 915.56		20	336.000	1.0	R	3 132.57		30	5.000	1.0	R	292.58	T			
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	2006.04		20	510.000	1.0	R	4 754.73		20	408.000	1.0	R	3 803.81		30	11.000	1.0	R	643.53	T			
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	2006.04		20	620.000	1.0	R	5 780.15		20	496.000	1.0	R	4 624.21		30	11.000	1.0	R	643.53	T			
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	2004.00		20	530.000	1.0	R	4 941.13		20	424.000	1.0	R	3 952.96		30	11.000	1.0	R	643.53	T			
5224	Removal of acoustic neuroma via the middle fossa approach	2004.00		20	660.000	1.0	R	6 153.09		20	528.000	1.0	R	4 922.50		30	11.000	1.0	R	643.53	T			
17.6.2	Microsurgery of the skull base: Translabyrinthe approach							-						-						-				
3239	Acoustic neuroma removal translabyrinthine	2004.00		20	660.000	1.0	R	6 153.09		20	528.000	1.0	R	4 922.50		30	5.000	1.0	R	292.58	T			
5227	Cochleo-vestibular neurectomy	2004.00		20	530.000	1.0	R	4 941.13		20	424.000	1.0	R	3 952.96		30	11.000	1.0	R	643.53	T			
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	2006.04		20	660.000	1.0	R	6 153.09		20	528.000	1.0	R	4 922.50		30	11.000	1.0	R	643.53	T			
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontime angle							-						-						-				
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	2004.00		20	660.000	1.0	R	6 153.09		20	528.000	1.0	R	4 922.50		30	11.000	1.0	R	643.53	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	2004.00		20	710.000	1.0	R	6 619.31		20	568.000	1.0	R	5 295.45		30	11.000	1.0	R	643.53	T			
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B							-						-						-				
5238	Removal of tumour of the petrous apex	2004.00		20	620.000	1.0	R	5 780.15		20	496.000	1.0	R	4 624.21		30	11.000	1.0	R	643.53	T			
5239	Removal of tumour of the clivus	2004.00		20	620.000	1.0	R	5 780.15		20	496.000	1.0	R	4 624.21		30	11.000	1.0	R	643.53	T			
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C							-						-						-				
5242	Removal of nasopharyngeal angiofibroma or carcinoma	2004.00		20	520.000	1.0	R	4 847.86		20	416.000	1.0	R	3 878.31		30	8.000	1.0	R	468.13	T			
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	2004.00		20	520.000	1.0	R	4 847.86		20	416.000	1.0	R	3 878.31		30	11.000	1.0	R	643.53	T			
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy							-						-						-				
5246	Subtotal petrosectomy for removal of temporal bone tumour	2004.00		20	600.000	1.0	R	5 593.75		20	480.000	1.0	R	4 475.06		30	11.000	1.0	R	643.53	T			
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	2004.00		20	480.000	1.0	R	4 475.06		20	384.000	1.0	R	3 580.02		30	11.000	1.0	R	643.53	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	2004.00		20	520.000	1.0	R	4 847.86		20	416.000	1.0	R	3 878.31		30	11.000	1.0	R	643.53	T			
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	2004.00		20	600.000	1.0	R	5 593.75		20	480.000	1.0	R	4 475.06		30	8.000	1.0	R	468.13	T			
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	2004.00		20	660.000	1.0	R	6 153.09		20	528.000	1.0	R	4 922.50		30	8.000	1.0	R	468.13	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)	2004.00	+	20	0.750	1.0	R	7.00						-						-				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	2004.00		20	13.500	1.0	R	125.83						-						-				
3281	Ultrasonic therapy	2004.00		20	10.000	1.0	R	93.27						-						-				
3282	Shortwave diathermy	2004.00		20	10.000	1.0	R	93.27						-						-				
3284	Sensory nerve conduction studies	2004.00		20	31.000	1.0	R	289.06						-						-				
3285	Motor nerve conduction studies	2004.00		20	26.000	1.0	R	242.42						-						-				
3287	Spinal joint and ligament injection	2004.00		20	20.000	1.0	R	186.40		20	20.000	1.0	R	186.40						-				
3288	Epidural injection	2004.00		20	36.000	1.0	R	335.70						-						-				
3289	Multiple injections: First joint	2004.00		20	7.500	1.0	R	69.95						-						-				
3290	Multiple injections: Each additional joint	2004.00		20	4.500	1.0	R	41.94						-						-				
3291	Tendon or ligament injection	2004.00		20	9.000	1.0	R	83.89						-						-				
3292	Aspiration of joint or inter-articular injection	2004.00		20	9.000	1.0	R	83.89						-						-				

3293	Aspiration or injection of bursa or ganglion	2004.00	20	9.000	1.0	R	83.89					-						-		
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	2006.05	20	20.000	1.0	R	186.40					-						-		
3295	Paravertebral root block: Unilateral	2004.00	20	20.000	1.0	R	186.40					-						-		
3296	Paravertebral root block: Bilateral	2004.00	20	30.000	1.0	R	279.67					-						-		
3297	Manipulation of spine performed by a specialist in Physical Medicine	2004.00	20	14.000	1.0	R	130.52					-						-		
3298	Spinal traction	2004.00	20	6.000	1.0	R	55.88					-						-		
3299	Manipulation of large joints: Under general anaesthesia	2004.00	20	14.000	1.0	R	130.52					-	30	3.000	1.0	R	175.55	-	T	
3299a	Manipulation of large joints: Under general anaesthesia	2005.01	20	14.000	1.0	R	130.52					-	30	4.000	1.0	R	234.06	-	T	
3300	Manipulation of large joints: Without anaesthetic	2004.00	20	-	0.0		-	F	20	-	0.0		-	F					-	
3301	Muscle fatigue studies	2004.00	20	20.000	1.0	R	186.40					-						-		
3302	Strength duration curve per session	2004.00	20	10.500	1.0	R	97.82					-						-		
3303	Electromyography	2004.00	20	75.000	1.0	R	699.26					-						-		
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)	2004.00	20	10.000	1.0	R	93.27		20	10.000	1.0	R	93.27						-	
	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)	2004.00					-						-						-	
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	2004.00					-						-						-	
	RULES GOVERNING THE SECTION RADIOLOGY						-						-						-	
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used	2004.00					-						-						-	
Z.	No fee is subject to more than one reduction	2004.00					-						-						-	
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	2004.00					-						-						-	
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").	2004.00					-						-						-	
	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	2004.00					-						-						-	
0080	Multiple examinations: Full Fee	2004.00					-						-						-	
0081	Repeat examinations: No reduction	2004.00					-						-						-	
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction	2004.00					-						-						-	
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	2004.00					-						-						-	
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)	2004.00					-						-						-	
19.1	Skeleton						-						-						-	
19.1.1	Skeleton: Limbs						-						-						-	
3305	Finger, toe	2004.00					-		40	6.300	1.0	R	83.15						-	
3309	Smith-Petersen or equivalent control, in theatre	2004.00					-		40	38.700	1.0	R	511.10						-	
3311	Stress studies, e.g, joint	2004.00					-		40	7.700	1.0	R	101.63						-	
3313	Full length study, both legs	2004.00					-		40	15.500	1.0	R	204.73						-	
3315	Skeletal survey under 5 years	2004.00					-		40	19.900	1.0	R	262.81						-	

3317	Skeletal survey over 5 years	2004.00		-	40	28.000	1.0	R	369.72						-		
3319	Arthrography per joint	2004.00		-	40	15.400	1.0	R	203.41						-		
3320	Introduction of contrast medium or air: ADD	2004.00	+	-	40	13.800	1.0	R	182.29						-		
6500	Hand	2004.00		-	40	7.700	1.0	R	101.63						-		
6501	Wrist (specify region)	2004.00		-	40	7.700	1.0	R	101.63						-		
6503	Scaphoid	2004.00		-	40	7.700	1.0	R	101.63						-		
6504	Radius and ulna	2004.00		-	40	7.700	1.0	R	101.63						-		
6505	Elbow	2004.00		-	40	7.700	1.0	R	101.63						-		
6506	Humerus	2004.00		-	40	7.700	1.0	R	101.63						-		
6507	Shoulder	2004.00		-	40	7.700	1.0	R	101.63						-		
6508	Acromio-Clavicula joint	2004.00		-	40	7.700	1.0	R	101.63						-		
6509	Clavicle	2004.00		-	40	7.700	1.0	R	101.63						-		
6510	Scapula	2004.00		-	40	7.700	1.0	R	101.63						-		
6511	Foot	2004.00		-	40	7.700	1.0	R	101.63						-		
6512	Ankle	2004.00		-	40	7.700	1.0	R	101.63						-		
6513	Calcaneus	2004.00		-	40	7.700	1.0	R	101.63						-		
6514	Tibia and fibula	2004.00		-	40	7.700	1.0	R	101.63						-		
6515	Knee	2004.00		-	40	7.700	1.0	R	101.63						-		
6516	Patella	2004.00		-	40	7.700	1.0	R	101.63						-		
6517	Femur	2004.00		-	40	7.700	1.0	R	101.63						-		
6518	Hip	2004.00		-	40	7.700	1.0	R	101.63						-		
6519	Sesamoid Bone	2004.00		-	40	7.700	1.0	R	101.63						-		
19.1.2	Skeleton: Spinal column			-					-						-		
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	2004.00		-	40	11.000	1.0	R	145.34						-		
3325	Stress studies	2004.00		-	40	11.000	1.0	R	145.34						-		
3329	Scoliosis studies	2004.00		-	40	21.000	1.0	R	277.33						-		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	2004.00		-	40	11.000	1.0	R	145.34						-		
3333	Myelography: Lumbar	2004.00		-	40	28.900	1.0	R	381.60	30	4.000	1.0	R	234.06		T	
3334	Myelography: Thoracic	2004.00		-	40	22.200	1.0	R	293.17	30	4.000	1.0	R	234.06		T	
3335	Myelography: Cervical	2004.00		-	40	35.500	1.0	R	468.86	30	4.000	1.0	R	234.06		T	
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	2004.00		-					-	30	4.000	1.0	R	234.06		T	
3344	Introduction of contrast medium	2004.00	+	-	40	18.700	1.0	R	246.97						-		
3345	Discography	2004.00		-	40	34.600	1.0	R	456.98	30	4.000	1.0	R	234.06		T	
3347	Introduction of contrast medium per disc level: ADD	2004.00	+	-	40	28.200	1.0	R	372.36						-		
19.1.3	Skeleton: Skull			-					-						-		
3349	Skull studies	2004.00		-	40	15.700	1.0	R	207.37						-		
3351	Paranasal sinuses	2004.00		-	40	11.000	1.0	R	145.34						-		
3353	Facial bones and/or orbits	2004.00		-	40	12.600	1.0	R	166.45						-		
3355	Mandible	2004.00		-	40	9.400	1.0	R	124.07						-		
3357	Nasal bone	2004.00		-	40	7.800	1.0	R	102.95						-		
3359	Mastoid: Bilateral	2004.00		-	40	18.000	1.0	R	237.73						-		
3361	Teeth: One quadrant	2004.00		-	40	3.700	1.0	R	48.84						-		
3363	Teeth: Two quadrants	2004.00		-	40	6.300	1.0	R	83.15						-		
3365	Teeth: Full mouth	2004.00		-	40	11.000	1.0	R	145.34						-		
3366	Teeth: Rotation tomography of the teeth and jaws	2004.00		-	40	13.300	1.0	R	175.69						-		
3367	Teeth: Tempero-mandibular joints: Per side	2004.00		-	40	11.000	1.0	R	145.34						-		
3369	Teeth: Tomography: Per side	2004.00		-	40	11.000	1.0	R	145.34						-		
3371	Localisation of foreign body in the eye	2004.00		-	40	15.700	1.0	R	207.37						-		
3381	Ventriculography	2004.00		-	40	27.300	1.0	R	360.48	30	4.000	1.0	R	234.06		T	
3385	Post-nasal studies: Lateral neck	2004.00		-	40	6.300	1.0	R	83.15						-		
3387	Maxillo-facial cephalometry	2004.00		-	40	8.800	1.0	R	116.15						-		
3389	Dacrocystography	2004.00		-	40	11.000	1.0	R	145.34	30	4.000	1.0	R	234.06		T	
3391	For introduction of contrast medium: ADD	2004.00	+	-	40	11.000	1.0	R	145.34						-		
19.2	Alimentary tract			-					-						-		
3393	Bowel washout: ADD	2004.00	+	-	40	4.800	1.0	R	63.36						-		
3395	Sialography (plus 80% for each additional gland)	2004.00		-	40	12.700	1.0	R	167.77	30	4.000	1.0	R	234.06		T	
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	2004.00	+	-	40	11.000	1.0	R	145.34						-		
3399	Pharynx and oesophagus	2004.00		-	40	12.700	1.0	R	167.77						-		

3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	2004.00		-	40	20.000	1.0	R	264.13					-		
3405	Double contrast: ADD	2004.00	+	-	40	7.300	1.0	R	96.35					-		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	2004.00		-	40	20.000	1.0	R	264.13					-		
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	2004.00		-	40	28.900	1.0	R	381.60					-		
3409	Barium enema (control film of abdomen included)	2004.00		-	40	18.300	1.0	R	241.69					-		
3411	Air contrast study: ADD	2004.00	+	-	40	19.300	1.0	R	254.89					-		
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	2004.00		-	40	23.300	1.0	R	307.68	30	4.000	1.0	R	234.06	T	
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	2004.00		-	40	15.500	1.0	R	204.73	30	4.000	1.0	R	234.06	T	
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	2004.00		-					-					-		
3417	Gastric/oesophageal/duodenal intubation control	2004.00		-	40	5.900	1.0	R	77.87					-		
3419	Gastric/oesophageal intubation insertion of tube: ADD	2004.00	+	-	40	5.600	1.0	R	73.91					-		
3421	Duodenal intubation: Insertion of tube: ADD	2004.00	+	-	40	11.000	1.0	R	145.34					-		
3423	Hypotonic duodenography (item 3403 and item 3405 included)	2004.00	+	-	40	29.300	1.0	R	386.88					-		
19.3	Biliary tract			-					-					-		
3425	Oral cholecystography	2004.00		-	40	15.700	1.0	R	207.37					-		
3427	Cholangiography: Intravenous	2004.00		-	40	22.000	1.0	R	290.53					-		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	2004.00		-	40	21.000	1.0	R	277.33					-		
3433	Post operative: T-tube	2004.00		-	40	16.700	1.0	R	220.57					-		
3435	Introduction of contrast medium: ADD	2004.00	+	-	40	5.600	1.0	R	73.91					-		
3437	Trans hepatic, percutaneous	2004.00		-	40	18.300	1.0	R	241.69					-		
3439	Introduction of contrast medium: ADD	2004.00	+	-	40	33.100	1.0	R	437.18					-		
3441	Tomography of biliary tract: ADD	2004.00	+	-	40	9.400	1.0	R	124.07					-		
19.4	Chest			-					-					-		
3443	Larynx (Tomography included)	2004.00		-	40	12.500	1.0	R	165.13					-		
3445	Chest (item 3601 included)	2004.00		-	40	9.400	1.0	R	124.07					-		
3447	Chest and cardiac studies (item 3601)	2004.00		-	40	12.600	1.0	R	166.45					-		
3449	Ribs	2004.00		-	40	12.300	1.0	R	162.49					-		
3451	Sternum or sterno-clavicular joints	2004.00		-	40	12.600	1.0	R	166.45					-		
3453	Bronchography: Unilateral	2004.00		-	40	12.600	1.0	R	166.45	30	8.000	1.0	R	468.13	T	
3455	Bronchography: Bilateral	2004.00		-	40	22.100	1.0	R	291.85	30	8.000	1.0	R	468.13	T	
3457	Introduction of contrast medium included	2004.00		-	40	35.700	1.0	R	471.50					-		
3461	Pleurography	2004.00		-	40	12.600	1.0	R	166.45	30	3.000	1.0	R	175.55	T	
3463	For introduction of contrast medium: ADD	2004.00	+	-	40	2.800	1.0	R	36.96					-		
3465	Laryngography	2004.00		-	40	11.000	1.0	R	145.34					-		
3467	For introduction of contrast medium: ADD	2004.00	+	-	40	10.000	1.0	R	132.14					-		
3468	Thoracic inlet	2004.00		-	40	6.300	1.0	R	83.15					-		
19.5	Abdomen			-					-					-		
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	2004.00		-	40	9.400	1.0	R	124.07					-		
3479	Acute abdomen or equivalent studies	2004.00		-	40	15.700	1.0	R	207.37					-		
19.6	Urinary tract			-					-					-		
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	2004.00		-	40	25.100	1.0	R	331.44					-		
3493	Waterload test: ADD	2004.00	+	-	40	12.200	1.0	R	161.17					-		
3497	Cystography only or urethrography only (retrograde)	2004.00		-	40	19.300	1.0	R	254.89					-		
3499	Cysto-urethrography: Retrograde	2004.00		-	40	31.900	1.0	R	421.34					-		
3503	Cysto-urethrography: Introduction of contrast medium	2004.00	+	-	40	3.700	1.0	R	48.84					-		
3505	Retrograde-prograde pyelography	2004.00		-	40	18.300	1.0	R	241.69	30	3.000	1.0	R	175.55	T	
3511	Aspiration renal cyst	2004.00		-	40	18.400	1.0	R	243.01					-		
3513	Tomography of renal tract: ADD	2004.00	+	-	40	9.400	1.0	R	124.07					-		
19.7	Gynaecology and obstetrics			-					-					-		
3515	Pregnancy	2004.00		-	40	9.400	1.0	R	124.07					-		
3517	Pelvimetry	2004.00		-	40	17.400	1.0	R	229.81					-		
3519	Hystero-salpingography	2004.00		-	40	12.500	1.0	R	165.13	30	3.000	1.0	R	175.55	T	
3521	Introduction of contrast medium: ADD	2004.00	+	-	40	15.300	1.0	R	202.09					-		
19.8	Vascular studies			-					-					-		

	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). *iii* All fluoroscopy (*item* 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)	2004.00	-				-					-					
	MODIFIER GOVERNING VASCULAR STUDIES		-				-					-					
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations	2004.00	-				-					-					
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)	2004.00	-				-					-					
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)	2004.00	-				-					-					
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)	2004.00	-				-					-					
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	2004.00	-				-					-					
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	2004.00	-				-					-					
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.	2004.00	-				-					-					
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment	2004.00	-				-					-					
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment	2004.00	-				-					-					
3538	Analogue monoplane table with DSA attachment	2004.00	-				-					-					
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment	2004.00	-				-					-					
3540	Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof	2004.00	-				-					-					
3545	Venography: Per limb	2004.00	-	40	16.500	1.0	R	217.93					-					
3548	Analogue monoplane screening table	2004.00	-					-					-					
3550	Digital monoplane screening table	2004.00	-					-					-					
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	2004.00	-	40	166.800	1.0	R	2 202.77					-					
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	2004.00	-	40	48.600	1.0	R	641.77	30	4.000	1.0	R	234.06	T				
3558	Translumbar aortic puncture, with full study	2004.00	-	40	69.600	1.0	R	919.09	30	5.000	1.0	R	292.58	T				

3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	2004.00		-	40	57.000	1.0	R	752.78	30	4.000	1.0	R	234.06	T
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram	2006.04		-	40	65.400	1.0	R	863.66	30	4.000	1.0	R	234.06	T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	2004.00		-	40	73.200	1.0	R	966.76	30	4.000	1.0	R	234.06	T
3564	Direct femoral arterial or venous or jugular venous puncture	2004.00		-	40	37.200	1.0	R	491.30					-	
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or anteriovenous malformation (AVM)	2004.00		-	40	85.800	1.0	R	1 133.06	30	5.000	1.0	R	292.58	T
3569	Intravascular pressure studies, arterial or venous, once off per case	2004.00		-	40	19.800	1.0	R	261.49					-	
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	2004.00		-	40	130.800	1.0	R	1 727.46	30	5.000	1.0	R	292.58	T
3572	Transcatheter selective blood sampling, arterial or venous	2004.00		-	40	32.400	1.0	R	427.94					-	
3574	Spinal angiogram (global fee) including all selective catheterisations	2004.00		-	40	480.000	1.0	R	6 339.05	30	5.000	1.0	R	292.58	T
19.8.2	Vascular studies: Introduction of contrast medium			-					-					-	
3563	Direct intravenous for limb	2004.00	+	-	40	7.400	1.0	R	97.67					-	
3575	Cut-downs for venography: ADD	2004.00	+	-	40	11.000	1.0	R	145.34					-	
19.9	Tomography and cinematography			-					-					-	
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values	2004.00		-					-					-	
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	2004.00		-					-					-	
3579	Tomography (multi-dimensional in motion): ADD 150%	2004.00		-					-					-	
3581	Cinematography: For first series: ADD 100%	2004.00		-					-					-	
3583	Cinematography: For each series after the first: ADD 80% of the primary fee	2004.00		-					-					-	
19.9.1	Tomography and cinematography: Computed Tomography			-					-					-	
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour	2004.00		-					-					-	
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)	2004.00		-					-					-	
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)	2004.00		-	70	-	1.0		-					-	
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)	2004.00		-	70	-	1.0		-					-	
6400	Plus spiral CT	2004.00		-					-					-	
6401	Plus 3D reconstruction	2004.00		-					-					-	
6402	Plus high resolution study	2004.00		-					-					-	
6403	CT limb uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6404	CT limb with contrast only	2004.00		-					-	30	5.000	1.0	R	292.58	T
6405	CT limb pre- AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T
6406	CT joint uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6407	CT joint with contrast only	2004.00		-					-	30	5.000	1.0	R	292.58	T
6408	CT joint pre AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T
6409	CT brain uncontrasted (including posterior fossa)	2004.00		-					-	30	5.000	1.0	R	292.58	T
6410	CT brain with contrast only (including posterior fossa)	2004.00		-					-	30	5.000	1.0	R	292.58	T
6411	CT brain pre AND post contrast (including posterior fossa)	2004.00		-					-	30	5.000	1.0	R	292.58	T
6412	CT orbits complete study, axial OR coronal, uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6413	CT orbits complete study, axial AND coronal, uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6414	CT orbits complete study, axial OR coronal pre AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T
6415	CT orbits complete study, axial AND coronal pre AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T
6416	CT paranasal sinuses limited study axial OR coronal	2004.00		-					-	30	5.000	1.0	R	292.58	T
6417	CT paranasal sinuses limited study axial AND coronal	2004.00		-					-	30	5.000	1.0	R	292.58	T
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T
6422	CT pituitary fossa, uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6423	CT pituitary fossa, pre AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T
6424	CT internal auditory meati, uncontrasted	2004.00		-					-	30	5.000	1.0	R	292.58	T
6425	CT internal audiory meati, pre AND post contrast	2004.00		-					-	30	5.000	1.0	R	292.58	T

6426	CT mastoids	2004.00					-				-	30	5.000	1.0	R	292.58	T
6427	CT ear structures, limited study	2004.00					-				-	30	5.000	1.0	R	292.58	T
6428	CT middle AND inner ear, complete study including reconstructions	2004.00					-				-	30	5.000	1.0	R	292.58	T
6429	CT facial bones	2004.00					-				-	30	5.000	1.0	R	292.58	T
6430	CT neck soft tissue, uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6431	CT neck soft tissue with contrast only	2004.00					-				-	30	5.000	1.0	R	292.58	T
6432	CT neck pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6433	CT cervical spine uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6434	CT cervical spine pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6435	CT cervical spine post myelogram	2004.00					-				-	30	5.000	1.0	R	292.58	T
6436	CT dorsal spine uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6437	CT dorsal spine pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6438	CT dorsal spine post myelogram	2004.00					-				-	30	5.000	1.0	R	292.58	T
6439	CT lumbar spine uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6440	CT lumbar spine pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6441	CT lumbar spine post myelogram	2004.00					-				-	30	5.000	1.0	R	292.58	T
6442	CT pelvimetry (topogram only)	2004.00					-				-	30	5.000	1.0	R	292.58	T
6443	CT chest uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6444	CT chest with contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6445	CT chest pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6446	CT chest high resolution lungs, limited study	2004.00					-				-	30	5.000	1.0	R	292.58	T
6447	CT high resolution lungs, complete study	2004.00					-				-	30	5.000	1.0	R	292.58	T
6448	CT abdomen uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6449	CT abdomen with contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6450	CT abdomen pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6451	CT abdomen triphasic study	2004.00					-				-	30	5.000	1.0	R	292.58	T
6452	CT pelvis uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6453	CT pelvis with contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6454	CT pelvis pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6455	CT abdomen AND pelvis uncontrasted	2004.00					-				-	30	5.000	1.0	R	292.58	T
6456	CT abdomen AND pelvis with contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6457	CT abdomen AND pelvis pre AND post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6458	CT chest, abdomen AND pelvis with contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6459	CT base of skull to symphysis pubis with contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6460	CT for dental implants maxilla OR mandible	2004.00					-				-					-	
6461	CT for dental implants maxilla AND mandible	2004.00					-				-					-	
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)	2004.00					-				-	30	5.000	1.0	R	292.58	T
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	2004.00					-				-	30	5.000	1.0	R	292.58	T
6464	CT limited study, any region. Region to be identified on the account	2004.00					-				-	30	5.000	1.0	R	292.58	T
6465	CT guidance for aspiration, biopsy or drainage	2004.00					-				-	30	11.000	1.0	R	643.53	T
6466	CT guidance for aspiration at time of CT diagnostic study	2004.00					-				-					-	
6467	CT stereotactic localisation for biopsy	2004.00					-				-	30	11.000	1.0	R	643.53	T
6468	CT for radiotherapy planning (not to be used as an add-on)	2004.00					-				-					-	
6469	Quantitative CT for bone mineral density	2004.00					-				-					-	
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast	2004.00					-				-	30	5.000	1.0	R	292.58	T
6472	Computer Aided Diagnosis for Mammography	2004.00					-				-					-	
19.10	Radiology: Miscellaneous						-				-					-	
3594	Mammogram of surgically removed breast biopsy specimen	2004.00					-				-					-	
3600	Peripheral bone densitometry utilizing ionizing radiation	2004.00		40	13.000	1.0	R	171.73		40	13.000	1.0	R	171.73				-	
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	2004.00	+					-		40	7.700	1.0	R	101.63				-	
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	2004.00						-		40	10.700	1.0	R	141.38				-	
3603	Sinography	2004.00						-		40	18.400	1.0	R	243.01				-	
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	2004.00		40	77.000	1.0	R	1 016.91		40	77.000	1.0	R	1 016.91				-	
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	2004.00						-		40	33.000	1.0	R	435.86				-	

3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	2004.00						-	40	21.000	1.0	R	277.33						-					
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)	2004.00						-	40	5.600	1.0	R	73.91						-					
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	2004.00						-	40	40.000	1.0	R	528.25	30	3.000	1.0	R	175.55	T					
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	2004.00						-	40	-	1.0		-						-					
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	2004.00	+					-	40	11.000	1.0	R	145.34						-					
3613	Setting of sterile trays	2004.00						-	40	3.300	1.0	R	43.56						-					
5029	Mammotome - stereotaxis: Hand held	2004.00						-					-						-					
5034	Fine needle aspiration or biopsy or core biopsy of mamma	2004.00						-	40	25.000	1.0	R	330.12	30	6.000	1.0	R	351.09	T					
19.11	Ultrasound investigations							-					-						-					
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values	2004.00						-					-						-					
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.	2004.00						-					-						-					
3596	Intravascular ultrasound per case, arterial or venous, for intervention	2004.00		60	30.000	1.0	R	266.62	60	30.000	1.0	R	266.62						-					
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	2004.00		60	110.000	1.0	R	977.46	60	110.000	1.0	R	977.46	30	5.000	1.0	R	292.58	T					
3612	Ultrasonic bone densitometry	2004.00		60	19.000	1.0	R	168.80	60	19.000	1.0	R	168.80						-					
3614	Transvaginal aspiration of ova	2004.00		60	110.000	1.0	R	977.46	60	110.000	1.0	R	977.46						-					
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3616	Contrast media: General Rule Y applies	2004.00						-					-						-					
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	2004.00		60	40.000	1.0	R	355.49	60	40.000	1.0	R	355.49						-					
3619	Intravascular ultrasound imaging assesses the atheroschlerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	2004.00		60	30.000	1.0	R	266.62	60	30.000	1.0	R	266.62	30	9.000	1.0	R	526.64	T					
3620	Cardiac examination plus Doppler colour mapping	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3621	Cardiac examination (MMode)	2004.00		60	25.000	1.0	R	222.18	60	25.000	1.0	R	222.18						-					
3622	Cardiac examination: 2 Dimensional	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3623	Cardiac examination + effort	2004.00	+	60	10.000	1.0	R	88.87	60	10.000	1.0	R	88.87						-					
3624	Cardiac examinations + contrast	2004.00	+	60	10.000	1.0	R	88.87	60	10.000	1.0	R	88.87						-					
3625	Cardiac examinations + doppler	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3626	Cardiac examination + phonocardiography	2004.00	+	60	10.000	1.0	R	88.87	60	10.000	1.0	R	88.87						-					
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)	2004.00		60	60.000	1.0	R	533.09	60	60.000	1.0	R	533.09						-					
3628	Renal tract	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3631	Ophthalmic examination	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3633	Neonatal head scan	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
3634	Peripheral vascular study. B mode only	2004.00		60	39.000	1.0	R	346.55	60	39.000	1.0	R	346.55						-					
3635	+ Doppler	2004.00		60	39.000	1.0	R	346.55	60	39.000	1.0	R	346.55						-					
3636	Trans-oesophageal echocardiography including passing the device	2004.00		60	100.000	1.0	R	888.59	60	100.000	1.0	R	888.59						-					
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)	2004.00		60	78.000	1.0	R	693.10	60	78.000	1.0	R	693.10						-					
5026	Ultrasound guided amniocentesis	2004.00		60	39.000	1.0	R	346.55					-	30	6.000	1.0	R	351.09	T					
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
5101	Pleural space ultrasound	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					
5103	Ultrasound soft tissue, any region	2004.00		60	50.000	1.0	R	444.37	60	50.000	1.0	R	444.37						-					

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	2004.00		60	25.000	1.0	R	222.18		60	25.000	1.0	R	222.18					-	
5107	Ultrasound after 24 weeks - motivation required	2004.00		60	25.000	1.0	R	222.18		60	25.000	1.0	R	222.18					-	
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	2004.00		60	50.000	1.0	R	444.37		60	50.000	1.0	R	444.37					-	
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	2004.00		60	128.000	1.0	R	1 137.46		60	120.000	1.0	R	1 066.33					-	
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)	2004.00		60	206.000	1.0	R	1 830.56		60	164.800	1.0	R	1 464.36					-	
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	2004.00		60	117.000	1.0	R	1 039.64		60	117.000	1.0	R	1 039.64					-	
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	2004.00		60	117.000	1.0	R	1 039.64		60	117.000	1.0	R	1 039.64					-	
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	2004.00		60	178.000	1.0	R	1 581.68		60	142.400	1.0	R	1 265.35					-	
5115	Intra-operative ultrasound study	2004.00		60	50.000	1.0	R	444.37		60	50.000	1.0	R	444.37		30	3.000	1.0	R	175.55	T
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	2004.00		60	88.000	1.0	R	781.97		60	88.000	1.0	R	781.97					-	
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior desending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	2004.00		60	44.000	1.0	R	390.98		60	44.000	1.0	R	390.98					-	
	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	2004.00						-						-					-	
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	2004.00		60	6.000	1.0	R	53.31		60	6.000	1.0	R	53.31					-	
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%	2004.00						-						-					-	
	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	2004.00						-						-					-	
19.12	Portable unit examinations							-						-					-	
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	2004.00	+					-		40	7.000	1.0	R	92.39					-	
3640	Theatre investigations with fixed installation	2004.00	+					-		40	3.000	1.0	R	39.60					-	
19.13	Diagnostic procedures requiring the use of radio-isotopes							-						-					-	
AA.	Procedures to exclude cost of isotope	2004.00						-						-					-	
3641	Tracer test	2004.00		40	33.200	1.0	R	438.50		40	22.100	1.0	R	291.85					-	
3642	Repeat of further tracer tests for same investigation: Half of above fee	2004.00		40	16.600	1.0	R	219.25		40	11.100	1.0	R	146.66					-	
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee	2004.00						-						-					-	
3644	Tracer test of complete body or brain tumour location	2004.00		40	82.200	1.0	R	1 085.55		40	54.800	1.0	R	723.75					-	
3645	Other organ scanning with use of relevant radio isotopes	2004.00		40	82.200	1.0	R	1 085.55		40	54.800	1.0	R	723.75					-	
3646	Thyroid scanning	2004.00		40	28.800	1.0	R	380.28		40	19.200	1.0	R	253.57					-	
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera	2004.00						-						-					-	

6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera	2004.00	-					-					-			
19.14	Interventional radiological procedures		-					-					-			
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)	2004.00	-					-					-			
	Note: In regard to multiple examinations see modifier 0080	2004.00	-					-					-			
5002	Percutaneous transluminal angioplasty: Aortic/IVC	2004.00	-	40	102.600	1.0	R	1 354.95	30	13.000	1.0	R	760.56	T		
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	2004.00	-	40	102.600	1.0	R	1 354.95	30	13.000	1.0	R	760.56	T		
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	2004.00	-	40	102.600	1.0	R	1 354.95	30	13.000	1.0	R	760.56	T		
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	2004.00	-	40	139.200	1.0	R	1 838.33	30	13.000	1.0	R	760.56	T		
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	2004.00	-	40	139.200	1.0	R	1 838.33	30	13.000	1.0	R	760.56	T		
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	2004.00	-	40	172.200	1.0	R	2 274.19	30	13.000	1.0	R	760.56	T		
5014	Atherectomy (per vessel)	2004.00	-	40	204.600	1.0	R	2 701.99					-			
5016	Aspiration thrombectomy (per vessel)	2004.00	-	40	131.400	1.0	R	1 735.38					-			
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	2004.00	-	40	106.800	1.0	R	1 410.39	30	5.000	1.0	R	292.58	T		
5022	Embolisation non-intracranial, per vessel	2004.00	-	40	106.800	1.0	R	1 410.39	30	9.000	1.0	R	526.64	T		
5030	Percutaneous nephrostomy for further procedure or drainage	2004.00	-	40	73.800	1.0	R	974.67	30	6.000	1.0	R	351.09	T		
5031	Antegrade ureteric stent insertion	2004.00	-	40	69.600	1.0	R	919.09	30	6.000	1.0	R	351.09	T		
5033	Percutaneous cystostomy in radiology suite	2004.00	-	40	30.000	1.0	R	396.26					-			
5035	Urethral balloon dilatation in radiology suite	2004.00	-	40	22.800	1.0	R	301.08					-			
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	2004.00	-	40	34.200	1.0	R	451.70					-			
5037	Urethral stenting in radiology suite	2004.00	-	40	102.600	1.0	R	1 354.95					-			
5038	Intracranial/spinal AVM embolisation (per session)	2004.00	-	40	335.400	1.0	R	4 429.45	30	13.000	1.0	R	760.56	T		
5039	Intracranial thrombolysis (on-table) per session	2004.00	-	40	139.200	1.0	R	1 838.33	30	13.000	1.0	R	760.56	T		
5040	Intracranial aneurysm occlusion	2004.00	-	40	286.800	1.0	R	3 787.53	30	13.000	1.0	R	760.56	T		
5041	Balloon occlusion/Wada test	2004.00	-	40	106.800	1.0	R	1 410.39	30	9.000	1.0	R	526.64	T		
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	2006.04	-	40	286.800	1.0	R	3 787.53	30	13.000	1.0	R	760.56	T		
5043	Intracranial angioplasty	2004.00	-	40	204.600	1.0	R	2 701.99	30	13.000	1.0	R	760.56	T		
5044	Transhepatic portogram	2004.00	-	40	139.200	1.0	R	1 838.33	30	9.000	1.0	R	526.64	T		
5045	Hepatic arterial infusion catheter insertion	2004.00	-	40	156.000	1.0	R	2 060.22	30	6.000	1.0	R	351.09	T		
5046	Percutaneous biliary drainage (external)	2004.00	-	40	102.600	1.0	R	1 354.95	30	9.000	1.0	R	526.64	T		
5047	Combined internal/external biliary drainage	2004.00	-	40	102.600	1.0	R	1 354.95	30	9.000	1.0	R	526.64	T		
5048	Biliary stent insertion	2004.00	-	40	139.200	1.0	R	1 838.33	30	9.000	1.0	R	526.64	T		
5049	Percutaneous gall bladder drainage	2004.00	-	40	69.600	1.0	R	919.09	30	9.000	1.0	R	526.64	T		
5050	Percutaneous or renal gall bladder stone removal	2004.00	-	40	172.200	1.0	R	2 274.19	30	5.000	1.0	R	292.58	T		
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	2004.00	-	40	139.200	1.0	R	1 838.33	30	13.000	1.0	R	760.56	T		
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	2004.00	-	40	139.200	1.0	R	1 838.33	30	13.000	1.0	R	760.56	T		

5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	2004.00	-	40	139.200	1.0	R	1 838.33	30	13.000	1.0	R	760.56	T
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	2004.00	-	40	172.200	1.0	R	2 274.19	30	13.000	1.0	R	760.56	T
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	2004.00	-	40	204.600	1.0	R	2 701.99	30	13.000	1.0	R	760.56	T
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	2004.00	-	40	204.600	1.0	R	2 701.99					-	
5070	Stent insertion: Aorto-*iliac* stent graft - including percutaneous transluminal angioplasty (PTA)	2004.00	-	40	311.400	1.0	R	4 112.52	30	13.000	1.0	R	760.56	T
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	2004.00	-	40	82.200	1.0	R	1 085.55	30	5.000	1.0	R	292.58	T
5074	IVC filter insertion jugular or femoral route	2004.00	-	40	156.000	1.0	R	2 060.22	30	9.000	1.0	R	526.64	T
5076	Intravascular foreign body removal, arterial or venous, any route	2004.00	-	40	204.600	1.0	R	2 701.99	30	9.000	1.0	R	526.64	T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	2004.00	-	40	70.200	1.0	R	927.16	30	5.000	1.0	R	292.58	T
5080	Transjugular intrahepatic porto-systemic shunt	2004.00	-	40	335.400	1.0	R	4 429.45	30	13.000	1.0	R	760.56	T
5082	Transjugular liver biopsy	2004.00	-	40	69.600	1.0	R	919.09	30	9.000	1.0	R	526.64	T
5084	Endoluminal fallopian tube recanalisation	2004.00	-	40	172.200	1.0	R	2 274.19	30	6.000	1.0	R	351.09	T
5086	Renal cyst aspiration/ablation	2004.00	-	40	22.800	1.0	R	301.08					-	
5088	Oesophageal stent insertion in radiology suite	2004.00	-	40	102.600	1.0	R	1 354.95	30	6.000	1.0	R	351.09	T
5090	Tracheal stent insertion	2004.00	-	40	102.600	1.0	R	1 354.95	30	6.000	1.0	R	351.09	T
5091	GIT balloon dilatation under fluoroscopy	2004.00	-	40	66.600	1.0	R	879.50	30	6.000	1.0	R	351.09	T
5092	Other GIT stent insertion	2004.00	-	40	102.600	1.0	R	1 354.95	30	6.000	1.0	R	351.09	T
5093	Percutaneous gastrostomy in radiology suite	2004.00	-	40	85.800	1.0	R	1 133.06					-	
5094	Cutting needle biopsy with image guidance	2004.00	-	40	22.800	1.0	R	301.08					-	
5095	Chest drain insertion in radiology suite	2004.00	-	40	32.400	1.0	R	427.94					-	
5096	Percutaneous cyst or tumour ablation (non aspiration)	2004.00	-	40	54.600	1.0	R	721.11					-	
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level	2004.00	-					-	30	13.000	1.0	R	760.56	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)	2004.00	-					-					-	
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	2004.00	-					-					-	
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	2004.00	-					-					-	
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee	2004.00	-					-					-	
6103	Post-contrast study: Bone tumour: 100% of the fee	2004.00	-					-					-	
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	2004.00	-					-					-	
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	2004.00	-					-					-	
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	2004.00	-					-					-	
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	2004.00	-					-					-	
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"	2004.00	-					-					-	
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	2004.00	-					-					-	
6110	MRI spectroscopy: 50% of fee	2004.00	-					-					-	

	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.	2004.00	-					-						-					
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.	2004.00	-					-						-					
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	2004.00	-	75	400.000	1.0	R	4 020.13	30	5.000	1.0	R	292.58	T					
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA	2004.00	-					-						-					
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	2004.00	-	75	70.000	1.0	R	703.51	30	5.000	1.0	R	292.58	T					

20	Radiation Oncology							-						-			-
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST	2004.00						-						-			-
	(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	2004.00						-						-			-
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values	2004.00						-						-			-
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	2004.00						-						-			-
20.4	Megavolt therapy							-						-			-
20.5	Beta-ray therapy with strontium-90-applicator							-						-			-
20.6	Planning of therapy							-						-			-
20.7	Technical aids							-						-			-
5141	Radiation materials (see modifier 0095)	2005.03						-						-			-
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.	2004.11						-						-			-
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities	2004.11						-						-			-
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)	2004.11	20	42.950	1.0	R	400.37	Z	20	42.950	1.0	R	400.37	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	2005.03	20	24.490	1.0	R	228.34	Z	20	24.490	1.0	R	228.34	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	2005.03	20	30.610	1.0	R	285.39	Z	20	30.610	1.0	R	285.39	Z			-
	Non-infusional chemotherapy: Consultations are charged separately.	2005.05						-						-			-
	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.	2004.11						-						-			-

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)	2004.11	20	159.470	1.0	R	1 486.80	Z	20	127.580	1.0	R	1 189.38	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	2005.03	20	90.030	1.0	R	839.31	Z	20	90.030	1.0	R	839.31	Z		-
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	2004.11	20	112.540	1.0	R	1 049.18	Z	20	112.540	1.0	R	1 049.18	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).	2004.11					-						-			-
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	2005.03	50	42.560	1.0	R	482.20	Z					-			-
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT	2005.01	50	99.320	1.0	R	1 125.14	Z					-			-
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	2005.03	50	56.180	1.0	R	636.49	Z					-			-
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	2005.01	50	131.100	1.0	R	1 485.18	Z					-			-
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	2005.03	50	76.620	1.0	R	868.06	Z					-			-
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	2005.01	50	178.770	1.0	R	2 025.32	Z					-			-
20.11.2	Conventional Radiotherapy Planning Procedures						-						-			-
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	2005.03	50	170.260	1.0	R	1 928.96	Z					-			-
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	2005.01	50	397.270	1.0	R	4 500.72	Z					-			-
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	2005.03	50	238.360	1.0	R	2 700.37	Z					-			-
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	2005.01	50	556.180	1.0	R	6 301.07	Z					-			-
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	2005.03	50	297.950	1.0	R	3 375.58	Z					-			-
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	2005.01	50	695.220	1.0	R	7 876.30	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)	2006.02	50	240.230	1.0	R	2 721.64	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)	2006.02	50	977.200	1.0	R	11 070.90	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)	2006.02	50	407.750	1.0	R	4 619.51	Z					-			-

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)	2006.02	50	#######	1.0	R	15 499.03	Z	-	-
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	2006.02	50	554.330	1.0	R	6 280.10	Z	-	-
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	2006.02	50	#######	1.0	R	19 373.82	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)	2006.02	50	642.920	1.0	R	7 283.81	Z	-	-
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	2006.02	50	#######	1.0	R	21 715.92	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)	2006.02	50	232.180	1.0	R	2 630.42	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)	2006.02	50	958.400	1.0	R	10 857.81	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)	2006.02	50	753.350	1.0	R	8 534.78	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)	2006.02	50	#######	1.0	R	24 635.10	Z	-	-
20.11.5	Kilovolt Radiation Treatment						-		-	-
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	2005.03	50	49.080	1.0	R	555.97	Z	-	-
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	2005.01	50	114.520	1.0	R	1 297.46	Z	-	-
20.11.6	Short Course Radiation Treatment						-		-	-
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	2005.03	50	105.740	1.0	R	1 197.88	Z	-	-
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	2005.01	50	246.730	1.0	R	2 795.26	Z	-	-
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	2005.03	50	148.040	1.0	R	1 677.16	Z	-	-
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	2005.01	50	345.410	1.0	R	3 913.22	Z	-	-
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	2005.03	50	190.330	1.0	R	2 156.28	Z	-	-
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	2005.01	50	444.110	1.0	R	5 031.32	Z	-	-
20.11.7	Weekly Radiation Treatment Sessions						-		-	-
20.11.7	Weekly Radiation Treatment Sessions - Conventional Techniques						-		-	-
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	2005.03	50	193.860	1.0	R	2 196.32	Z	-	-
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	2005.01	50	452.330	1.0	R	5 124.45	Z	-	-
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	2005.03	50	246.730	1.0	R	2 795.26	Z	-	-
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	2005.01	50	575.690	1.0	R	6 522.08	Z	-	-

5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	2005.03	50	317.220	1.0	R	3 593.80	Z	-	-
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	2005.01	50	740.180	1.0	R	8 385.63	Z	-	-
20.11.7	Weekly Radiation Treatment Sessions - Advanced Techniques						-		-	-
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	2005.03	50	236.240	1.0	R	2 676.47	Z	-	-
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	2005.01	50	551.210	1.0	R	6 244.75	Z	-	-
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	2005.03	50	330.730	1.0	R	3 746.91	Z	-	-
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	2005.01	50	771.710	1.0	R	8 742.89	Z	-	-
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	2005.03	50	425.230	1.0	R	4 817.50	Z	-	-
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	2005.01	50	992.190	1.0	R	11 240.73	Z	-	-
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	2005.03	50	348.870	1.0	R	3 952.37	Z	-	-
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	2005.01	50	814.030	1.0	R	9 222.31	Z	-	-
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	2005.03	50	826.830	1.0	R	9 367.35	Z	-	-
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	2005.01	50	#######	1.0	R	21 856.85	Z	-	-
20.11.8	Stereotactic Radiation						-		-	-
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	2005.03	50	#######	1.0	R	42 137.01	Z	-	-
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	2005.01	50	#######	1.0	R	98 319.69	Z	-	-
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	2005.03	50	#######	1.0	R	48 457.58	Z	-	-
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	2005.01	50	#######	1.0		##########	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	2005.03	50	108.400	1.0	R	1 228.10	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	2005.03	50	216.800	1.0	R	2 456.19	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	2005.03	50	601.160	1.0	R	6 810.70	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	2005.03	50	216.800	1.0	R	2 456.19	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	2005.03	50	786.800	1.0	R	8 913.74	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	2005.03	50	#######	1.0	R	11 885.14	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	2005.03	50	613.040	1.0	R	6 945.18	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	2005.03	50	415.960	1.0	R	4 712.49	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	2005.03	50	970.560	1.0	R	10 995.67	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	2005.03	50	156.770	1.0	R	1 776.00	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	2004.00					-					-		-
	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.	2004.00					-					-		-
21.1	Haematology						-					-		-
3705	Alkali resistant haemoglobin	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26		-
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	2004.00	80	3.650	1.0	R	39.30	80	2.450	1.0	R	26.40		-
3710	Antibody titration	2004.00	80	7.200	1.0	R	77.58	80	4.800	1.0	R	51.77		-
3711	Arneth count	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13		-
3712	Antibody identification	2004.00	80	8.450	1.0	R	91.07	80	5.650	1.0	R	60.86		-
3713	Bleeding time (does not include the cost of the simplate device)	2004.00	80	6.940	1.0	R	74.79	80	4.630	1.0	R	49.86		-
3714	Blood volume, dye method	2004.00	80	7.200	1.0	R	77.58	80	4.800	1.0	R	51.77		-
3715	Buffy layer examination	2004.00	80	19.900	1.0	R	214.41	80	13.270	1.0	R	142.99		-
3716	Mean Cell Volume	2004.00	80	2.250	0.0		-	80	1.500	0.0		-		-
3717	Bone marrow cytological examination only	2004.00	80	19.900	1.0	R	214.41	80	13.270	1.0	R	142.99		-
3719	Bone marrow: Aspiration	2004.00	80	8.400	1.0	R	90.49	80	5.600	1.0	R	60.42		-
3720	Bone marrow trephine biopsy	2004.00	80	32.600	1.0	R	351.39	80	21.700	1.0	R	233.92		-
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	2004.00	80	36.800	1.0	R	396.56	80	24.500	1.0	R	264.13		-
3722	Capillary fragility: Hess	2004.00	80	2.020	1.0	R	21.71	80	1.350	1.0	R	14.55		-
3723	Circulating anticoagulants	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09		-
3724	Coagulation factor inhibitor assay	2004.00	80	57.560	1.0	R	620.35	80	38.370	1.0	R	413.57		-
3726	Activated protein C resistance	2004.00	80	26.000	1.0	R	280.26	80	17.300	1.0	R	186.40		-
3727	Coagulation time	2004.00	80	3.160	1.0	R	34.02	80	2.110	1.0	R	22.73		-
3728	Anti-factor Xa Activity	2004.00	80	53.600	1.0	R	577.68	80	35.730	1.0	R	385.12		-
3729	Cold agglutinins	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81		-
3730	Protein S: Functional	2004.00	80	37.500	1.0	R	404.18	80	25.000	1.0	R	269.41		-
3731	Compatibility for blood transfusion	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81		-
3732	Cryoglobulin	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81		-
3734	Protein C (chromogenic)	2004.00	80	30.290	1.0	R	326.46	80	20.190	1.0	R	217.64		-
3735	Anti-thrombin III (chromogenic)	2004.00	80	22.000	1.0	R	237.14	80	14.700	1.0	R	158.39		-
3736	Plasminogen (chromogenic)	2004.00	80	61.650	1.0	R	664.50	80	41.100	1.0	R	442.90		-
3737	Lupus Russel Viper method	2004.00	80	17.000	1.0	R	183.17	80	11.300	1.0	R	121.72		-
3738	Lupus Kaolin Exner method	2004.00	80	25.000	1.0	R	269.41	80	16.700	1.0	R	179.95		-
3739	Erythrocyte count	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13		-
3740	Factors V and VII: Qualitative	2004.00	80	7.200	1.0	R	77.58	80	4.800	1.0	R	51.77		-
3741	Coagulation factor assay: Functional	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90		-
3742	Coagulation factor assay: Immunological	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26		-
3743	Erythrocyte sedimentation rate	2004.00	80	3.000	1.0	R	32.26	80	2.000	1.0	R	21.56		-
3744	Fibrin stabilizing factor (urea test)	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26		-
3746	Fibrin monomers	2004.00	80	2.700	1.0	R	29.04	80	1.800	1.0	R	19.36		-
3748	Plasminogen activator inhibitor (PAI-I)	2004.00	80	65.950	1.0	R	710.84	80	43.970	1.0	R	473.85		-
3750	Tissue plasminogen Activator (tPA)	2004.00	80	67.790	1.0	R	730.64	80	45.190	1.0	R	487.04		-
3751	Osmotic fragility (screen)	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13		-

3752	Osmotic fragility test: Quantitative	2004.00	80	10.000	1.0	R	107.79	80	6.650	1.0	R	71.71	-
3753	Osmotic fragility (before and after incubation)	2004.00	80	18.000	1.0	R	194.03	80	12.000	1.0	R	129.35	-
3754	ABO Reverse Group	2004.00	80	5.500	0.0		-	80	3.670	0.0		-	-
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	2004.00	80	10.500	1.0	R	113.22	80	7.000	1.0	R	75.38	-
3756	Full cross match	2004.00	80	7.200	1.0	R	77.58	80	4.800	1.0	R	51.77	-
3757	Coagulation factors: Quantitative	2004.00	80	32.200	1.0	R	346.99	80	21.470	1.0	R	231.42	-
3758	Factor VIII related antigen	2004.00	80	60.460	1.0	R	651.59	80	40.310	1.0	R	434.39	-
3759	Coagulation factor correction study	2004.00	80	11.720	1.0	R	126.27	80	7.810	1.0	R	84.18	-
3761	Factor XIII related antigen	2004.00	80	61.110	1.0	R	658.63	80	40.740	1.0	R	439.09	-
3762	Haemoglobin estimation	2004.00	80	1.800	1.0	R	19.36	80	1.200	1.0	R	12.94	-
3763	Contact activated product assay	2004.00	80	16.200	1.0	R	174.67	80	10.800	1.0	R	116.44	-
3764	Grouping: A B and O antigens	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
3765	Grouping: Rh antigen	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
3766	PIVKA	2004.00	80	43.490	1.0	R	468.71	80	28.990	1.0	R	312.38	-
3767	Euglobulin Lysis time	2004.00	80	25.580	1.0	R	275.71	80	17.050	1.0	R	183.76	-
3768	Haemoglobin A2 (column chromatography)	2004.00	80	15.000	1.0	R	161.61	80	10.000	1.0	R	107.79	-
3769	Haemoglobin electrophoresis	2004.00	80	26.820	1.0	R	289.06	80	17.880	1.0	R	192.71	-
3770	Haemoglobin-S (solubility test)	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
3771	Factor III-availability test	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09	-
3772	Haptoglobin: Quantitative	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
3773	Ham's acidified serum test	2004.00	80	8.000	1.0	R	86.23	80	5.330	1.0	R	57.49	-
3775	Heinz bodies	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3776	Haemosiderin in urinary sediment	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3781	Heparin tolerance	2004.00	80	7.200	1.0	R	77.58	80	4.800	1.0	R	51.77	-
3783	Leucocyte differential count	2004.00	80	6.200	1.0	R	66.88	80	4.150	1.0	R	44.73	-
3785	Leucocytes: Total count	2004.00	80	1.800	1.0	R	19.36	80	1.200	1.0	R	12.94	-
3786	QBC malaria concentration and fluorescent staining	2004.00	80	25.000	1.0	R	269.41	80	16.700	1.0	R	179.95	-
3787	LE-cells	2004.00	80	8.300	1.0	R	89.46	80	5.550	1.0	R	59.84	-
3789	Neutrophil alkaline phosphatase	2004.00	80	28.000	1.0	R	301.82	80	18.700	1.0	R	201.51	-
3791	Packed cell volume: Haematocrit	2004.00	80	1.800	1.0	R	19.36	80	1.200	1.0	R	12.94	-
3792	Plasmodium falciparum: Monoclonal immunological identification	2004.00	80	9.000	1.0	R	96.94	80	6.000	1.0	R	64.68	-
3793	Plasma haemoglobin	2004.00	80	6.750	1.0	R	72.74	80	4.500	1.0	R	48.54	-
3794	Platelet sensitivities	2004.00	80	18.640	1.0	R	200.92	80	12.430	1.0	R	133.90	-
3795	Platelet aggregation per aggregant	2004.00	80	12.140	1.0	R	130.82	80	8.090	1.0	R	87.26	-
3796	Platelet antibodies: Agglutination	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
3797	Platelet count	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3799	Platelet adhesiveness	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3801	Prothrombin consumption	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09	-
3803	Prothrombin determination (two stages)	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09	-
3805	Prothrombin index	2004.00	80	6.000	1.0	R	64.68	80	4.000	1.0	R	43.12	-
3806	Therapeutic drug level: Dosage	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3807	Recalcification time	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3809	Reticulocyte count	2004.00	80	3.000	1.0	R	32.26	80	2.000	1.0	R	21.56	-
3810	Schumm's test	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
3811	Sickling test	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3814	Sucrose lysis test for PNH	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	2004.00	80	21.100	1.0	R	227.46	80	14.070	1.0	R	151.64	-
3820	Thrombo - Elastogram	2004.00	80	26.000	1.0	R	280.26	80	17.330	1.0	R	186.84	-
3825	Fibrinogen titre	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	2004.00	80	8.000	1.0	R	86.23	80	5.330	1.0	R	57.49	-
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	2004.00	80	16.000	1.0	R	172.47	80	10.700	1.0	R	115.27	-
3832	Red cell pyruvate kinase: Quantitative	2004.00	80	16.000	1.0	R	172.47	80	10.700	1.0	R	115.27	-
3834	Red cell Rhesus phenotype	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3835	Haemoglobin F in blood smear	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09	-
3837	Partial thromboplastin time	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09	-
3841	Thrombin time (screen)	2004.00	80	7.160	1.0	R	77.14	80	4.770	1.0	R	51.48	-
3843	Thrombin time (serial)	2004.00	80	7.650	1.0	R	82.42	80	5.100	1.0	R	55.00	-
3847	Haemoglobin H	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3851	Fibrin degeneration products (diffusion plate)	2004.00	80	10.350	1.0	R	111.61	80	6.900	1.0	R	74.35	-

3853	Fibrin degeneration products (latex slide)	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3854	XDP (Dimer test or equivalent latex slide test)	2004.00	80	8.500	1.0	R	91.66	80	5.670	1.0	R	61.16	-
3855	Haemagglutination inhibition	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3856	D-Dimer (quantitative)	2004.00	80	27.520	1.0	R	296.54	80	18.350	1.0	R	197.84	-
3857	Ristocetin Cofactor	2004.00	80	35.530	1.0	R	382.92	80	23.690	1.0	R	255.33	-
3858	Heparin removal	2004.00	80	28.880	1.0	R	311.20	80	19.250	1.0	R	207.52	-
21.2	Microscopic and miscellaneous tests						-					-	-
3863	Autogenous vaccine	2004.00	80	12.600	1.0	R	135.80	80	8.400	1.0	R	90.49	-
3864	Entomological examination	2004.00	80	20.700	1.0	R	223.06	80	13.800	1.0	R	148.71	-
3865	Parasites in blood smear	2004.00	80	5.600	1.0	R	60.42	80	3.730	1.0	R	40.18	-
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	2004.00	80	4.900	1.0	R	52.80	80	3.300	1.0	R	35.64	-
3868	Fungus identification	2004.00	80	8.300	1.0	R	89.46	80	5.500	1.0	R	59.25	-
3869	Faeces (including parasites)	2004.00	80	4.900	1.0	R	52.80	80	3.270	1.0	R	35.20	-
3873	Transmission electron microscopy	2004.00	80	85.000	1.0	R	916.16	80	57.000	1.0	R	614.34	-
3874	Scanning electron microscopy	2004.00	80	100.000	1.0	R	1 077.77	80	67.000	1.0	R	722.13	-
3875	Inclusion bodies	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3878	Crystal identification polarized light microscopy	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3879	Campylobacter in stool: Fastidious culture	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3880	Antigen detection with polyclonal antibodies	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3881	Mycobacteria	2004.00	80	3.000	1.0	R	32.26	80	2.000	1.0	R	21.56	-
3882	Antigen detection with monoclonal antibodies	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
3883	Concentration techniques for parasites	2004.00	80	3.000	1.0	R	32.26	80	2.000	1.0	R	21.56	-
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	2004.00	80	6.300	1.0	R	67.90	80	4.200	1.0	R	45.32	-
3885	Cytochemical stain	2004.00	80	5.450	1.0	R	58.81	80	3.650	1.0	R	39.30	-
21.3	Bacteriology						-					-	-
3887	Antibiotic susceptibility test: Per organism	2004.00	80	8.000	1.0	R	86.23	80	5.330	1.0	R	57.49	-
3888	Adhesive tape preparation	2004.00	80	2.700	1.0	R	29.04	80	1.800	1.0	R	19.36	-
3889	Clostridium difficile toxin: Monoclonal immunological	2004.00	80	12.400	1.0	R	133.60	80	8.270	1.0	R	89.17	-
3890	Antibiotic assay of tissues and fluids	2004.00	80	13.900	1.0	R	149.88	80	9.270	1.0	R	99.87	-
3891	Blood culture: Aerobic	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09	-
3892	Blood culture: Anaerobic	2004.00	80	5.850	1.0	R	63.06	80	3.900	1.0	R	42.09	-
3893	Bacteriological culture: Miscellaneous	2004.00	80	6.300	1.0	R	67.90	80	4.200	1.0	R	45.32	-
3894	Radiometric blood culture	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
3895	Bacteriological culture: Fastidious organisms	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3896	In vivo culture: Bacteria	2004.00	80	16.000	1.0	R	172.47	80	10.650	1.0	R	114.83	-
3897	In vivo culture: Virus	2004.00	80	16.000	1.0	R	172.47	80	10.650	1.0	R	114.83	-
3898	Bacterial exotoxin production (in vitro assay)	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3899	Bacterial exotoxin production (in vivo assay)	2004.00	80	20.700	1.0	R	223.06	80	13.800	1.0	R	148.71	-
3901	Fungal culture	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3902	Clostridium difficile (cytotoxicity neutralisation)	2004.00	80	30.000	1.0	R	323.38	80	20.000	1.0	R	215.58	-
3903	Antibiotic level: Biological fluids	2004.00	80	11.700	1.0	R	126.12	80	7.800	1.0	R	84.03	-
3904	Rotavirus latex slide test	2004.00	80	5.620	1.0	R	60.57	80	3.750	1.0	R	40.48	-
3905	Identification of virus or rickettsia	2004.00	80	20.700	1.0	R	223.06	80	13.800	1.0	R	148.71	-
3906	Identification: Chlamydia	2004.00	80	16.000	1.0	R	172.47	80	10.650	1.0	R	114.83	-
3907	Culture for staphylococcus aureus	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3908	Anaerobe culture: Comprehensive	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3909	Anaerobe culture: Limited procedure	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3911	Beta-lactamase assay	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3914	Sterility control test: Biological method	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3915	Mycobacterium culture	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
3916	Radiometric tuberculosis culture	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
3917	Mycoplasma culture: Limited	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
3918	Mycoplasma culture: Comprehensive	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3919	Identification of mycobacterium	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3920	Mycobacterium: Antibiotic sensitivity	2004.00	80	9.900	1.0	R	106.77	80	6.600	1.0	R	71.13	-
3921	Antibiotic synergistic study	2004.00	80	20.700	1.0	R	223.06	80	13.800	1.0	R	148.71	-
3922	Viable cell count	2004.00	80	1.350	1.0	R	14.55	80	0.900	1.0	R	9.69	-
3923	Biochemical identification of bacterium: Abridged	2004.00	80	3.150	1.0	R	33.88	80	2.100	1.0	R	22.58	-
3924	Biochemical identification of bacterium: Extended	2004.00	80	12.500	1.0	R	134.78	80	8.330	1.0	R	89.75	-

3925	Serological identification of bacterium: Abridged	2004.00	80	3.150	1.0	R	33.88		80	2.100	1.0	R	22.58			-
3926	Serological identification of bacterium: Extended	2004.00	80	10.200	1.0	R	109.99		80	6.800	1.0	R	73.33			-
3927	Grouping for streptococci	2004.00	80	7.300	1.0	R	78.61		80	4.850	1.0	R	52.21			-
3928	Antimicrobic substances	2004.00	80	3.800	1.0	R	40.92		80	2.500	1.0	R	26.98			-
3929	Radiometric mycobacterium identification	2004.00	80	14.000	1.0	R	150.91		80	9.300	1.0	R	100.17			-
3930	Radiometric mycobacterium antibiotic sensitivity	2004.00	80	25.000	1.0	R	269.41		80	16.700	1.0	R	179.95			-
3931	Helicobacter: Monoclonal immunological	2004.00	80	12.400	1.0	R	133.60		80	8.270	1.0	R	89.17			-
4650	Antibiotic MIC per organism per antibiotic	2004.00	80	8.000	1.0	R	86.23		80	5.330	1.0	R	57.49			-
4651	Non-radiometric automated blood cultures	2004.00	80	13.900	1.0	R	149.88		80	9.270	1.0	R	99.87			-
4652	Rapid automated bacterial identification per organism	2004.00	80	15.000	1.0	R	161.61		80	10.000	1.0	R	107.79			-
4653	Rapid automated antibiotic susceptibility per organism	2004.00	80	17.000	1.0	R	183.17		80	11.330	1.0	R	122.16			-
4654	Rapid automated MIC per organism per antibiotic	2004.00	80	17.000	1.0	R	183.17		80	11.330	1.0	R	122.16			-
4655	Mycobacteria: MIC determination - E Test	2005.03	80	16.500	1.0	R	177.89	Z	80	11.000	1.0	R	118.50	Z		-
4656	Mycobacteria: Identification HPLC	2005.03	80	35.000	1.0	R	377.20	Z	80	23.330	1.0	R	251.51	Z		-
4657	Mycobacteria: Liquefied, consentrated, fluorochrome stain	2005.03	80	9.900	1.0	R	106.77	Z	80	6.600	1.0	R	71.13	Z		-
21.4	Serology						-						-			-
3958	Anti Gad/Ia2 Ab	2004.00	80	67.950	1.0	R	732.40		80	45.300	1.0	R	488.22			-
3959	Rose Waaler agglutination test	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
3960	Gonococcal, listeria or echinococcus agglutination	2004.00	80	9.500	1.0	R	102.37		80	6.300	1.0	R	67.90			-
3961	Slide agglutination test	2004.00	80	2.630	1.0	R	28.30		80	1.750	1.0	R	18.92			-
3962	Rebuck skin window	2004.00	80	5.400	1.0	R	58.22		80	3.600	1.0	R	38.86			-
3963	Serum complement level: Each component	2004.00	80	3.150	1.0	R	33.88		80	2.100	1.0	R	22.58			-
3965	Anti Ia2 Antibodies	2004.00	80	36.000	1.0	R	388.05		80	24.000	1.0	R	258.70			-
3966	Anti Gad Antibodies	2004.00	80	36.000	1.0	R	388.05		80	24.000	1.0	R	258.70			-
3967	Auto-antibody: Sensitized erythrocytes	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
3968	Herpes virus typing: Monoclonal immunological	2004.00	80	20.690	1.0	R	223.06		80	13.790	1.0	R	148.56			-
3969	Western blot technique	2004.00	80	74.000	1.0	R	797.51		80	49.000	1.0	R	528.11			-
3970	Epstein-Barr virus antibody titer	2004.00	80	6.750	1.0	R	72.74		80	4.500	1.0	R	48.54			-
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	2004.00	80	14.100	1.0	R	151.94		80	9.400	1.0	R	101.34			-
3933	IgE: Total: EMIT or ELISA	2004.00	80	11.700	1.0	R	126.12		80	7.800	1.0	R	84.03			-
3934	Auto antibodies by labelled antibodies	2004.00	80	16.000	1.0	R	172.47		80	10.650	1.0	R	114.83			-
3935	Sperm antibodies	2004.00	80	16.000	1.0	R	172.47		80	10.650	1.0	R	114.83			-
3936	Virus neutralisation test: First antibody	2004.00	80	75.000	1.0	R	808.37		80	50.000	1.0	R	538.96			-
3937	Virus neutralisation test: Each additional antibody	2004.00	80	15.000	1.0	R	161.61		80	10.000	1.0	R	107.79			-
3938	Precipitation test per antigen	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
3939	Agglutination test per antigen	2004.00	80	5.500	1.0	R	59.25		80	3.670	1.0	R	39.60			-
3940	Haemagglutination test: Per antigen	2004.00	80	9.900	1.0	R	106.77		80	6.600	1.0	R	71.13			-
3941	Modified Coombs' test for brucellosis	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
3942	Hepatitis Rapid Viral Ab	2004.00	80	12.240	1.0	R	131.99		80	8.160	1.0	R	87.99			-
3943	Antibody titer to bacterial exotoxin	2004.00	80	3.600	1.0	R	38.86		80	2.400	1.0	R	25.81			-
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	2004.00	80	12.400	1.0	R	133.60		80	8.270	1.0	R	89.17			-
3945	Complement fixation test	2004.00	80	5.850	1.0	R	63.06		80	3.900	1.0	R	42.09			-
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	2004.00	80	14.050	1.0	R	151.50		80	9.370	1.0	R	101.05			-
3947	C-reactive protein	2004.00	80	10.840	1.0	R	116.88		80	7.227	1.0	R	77.87			-
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	2004.00	80	12.950	1.0	R	139.62		80	8.630	1.0	R	92.98			-
3949	Qualitative Kahn, VDRL or other flocculation	2004.00	80	2.250	1.0	R	24.20		80	1.500	1.0	R	16.13			-
3950	Neutrophil phagocytosis	2004.00	80	25.200	1.0	R	271.61		80	16.800	1.0	R	181.12			-
3951	Quantitative Kahn, VDRL or other flocculation	2004.00	80	3.600	1.0	R	38.86		80	2.400	1.0	R	25.81			-
3952	Neutrophil chemotaxis	2004.00	80	67.950	1.0	R	732.40		80	45.300	1.0	R	488.22			-
3953	Tube agglutination test	2004.00	80	4.150	1.0	R	44.73		80	2.760	1.0	R	29.77			-
3955	Paul Bunnell: Presumptive	2004.00	80	2.250	1.0	R	24.20		80	1.500	1.0	R	16.13			-
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	2004.00	80	8.500	1.0	R	91.66		80	5.670	1.0	R	61.16			-
3957	Paul Bunnell: Absorption	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
3971	Immuno-diffusion test: Per antigen	2004.00	80	3.150	1.0	R	33.88		80	2.100	1.0	R	22.58			-
3972	Respiratory syncytial virus (ELISA technique)	2004.00	80	35.000	1.0	R	377.20		80	23.000	1.0	R	247.85			-
3973	Immuno electrophoresis: Per immune serum	2004.00	80	9.450	1.0	R	101.78		80	6.300	1.0	R	67.90			-
3974	Polymerase chain reaction	2004.00	80	75.000	1.0	R	808.37		80	50.000	1.0	R	538.96			-
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	2004.00	80	12.000	1.0	R	129.35		80	8.000	1.0	R	86.23			-
3977	Counter immuno-electrophoresis	2004.00	80	6.750	1.0	R	72.74		80	4.500	1.0	R	48.54			-

3978	Lymphocyte transformation	2004.00	80	51.700	1.0	R	557.15		80	34.500	1.0	R	371.77			-
3980	Bilharzia Ag Serum/Urine	2004.00	80	14.500	1.0	R	156.34		80	9.670	1.0	R	104.27			-
3982	Histone Ab	2004.00	80	16.000	1.0	R	172.47		80	10.670	1.0	R	114.98			-
4600	Anti-CCP	2005.03	80	17.460	1.0	R	188.16	Z	80	11.640	1.0	R	125.39	Z		-
4601	Panel typing: Antibody detection: Class I	2004.00	80	36.000	1.0	R	388.05		80	24.000	1.0	R	258.70			-
4602	Panel typing: Antibody detection: Class II	2004.00	80	44.000	1.0	R	474.28		80	29.300	1.0	R	315.75			-
4603	HLA test for specific locus/antigen - serology	2004.00	80	27.000	1.0	R	290.97		80	18.000	1.0	R	194.03			-
4604	HLA typing: Class I - serology	2004.00	80	52.000	1.0	R	560.37		80	34.700	1.0	R	373.97			-
4605	HLA typing: Class II - serology	2004.00	80	52.000	1.0	R	560.37		80	34.700	1.0	R	373.97			-
4606	HLA typing: Class I & II - serology	2004.00	80	90.000	1.0	R	969.98		80	60.000	1.0	R	646.61			-
4607	Cross matching T-cells (per tray)	2004.00	80	18.000	1.0	R	194.03		80	12.000	1.0	R	129.35			-
4608	Cross matching B-cells	2004.00	80	38.000	1.0	R	409.61		80	25.300	1.0	R	272.63			-
4609	Cross matching T- & B-cells	2004.00	80	48.000	1.0	R	517.40		80	32.000	1.0	R	344.93			-
4610	Helicobacter: Pylori antigen test	2004.00	80	34.600	1.0	R	372.95		80	23.070	1.0	R	248.58			-
4611	Erythropoietin	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4612	HTLV I/II	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4613	Anti-Gm1 Antibody Assay	2004.00	80	75.000	1.0	R	808.37		80	50.000	1.0	R	538.96			-
4614	HIV Ab - Rapid Test	2004.00	80	12.000	1.0	R	129.35		80	8.000	1.0	R	86.23			-
21.5	Skin tests						-						-			-
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section	2004.00					-						-			-
21.6	Biochemical tests: Blood						-						-			-
3991	Abnormal pigments: Qualitative	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
3993	Abnormal pigments: Quantitative	2004.00	80	9.000	1.0	R	96.94		80	6.000	1.0	R	64.68			-
3995	Acid phosphate	2004.00	80	5.180	1.0	R	55.88		80	3.450	1.0	R	37.25			-
3996	Serum Amyloid A	2004.00	80	8.280	1.0	R	89.17		80	5.520	1.0	R	59.54			-
3997	Acid phosphatase fractionation	2004.00	80	1.800	1.0	R	19.36		80	1.200	1.0	R	12.94			-
3998	Amino acids Quantitative (Post derivatisation HPLC)	2004.00	80	78.120	1.0	R	841.95		80	52.080	1.0	R	561.25			-
3999	Albumin	2004.00	80	4.800	1.0	R	51.77		80	3.200	1.0	R	34.46			-
4000	Alcohol	2004.00	80	12.400	1.0	R	133.60		80	8.270	1.0	R	89.17			-
4001	Alkaline phosphatase	2004.00	80	5.180	1.0	R	55.88		80	3.450	1.0	R	37.25			-
4002	Alkaline phosphatase-iso-enzymes	2004.00	80	11.700	1.0	R	126.12		80	7.800	1.0	R	84.03			-
4003	Ammonia: Enzymatic	2004.00	80	7.710	1.0	R	83.15		80	5.140	1.0	R	55.44			-
4004	Ammonia: Monitor	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
4005	Alpha-1-antitrypsin: Total	2004.00	80	7.200	1.0	R	77.58		80	4.800	1.0	R	51.77			-
4006	Amylase	2004.00	80	5.180	1.0	R	55.88		80	3.450	1.0	R	37.25			-
4007	Arsenic in blood, hair or nails	2004.00	80	36.250	1.0	R	390.69		80	24.170	1.0	R	260.46			-
4008	Bilirubin - Reflectance	2004.00	80	4.770	1.0	R	51.48		80	3.180	1.0	R	34.32			-
4009	Bilirubin: Total	2004.00	80	4.770	1.0	R	51.48		80	3.180	1.0	R	34.32			-
4010	Bilirubin: Conjugated	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4011	Breath Hydrogen Test	2004.00	80	21.560	1.0	R	232.30		80	14.370	1.0	R	154.87			-
4012	CSF Nicotinic Acid	2004.00	80	12.420	1.0	R	133.90		80	8.280	1.0	R	89.17			-
4013	CSF Glutamine	2004.00	80	11.250	1.0	R	121.28		80	7.500	1.0	R	80.81			-
4014	Cadmium: Atomic absorption	2004.00	80	18.120	1.0	R	195.35		80	12.080	1.0	R	130.23			-
4016	Calcium: Ionized	2004.00	80	6.750	1.0	R	72.74		80	4.500	1.0	R	48.54			-
4017	Calcium: Spectrophotometric	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4018	Calcium: Atomic absorption	2004.00	80	7.250	1.0	R	78.17		80	4.830	1.0	R	52.06			-
4019	Carotene	2004.00	80	2.250	1.0	R	24.20		80	1.500	1.0	R	16.13			-
4020	Carnitine (Total or free) in biological fluid: Each	2004.00	80	11.690	1.0	R	125.98		80	7.790	1.0	R	83.89			-
4021	Carnitine (Total or free) in muscle: Each	2004.00	80	23.380	1.0	R	251.95		80	15.590	1.0	R	168.07			-
4022	Acyl Carnitine	2004.00	80	23.380	1.0	R	251.95		80	15.590	1.0	R	168.07			-
4023	Chloride	2004.00	80	2.590	1.0	R	27.86		80	1.730	1.0	R	18.63			-
4025	Chol/HDL/LDL/Trig	2004.00	80	27.070	1.0	R	291.70		80	18.050	1.0	R	194.47			-
4026	LDL cholesterol (chemical determination)	2004.00	80	6.900	1.0	R	74.35		80	4.600	1.0	R	49.57			-
4027	Cholesterol total	2004.00	80	5.340	1.0	R	57.49		80	3.560	1.0	R	38.42			-
4028	HDL cholesterol	2004.00	80	6.900	1.0	R	74.35		80	4.600	1.0	R	49.57			-
4029	Cholinesterase: Serum or erythrocyte: Each	2004.00	80	7.480	1.0	R	80.66		80	4.990	1.0	R	53.82			-
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	2004.00	80	9.000	1.0	R	96.94		80	6.000	1.0	R	64.68			-
4031	Total CO2	2004.00	80	5.180	1.0	R	55.88		80	3.450	1.0	R	37.25			-

4032	Creatinine	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4033	CSF-Immunoglobulin G	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
4034	C1-Esterase Inhibitor	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
4035	CSF-Albumin	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
4036	CSF-IgG Index	2004.00	80	22.050	1.0	R	237.58	80	14.700	1.0	R	158.39	-
4038	Glutamic acid	2004.00	80	29.060	1.0	R	313.26	80	19.370	1.0	R	208.84	-
4040	Homocysteine (random)	2004.00	80	15.300	1.0	R	164.84	80	10.200	1.0	R	109.99	-
4041	Homocysteine (after Methionine load)	2004.00	80	18.100	1.0	R	195.05	80	12.060	1.0	R	129.94	-
4042	D-Xylose absorption test: Two hours	2004.00	80	13.150	1.0	R	141.67	80	8.750	1.0	R	94.30	-
4045	Fibrinogen: Quantitative	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
4047	Hollander test	2004.00	80	24.750	1.0	R	266.77	80	16.500	1.0	R	177.89	-
4049	Glucose tolerance test (2 specimens)	2004.00	80	8.970	1.0	R	96.65	80	5.980	1.0	R	64.38	-
4050	Glucose strip-test with photometric reading	2004.00	80	1.800	1.0	R	19.36	80	1.200	1.0	R	12.94	-
4051	Galactose	2004.00	80	11.250	1.0	R	121.28	80	7.500	1.0	R	80.81	-
4052	Glucose tolerance test (3 specimens)	2004.00	80	13.170	1.0	R	141.96	80	8.780	1.0	R	94.59	-
4053	Glucose tolerance test (4 specimens)	2004.00	80	17.370	1.0	R	187.28	80	11.580	1.0	R	124.80	-
4057	Glucose: Quantitative	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4061	Glucose tolerance test (5 specimens)	2004.00	80	21.560	1.0	R	232.30	80	14.370	1.0	R	154.87	-
4062	Galactose-1-phosphate uridyl transferase	2004.00	80	16.000	1.0	R	172.47	80	10.700	1.0	R	115.27	-
4063	Fructosamine	2004.00	80	7.200	1.0	R	77.58	80	4.800	1.0	R	51.77	-
4064	HbA1C	2006.04	80	14.250	1.0	R	153.55	80	9.500	1.0	R	102.37	-
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	2004.00	80	46.880	1.0	R	505.23	80	31.250	1.0	R	336.87	-
4067	Lithium: Flame ionisation	2004.00	80	5.180	1.0	R	55.88	80	3.450	1.0	R	37.25	-
4068	Lithium: Atomic absorption	2004.00	80	7.480	1.0	R	80.66	80	4.990	1.0	R	53.82	-
4071	Iron	2004.00	80	6.750	1.0	R	72.74	80	4.500	1.0	R	48.54	-
4073	Iron-binding capacity	2004.00	80	7.650	1.0	R	82.42	80	5.100	1.0	R	55.00	-
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	2004.00	80	19.100	1.0	R	205.90	80	12.730	1.0	R	137.27	-
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	2004.11	80	6.750	1.0	R	72.74	80	4.500	1.0	R	48.54	-
4079	Ketones in plasma: Qualitative	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4081	Drug level-biological fluid: Quantitative	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
4082	Tacrolimus assay	2004.00	80	20.100	1.0	R	216.61	80	13.400	1.0	R	144.46	-
4083	Lysosomal enzyme assay	2004.00	80	36.560	1.0	R	394.06	80	24.370	1.0	R	262.66	-
4084	Thymidine kinase	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4085	Lipase	2004.00	80	5.180	1.0	R	55.88	80	3.450	1.0	R	37.25	-
4086	Lactate	2004.00	80	16.000	1.0	R	172.47	80	10.670	1.0	R	114.98	-
4091	Lipoprotein electrophoresis	2004.00	80	9.000	1.0	R	96.94	80	6.000	1.0	R	64.68	-
4092	Orosmucoid	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
4093	Osmolality: Serum or urine	2004.00	80	6.750	1.0	R	72.74	80	4.500	1.0	R	48.54	-
4094	Magnesium: Spectrophotometric	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4095	Magnesium: Atomic absorption	2004.00	80	7.250	1.0	R	78.17	80	4.830	1.0	R	52.06	-
4096	Mercury: Atomic absorption	2004.00	80	18.120	1.0	R	195.35	80	12.080	1.0	R	130.23	-
4098	Copper: Atomic absorption	2004.00	80	18.120	1.0	R	195.35	80	12.080	1.0	R	130.23	-
4105	Protein electrophoresis	2004.00	80	9.000	1.0	R	96.94	80	6.000	1.0	R	64.68	-
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	2004.00	80	20.000	1.0	R	215.58	80	13.200	1.0	R	142.26	-
4109	Phosphate	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4111	Phospholipids	2004.00	80	3.150	1.0	R	33.88	80	2.100	1.0	R	22.58	-
4113	Potassium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4114	Sodium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4117	Protein: Total	2004.00	80	3.110	1.0	R	33.58	80	2.070	1.0	R	22.29	-
4121	pH, pCO2 or pO2: Each	2004.00	80	6.750	1.0	R	72.74	80	4.500	1.0	R	48.54	-
4123	Pyruvic acid	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
4125	Salicylates	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
4126	Secretin-pancreozymin response	2004.00	80	26.100	1.0	R	281.29	80	17.400	1.0	R	187.57	-
4127	Caeruloplasmin	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
4128	Phenylalanine: Quantitative	2004.00	80	11.250	1.0	R	121.28	80	7.500	1.0	R	80.81	-
4129	Glutamate dehydrogenase (GDH)	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4130	Aspartate aminotransferase (AST)	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4131	Alanine aminotransferase (ALT)	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-

4132	Creatine kinase (CK)	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4133	Lactate dehidrogenase (LD)	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4134	Gamma glutamyl transferase (GGT)	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4135	Aldolase	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4136	Angiotensin converting enzyme (ACE)	2004.00	80	9.000	1.0	R	96.94	80	6.000	1.0	R	64.68	-
4137	Lactate dehydrogenase isoenzyme	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
4138	CK-MB: Immunoinhibition/precipitation	2004.11	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
4139	Adenosine deaminase	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4142	Red cell enzymes: Each	2004.00	80	7.800	1.0	R	84.03	80	5.200	1.0	R	56.02	-
4143	Serum/plasma enzymes	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4144	Transferrin	2004.00	80	11.700	1.0	R	126.12	80	7.800	1.0	R	84.03	-
4146	Lead: Atomic absorption	2004.00	80	15.000	1.0	R	161.61	80	10.000	1.0	R	107.79	-
4147	Triglyceride	2004.00	80	7.930	1.0	R	85.50	80	5.290	1.0	R	57.05	-
4148	Tay - Sachs Study	2004.00	80	36.560	1.0	R	394.06	80	24.370	1.0	R	262.66	-
4149	Red cell magnesium	2004.00	80	11.700	1.0	R	126.12	80	7.800	1.0	R	84.03	-
4151	Urea	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4152	CK-MB: Mass determination: Quantitative (Automated)	2004.00	80	12.400	1.0	R	133.60	80	8.270	1.0	R	89.17	-
4153	CK-MB: Mass determination: Quantitative (Not automated)	2004.00	80	17.470	1.0	R	188.31	80	11.650	1.0	R	125.54	-
4154	Myoglobin quantitative: Monoclonal immunological	2004.00	80	12.400	1.0	R	133.60	80	8.270	1.0	R	89.17	-
4155	Uric acid	2004.00	80	3.780	1.0	R	40.77	80	2.520	1.0	R	27.13	-
4156	Vitamin D3	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4157	Vitamin A-saturation test	2004.00	80	15.300	1.0	R	164.84	80	10.200	1.0	R	109.99	-
4158	Vitamin E (tocopherol)	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
4159	Vitamin A	2004.00	80	6.300	1.0	R	67.90	80	4.200	1.0	R	45.32	-
4160	Vitamin C (ascorbic acid)	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4161	Troponin isoforms. Each	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4163	Apoprotein AI: Turbidometric method	2004.00	80	8.280	1.0	R	89.17	80	5.520	1.0	R	59.54	-
4165	Apoprotein AII: Turbidometric method	2004.00	80	8.280	1.0	R	89.17	80	5.520	1.0	R	59.54	-
4167	Apoprotein B: Turbidometric method	2004.00	80	8.280	1.0	R	89.17	80	5.520	1.0	R	59.54	-
4170	Lipoprotein (a)(Lp(a)) assay	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4171	Sodium + potassium + chloride + CO2 + urea	2004.00	80	15.840	1.0	R	170.71	80	10.560	1.0	R	113.80	-
4172	ELISA/EMIT technique	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4173	Sirolimus Assay	2004.00	80	78.000	1.0	R	840.63	80	52.000	1.0	R	560.37	-
4181	Quantitative protein estimation: Mancini method	2004.00	80	7.760	1.0	R	83.59	80	5.170	1.0	R	55.73	-
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	2004.00	80	8.280	1.0	R	89.17	80	5.520	1.0	R	59.54	-
4183	Quantitative protein estimation: Labelled antibody	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4184	C-reactive protein (Ultra sensitive)	2004.00	80	11.680	1.0	R	125.83	80	7.790	1.0	R	83.89	-
4185	Lactose	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
4186	Vitamin B6	2004.00	80	15.300	1.0	R	164.84	80	10.200	1.0	R	109.99	-
4187	Zinc: Atomic absorption	2004.00	80	18.120	1.0	R	195.35	80	12.080	1.0	R	130.23	-
21.7	Biochemical tests: Urine						-					-	-
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	2004.00	80	1.500	1.0	R	16.13	80	1.000	1.0	R	10.78	-
4189	Abnormal pigments	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
4193	Alkapton test: Homogentisic acid	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
4194	Amino acids: Quantitative (Post derivatisation HPLC)	2004.00	80	78.120	1.0	R	841.95	80	52.080	1.0	R	561.25	-
4195	Amino laevulinic acid	2004.00	80	18.000	1.0	R	194.03	80	12.000	1.0	R	129.35	-
4197	Amylase	2004.00	80	5.180	1.0	R	55.88	80	3.450	1.0	R	37.25	-
4198	Arsenic	2004.00	80	18.120	1.0	R	195.35	80	12.080	1.0	R	130.23	-
4199	Ascorbic acid	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4201	Bence-Jones protein	2004.00	80	2.700	1.0	R	29.04	80	1.800	1.0	R	19.36	-
4203	Phenol	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-
4204	Calcium: Atomic absorption	2004.00	80	7.250	1.0	R	78.17	80	4.830	1.0	R	52.06	-
4205	Calcium: Spectrophotometric	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4206	Calcium: Absorption and excretion studies	2004.00	80	25.000	1.0	R	269.41	80	16.700	1.0	R	179.95	-
4209	Lead: Atomic absorption	2004.00	80	15.000	1.0	R	161.61	80	10.000	1.0	R	107.79	-
4210	Urine collagen telopeptides	2004.00	80	36.500	1.0	R	393.33	80	24.330	1.0	R	262.22	-
4211	Bile pigments: Qualitative	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4213	Protein: Quantitative	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4216	Mucopolysaccharides: Qualitative	2004.00	80	3.600	1.0	R	38.86	80	2.400	1.0	R	25.81	-

4217	Oxalate	2004.00	80	9.380	1.0	R	101.05		80	6.250	1.0	R	67.32			-
4218	Glucose: Quantitative	2004.00	80	2.250	1.0	R	24.20		80	1.500	1.0	R	16.13			-
4219	Steroids: Chromatography (each)	2004.00	80	7.200	1.0	R	77.58		80	4.800	1.0	R	51.77			-
4220	Klinolab Newborn Screen	2004.00	80	36.560	1.0	R	394.06		80	24.370	1.0	R	262.66			-
4221	Creatinine	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4223	Creatinine clearance	2004.00	80	7.650	1.0	R	82.42		80	5.100	1.0	R	55.00			-
4227	Electrophoresis: Qualitative	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
4228	Fetal Lung Maturity	2004.00	80	36.560	1.0	R	394.06		80	24.370	1.0	R	262.66			-
4229	Uric acid clearance	2004.00	80	7.650	1.0	R	82.42		80	5.100	1.0	R	55.00			-
4230	Urine/Fluid - Specific Gravity	2004.00	80	0.900	1.0	R	9.69		80	0.600	1.0	R	6.47			-
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	2005.03	80	37.500	1.0	R	404.18	Z	80	25.000	1.0	R	269.41	Z		-
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	2005.03	80	46.800	1.0	R	504.35	Z	80	31.200	1.0	R	336.28	Z		-
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	2005.03	80	37.500	1.0	R	404.18	Z	80	25.000	1.0	R	269.41	Z		-
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	2005.03	80	46.800	1.0	R	504.35	Z	80	31.200	1.0	R	336.28	Z		-
4237	5-Hydroxy-indole-acetic acid: Screen test	2004.00	80	2.700	1.0	R	29.04		80	1.800	1.0	R	19.36			-
4238	5HIAA (Hplc)	2004.00	80	78.120	1.0	R	841.95		80	52.080	1.0	R	561.25			-
4239	5-Hydroxy-indole-acetic acid: Quantitative	2004.00	80	6.750	1.0	R	72.74		80	4.500	1.0	R	48.54			-
4247	Ketones: Excluding dip-stick method	2004.00	80	2.250	1.0	R	24.20		80	1.500	1.0	R	16.13			-
4248	Reducing substances	2004.00	80	1.800	1.0	R	19.36		80	1.200	1.0	R	12.94			-
4251	Metanephrines: Column chromatography	2004.00	80	22.050	1.0	R	237.58		80	14.700	1.0	R	158.39			-
4252	Metanephrine (Hplc)	2004.00	80	78.120	1.0	R	841.95		80	52.080	1.0	R	561.25			-
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	2004.00	80	27.000	1.0	R	290.97		80	18.000	1.0	R	194.03			-
4254	Nitrosonaphtol test for tyrosine	2004.00	80	2.250	1.0	R	24.20		80	1.500	1.0	R	16.13			-
4255	Orotic Acid - Urine	2004.00	80	9.450	1.0	R	101.78		80	6.300	1.0	R	67.90			-
4256	Very long Chain Fatty Acids	2004.00	80	129.380	1.0	R	1 394.40		80	86.250	1.0	R	929.65			-
4261	Micro Albumin: Quantitative	2004.00	80	12.420	1.0	R	133.90		80	8.280	1.0	R	89.17			-
4262	Micro Albumin: Qualitative	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
4263	pH: Excluding dip-stick method	2004.00	80	0.900	1.0	R	9.69		80	0.600	1.0	R	6.47			-
4265	Thin layer chromatography: One way	2004.00	80	6.750	1.0	R	72.74		80	4.500	1.0	R	48.54			-
4266	Thin layer chromatography: Two way	2004.00	80	11.250	1.0	R	121.28		80	7.500	1.0	R	80.81			-
4267	Total organic matter screen: Infrared	2004.00	80	31.250	1.0	R	336.87		80	20.830	1.0	R	224.53			-
4268	Organic acids: Quantitative: GCMS	2004.00	80	109.380	1.0	R	1 178.82		80	72.920	1.0	R	785.93			-
4269	Phenylpyruvic acid: Ferric chloride	2004.00	80	2.250	1.0	R	24.20		80	1.500	1.0	R	16.13			-
4270	Chromium Total Urine	2004.00	80	18.120	1.0	R	195.35		80	12.080	1.0	R	130.23			-
4271	Phosphate excretion index	2004.00	80	22.050	1.0	R	237.58		80	14.700	1.0	R	158.39			-
4272	Porphobilinogen qualitative screen: Urine	2004.00	80	5.000	1.0	R	53.82		80	3.330	1.0	R	35.93			-
4273	Porphobilinogen/ALA: Quantitative each	2004.00	80	15.000	1.0	R	161.61		80	10.000	1.0	R	107.79			-
4283	Magnesium: Spectrophotometric	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4284	Magnesium: Atomic absorption	2004.00	80	7.250	1.0	R	78.17		80	4.830	1.0	R	52.06			-
4285	Identification of carbohydrate	2004.00	80	7.650	1.0	R	82.42		80	5.100	1.0	R	55.00			-
4287	Identification of drug: Qualitative	2004.00	80	4.500	1.0	R	48.54		80	3.000	1.0	R	32.26			-
4288	Identification of drug: Quantitative	2004.00	80	10.800	1.0	R	116.44		80	7.200	1.0	R	77.58			-
4293	Urea clearance	2004.00	80	5.400	1.0	R	58.22		80	3.600	1.0	R	38.86			-
4297	Copper: Spectrophotometric	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4298	Copper: Atomic absorption	2004.00	80	18.120	1.0	R	195.35		80	12.080	1.0	R	130.23			-
4300	Indican or indole: Qualitative	2004.00	80	3.150	1.0	R	33.88		80	2.100	1.0	R	22.58			-
4301	Chloride	2004.00	80	2.590	1.0	R	27.86		80	1.730	1.0	R	18.63			-
4307	Ammonium chloride loading test	2004.00	80	22.050	1.0	R	237.58		80	14.700	1.0	R	158.39			-
4309	Urobilinogen: Quantitative	2004.00	80	6.750	1.0	R	72.74		80	4.500	1.0	R	48.54			-
4313	Phosphates	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4315	Potassium	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4316	Sodium	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4319	Urea	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4321	Uric acid	2004.00	80	3.620	1.0	R	39.01		80	2.410	1.0	R	25.96			-
4322	Fluoride	2004.00	80	5.180	1.0	R	55.88		80	3.450	1.0	R	37.25			-
4323	Total protein and protein electrophoresis	2004.00	80	11.250	1.0	R	121.28		80	7.500	1.0	R	80.81			-
4325	VMA: Quantitative	2004.00	80	11.250	1.0	R	121.28		80	7.500	1.0	R	80.81			-
4326	Catecholamines (HPLC)	2004.00	80	78.120	1.0	R	841.95		80	52.080	1.0	R	561.25			-
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	2004.11	80	46.880	1.0	R	505.23		80	31.250	1.0	R	336.87			-

4328	Immunoglobulin D	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
4335	Cystine: Quantitative	2004.00	80	12.600	1.0	R	135.80	80	8.400	1.0	R	90.49	-
4336	Dinitrophenol hydrazine test: Ketoacids	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4337	Hydroxyproline: Quantitative	2004.00	80	18.900	1.0	R	203.70	80	12.600	1.0	R	135.80	-
21.8	Biochemical tests: Faeces						-					-	-
4339	Chloride	2004.00	80	2.590	1.0	R	27.86	80	1.730	1.0	R	18.63	-
4343	Fat: Qualitative	2004.00	80	3.150	1.0	R	33.88	80	2.100	1.0	R	22.58	-
4345	Fat: Quantitative	2004.00	80	22.050	1.0	R	237.58	80	14.700	1.0	R	158.39	-
4347	Ph	2004.00	80	0.900	1.0	R	9.69	80	0.600	1.0	R	6.47	-
4351	Occult blood: Chemical test	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4352	Occult blood: Monoclonal antibodies	2004.00	80	10.000	1.0	R	107.79	80	6.670	1.0	R	71.86	-
4357	Potassium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4358	Sodium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4359	Secretory IgA	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
4361	Stercobilin	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4362	Elastase quantitative ELISA	2004.00	80	47.000	1.0	R	506.55	80	31.330	1.0	R	337.60	-
4363	Stercobilinogen: Quantitative	2004.00	80	6.750	1.0	R	72.74	80	4.500	1.0	R	48.54	-
4364	Chymotrypsin determination: Enzymatic	2004.00	80	7.470	1.0	R	80.51	80	4.980	1.0	R	53.68	-
21.9	Biochemical tests: Miscellaneous						-					-	-
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	2004.00	80	5.000	1.0	R	53.82	80	3.330	1.0	R	35.93	-
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	2004.00	80	30.000	1.0	R	323.38	80	20.000	1.0	R	215.58	-
4370	Drug level in biological fluid: Monoclonal immunological	2004.00	80	12.400	1.0	R	133.60	80	8.270	1.0	R	89.17	-
4371	Amylase in exudate	2004.00	80	5.180	1.0	R	55.88	80	3.450	1.0	R	37.25	-
4372	Fluoride in biological fluids and water	2004.00	80	15.620	1.0	R	168.36	80	10.410	1.0	R	112.19	-
4373	Breast milk analysis	2004.00	80	6.750	1.0	R	72.74	80	4.500	1.0	R	48.54	-
4374	Trace metals in biological fluid: Atomic absorption	2004.00	80	18.130	1.0	R	195.35	80	12.090	1.0	R	130.23	-
4375	Calcium in fluid: Spectrophotometric	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4376	Calcium in fluid: Atomic absorption	2004.00	80	7.250	1.0	R	78.17	80	4.830	1.0	R	52.06	-
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	2004.11	80	21.880	1.0	R	235.82	80	14.590	1.0	R	157.22	-
4378	Urea breath test	2004.00	80	58.000	1.0	R	625.05	80	38.670	1.0	R	416.80	-
4380	Lecithin in amniotic fluid: L/S ratio	2004.00	80	27.000	1.0	R	290.97	80	18.000	1.0	R	194.03	-
4381	Lamellar body count in amniotic fluid	2004.00	80	10.000	1.0	R	107.79	80	6.700	1.0	R	72.15	-
4382	Bilirubin in amniotic fluid: Spectrophotometric essay	2004.00	80	9.450	1.0	R	101.78	80	6.300	1.0	R	67.90	-
4386	Oestrogen/Progesterone receptors: Fluorescent method	2004.00	80	20.700	1.0	R	223.06	80	13.800	1.0	R	148.71	-
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	2004.00	80	230.000	1.0	R	2 478.92	80	153.000	1.0	R	1 649.00	-
4388	Gastric contents: Maximal stimulation test	2004.00	80	27.000	1.0	R	290.97	80	18.000	1.0	R	194.03	-
4389	Gastric fluid: Total acid per specimen	2004.00	80	2.250	1.0	R	24.20	80	1.500	1.0	R	16.13	-
4390	Foam test: Amniotic fluid	2004.00	80	3.150	1.0	R	33.88	80	2.100	1.0	R	22.58	-
4391	Renal calculus: Chemistry	2004.00	80	5.400	1.0	R	58.22	80	3.600	1.0	R	38.86	-
4392	Renal calculus: Crystallography	2004.00	80	16.250	1.0	R	175.11	80	10.800	1.0	R	116.44	-
4393	Saliva: Potassium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4394	Saliva: Sodium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4395	Sweat: Sodium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4396	Sweat: Potassium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4397	Sweat: Chloride	2004.00	80	2.590	1.0	R	27.86	80	1.730	1.0	R	18.63	-
4399	Sweat collection by iontophoresis (excluding collection material)	2004.00	80	4.500	1.0	R	48.54	80	3.000	1.0	R	32.26	-
4400	Tryptophane loading test	2004.00	80	22.050	1.0	R	237.58	80	14.700	1.0	R	158.39	-
21.10	Cerebrospinal fluid						-					-	-
4401	Cell count	2004.00	80	3.450	1.0	R	37.25	80	2.300	1.0	R	24.78	-
4407	Cell count, protein, glucose and chloride	2004.00	80	7.650	1.0	R	82.42	80	5.100	1.0	R	55.00	-
4409	Chloride	2004.00	80	2.590	1.0	R	27.86	80	1.730	1.0	R	18.63	-
4415	Potassium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4416	Sodium	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4417	Protein: Qualitative	2004.00	80	0.900	1.0	R	9.69	80	0.600	1.0	R	6.47	-
4419	Protein: Quantitative	2004.00	80	3.110	1.0	R	33.58	80	2.070	1.0	R	22.29	-
4421	Glucose	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-
4423	Urea	2004.00	80	3.620	1.0	R	39.01	80	2.410	1.0	R	25.96	-

4425	Protein electrophoresis	2004.00	80	12.600	1.0	R	135.80		80	8.400	1.0	R	90.49			-
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	2004.00	80	36.000	1.0	R	388.05		80	24.000	1.0	R	258.70			-
4426	HLA typing low resolution Class I DNA-PCR per locus	2004.00	80	100.000	1.0	R	1 077.77		80	67.000	1.0	R	722.13			-
4427	HLA typing low resolution Class II DNA-PCR per locus	2004.00	80	74.000	1.0	R	797.51		80	49.300	1.0	R	531.33			-
4428	HLA typing high resolution Class I or II DNA-PCR per locus	2004.00	80	66.000	1.0	R	711.28		80	44.000	1.0	R	474.28			-
4429	Quantitative PCR (DNA/RNA)	2004.00	80	84.300	1.0	R	908.53		80	56.200	1.0	R	605.69			-
4430	Recombinant DNA technique	2004.00	80	25.000	1.0	R	269.41		80	16.670	1.0	R	179.65			-
4431	Ribosomal RNA targeting for bacteriological identification	2004.00	80	35.000	1.0	R	377.20		80	23.330	1.0	R	251.51			-
4432	Ribosomal RNA amplification for bacteriological identification	2004.00	80	75.000	1.0	R	808.37		80	50.000	1.0	R	538.96			-
4433	Bacteriological DNA identification (LCR)	2004.00	80	25.000	1.0	R	269.41		80	16.670	1.0	R	179.65			-
4434	Bacteriological DNA identification (PCR)	2004.00	80	75.000	1.0	R	808.37		80	50.000	1.0	R	538.96			-
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	2005.03	80	150.000	1.0	R	1 616.73	Z	80	100.000	1.0	R	1 077.77	Z		-
21.11.2	RNA/DNA based tests and andrology: Andrology						-						-			-
4435	Mixed antiglobulin reaction: Semen	2004.00	80	6.600	1.0	R	71.13		80	4.400	1.0	R	47.37			-
4436	Friberg test: Semen	2004.00	80	14.500	1.0	R	156.34		80	9.670	1.0	R	104.27			-
4437	Kremer test: Semen	2004.00	80	3.600	1.0	R	38.86		80	2.400	1.0	R	25.81			-
4440	Semen analysis: Cell count	2004.00	80	7.650	1.0	R	82.42		80	5.100	1.0	R	55.00			-
4441	Semen analysis: Cytology	2004.00	80	7.200	1.0	R	77.58		80	4.800	1.0	R	51.77			-
4442	Semen analysis: Viability + motility - 6 hours	2004.00	80	6.000	1.0	R	64.68		80	4.000	1.0	R	43.12			-
4443	Semen analysis: Supravital stain	2004.00	80	5.440	1.0	R	58.66		80	3.630	1.0	R	39.16			-
4445	Seminal fluid: Alpha glucosidase	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4446	Seminal fluid fructose	2004.00	80	3.150	1.0	R	33.88		80	2.100	1.0	R	22.58			-
4447	Seminal fluid: Acid phosphatase	2004.00	80	5.180	1.0	R	55.88		80	3.450	1.0	R	37.25			-
21.12	Immunology						-						-			-
4448	HCG: Latex agglutination: Qualitative (side room)	2004.00	80	4.000	1.0	R	43.12		80	2.670	1.0	R	28.74			-
4449	HCG: Latex agglutination: Semi-quantitative (side room)	2004.00	80	9.310	1.0	R	100.31		80	6.210	1.0	R	66.88			-
4450	HCG: Monoclonal immunological: Qualitative	2004.00	80	10.000	1.0	R	107.79		80	6.670	1.0	R	71.86			-
4451	HCG: Monoclonal immunological: Quantitative	2004.00	80	12.400	1.0	R	133.60		80	8.270	1.0	R	89.17			-
4452	Bone Specific Alk Phosphatase	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4455	Anti IgE receptor antibody test (10 samples and dilution)	2004.00	80	161.560	1.0	R	1 741.24		80	107.710	1.0	R	1 160.93			-
4456	Eosinophil cationic protein	2004.00	80	27.810	1.0	R	299.76		80	18.540	1.0	R	199.89			-
4457	Mast cell tryptase	2004.00	80	96.870	1.0	R	1 044.04		80	64.580	1.0	R	696.03			-
4458	Micro-albuminuria: Radio-isotope method	2004.00	80	12.420	1.0	R	133.90		80	8.300	1.0	R	89.46			-
4459	Acetyl choline receptor antibody	2004.00	80	158.120	1.0	R	1 704.14		80	105.410	1.0	R	1 136.14			-
4460	CA-199 tumour marker	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4461	Nuclear Matrix Protein 22	2004.00	80	35.000	1.0	R	377.20		80	23.330	1.0	R	251.51			-
4462	CA-125 tumour marker	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4463	C6 complement functional essay	2004.00	80	45.000	1.0	R	484.99		80	30.000	1.0	R	323.38			-
4464	House dust mite antigen ELIZA	2004.00	80	20.310	1.0	R	218.96		80	13.540	1.0	R	145.92			-
4466	Beta-2-microglobulin	2004.00	80	12.420	1.0	R	133.90		80	8.280	1.0	R	89.17			-
4467	Chromograqnin A	2004.00	80	47.000	1.0	R	506.55		80	31.330	1.0	R	337.60			-
4468	CA-549	2004.00	80	20.000	1.0	R	215.58		80	13.300	1.0	R	143.28			-
4469	Tumour markers: Monoclonal immunological (each)	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4470	CA-195 tumour marker	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4471	Carcino-embryonic antigen	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4472	MCA antigen tumour marker	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4473	TSH Receptor Ab	2004.00	80	17.480	1.0	R	188.45		80	11.650	1.0	R	125.54			-
4474	Cast Per Allergen	2004.00	80	27.810	1.0	R	299.76		80	18.540	1.0	R	199.89			-
4475	CA-724	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4476	Neopterin	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4477	Neuron specific enolase	2004.00	80	20.000	1.0	R	215.58		80	13.330	1.0	R	143.72			-
4478	Osteocalcin	2004.00	80	31.400	1.0	R	338.48		80	20.930	1.0	R	225.56			-
4479	Vitamin B12-absorption: Shilling test	2004.00	80	11.700	1.0	R	126.12		80	7.800	1.0	R	84.03			-
4480	Serotonin	2004.00	80	18.750	1.0	R	202.09		80	12.500	1.0	R	134.78			-
4482	Free thyroxine (FT4)	2004.00	80	17.480	1.0	R	188.45		80	11.650	1.0	R	125.54			-
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	2004.00	80	37.080	1.0	R	399.64		80	24.720	1.0	R	266.47			-
4485	Insulin	2004.00	80	12.420	1.0	R	133.90		80	8.280	1.0	R	89.17			-

4486	C-Peptide	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4487	Calcitonin	2004.00	80	18.900	1.0	R	203.70	80	12.600	1.0	R	135.80	-
4488	B-Type Natriuretic Peptide	2004.00	80	47.040	1.0	R	506.99	80	31.360	1.0	R	338.04	-
4490	Releasing hormone response	2004.00	80	50.000	1.0	R	538.96	80	33.350	1.0	R	359.45	-
4491	Vitamin B12	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4492	Vitamin D3: Calcitroil (RIA)	2004.00	80	75.000	1.0	R	808.37	80	50.000	1.0	R	538.96	-
4493	Drug concentration: Quantitative	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4494	Free hormone assay	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4495	Growth hormone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4496	Hormone concentration: Quantitative	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4497	Carbohydrate deficient transferrin	2004.00	80	29.060	1.0	R	313.26	80	19.370	1.0	R	208.84	-
4499	Cortisol	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4500	DHEA sulphate	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4501	Testosterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4502	Free testosterone	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4503	Oestradiol	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4505	Oestriol	2004.00	80	10.800	1.0	R	116.44	80	7.200	1.0	R	77.58	-
4506	Multiple antigen specific IgE screening test for Atopy	2004.00	80	37.260	1.0	R	401.54	80	24.800	1.0	R	267.35	-
4507	Thyrotropin (TSH)	2004.00	80	19.600	1.0	R	211.18	80	13.070	1.0	R	140.94	-
4508	Combined antigen specific IgE	2004.00	80	24.480	1.0	R	263.83	80	16.600	1.0	R	178.92	-
4509	Free tri-iodothyronine (FT3)	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4511	Renin activity	2004.00	80	18.900	1.0	R	203.70	80	12.600	1.0	R	135.80	-
4512	Parathormone	2004.00	80	17.080	1.0	R	184.05	80	11.390	1.0	R	122.75	-
4513	IgE: Total	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4514	Antigen specific IgE	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4515	Aldosterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4516	Follitropin (FSH)	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4517	Lutropin (LH)	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4518	Soluble transferrin receptor	2004.00	80	11.250	1.0	R	121.28	80	7.500	1.0	R	80.81	-
4519	Prostate specific antigen	2004.00	80	14.490	1.0	R	156.19	80	9.660	1.0	R	104.13	-
4520	17 Hydroxy progesterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4521	Progesterone	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4522	Alpha-feto protein	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4523	ACTH	2004.00	80	21.740	1.0	R	234.36	80	14.490	1.0	R	156.19	-
4524	Free PSA	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4526	Sex hormone binding globulin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4527	Gastrin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4528	Ferritin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4529	Anti-DNA antibodies	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4530	Antiplatelet antibodies	2004.00	80	15.300	1.0	R	164.84	80	10.200	1.0	R	109.99	-
4531	Hepatitis: Per antigen or antibody	2004.00	80	14.490	1.0	R	156.19	80	9.660	1.0	R	104.13	-
4532	Transcobalamine	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4533	Folic acid	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4534	Prostatic acid phosphatase	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4536	Erythrocyte folate	2004.00	80	17.480	1.0	R	188.45	80	11.650	1.0	R	125.54	-
4537	Prolactin	2004.00	80	12.420	1.0	R	133.90	80	8.280	1.0	R	89.17	-
4538	Procalcitonin: Semi-quantitative	2004.00	80	32.000	1.0	R	344.93	80	21.330	1.0	R	229.96	-
4539	Procalcitonin: Quantitative	2004.00	80	46.000	1.0	R	495.84	80	30.670	1.0	R	330.56	-
4540	HCG: Quantitative as used for Down's screen	2004.00	80	15.000	1.0	R	161.61	80	10.000	1.0	R	107.79	-
4546	First trimester Downs screen	2004.00	80	53.500	1.0	R	576.65	80	35.670	1.0	R	384.38	-
4552	Second Trimester Down's screen	2004.00	80	33.620	1.0	R	362.39	80	22.410	1.0	R	241.54	-
4553	Thyroglubulin	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
4554	SCC marker	2004.00	80	20.000	1.0	R	215.58	80	13.330	1.0	R	143.72	-
21.13	Clinical pathology: Miscellaneous						-					-	-
4544	Attendance in theatre	2004.00	80	27.000	1.0	R	290.97					-	-
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.	2004.00					-					-	-

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)	2004.00					-					-	-
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately	2004.00					-					-	-
22	Anatomical Pathology						-					-	-
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values	2004.00					-					-	-
22.1	Exfoliative cytology						-					-	-
4561	Sputum, all body fluids and tumour aspirates: First unit	2004.00	90	13.400	1.0	R	166.60	90	8.900	1.0	R	110.58	-
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	2004.00	90	7.800	1.0	R	96.94	90	5.200	1.0	R	64.68	-
4564	Performance of fine-needle aspiration for cytology	2004.00	90	15.000	1.0	R	186.40					-	-
4565	Examination of fine needle aspiration in theatre	2004.00	90	90.000	1.0	R	1 118.69	90	60.000	1.0	R	745.74	-
4566	Vaginal or cervical smears, each	2004.00	90	11.000	1.0	R	136.68	90	7.000	1.0	R	86.97	-
22.2	Histology						-					-	-
4567	Histology per sample	2004.00	95	20.000	1.0	R	235.38	95	13.300	1.0	R	156.48	-
4571	Histology per additional block, each	2004.00	95	11.600	1.0	R	136.54	95	7.700	1.0	R	90.63	-
4575	Histology and frozen section in laboratory	2004.00	95	22.700	1.0	R	267.06	95	15.100	1.0	R	177.60	-
4577	Histology and frozen section in theatre	2004.00	95	90.000	1.0	R	1 059.00	95	60.000	1.0	R	706.00	-
4578	Second and subsequent frozen sections, each	2004.00	95	20.000	1.0	R	235.38	95	13.400	1.0	R	157.66	-
4579	Attendance in theatre - no frozen section performed	2004.00	95	45.000	1.0	R	529.43	95	30.000	1.0	R	353.00	-
4582	Serial step sections (including item 4567)	2004.00	95	23.300	1.0	R	274.10	95	15.600	1.0	R	183.61	-
4584	Serial step sections per additional block, each	2004.00	95	13.500	1.0	R	158.83	95	9.000	1.0	R	105.89	-
4587	Histology consultation	2004.00	95	10.100	1.0	R	118.79	95	6.700	1.0	R	78.90	-
4589	Special stains	2004.00	95	6.700	1.0	R	78.90	95	4.500	1.0	R	52.94	-
4591	Immunofluorescence studies	2004.00	95	20.700	1.0	R	243.60	95	13.800	1.0	R	162.35	-
4592	Immunoperoxidase studies	2004.00	95	40.000	1.0	R	470.62	95	26.670	1.0	R	313.84	-
4593	Electron microscopy	2004.00	95	94.000	1.0	R	1 106.08	95	63.000	1.0	R	741.20	-
4595	Foetal autopsy excluding histology	2004.00	95	73.000	1.0	R	858.96	95	48.670	1.0	R	572.69	-
23	Human Genetics						-					-	-
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values	2004.00					-					-	-
23.1	Cytogenitc						-					-	-
4750	Cell culture: Lymphocytes, cord blood	2004.00	100	15.000	1.0	R	165.57	100	15.000	1.0	R	165.57	-
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	2004.00	100	45.000	1.0	R	496.72	100	45.000	1.0	R	496.72	-
4752	Cell culture: Chorionic villi	2004.00	100	60.000	1.0	R	662.30	100	60.000	1.0	R	662.30	-
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	2004.00	100	135.000	1.0	R	1 490.17	100	135.000	1.0	R	1 490.17	-
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukamia bloods: Idiograms, karyotyping, one straining technique	2004.00	100	270.000	1.0	R	2 980.49	100	270.000	1.0	R	2 980.49	-
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	2004.00	100	70.000	1.0	R	772.73	100	70.000	1.0	R	772.73	-
4760	FISH procedure, including cell culture	2004.00	100	115.000	1.0	R	1 269.45	100	115.000	1.0	R	1 269.45	-
4761	FISH analysis per probe system	2004.00	100	35.000	1.0	R	386.29	100	35.000	1.0	R	386.29	-
23.2	DNA-testing						-					-	-
4763	Blood: DNA extraction	2004.00	100	45.000	1.0	R	496.72	100	45.000	1.0	R	496.72	-
4764	Blood: Genotype per person: Southern blotting	2004.00	100	89.000	1.0	R	982.45	100	89.000	1.0	R	982.45	-
4765	Blood: Genotype per person: PCR	2004.00	100	60.000	1.0	R	662.30	100	60.000	1.0	R	662.30	-
4766	HIV Drug Resistance Testing	2004.00	100	513.000	1.0	R	5 662.97	100	342.000	1.0	R	3 775.21	-
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	2004.00	100	90.000	1.0	R	993.45	100	90.000	1.0	R	993.45	-
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	2004.00	100	188.000	1.0	R	2 075.33	100	188.000	1.0	R	2 075.33	-
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	2004.00	100	120.000	1.0	R	1 324.60	100	120.000	1.0	R	1 324.60	-
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	2004.00					-					-	-
5003	R6,67 for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 19-16=3 X R6,67 = R20,01	2004.00					-					-	-
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	2004.00	20	18.000	1.0	R	167.77					-	-
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	2004.00					-	20	18.000	1.0	R	167.77	-
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them	2004.00					-					-	-
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.	2004.00					-					-	-

Medical Practitioners 2006

GUIDELINE TARIFFS FOR SERVICES BY MEDICAL PRACTITIONERS

Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)

Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%.
The 2006 NHRPL is available in database format at http://www.hpcsa.co.za

Rand Conversion Factors

Code	Description	RCF
10	Consultative Services	15.05422
11	Psychiatrists	17.95361
12	Consultative Services (Paediatrics and Paediatric Cardiologists)	15.05422
20	Clinical Procedures	9.322911
30	Anaesthesiologists	58.50835
40	Radiology	13.20636
50	Radiation Oncology	11.32916
60	Ultrasound	8.885877
70	Computed Tomography	10.48736
75	Magnetic Resonance Imaging	10.05032
80	Clinical Pathology	10.77774
90	Anatomical Pathology - Cytology	12.42908
95	Anatomical Pathology - Histology	11.7662
100	Human Genetics	11.03878
130	GP Consultative Services (items 0190 - 0192, 0173-0175)	16.87569

Medical Practitioners 2006

Code	Description
10000	Specialists
10008	Specialist Radiologist/Nuclear Physicians
10099	General Practitioners / non-designated Specialists
11000	Anaesthesiology
11200	Dermatology
11400	General Medical Practice
11600	Obstetrics and Gynaecology
11700	Pulmonology
11800	Medicine (Specialist Physician)
11900	Gastroenterology
12000	Neurology
12100	Cardiology
12200	Psychiatry
12300	Medical Oncology
12400	Neurosurgery
12500	Nuclear Medicine
12600	Opthalmology
12800	Orthopaedics
13000	Otorhinolaryngology
13100	Rheumatology
13200	Paediatrics
13300	Paediatric Cardiology
13400	Physical Medicine
13600	Plastic and Reconstructive Surgery
13800	Radiology
14000	Radiation Oncology
14200	Surgery
14400	Cardiothoracic Surgery
14600	Urology
15200	Pathology (Clinical)
15300	Pathology (Anatomical)

	GUIDELINE TARIFFS FOR SERVICES BY DENTAL PRACTITIONERS		25400	26200	26400	29200	29400	29800			
	Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)										
	Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at http://www.hpcsa.co.za	**Version Add**	**Value**	**Value**	**Value**	**Value**	**Value**	**Value**	**MP**	**Lab**	**TC**
	In terms of section 53(1) of the Health Professions Act, 1974 (Act No. 56 of 1974) every person registered under the Act (in this section referred to as the practitioner) shall, unless the circumstances render it impossible for him or her to do so, before rendering any professional services inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services -										
	(a) when so requested by the person concerned; or										
	(b) when such fee exceeds the Guideline Tariffs for such services,										
	and shall in a case to which paragraph (b) relates, also inform the person concerned of the usual fee.										
	Every person registered under the Act shall, unless the circumstances render it impossible for him or her to do so, before rendering any professional services also inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services if such fee exceeds the medical aid rates.										
	The following guideline tariff 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 norm for the determination of the ethical fees charged by medical practitioners. These tariffs reflects the opinion of the Medical and Dental Board on the amounts that should be charged for the respective services in instances where a practitioner and a patient have not agreed to an alternative fee.	2005.02	-	-	-	-	-	-			
	The existence of a code in this publication does not mean that the procedure will be reimbursed by medical schemes. Medical schemes have the right to limit the scope, the frequency and/or combinations of dental procedures that is covered or reimbursed. It is the responsibility of the patient to know what procedures are covered and what are excluded from his/her dental benefit plan, and not that of the dental office. Certain medical schemes may require predetermination for particular procedures and/or when charges are expected to exceed a certain amount.	2005.02	-	-	-	-	-	-			
	The schedule includes procedures and services for use by Oral Health Care Providers for purposes of keeping accurate patient records, reporting procedures on patients, and processing oral health care related insurance claims. The procedures are those performed by general dental practitioners, oral pathologists, prosthodontists, periodontists, orthodontists, maxillo-facial and oral surgeons and dental therapists.	2006.03	-	-	-	-	-	-			
	The procedures codes listed in the schedule have, for the convenience in using the schedule, been divided into categories of services, based on the branches of clinical dental practice. The procedures are grouped under the category of service with which the procedures are most frequently identified and should not be interpreted as excluding certain categories of Oral Health Care Providers from performing such procedures. Individual procedure codes consist of a procedure code, procedure description (nomenclature), and when necessary, a descriptor, that provides further definition and/or guidelines to clarify the intended use of the procedure code.										
I.	INTRODUCTION		-	-	-	-	-	-			
A.	Administrative and invoicing rules		-	-	-	-	-	-			
001	Invoices:	2005.02	-	-	-	-	-	-			
	a.A practitioner shall render a monthly invoice for every procedure which has been completed irrespective of whether the total treatment plan has been concluded.	2005.02	-	-	-	-	-	-			
	b.An invoice shall contain the following particulars:	2005.02	-	-	-	-	-	-			

	GUIDELINE TARIFFS FOR SERVICES BY DENTAL PRACTITIONERS		25400	26200	26400	29200	29400	29800			
	Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)										
	Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at http://www.hpcsa.co.za	**Version Add**	**Value**	**Value**	**Value**	**Value**	**Value**	**Value**	**MP**	**Lab**	**TC**
	i. The surname and initials of the member; ii. The first name of the patient; iii. The name of the scheme; iv. The membership number of the member; v. The practice number; vi. The date on which every service was rendered; vii. The code number, description and fee/benefit of the procedure or service; viii. The name of the dentist rendering the service; ix. The name of the general dental practitioner/specialist assistant (when applicable); x. The appropriate ICD-10 code(s) for the procedures performed.	2006.03	-	-	-	-	-	-			
	Note: Photocopies of original invoices shall be certified by way of a rubber stamp or the signature of the dentist.	2005.02	-	-	-	-	-	-			
002	Cost of direct materials: The expenses incurred for direct materials identified in the Schedule may be billed in addition to the procedure code. These expenses are limited to the net acquisition cost of the materials and a handling fee. The price of the materials should be VAT inclusive. Use Modifier 8025 for handling fee.	2005.02	-	-	-	-	-	-			
003	Dental laboratory services:	2005.02	-	-	-	-	-	-			
	Manual submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by reporting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician (or a copy thereof) shall accompany the invoice of the dentist and a copy (or the original) shall be filed by the dentist for record purposes.	2005.02	-	-	-	-	-	-			
	Electronic submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment, and the appropriate dental laboratory service codes shall be reported on the lines following code 8099. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician shall be filed by the dentist for record purposes.	2005.02	-	-	-	-	-	-			
005	Procedure accompanied by unusual circumstances: In exceptional cases where the proposed fee/benefit is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the patient/medical scheme may be billed. Use Modifier 8011 with a narrative description. Under certain circumstances a service or procedure is partially reduced or eliminated at the practitioner's election. Under these circumstances a lower fee may be billed. The service provided can be identified by its usual procedure code and the addition of Modifier 8012, signifying the service is reduced.	2005.02	-	-	-	-	-	-			
B.	General coding rules		-	-	-	-	-	-			

	GUIDELINE TARIFFS FOR SERVICES BY DENTAL PRACTITIONERS		25400	26200	26400	29200	29400	29800			
	Published in terms of Section 53 (3) (d) of the HEALTH PROFESSIONS ACT (56 OF 1974)										
	Note that this schedule is based on the 2006 NHRPL which was inflated by 46.66%. The 2006 NHRPL is available in database format at http://www.hpcsa.co.za	**Version Add**	**Value**	**Value**	**Value**	**Value**	**Value**	**Value**	**MP**	**Lab**	**TC**
006	The schedule does not prescribe the scope of practice of a particular category of Oral Health Care Provider; neither does it confine the performing of procedures or services to a registered speciality. Fees listed within a column of a particular category of Oral Health Care Provider are customary fees, should the procedure or service be rendered by that provider category. Specialists are however encouraged to confine their practice to the speciality or related specialities in which they are registered. Specialist may charge fees for procedures or services which usually pertain to some other speciality, if such procedures or services are also recognised in their speciality, and if it is carried out only for their bona fide patients. Such fees shall not be higher than those charged by general practitioners for the same procedures or services (HPCSA, Rule 25). Fees for procedures or services not listed within the column of dental therapists that do fall within the field of dental therapy in terms of their scope of practice are regarded as being "by arrangement" until such fees are listed.	2006.03	-	-	-	-	-	-			
007	Procedures not listed in the Dental Schedule	2005.02	-	-	-	-	-	-			
	When a procedure is performed that is not listed in the schedule, an appropriate procedure code, listed in the NHRPL for medical practitioners may be reported.	2006.03	-	-	-	-	-	-			
	Unlisted procedures. Any procedure that is neither described in the schedule, nor in the medical schedule, should be reported using code 9099 - Unlisted dental procedure or service. The fee for an unlisted dental procedure or service should be based on the fee of a comparable procedure. Code 9099 codes should not be used to report procedures where the fee is determined "by arrangement" with the patient and/or medical scheme.	2006.03	-	-	-	-	-	-			
C.	Services rules		-	-	-	-	-	-			
008	Oral evaluations and completion of treatment plans: Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). No further fees/benefits shall be levied for an oral examination (code 8101) or comprehensive examination (code 8102) until the treatment plan resulting from these type of examinations is completed. The completion of a treatment plan effected from an oral examination and/or comprehensive examination should be indicated by reporting code 8120 – Treatment plan completed. Oral diagnosis defined. The determination by the dentist of the oral health condition of an individual patient achieved through the evaluation of data gathered by means of history taking, direct examination, patient conference, and such clinical aids and tests as may be necessary in the judgement of the dentist. Treatment plan defined. The treatment plan is the sequential guide for the patient's care as determined by the dentist's diagnosis and is used by the dentists for the restoration and/or maintenance of optimal oral health	2006.03	-	-	-	-	-	-			
009	Surgery guidelines:	2005.02	-	-	-	-	-	-			
	1.Follow-up care for therapeutic surgical procedures: The fee/benefit for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not him/herself complete the post-operative care, he/she shall arrange for post-operative care without additional charges. A fee/benefit for post-operative treatment of a prolonged or specialised nature may be charged as agreed upon between the practitioner and the scheme.	2005.02	-	-	-	-	-	-			

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	2.Multiple Procedures (Maxillo-facial and oral surgery): The fee/benefit for more than one operation or procedure performed through the same incision shall be determined as the fee for the major operation plus fee/benefit for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (Modifier 8005). The fee/benefit for more than one operation or procedure performed under the same anaesthetic but through another incision shall be determined on the fee/benefit for the major operation plus: 75% for the second procedure/operation (Modifier 8009). 50% for the third and subsequent procedures/operations (Modifier 8006). This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee/benefit of the operation. If, within four months, a second operation for the same condition or injury is performed, the fee/benefit for the second operation shall be 50% of that of the first operation (Modifier 8006).	2005.02	-	-	-	-	-	-			
	3.Assistant Surgeon (Maxillo-facial and periodontal surgery): The fee payable to a specialist assistant is determined as 1/3 (of the fee of the practitioner performing the procedure (Modifier 8001). The fee payable to a general dental practitioner assistant is determined as 15% (of the fee of the practitioner performing the procedure (Modifier 8007). The patient must be informed beforehand that another dentist/specialist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.	2005.02	-	-	-	-	-	-			
	4.Surgical team (Maxillo-facial and oral surgery): The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (Modifier 8008).	2005.02	-	-	-	-	-	-			
010	Orthodontic guidelines:	2005.02	-	-	-	-	-	-			
	The documentation and first invoice to the patient/medical scheme regarding orthodontic services will include the following information: a. The treatment plan and type of treatment (treatment code number); b. A diagnostic code (ICD-10) and c. An orthodontic payment plan indicating the following: i. The total fee that will be levied for the treatment; ii. The total months of orthodontic treatment (retention period excluded); iii. The initial fee payable by the patient (approximately 20% of the total fee); and iv. The monthly payments of the balance of the fee.	2006.03	-	-	-	-	-	-			
	2.The fee for orthodontic treatment does not include a clinical oral evaluation and necessary diagnostic services. The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and no additional fees may be levied for intra-operative oral evaluations and preventive services. A pre-orthodontic treatment visit, an orthodontic retention, and an oral evaluation on completion of the treatment plan (retention phase included) are excluded and should be reported in addition to corrective orthodontic treatment as separate procedures (Code 8803 x3). Intra/post orthodontic treatment records consisting of radiographs/diagnostic images (limited to a cephalometric film and 5 oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan is completed (retention phase included).	2005.02	-	-	-	-	-	-			
	3.The fee for 'Fixed appliance therapy' (codes 8861 and 8865 to 8888), as determined by the individual practitioner, will be levied on a monthly manner over the treatment period (retention phase excluded).	2005.02	-	-	-	-	-	-			
	4.When partial fixed appliance or preliminary orthodontic treatment (codes 8858, 8861, 8865 or 8866) is followed by full fixed appliance orthodontic treatment (codes 8873 to 8888) provided by the same orthodontist, the fees levied for the partial fixed appliance therapy or preliminary treatment will be deducted from the fee quoted for the full fixed appliance orthodontic treatment.	2005.02	-	-	-	-	-	-			

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	5.The total fee for multiple phases of full fixed appliance orthodontic treatment provided by the same orthodontist may not exceed the most recent fee (determined on commencement date of the final stage of full fixed appliance treatment) for the appropriate full fixed orthodontic procedure.	2005.02	-	-	-	-	-	-			
	6.When the patient transfers to another practitioner during treatment, or treatment is terminated for any reason, the original treating practitioner must report the number of treatment months remaining and determine the balance of the fee by applying the following formula: Total payment (for treatment only) minus 20% of the total fee (for banding - when applicable) multiplied by the percentage of treatment remaining. For example, if the practitioner was paid R 10,000.00 for a 24-month treatment plan and 18 months of treatment were completed. The balance would be R 2,000.00 (or R 10,000.00 - R 2,000.00 x 6/24). The length of the treatment plan from the original request for authorisation will be used to determine the number of treatment months remaining. The practitioner continuing treatment will provide the information stipulated in paragraph 1 above. Report code 8891 (Orthodontic transfer) with the fee that will be levied for continuation of the treatment in addition to the appropriate orthodontic treatment code. The fee for continuous treatment is subject to prior authorisation by the patient's medical scheme.	2005.02	-	-	-	-	-	-			
	7.When an established orthodontic patient requires re-treatment, the information stipulated in paragraph 1 above and the cause(s) for re-treatment will be provided. Report code 8892 (Orthodontic re-treatment) with the fee that will be levied for re-treatment in addition to the appropriate orthodontic treatment code. Orthodontic re-treatment is subject to prior authorisation by the patient's medical scheme.	2005.02	-	-	-	-	-	-			
011	Dento-legal fees: Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the adjunctive general services sections in the code lists.	2005.02	-	-	-	-	-	-			
D.	Modifiers		-	-	-	-	-	-			
012	Modifiers: Modifiers should be used with procedures identified throughout the NHRPL. Modifiers provide the means by which the reporting practitioner can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed it its definition or code. The sensible application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of the report that: a.A service or procedure was performed by more than one practitioner. b.A service or procedure has been increased or reduced. c.Only part of a service was performed. d.An adjunctive service was performed. e.A service or procedure was provided more than once. f.The fee/benefit was altered due to a financial agreement.	2006.03	-	-	-	-	-	-			
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)	2006.03	-	-	-	-	-	-			
8003	Minimum assistant surgeon	2006.03	R 172.95	R 172.95	-	R 172.95	-	-			
8005	Maximum multiple procedures (same incision) - MFO surgeon	2006.03	R 268.51	R 268.51	-	R 268.51	-	-			
8006	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)	2006.03	-	-	-	-	-	-			
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	2006.03	-	-	-	-	-	-			
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	2006.03	-	-	-	-	-	-			
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)	2006.03	-	-	-	-	-	-			
8010	Open reduction (PLUS 75% of the appropriate benefit)	2006.03	-	-	-	-	-	-			
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)	2006.03	-	-	-	-	-	-			

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8012	Reduced services (benefit MINUS X % as determined by the practitioner)	2006.03	-	-	-	-	-	-			
8013	Multiple modifiers	2006.03	-	-	-	-	-	-			
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	2006.03	-	-	-	-	-	-			
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	2006.03	-	-	-	-	-	-			
E.	Explanations		-	-	-	-	-	-			
	Tooth identification and designation of areas of the oral cavity:		-	-	-	-	-	-			
	Tooth identification and designation of areas of the oral cavity is compulsory for all invoices rendered. Tooth identification is applicable to procedures identified with the letter (T), and other designation of areas of the oral cavity with the letter (Q) for a quadrant and the letter (M) for the maxillary or mandibular area in the mouth part (MP) column of the Dental Coding. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity should be used. For supernumeraries, the abbreviation SUP should be used.	2004.00	-	-	-	-	-	-			
	Treatment categories:		-	-	-	-	-	-			
	Treatment categories (TC) of dental procedures are identified in the TC column of the Dental Coding as follows: Basic dentistry- designated as (B) in the treatment category column Advanced dentistry- designated as (A) in the treatment category column Surgery- designated as (S) in the treatment category column	2004.00	-	-	-	-	-	-			
	Abbreviations used in Dental Coding		-	-	-	-	-	-			
	DMDirect Material Column +DAdd fee/benefit for denture +LAdd laboratory fee +MAdd material fee	2005.02	-	-	-	-	-	-			
	MPMouth Part Column MMaxilla/Mandible QQuadrant SSextant TTooth	2005.02	-	-	-	-	-	-			
	TCTreatment Category Column AAdvanced dentistry BBasic dentistry SSurgery	2005.02	-	-	-	-	-	-			
	Practice type codes: 25400 General Dental Practitioner 26200 Specialist Maxillo Facial and Oral Surgeon 26400 Specialist Orthodontist 29200 Specialist in Oral Medicine and Periodontics 29400 Specialist Prosthodontist 29800 Specialist Oral Pathologist 39500 Dental Therapist	2006.03	-	-	-	-	-	-			
F.	Guidelines to medical schemes		-	-	-	-	-	-			
	Age of a Child. The determination of a child or adult status of the patient should be based on the clinical development of the patient's dentition. Where administrative constraints preclude the use of clinical development so that the chronological age must be used to determine the child or adult status, the patient is defined as an adult beginning at age 12 with the exclusion of treatment for orthodontics or sealants.	2005.02	-	-	-	-	-	-			

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	Frequency of benefits. The South African Dental Association recommends to medical schemes, where considered necessary and appropriate, that contract limitations on the frequency of providing care for certain services be stated as "twice a calendar year" rather than once in every six months.	2005.02		-		-		-	-	-	-			
	Radiographs and records. Radiographs should be taken only for clinical reasons as determined by the treating dentist. Postoperative radiographs should only be required as part of dental treatment. When a dentist determined it is appropriate to comply with a third-party payer's request for radiographs, a duplicate set should be submitted and the originals retained by the dentist. Any additional costs incurred by the dentists in copying radiographs and clinical records for claims determination should be reimbursed by the third-party payer or the patient.	2005.02		-		-		-	-	-	-			
	New vs. established patient. A new patient is one who has not received any professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. An established patient (patient of record) is one who has received professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. In the instance where a dentist is on call for or covering for another dentist, the patient's encounter will be classified as it would have been by the dentist who is not available.	2005.02		-		-		-	-	-	-			
II.	DENTAL PROCEDURES AND SERVICES			-		-		-	-	-	-			
A.	DIAGNOSTIC SERVICES			-		-		-	-	-	-			
	The branch of dentistry used to identify and prevent dental disorders and disease. Includes all services/procedures available to the dentist for evaluating existing conditions and determining any further dental care that may be required.	2006.03		-		-		-	-	-	-			
	CLINICAL ORAL EXAMINATIONS			-		-		-	-	-	-			
	The purpose of oral examinations is to observe and record pertinent information, past and present, necessary to arrive at a diagnosis and treatment plan (when treatment is indicated). A treatment plan is a list of procedures or services the dentist proposes to perform on a dental patient based on the results of the examination and diagnosis. Often more than one treatment plan is presented. Oral examinations may require the integration of information that is acquired through additional diagnostic procedures, which should be reported separately. The oral examination, diagnosis, and treatment planning are the responsibility of the dentist. The collection and recording of some data and components of the oral examination may however be delegated. Oral examinations and consultations include the issuing of prescriptions where medication is required.	2006.03		-		-		-	-	-	-			
	General Dental Practitioner			-		-		-	-	-	-			
8101	Oral examination	2006.03	R	151.79		-		-	-	-	-			B
8102	Comprehensive oral examination	2006.03	R	245.21		-		-	-	-	-			B
8104	Limited oral examination	2006.03	R	73.62		-		-	-	-	-			B
8189	Re-examination - existing condition	2006.03	R	73.62		-		-	-	-	-			B
8176	Periodontal screening	2006.03	R	127.88		-		-	-	-	-			B
8190	Consultation - second opinion or advice	2006.03	R	151.79		-		-	-	-	-			B
	Maxillo Facial Surgeon			-		-		-	-	-	-			
8901	Consultation - MFOS	2004.00		-	R	193.44		-	-	-	-			S
8902	Consultation - MFOS (detailed)	2006.03		-	R	506.26		-	-	-	-			S
8840	Treatment planning for orthognathic surgery - ALL	2006.03	R	436.89	R	655.26	R	655.26	-	-	-		+L	S
	Orthodontist			-		-		-	-	-	-			
8801	Consultation - Orthodontist	2004.00		-		-	R	193.44	-	-	-			A
8803	Consultation - Orthodontis (subsequent, retention and post treatment)	2004.00		-		-	R	112.63	-	-	-			A

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8837 Diagnosis and treatment planning - Orthodontist	2004.00		-		-	R	89.75		-		-		-			A
Periodontist/Oral Medicine			-		-		-		-		-		-			
Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit.	2006.03		-		-		-		-		-		-			
8701 Consultation - periodontist	2006.03		-		-		-	R	193.44		-		-			A
8703 Consultation - Periodontist (detailed)	2006.03		-		-		-	R	506.26		-		-			A
8705 Re-examination - Periodontist	2004.00		-		-		-	R	151.35		-		-			A
8707 Periodontal screening - Periodontist	2006.03		-		-		-	R	151.35		-		-			A
8781 Consultation - Oral medicine (simple)	2006.03		-		-		-	R	151.35		-		-			S
8782 Consultation - Oral medicine (complex)	2006.03		-		-		-	R	266.18		-		-			S
8783 Consultation - Oral medicine (subsequent)	2006.03		-		-		-	R	112.63		-		-			S
Prosthodontist			-		-		-		-		-		-			
8501 Consultation - Prosthodontis	2004.00		-		-		-		-	R	193.44		-			A
8507 Comprehensive consultation - Prosthodontist	2006.03		-		-		-		-	R	310.62		-			A
8506 Detailed consultation - Prosthodontist	2006.03		-		-		-		-	R	506.26		-			A
Oral Pathologist			-		-		-		-		-		-			
9201 Consultation - oral pathologist	2004.00		-		-		-		-		-	R	193.44			
9205 Consultation - oral pathologist (subsequent)	2004.00		-		-		-		-		-	R	112.63			
RADIOGRAPHS/DIAGNOSTIC IMAGING			-		-		-		-		-		-			
Diagnostic radiographs/diagnostic images include interpretation. Radiographs/diagnostic images should only be taken for clinical reasons as determined by the dentist and practitioners should comply with the Regulations concerning safe radiological practice and take the necessary precaution to minimise radiation of patients. Radiographs/diagnostic images are part of the patient's clinical record, should be of diagnostic quality, properly identified and dated. The dentist should retain the original images and only copies should be used to fulfill requests made by patients or third party funders. A complete series of intra-oral radiographs/images for diagnostic purposes is required once per treatment plan only. A second series may be required in exceptional cases e.g., following periodontal surgery. The same applies to panoramic films, where additional films may be required for follow-up/re-evaluation purposes. Diagnostic radiographs/diagnostic images preceding endodontic treatment, periodontal treatment, the surgical extraction of teeth or roots and fixed prostheses are fundamental to ethical clinical practice.	2006.03		-		-		-		-		-		-			
8107 Intraoral radiograph - periapical	2006.03	R	61.45	R	61.45	R	61.45	R	61.45	R	61.45		-			B
8108 Intraoral radiographs - complete series	2006.03	R	475.60	R	475.60	R	475.60	R	475.60	R	475.60		-			B
8112 Intraoral radiograph - bitewing	2006.03	R	61.45	R	61.45	R	61.45	R	61.45	R	61.45		-			B
8113 Intraoral radiograph - occlusal	2004.00	R	105.89	R	105.89	R	105.89	R	105.89	R	105.89		-			B
8114 Extraoral radiograph - hand-wrist	2006.03	R	245.65	R	245.65	R	245.65	R	245.65	R	245.65		-			B
8115 Extraoral radiograph - panoramic	2004.00	R	245.65	R	245.65	R	245.65	R	245.65	R	245.65		-			B
8116 Extraoral radiograph - cephalometric	2005.02	R	245.65	R	245.65	R	245.65	R	245.65	R	245.65		-			B
8118 Extraoral radiograph - skull/facial bone	2005.02	R	245.65	R	245.65	R	245.65	R	245.65	R	245.65		-			B
8121 Oral and/or facial image (digital/conventional)	2006.03	R	66.00	R	66.00	R	66.00	R	66.00	R	66.00		-			B
OTHER DIAGNOSTIC PROCEDURES			-		-		-		-		-		-			
8117 Diagnostic models	2006.03	R	66.00	R	66.00	R	66.00	R	66.00	R	66.00		-		+L	B
8119 Diagnostic models mounted	2006.03	R	166.01	R	166.01	R	166.01	R	166.01	R	166.01		-		+L	B
8122 Microbiological studies	2006.03		-		-		-		-		-		-			B
8123 Caries susceptibility tests (By Arrangement)	2006.03	R	68.63		-		-		-		-		-			B
8124 Pulp tests	2006.03	R	18.19		-		-		-		-		-			
8503 Occlusion analysis mounted	2004.00	R	206.93		-		-		-	R	310.62		-			A
8505 Pantographic recording	2004.00	R	300.35		-		-		-	R	450.53		-			A
8508 Electrognathographic recording	2004.00	R	321.62		-		-		-	R	482.50		-			A

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8509	Electrognathographic recording with computer analysis	2004.00	R	533.97	-	-	- R	800.89	-			A
8811	Tracing and analysis of extra-oral film	2004.00	R	28.45 R	28.45 R	28.45 R	28.45 R	28.45	-			B
8839	Diagnostic setup (orthodontics)	2004.00	R	126.71	- R	190.07	-	-	-			A
B.	PREVENTIVE SERVICES			-	-	-	-	-	-			
	Services/procedures intended to eliminate or reduce the need for future dental treatment.	2006.03		-	-	-	-	-	-			
	DENTAL PROPHYLAXIS			-	-	-	-	-	-			
8155	Polishing - complete dentition	2006.03	R	93.27	-	- R	128.47 R	93.27	-			B
8159	Prophylaxis - complete dentition	2006.03	R	183.17	-	- R	258.26 R	183.17	-			B
8160	Removal of gross calculus	2006.03		-	-	-	-	-	-			B
8179	Polishing - complete dentition (periodontally compromised patient)	2006.03	R	106.91	-	-	-	-	-			B
8180	Prophylaxis - complete dentition (periodontally compromised patient)	2006.03	R	199.01	-	-	-	-	-			B
	TOPICAL FLUORIDE TEATMENT			-	-	-	-	-	-			
	Topical fluoride treatment procedures involve the professionally application of topical fluoride within the dental office. Excludes fluoride application as part of prophylaxis paste, fluoride rinses or "swish." For application of desensitising medicaments, see codes 8166 and 8167 in the supplementary section.	2006.03		-	-	-	-	-	-			
8161	Topical application of fluoride - child	2006.03	R	93.27	-	- R	93.27 R	93.27	-			B
8162	Topical application of fluoride - adult	2006.03	R	93.27	-	- R	93.27 R	93.27	-			B
	SPACE MAINTENANCE (PASSIVE APPLIANCES)			-	-	-	-	-	-			
	Passive appliances are designed to prevent tooth movement.	2006.03		-	-	-	-	-	-			
8173	Space maintainer - fixed, per abutment	2005.02	R	173.05	-	-	-	-	-	T	+L	B
8175	Space maintainer - removable	2004.00	R	223.06	-	-	-	-	-		+L	B
	OTHER PREVENTIVE PROCEDURES			-	-	-	-	-	-			
8149	Nutritional counselling	2006.03		-	-	-	-	-	-			B
8150	Tobacco counselling	2006.03		-	-	-	-	-	-			B
8151	Oral hygiene instruction	2006.03	R	93.27	-	- R	186.55 R	186.55	-			B
8153	Oral hygiene instruction - each additional visit	2006.03	R	68.34	-	- R	89.75 R	89.75	-			B
8163	Dental sealant	2006.03	R	61.45	-	-	- R	61.45	-	T		B
8169	Occlusal guard	2006.03	R	358.28	-	-	-	-	-		+L	B
8171	Mouth guard	2006.03	R	108.38	-	-	-	-	-		+L	B
8177	Oral hygiene instruction (periodontally compromised patient)	2006.03	R	141.08	-	-	-	-	-			B
8178	Oral hygiene instruction - each additional visit (periodontally compromised patient)	2006.03	R	76.26	-	-	-	-	-			B
C.	RESTORATIVE SERVICES			-	-	-	-	-	-			
	The branch of dentistry that deals with the reconstruction of the hard tissues of a tooth or group of teeth, injured or destroyed by trauma or disease. Restorative services/procedures intend to restore the function of a natural tooth. Anterior teeth include incisors and canines. Posterior teeth include premolars and molars. The number of tooth surfaces restored, i.e. mesial, occlusal (or incisal), distal, lingual, or vestibular (buccal or labial), is used to determine the appropriate procedure code. A one surface restoration for example, involves only one of the surfaces, while a two-surface restoration extends to two of the five surfaces. With a four-or-more-surfaces anterior restoration involving four tooth surfaces and the incisal angle is involved. Limitations on amalgam and resin-based composite restorations: (1) The reporting of two separate restorations of the same material (e.g., a MO and DO amalgam restoration) on the same tooth is appropriate. Some medical schemes however, have a clause in its dental plan(s) that restricts coverage of the same tooth surface, such as an occlusal, twice on the same day and may require the reporting of a MOD restoration instead of a separate MO and DO restoration.	2006.03		-	-	-	-	-	-			
	AMALGAM RESTORATIONS			-	-	-	-	-	-			

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	All adhesives, liners, bases and polishing are included as part of the restoration. If pins are used, they should be reported separately. See codes 8345, 8347 and 8348 for post and/or pin retention.	2006.03		-	-	-	-	-	-			
8341	Amalgam - one surface	2004.00	R	185.52	-	-	-	-	-	T		B
8342	Amalgam - two surfaces	2004.00	R	228.64	-	-	-	-	-	T		B
8343	Amalgam - three surfaces	2004.00	R	278.65	-	-	-	-	-	T		B
8344	Amalgam - four or more surfaces	2004.00	R	310.62	-	-	-	-	-	T		B
	RESIN-BASED COMPOSITE RESTORATIONS			-	-	-	-	-	-			
	Resin restorations refer to a broad category of materials including but not limited to composites. Report these codes when glass ionomers/compomers are used as restorations. The procedures include acid etching, adhesives (including resin bonding agents) and curing part of the restoration. Resin restorations utilise the direct technique. For the indirect technique, see "Resin inlays/onlays" If pins are used, they should be reported in addition to these codes - See codes 8345, 8347 and 8348 for post and/or pin retention.	2006.03		-	-	-	-	-	-			
8350	Resin crown - anterior primary tooth (direct)	2006.03	R	404.62	-	-	-	-	-	T		B
8351	Resin - one surface, anterior	2004.00	R	203.56	-	-	-	-	-	T		B
8352	Resin - two surfaces, anterior	2004.00	R	256.06	-	-	-	-	-	T		B
8353	Resin - three surfaces, anterior	2004.00	R	306.07	-	-	-	-	-	T		B
8354	Resin - four or more surfaces, anterior	2006.03	R	341.27	-	-	-	-	-	T		B
8367	Resin - one surface, posterior	2006.03	R	220.72	-	-	-	-	-	T		B
8368	Resin - two surfaces, posterior	2004.00	R	273.07	-	-	-	-	-	T		B
8369	Resin - three surfaces, posterior	2004.00	R	329.98	-	-	-	-	-	T		B
8370	Resin - four or more surfaces, posterior	2004.00	R	354.91	-	-	-	-	-	T		B
	GOLD FOIL RESTORATIONS			-	-	-	-	-	-			
8561	Gold foil class I or IV	2004.00	R	540.13	-	-	-	R 809.98	-	T		A
8563	Gold foil class V	2004.00	R	631.79	-	-	-	R 947.69	-	T		A
8565	Gold foil class III	2004.00	R	794.87	-	-	-	R 1 192.31	-	T		A
	INLAY/ONLAY RESTORATIONS			-	-	-	-	-	-			
	Temporary and/or intermediate inlays/onlays, the removal thereof and cementing of the permanent restoration are included as part of the restoration. The cusp tip must be overlaid to be considered an onlay.	2006.03		-	-	-	-	-	-			
	Metal Inlays/Onlays			-	-	-	-	-	-			
	Use these codes for single metal inlay/onlay restorations. See the Fixed Prosthodontic Service section for metal inlay/only bridge retainers. Metal components include structures manufactured by means of conventional casting and/or electroforming. The benefits provided by some medical schemes for metal inlays on anterior teeth (incisors and canines) may be subject to pre-authorisation.	2006.03		-	-	-	-	-	-			
8361	Inlay - metal - one surface	2004.00	R	283.19	-	-	-	R 558.61	-	T	+L	A
8362	Inlay/onlay - metal - two surfaces	2004.00	R	414.16	-	-	-	R 809.98	-	T	+L	A
8363	Inlay/onlay - metal - three surfaces	2004.00	R	690.60	-	-	-	R 1 256.11	-	T	+L	A
8364	Inlay/onlay - metal - four or more surfaces	2004.00	R	835.06	-	-	-	R 1 256.11	-	T	+L	A
	Porcelain/Ceramic Inlays/Onlays			-	-	-	-	-	-			

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Use these codes for single porcelain/ceramic inlay/onlay restorations. See the Fixed Prosthodontic Service section for porcelain/ceramic inlay/only bridge retainers. Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced porcelain type inlays/onlays. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration.	2006.03		-	-	-	-	-	-			
8371 Inlay - porcelain - one surface	2005.02	R	341.27	-	-	-	R 674.76	-	T	(+L)	A
8372 Inlay/onlay - porcelain - two surfaces	2005.02	R	503.91	-	-	-	R 971.74	-	T	(+L)	A
8373 Inlay/onlay - porcelain - three surfaces	2005.02	R	830.51	-	-	-	R 1 509.82	-	T	(+L)	A
8374 Inlay/onlay - porcelain - four or more surfaces	2005.02	R	1 005.91	-	-	-	R 1 509.82	-	T	(+L)	A
8560 Cost of ceramic block	2006.03		-	-	-	-	-	-	T		A
8570 Fabrication of computer generated ceramic restoration	2006.03		-	-	-	-	-	-	A		
Resin-based Inlays/Onlays			-	-	-	-	-	-			
Resin based inlays/onlays usually utilise the indirect technique. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. When the direct technique is used, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes.	2006.03		-	-	-	-	-	-			
8381 Inlay - resin - one surface	2005.02	R	341.27	-	-	-	R 674.76	-	T	(+L)	A
8382 Inlay/onlay - resin - two surfaces	2005.02	R	503.91	-	-	-	R 971.74	-	T	(+L)	A
8383 Inlay/onlay - resin - three surfaces	2005.02	R	830.51	-	-	-	R 1 509.82	-	T	(+L)	A
8384 Inlay/onlay - resin - four or more surfaces	2005.02	R	1 005.91	-	-	-	R 1 509.82	-	T	(+L)	A
CROWNS – SINGLE RESTORATIONS			-	-	-	-	-	-			
Use these codes for single crown restorations. See the Fixed Prosthodontic Service section for crown bridge retainers and the Implant Services section for crowns on osseo-integrated implants. Porcelain/ceramic crowns include all ceramic, porcelain and porcelain fused to metal crowns. Resin crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming. Temporary and/or intermediate crowns, the removal thereof (provisional crowns included) and cementing of the permanent restorations are included as part of the restorations. TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration.	2006.03		-	-	-	-	-	-			
8401 Crown - full cast metal	2004.00	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8403 Crown - 3/4 cast metal	2004.00	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8404 Crown - 3/4 porcelain/ceramic	2005.02	R	1 005.77	-	-	-	R 1 509.82	-	T	+L	A
8405 Crown - resin laboratory	2006.03	R	1 005.77	-	-	-	R 1 509.82	-	T	+L	A
8407 Crown - resin with metal	2004.00	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8409 Crown - porcelain/ceramic	2004.00	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8411 Crown - porcelain with metal	2004.00	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8410 Provisional crown	2006.03	R	206.93	-	-	R 206.93	R 310.62	-	T	(+L)	A
VENEERS			-	-	-	-	-	-			
8355 Veneer - resin (chair-side)	2006.03	R	323.23	-	-	-	R 323.23	-	T		B
8552 Veneer - porcelain (laboratory)	2006.03	R	715.24	-	-	-	R 1 072.79	-	T	+L	A
8554 Veneer - resin (laboratory)	2006.03	R	715.24	-	-	-	R 1 072.79	-	T	+L	A

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TEMPORARY RESTORATIONS				-	-	-	-		-	-			
8137 Emergency crown (chair-side)	2006.03	R		319.71	-	-	-	R	319.71	-	T	(+L)	A
8357 Prefabricated metal crown	2006.03	R		190.07	-	-	-	R	190.07	-	T		B
8375 Prefabricated resin crown	2006.03	R		190.07	-	-	-	R	190.07	-	T		B
OTHER RESTORATIVE PROCEDURES				-	-	-	-		-	-			
Pin Retention and Cores				-	-	-	-		-	-			
8345 Prefabricated post retention, per post (in addition to restoration)	2006.03	R		183.17	-	-	-		-	-	T		B
8347 Pin retention - first pin (in addition to restoration)	2006.03	R		92.10	-	-	-		-	-	T		B
8348 Pin retention - each additional pin (in addition to restoration)	2006.03	R		85.35	-	-	-		-	-	T		B
8366 Pin retention as part of cast restoration (any number of pins)	2005.02	R		137.71	-	-	-	R	186.55	-	T	+L	A
8376 Core build-up with prefabricated posts	2006.03	R		507.43	-	-	-	R	507.43	-	T		B
8379 Cost of prefabricated posts	2006.03			-	-	-	-		-	-	T		A
8391 Cast core with single post	2006.03	R		213.97	-	-	-		-	-	T	+L	A
8392 Cast post (each additional)	2006.03	R		127.44	-	-	-		-	-	T	+L	A
8397 Cast core with pins (any number of pins)	2006.03	R		341.27	-	-	-	R	443.78	-	T	+L	A
8398 Core build-up with or without pins	2006.03	R		414.16	-	-	-	R	414.16	-	T		B
8581 Cast core with single post	2006.03			-	-	-	-	R	316.19	-	T	+L	A
8582 Cast core with double post	2006.03			-	-	-	-	R	450.53	-	T	+L	A
8583 Cast core with triple post	2006.03			-	-	-	-	R	558.61	-	T	+L	A
Unclassified Restorative Procedures				-	-	-	-		-	-			
8133 Recement inlay, onlay, crown or veneer	2006.03	R		93.27	-	-	-	R	118.35	-	T	+L	B
8135 Remove inlay, onlay or crown	2006.03	R		185.52	-	-	-	R	185.52	-	T	+L	A
8138 Remove retention post (prefabricated or cast)	2006.03	R		121.72	-	-	-		-	-	T		B
8146 Resin bonding for restorations	2006.03			-	-	-	-		-	-	T		A
8157 Re-burnishing and polishing of restorations - complete dentition	2006.03	R		93.27	-	-	-		-	-			B
8349 Carve restoration to accommodate existing removable prosthesis	2004.00	R		37.54	-	-	-		-	-	T		B
8413 Repair crown (permanent or provisional)	2006.03	R		206.93	-	-	-	R	206.93	-	T	+L	A
8414 Additional fee for provision of crown within an existing clasp or rest	2004.00	R		61.45	-	-	-		-	-	T	+L	A
D. ENDODONTIC SERVICES				-	-	-	-		-	-			
Services/procedures intended to treat diseases of the dental pulp and their sequelae.	2006.03			-	-	-	-		-	-			
PULP CAPPING				-	-	-	-		-	-			
These codes should not be used as a base or liner under a restoration. Certain funders (medical aids) may restrict the placement of the final restoration during the same visit.	2006.03			-	-	-	-		-	-			
8301 Pulp cap - direct	2006.03	R		123.92	-	-	-		-	-	T		B
8303 Pulp cap - indirect	2006.03	R		123.92	-	-	-		-	-	T		B
PULPOTOMY				-	-	-	-		-	-			
8307 Pulp amputation (pulpotomy)	2006.03	R		121.72	-	-	-		-	-	T		B
8132 Pulp removal (pulpectomy)	2006.03	R		152.52	-	-	-		-	-	T		B
ENDODONTIC THERAPY				-	-	-	-		-	-			
Includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary radiographs/ diagnostic images. Limitation: Intra-operative radiographs/ diagnostic images are limited to three on a single canal tooth and five on a multi-canal tooth for each completed endodontic therapy. Report code 8304 (application of a rubber dam) in addition to these codes.	2006.03			-	-	-	-		-	-			
Preparatoty Visits				-	-	-	-		-	-			
8332 Root canal preparatory visit - single canal tooth	2006.03	R		93.27	-	-	-		-	-	T		B
8333 Root canal preparatory visit - multi canal tooth	2006.03	R		130.82	-	-	-		-	-	T		B
Obtuation of Canals				-	-	-	-		-	-			

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Codes 8328, 8335, 8336 and 8337 (obturation of root canals at a subsequent visit) are intended to be used in conjunction with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).	2006.03		-	-	-	-	-	-			
8335 Root canal obturation - anteriors and premolars - first canal	2004.00	R	423.25	-	-	-	-	-	T		B
8328 Root canal obturation - anteriors and premolars - each additional canal	2004.00	R	173.05	-	-	-	-	-	T		B
8336 Root canal obturation - posteriors - first canal	2004.00	R	582.52	-	-	-	-	-	T		B
8337 Root canal obturation - posteriors - each additional canal	2004.00	R	173.05	-	-	-	-	-	T		B
Complete Therapy			-	-	-	-	-	-			
Codes 8329, 8338, 8339 and 8340 (endodontic treatment completed at a single visit) may not be used with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).	2006.03		-	-	-	-	-	-			
8338 Root canal therapy - anteriors and premolars - first canal	2004.00	R	647.34	-	-	-	-	-	T		B
8329 Root canal therapy - anteriors and premolars - each additional canal	2004.00	R	216.17	-	-	-	-	-	T		B
8339 Root canal therapy - posteriors - first canal	2004.00	R	889.61	-	-	-	-	-	T		B
8340 Root canal therapy - posteriors - each additional canal	2004.00	R	216.17	-	-	-	-	-	T		B
8631 Root canal therapy - first canal	2006.03		-	-	-	-	R 1 099.04	-	T		B
8633 Root canal therapy - each additional canal	2006.03		-	-	-	-	R 276.45	-	T		B
ENDODONTIC RETREATMENT			-	-	-	-	-	-			
8334 Re-preparation of previously obturated root canal	2006.03	R	137.71	-	-	-	R 166.01	-	T		B
APEXIFICATION/RECALCIFICATION PROCEDURES			-	-	-	-	-	-			
8635 Apexification/recalcification – per visit	2006.03	R	123.92	-	-	-	R 183.17	-	T		S
PERIRADICULAR PROCEDURES			-	-	-	-	-	-			
9015 Apicectomy - anteriors (including retrograde filling)	2006.03	R	459.62	R 609.79	-	R 609.79	R 609.79	-	T		S
9016 Apicectomy - posteriors (including retrograde filling)	2006.03	R	810.86	R 1 216.22	-	R 1 216.22	R 1 216.22	-	T		S
OTHER ENDODONTIC PROCEDURES			-	-	-	-	-	-			
8330 Removal of root canal obstruction	2006.03	R	121.72	-	-	-	-	-	T		B
8136 Access through a prosthetic crown or inlay to facilitate root canal treatment	2004.00	R	83.01	-	-	-	-	-	T		B
8640 Removal of fractured post or instrument from root canal	2006.03		-	-	-	-	R 323.23	-	T		B
8765 Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	2006.03	R	406.53	-	-	R 609.79	R 609.79	-	T		A
E. PERIODONTIC SERVICES			-	-	-	-	-	-			
The branch of dentistry used to treat and prevent disease affecting the gingivae, ligaments and bone that supports the teeth.	2006.03		-	-	-	-	-	-			
SURGICAL SERVICES			-	-	-	-	-	-			
Surgical services includes usual postoperative care.	2006.03		-	-	-	-	-	-			
8741 Gingivectomy/gingivoplasty - four or more teeth per quadrant	2006.03	R	487.04	-	-	R 667.87	-	-	Q		A
8743 Gingivectomy or gingivoplasty - one to three teeth per quadrant	2006.03	R	389.08	-	-	R 530.16	-	-	Q		A
8749 Flap procedure, root planing and one to three surgical services - per quadrant	2006.03	R	1 011.05	-	-	R 1 516.57	-	-	Q		A
8751 Flap procedure, root planing and one to three surgical services - per sextant	2006.03	R	837.40	-	-	R 1 256.11	-	-	S		A
8753 Flap procedure, root planing and four or more surgical services - per quadrant	2006.03	R	1 253.17	-	-	R 1 879.69	-	-	Q		A
8755 Flap procedure, root planing and four or more surgical services - per sextant	2006.03	R	1 015.59	-	-	R 1 523.46	-	-	S		A
8756 Clinical crown lengthening (isolated procedure)	2006.03	R	615.81	-	-	R 923.79	-	-	T		A
8759 Pedicle flapped graft (isolated procedure)	2006.03	R	462.70	-	-	R 693.98	-	-	M		A
8761 Masticatory mucosal autograft - one to four teeth (isolated procedure)	2005.02	R	502.88	R 754.40	-	R 754.40	-	-	M	+L	A
8762 Masticatory mucosal autograft - four or more teeth (isolated procedure)	2005.02	R	755.42	R 1 133.21	-	R 1 133.21	-	-	M	+L	A
8763 Wedge resection (isolated procedure)	2006.03	R	295.80	-	-	R 443.78	-	-	Q		A
8766 Bone regeneration/repair procedure - as part of a flap operation	2006.03	R	241.98	-	-	R 362.97	-	-			A
8767 Bone regeneration/repair procedure - at a single site	2006.03	R	627.25	R 940.94	-	R 940.94	-	-			A
8769 Membrane removal (used for guided tissue regeneration)	2006.03	R	295.80	R 443.78	-	R 443.78	-	-			A
8770 Cost of bone regenerative/repair material	2006.03		-	-	-	-	-	-			A
8772 Submucosal connective tissue autograft (isolated procedure)	2005.02	R	508.16	R 762.32	-	R 762.32	-	-			A

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8995 Gingivectomy - per jaw	2006.03	R	721.40	R 1 082.03	-	-	-	-	M	+L	S
NON-SURGICAL PERIODONTAL SERVICES			-	-	-	-	-	-			
8723 Provisional splinting - extracoronal (wire) - per sextant	2005.02	R	173.05	-	-	R 259.43	R 259.43	-	M	+L	A
8725 Provisional splinting - extracoronal (wire plus resin) - per sextant	2005.02	R	251.07	-	-	R 376.61	R 376.61	-	M	+L	A
8727 Provisional splinting - intracoronal - per tooth	2006.03	R	78.75	-	-	R 118.35	R 118.35	-	T	+L	A
8737 Root planing - four or more teeth per quadrant	2006.03	R	373.24	-	-	R 506.26	-	-	Q		A
8739 Root planing - one to three teeth per quadrant	2006.03	R	296.98	-	-	R 403.89	-	-	Q		A
8773 Cost of intrapocket chemotherapeutic agent	2006.03		-	-	-	-	-	-			
OTHER PERIODONTAL SERVICES			-	-	-	-	-	-			
8768 Unlisted periodontal procedure	2004.00	R	295.80	-	-	R 443.78	-	-	T		A
8787 Unlisted oral medicine procedure	2004.00	R	106.18	-	-	R 159.27	-	-			S
F. REMOVABLE PROSTHODONTICS			-	-	-	-	-	-			
The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is readily removable. Removable prosthodontic services include routine post-operative care.	2006.03		-	-	-	-	-	-			
COMPLETE DENTURES			-	-	-	-	-	-			
8231 Complete dentures - maxillary and mandibular	2006.03	R	1 504.10	-	-	-	R 3 140.19	-	M	+L	B
8232 Complete denture - maxillary or mandibular	2006.03	R	927.30	-	-	-	R 2 197.05	-	M	+L	B
8244 Immediate denture - maxillary	2006.03	R	927.30	-	-	-	R 1 390.88	-		+L	
8245 Immediate denture - mandibular	2006.03	R	927.30	-	-	-	R 1 390.88	-		+L	
8643 Complete dentures - maxillary and mandibular (with complications)	2004.00		-	-	-	-	R 4 075.42	-		+L	B
8645 Complete dentures - maxillary and mandibular (with major complications)	2004.00		-	-	-	-	R 5 012.99	-		+L	B
8649 Complete denture - maxillary or mandibular (with complications)	2005.02		-	-	-	-	R 2 507.52	-	M	+L	B
8651 Complete denture - maxillary or mandibular (with major complications)	2005.02		-	-	-	-	R 2 820.49	-	M	+L	B
PARTIAL DENTURES			-	-	-	-	-	-			
8233 Partial denture - resin base - one tooth	2005.02	R	431.17	-	-	-	-	-	M	+L	B
8234 Partial denture - resin base - two teeth	2005.02	R	431.17	-	-	-	-	-	M	+L	B
8235 Partial denture - resin base - three teeth	2005.02	R	645.14	-	-	-	-	-	M	+L	B
8236 Partial denture - resin base - four teeth	2005.02	R	645.14	-	-	-	-	-	M	+L	B
8237 Partial denture - resin base - five teeth	2005.02	R	645.14	-	-	-	-	-	M	+L	B
8238 Partial denture - resin base - six teeth	2005.02	R	855.59	-	-	-	-	-	M	+L	B
8239 Partial denture - resin base - seven teeth	2005.02	R	855.59	-	-	-	-	-	M	+L	B
8240 Partial denture - resin base - eight teeth	2005.02	R	855.59	-	-	-	-	-	M	+L	B
8241 Partial denture - resin base - nine or more teeth	2005.02	R	855.59	-	-	-	-	-	M	+L	B
8281 Partial denture - cast metal framework only	2006.03	R	1 005.91	-	-	-	-	-	M	+L	A
8671 Partial denture - cast metal framework with resin denture base	2006.03		-	-	-	-	R 2 507.52	-	M	+L	A
ADJUSTMENTS TO DENTURES			-	-	-	-	-	-			
8275 Adjust complete or partial denture	2006.03	R	68.34	-	-	-	R 68.34	-			B
8662 Adjust complete or partial dentures (remounting)	2004.00	R	241.25	-	-	-	R 361.95	-		+L	B
REPAIRS TO DENTURES			-	-	-	-	-	-			
Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitioner did not examine the patient. Laboratory costs, however, may be recovered.	2006.03		-	-	-	-	-	-			
8269 Repair denture or other intra-oral appliance	2006.03	R	118.35	-	-	-	R 127.44	-	M	+L	B
8270 Add clasp to existing partial denture	2006.03	R	85.35	-	-	-	-	-	M	+L	B
8271 Add tooth to existing partial denture	2006.03	R	85.35	-	-	-	-	-	M	+L	B
8273 Impression to repair or modify a denture or other intra-oral appliance	2006.03	R	68.34	-	-	-	R 68.34	-		+L	B
DENTURE REBASE PROCEDURES			-	-	-	-	-	-			
Rebase – The partial or complete removal and replacement of the denture base.	2006.03		-	-	-	-	-	-			
8259 Rebase complete or partial denture (laboratory)	2005.02	R	351.53	-	-	-	R 507.43	-	M	+L	B
8261 Remodel complete or partial denture	2005.02	R	564.33	-	-	-	-	-	M	+L	B

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	DENTURE RELINE PROCEDURES			-	-	-	-	-	-			
	Reline - The addition of material to the fitting surface of a denture base.	2006.03		-	-	-	-	-	-			
8263	Reline complete or partial denture (chair-side)	2005.02	R	223.06	-	-	-	R 278.65	-	M		B
8267	Reline complete or partial denture (laboratory)	2006.03	R	513.15	-	-	-	R 513.15	-	M	+L	B
	INTERIM DENTURES			-	-	-	-	-	-			
	Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced by a more definitive prosthesis.	2006.03		-	-	-	-	-	-			
8658	Interim complete denture	2006.03	R	927.16	-	-	-	R 1 390.88	-	M	+L	B
8659	Interim partial denture	2006.03	R	741.79	-	-	-	R 1 112.68	-	M	+L	B
8661	Diagnostic dentures (including tissue conditioning)	2006.03		-	-	-	-	R 2 507.52	-		+L	A
	OTHER REMOVABLE PROSTHETIC PROCEDURES			-	-	-	-	-	-			
8251	Clasp or rest - cast gold	2006.03	R	85.35	-	-	-	-	-		+L	A
8253	Clasp or rest - wrought gold	2006.03	R	85.35	-	-	-	-	-		+L	B
8255	Clasp or rest - stainless steel	2006.03	R	89.75	-	-	-	-	-		+L	B
8257	Bar - lingual or palatal	2006.03	R	105.89	-	-	-	-	-	M	+L	B
8265	Tissues conditioning per arch (including soft self-cure reline)	2005.02	R	145.63	-	-	-	R 186.55	-	M		B
8277	Inlay in denture	2006.03		-	-	-	-	-	-		+L	A
8597	Locks and milled rests	2004.00	R	84.91	-	-	-	R 127.44	-	T	+L	A
8599	Precision attachment (removable denture)	2006.03	R	206.93	-	-	-	R 310.62	-	M	+L	A
8652	Overdenture - complete	2006.04	R	1 671.73	-	-	-	R 2 507.52	-	M	+L	B
8653	Overdenture - partial	2006.04	R	1 337.35	-	-	-	R 2 006.11	-	M	+L	B
8657	Replacement of precision attachment	2006.03	R	118.35	-	-	-	R 127.44	-	M	+L	A
8663	Metal base to complete denture	2006.03	R	503.62	-	-	-	R 755.42	-	M	+L	A
8664	Remount crown or bridge for prosthetics	2004.00	R	241.25	-	-	-	R 378.08	-			A
8667	Soft base to denture (heat cured)	2005.02	R	503.62	-	-	-	R 755.42	-	M	+L	B
8672	Altered cast technique (in addition to partial denture)	2005.02	R	64.53	-	-	-	R 96.79	-	M	+L	B
8674	Additive partial denture	2005.02	R	758.50	-	-	-	R 1 137.76	-	M	+L	B
G.	MAXILLO-FACIAL PROSTHETICS			-	-	-	-	-	-			
	The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial structures that have been affected by disease, injury, surgery or congenital defect. Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated	2006.03		-	-	-	-	-	-			
	MAXILLIARY PROSTHESIS			-	-	-	-	-	-			
9101	Obturator prosthesis, surgical - modified denture	2004.00	R	124.51	-	-	-	R 186.55	-		+L	
9102	Obturator prosthesis, surgical - continuous base	2004.00	R	337.46	-	-	-	R 506.26	-		+L	
9103	Obturator prosthesis, surgical - split base	2004.00	R	502.88	-	-	-	R 754.40	-		+L	
9104	Obturator prosthesis, interim - on existing denture	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
9105	Obturator prosthesis, interim - on new denture	2004.00	R	2 342.39	-	-	-	R 3 513.43	-		+L	
9106	Obturator prosthesis, definitive - open/hollow box	2004.00	R	758.50	-	-	-	R 1 137.76	-		+D	
9107	Obturator prosthesis, definitive - silicone glove	2004.00	R	1 464.65	-	-	-	R 2 197.05	-		+D	
	MANDIBULAR RESECTION PROSTHESES			-	-	-	-	-	-			
9108	Mandibular resection prosthesis w/ guide flange	2004.00	R	1 799.17	-	-	-	R 2 698.76	-		+L	
9109	Mandibular resection prosthesis w/o guide flange	2004.00	R	1 671.73	-	-	-	R 2 507.52	-		+L	
9110	Mandibular resection prosthesis, palatal augmentation	2004.00	R	337.46	-	-	-	R 506.26	-		+D	
	GLOSSAL RESECTION PROSTHESES			-	-	-	-	-	-			
9111	Glossal resection prosthesis - simple	2004.00	R	703.80	-	-	-	R 1 055.92	-		+D	
9112	Glossal resection prosthesis - complex	2004.00	R	1 054.46	-	-	-	R 1 581.54	-		+D	

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RADIOTHERAPY APPLIANCES			-	-	-	-	-	-			
9113 Radiation carrier - simple	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
9114 Radiation carrier - complex	2004.00	R	2 093.37	-	-	-	R 3 140.19	-		+L	
9115 Radiation shield - simple	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
9116 Radiation shield - complex	2004.00	R	2 093.37	-	-	-	R 3 140.19	-		+L	
9117 Radiation cone locator	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
CHEMOTHERAPY APPLIANCES			-	-	-	-	-	-			
9118 Chemotherapeutic agent carrier	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
CLEFT PALATE PROSTHESES			-	-	-	-	-	-			
8855 Consultation - cleft palate therapy (house or hospital)	2004.00	R	173.05	-	R 259.43	-	R 259.43	-			S
8856 Consultation - cleft palate (subsequent)	2004.00	R	84.91	-	R 127.44	-	R 127.44	-			S
8857 Consultation - cleft palate (maximum)	2004.00	R	590.88	-	R 886.24	-	R 886.24	-			S
NEONATAL PROSTHESES			-	-	-	-	-	-			
9119 Feeding aid prosthesis, neonatal	2004.00	R	671.39	-	R 1 006.94	-	R 1 006.94	-		+L	S
9120 Orthopaedic appliance, active presurgical - minor	2004.00	R	671.39	-	R 1 006.94	-	R 1 006.94	-		+L	S
9121 Orthopaedic appliance, active presurgical - moderate	2004.00	R	993.59	-	R 1 490.46	-	R 1 490.46	-		+L	S
9122 Orthopaedic appliance, active presurgical - severe	2004.00	R	1 671.73	-	R 2 507.52	-	R 2 507.52	-		+L	S
9123 Orthopaedic appliance, active presurgical - modification	2004.00	R	84.91	-	R 127.44	-	R 127.44	-			S
INTERMEDIATE/DEFINITIVE PROSTHESES			-	-	-	-	-	-			
9125 Speech aid/obturator prosthesis - palatal alteration	2004.00	R	338.19	-	-	-	R 507.43	-		+D	
9126 Speech aid/obturator prosthesis - velar alteration	2004.00	R	758.50	-	-	-	R 1 137.76	-		+D	
9127 Speech aid/obturator prosthesis - pharyngeal alteration	2004.00	R	1 671.73	-	-	-	R 2 507.52	-		+D	
9128 Speech aid/obturator prosthesis - modification	2004.00	R	84.91	-	-	-	R 127.44	-			
9129 Speech aid/obturator prosthesis - surgical	2004.00	R	671.39	-	-	-	R 1 006.94	-		+L	
SPEACH APPLIANCES			-	-	-	-	-	-			
9130 Speech aid appliance - palatal lift	2004.00	R	337.46	-	-	-	R 506.26	-		+D	
9131 Speech aid appliance - palatal stimulating	2004.00	R	758.50	-	-	-	R 1 137.76	-		+D	
9132 Speech aid appliance - bulb	2004.00	R	1 671.73	-	-	-	R 2 507.52	-		+D	
9133 Speech aid appliance - modification	2004.00	R	84.91	-	-	-	R 127.44	-			
9134 Unspecified speech aid appliance	2004.00		-	-	-	-	-	-		+L	
EXTRA-ORAL APPLIANCES			-	-	-	-	-	-			
9135 Auricular prosthesis - simple	2004.00	R	2 093.37	-	-	-	R 3 140.19	-		+L	
9136 Auricular prosthesis - complex	2004.00	R	2 731.46	-	-	-	R 4 075.42	-		+L	
9137 Nasal prosthesis - simple	2004.00	R	2 093.37	-	-	-	R 3 140.19	-		+L	
9138 Nasal prosthesis - complex	2004.00	R	2 731.46	-	-	-	R 4 075.42	-		+L	
9139 Ocular prosthesis - interim	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
9140 Ocular prosthesis - modified stock appliance	2004.00	R	1 881.74	-	-	-	R 2 822.68	-		+L	
9141 Ocular prosthesis - custom appliance	2004.00	R	2 731.46	-	-	-	R 4 075.42	-		+L	
9142 Orbital prosthesis - simple	2004.00	R	1 881.74	-	-	-	R 2 822.68	-		+L	
9143 Orbital prosthesis - complex	2004.00	R	2 731.46	-	-	-	R 4 075.42	-		+L	
9144 Facial prosthesis, combination - small	2004.00		-	-	-	-	-	-			
9145 Facial prosthesis, combination - medium	2004.00		-	-	-	-	-	-			
9146 Facial prosthesis, combination - large	2004.00		-	-	-	-	-	-			
9147 Facial prosthesis, combination - complex	2004.00		-	-	-	-	-	-			
9148 Unspecified body prosthesis - simple	2004.00	R	1 881.74	-	-	-	R 2 822.68	-		+L	
9149 Unspecified body prosthesis - complex	2004.00	R	2 731.46	-	-	-	R 4 075.42	-		+L	
9150 Facial prosthesis, surgical - simple	2004.00	R	1 464.65	-	-	-	R 2 197.05	-		+L	
9151 Facial prosthesis, surgical - complex	2004.00	R	1 881.74	-	-	-	R 2 822.68	-		+L	
9152 Extraoral appliance - additional prosthesis	2004.00		-	-	-	-	-	-		+L	
9153 Extraoral appliance - replacement prosthesis	2004.00		-	-	-	-	-	-		+L	

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9155 Cranial prosthesis	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
CUSTOM IMPLANTS			-	-	-	-	-	-			
9156 Cranial implant prosthesis, custom made	2004.00	R	915.57	-	-	-	R 1 373.29	-		+L	
9157 Facial implant prosthesis, custom made - simple	2004.00	R	457.42	-	-	-	R 686.06	-		+L	
9158 Facial implant prosthesis, custom made - complex	2004.00	R	915.57	-	-	-	R 1 373.29	-		+L	
9159 Ocular implant prosthesis, custom made	2004.00	R	457.42	-	-	-	R 686.06	-		+L	
9160 Body implant prosthesis - custom made	2004.00	R	2 035.88	-	-	-	R 3 053.81	-		+L	
SURGICAL APPLIANCES			-	-	-	-	-	-			
9161 Surgical splint - simple	2004.00	R	206.93	-	-	-	R 310.62	-		+L	
9162 Surgical splint - complex	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
9163 Surgical template - simple	2004.00	R	206.93	-	-	-	R 310.62	-		+L	
9164 Surgical template - complex	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
9165 Surgical conformer - simple	2004.00	R	206.93	-	-	-	R 310.62	-		+L	
9166 Surgical conformer - complex	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
TRISMUS APPLIANCES			-	-	-	-	-	-			
9167 Trismus appliance (simple)	2004.00	R	84.91	-	-	-	R 127.44	-		+L	
9168 Trismus appliance (complex)	2004.00	R	758.50	-	-	-	R 1 137.76	-		+L	
9169 Orthoses appliance	2004.00	R	1 671.73	-	-	-	R 2 507.52	-		+L	
9170 Facial palsy appliance	2004.00	R	502.88	-	-	-	R 754.40	-		+D	
9171 Commissure splint	2004.00	R	206.93	-	-	-	R 310.62	-		+L	
9172 Oral retractor, dynamic - per arm	2004.00	R	206.93	-	-	-	R 310.62	-		+L	
9173 Hand splint	2005.02		-	-	-	-	-	-		+L	
9174 Unspecified burn appliance	2005.02		-	-	-	-	-	-		+L	
ATTENDANCE IN THEATRE			-	-	-	-	-	-			
9175 Theatre attendance (MaxFac prosthod) /hour	2004.00	R	279.82	-	-	-	R 419.88	-			
H. IMPLANT SERVICES			-	-	-	-	-	-			
Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or cosmetic corrections.	2006.03		-	-	-	-	-	-			
SURGICAL IMPLANT PROCEDURES			-	-	-	-	-	-			
The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase.	2006.03		-	-	-	-	-	-			
9180 Surgical placement of sub-periosteal implant - preparatory stage	2005.02	R	1 227.22	R 1 840.97	-	-	-	-	M		S
9181 Surgical placement of sub-periosteal implant - placement stage	2005.02	R	1 227.22	R 1 840.97	-	-	-	-	M	+L	S
9182 Surgical placement of endosteal implant plate	2004.00	R	614.34	R 921.59	-	R 921.59	-	-		+L	S
9183 Surgical placement of endosteal implant - first per jaw	2006.03	R	864.68	R 1 175.30	-	R 1 175.30	-	-	T	+M	S
9184 Surgical placement of endosteal implant - second per jaw	2005.02	R	647.34	R 881.69	-	R 881.69	-	-	T	+M	S
9185 Surgical placement of endosteal implant - third and subsequent per jaw	2005.02	R	433.37	R 590.58	-	R 590.58	-	-	T	+M	S
9190 Surgical placement of abutment - first per jaw	2006.03	R	320.74	R 434.54	-	R 434.54	R 434.54	-	T	+M	S
9191 Surgical placement of abutment - second per jaw	2005.02	R	241.10	R 326.60	-	R 326.60	R 326.60	-	T	+M	S
9192 Surgical placement of abutment - third and subsequent per jaw	2005.02	R	161.47	R 219.69	-	R 219.69	R 219.69	-	T	+M	S
IMPLANT SUPPORTED PROSTHETICS			-	-	-	-	-	-			
Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.	2006.03		-	-	-	-	-	-			
Abutments and Bars			-	-	-	-	-	-			

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	These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc.Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant.See Codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components.	2006.03	-	-	-	-	-	-			
8584	Connector bar - implant supported	2006.03	R 1 671.73	-	-	-	R 2 507.52	-			
8578	Prefabricated abutment	2006.03	R 173.05	-	-	-	R 259.43	-			
8579	Custom abutment	2006.03	R 788.86	-	-	-	R 1 183.22	-			
	Removable Dentures		-	-	-	-	-	-			
8533	Implant supported removable complete overdenture	2006.03	R 1 671.73	-	-	-	R 2 507.52	-	M	+L	B
8534	Implant supported removable partial overdenture	2006.03	R 1 337.35	-	-	-	R 2 006.11	-	M	+L	B
	Fixed-detachable Dentures		-	-	-	-	-	-			
8654	Implant supported fixed-detachable complete overdenture	2006.03	R 1 880.27	-	-	-	R 2 820.49	-	M	+L	A
8655	Implant supported fixed-detachable partial overdenture	2006.03	R 1 504.10	-	-	-	R 1 932.78	-	M	+L	A
8660	Additional fee to implant supported fixed-detachable denture - per implant	2006.03	R 259.43	-	-	-	R 259.43	-	T		A
	Crowns - Single Restorations		-	-	-	-	-	-			
8536	Crown - implant/abutment supported - porcelain/ceramic	2006.03	R 1 382.38	-	-	-	R 1 828.36	-	T	+L	A
8537	Crown - implant/abutment supported - porcelain with metal	2005.02	R 1 382.38	-	-	-	R 1 828.36	-	T	+L	A
8538	Crown - implant/abutment supported - cast metal	2005.02	R 1 382.38	-	-	-	R 1 828.36	-	T	+L	A
8592	Crown - implant/abutment supported	2006.03	-	-	-	-	R 1 828.36	-	T	+L	A
	Bridge Retainers - Crowns		-	-	-	-	-	-			
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	2006.03	R 1 382.38	-	-	-	R 1 828.36	-	T	+L	A
8547	Crown retainer - implant/abutment supported - porcelain with metal	2005.02	R 1 382.38	-	-	-	R 1 828.36	-	T	+L	A
8548	Crown retainer - implant/abutment supported - cast metal	2005.02	R 1 382.38	-	-	-	R 1 828.36	-	T	+L	A
	OTHER IMPLANT SERVICES		-	-	-	-	-	-			
8590	Implant maintenance procedures - per implant	2006.03	R 76.55	-	-	-	R 114.98	-	T		A
8594	Repair of implant supported prosthesis	2006.03	R 84.91	-	-	-	R 127.44	-			
8595	Repair of implant abutment	2006.03	R 84.91	-	-	-	R 127.44	-			
8600	Cost of implant components	2006.03	-	-	-	-	-	-			S
9187	Cost of endosteal implant body	2006.03	-	-	-	-	-	-			S
9188	Cost of prefabricated abutment	2006.03	-	-	-	-	-	-			S
9189	Cost of other implant compnts	2006.03	-	-	-	-	-	-			S
9198	Surgical removal of implant	2006.03	R 399.78	R 599.68	-	R 599.68	-	-	T		S
I.	FIXED PROSTHODONTICS		-	-	-	-	-	-			
	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable.	2006.03	-	-	-	-	-	-			
	A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge that attaches a pontic to the abutment tooth. A pontic is that part of a bridge which replaces a missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge.										
	Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused to metal retainers and pontics.										
	Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or pressure-cured resin materials.										
	Metal components include structures manufactured by means of conventional casting and/or electroforming.										
	PONTICS		-	-	-	-	-	-			

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Comment: Codes 8415, 8416, 8417and 8418 include ovate pontic designs. The nomenclatures of the pontics have been revised to coincide with the nomenclature used for crowns, which improves accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised as bridge retainers.	2006.03		-	-	-	-	-	-			
8415 Pontic - porcelain/ceramic	2005.03	R	869.23	-	-	-	-	-	T	+L	A
8416 Pontic - cast metal	2005.03	R	690.60	-	-	-	-	-	T	+L	A
8417 Pontic - resin with metal	2005.03	R	869.23	-	-	-	-	-	T	+L	A
8418 Pontic - porcelain fused to metal	2005.03	R	869.23	-	-	-	-	-	T	+L	A
8419 Provisional pontic	2006.03	R	206.93	-	-	-	R 310.62	-	T	(+L)	A
8611 Pontic - sanitary	2006.03		-	-	-	-	R 947.69	-	T	+L	A
8613 Pontic - posterior	2006.03		-	-	-	-	R 1 159.46	-	T	+L	A
8615 Pontic - anterior/premolar	2006.03		-	-	-	-	R 1 252.73	-	T	+L	A
BRIDGE RETAINERS – INLAYS/ONLAYS			-	-	-	-	-	-			
An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp tip must be overlayed to be considered an onlay. See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.	2006.03		-	-	-	-	-	-			
8432 Inlay/onlay retainer - metal - two surfaces	2005.02	R	414.16	-	-	-	R 809.98	-	T	+L	A
8433 Inlay/onlay retainer - metal - three surfaces	2005.02	R	690.60	-	-	-	R 1 256.11	-	T	+L	A
8434 Inlay/onlay retainer - metal - four or more surfaces	2005.02	R	835.06	-	-	-	R 1 256.11	-	T	+L	A
8436 Inlay/onlay retainer - porcelain - two surfaces	2005.02	R	503.91	-	-	-	R 971.74	-	T	+L	A
8437 Inlay/onlay retainer - porcelain - three surfaces	2005.02	R	830.51	-	-	-	R 1 509.82	-	T	+L	A
8438 Inlay/onlay retainer - porcelain - four or more surfaces	2005.02	R	1 005.91	-	-	-	R 1 509.82	-	T	+L	A
8617 Retainer cast metal (Maryland type retainer)	2006.03	R	414.16	-	-	-	R 809.98	-	T	+L	A
BRIDGE RETAINERS – CROWNS			-	-	-	-	-	-			
A crown retainer for a bridge that gains retention, support and stability from a tooth.	2006.03		-	-	-	-	-	-			
8441 Crown retainer - full cast metal	2005.02	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8442 Crown retainer - 3/4 cast metal	2005.02	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8443 Crown retainer - porcelain/ceramic	2005.02	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8444 Crown retainer - 3/4 porcelain/ceramic	2005.02	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8445 Crown retainer - porcelain with metal	2005.02	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8446 Crown retainer - resin with metal	2005.02	R	1 064.87	-	-	-	R 1 567.75	-	T	+L	A
8447 Provisional crown retainer	2006.03	R	206.93	-	-	-	R 310.62	-	T	(+L)	A
OTHER FIXED PROSTHODONTIC PROCEDURES			-	-	-	-	-	-			
See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section.	2006.03		-	-	-	-	-	-			
8514 Recement bridge	2006.03	R	93.27	-	-	-	R 118.35	-	T		B
8516 Remove bridge	2006.03	R	185.52	-	-	-	R 185.52	-	T		A
8518 Repair bridge	2006.03	R	206.93	-	-	-	R 206.93	-	T	(+L)	A
8585 Connector bar	2006.03	R	1 671.73	-	-	-	R 2 507.52	-	M	+L	A
8586 Stress breaker	2006.03	R	623.58	-	-	-	R 935.22	-	M	+L	A
8587 Coping metal	2006.03	R	138.88	-	-	-	R 259.43	-	T	+L	A
J. ORAL AND MAXILLO-FACIAL SURGERY			-	-	-	-	-	-			
The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures include routine postoperative care.	2006.03		-	-	-	-	-	-			
EXTRACTIONS			-	-	-	-	-	-			
8201 Extraction - tooth or exposed tooth roots (first per quadrant)	2006.03	R	93.27	R 139.76	-	-	-	-	T		B
8202 Extraction - each additional tooth or exposed tooth roots	2006.03	R	37.54	R 56.32	-	-	-	-	T		B
SURGICAL EXTRACTIONS			-	-	-	-	-	-			
Report code 8220 when sutures are provided by the practitioner.	2006.03		-	-	-	-	-	-			
8213 Surgical removal of residual roots, first tooth - per tooth	2006.03	R	402.86	-	-	-	-	-	T		S

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8214	Surgical removal of residual roots, second and subsequent teeth's roots	2004.00	R	310.62	-	-	-	-	-	T		S
8937	Surgical removal of tooth	2006.03	R	402.86	R 543.80	-	-	-	-	T		S
8941	Surgical removal of impacted tooth - first tooth	2006.03	R	667.87	R 878.32	-	-	-	-	T		S
8943	Surgical removal of impacted tooth - second tooth	2004.00	R	358.28	R 473.26	-	-	-	-	T		S
8945	Surgical removal of impacted tooth - third and subsequent teeth	2004.00	R	203.56	R 268.53	-	-	-	-	T		S
8953	Surgical removal of residual roots, first tooth - per tooth	2006.03		-	R 543.80	-	-	-	-	T		S
	OTHER SURGICAL PROCEDURES			-	-	-	-	-	-			
8517	Reimplantation of avulsed tooth (include stabilisation)	2005.04	R	215.44	-	-	-	R 323.23	-	T	+L	S
8909	Oral antral fistula closure	2004.00	R	944.32	R 1 416.40	-	-	-	-			S
8911	Caldwell-Luc procedure	2004.00	R	369.43	R 554.21	-	-	-	-			S
8917	Biopsy of oral tissue - soft	2006.03	R	235.53	R 313.99	-	R 313.99	-	-	M		S
8919	Biopsy of bone - needle	2005.02	R	362.53	R 543.80	-	-	-	-	M		S
8921	Biopsy – extra-oral bone/soft tissue	2005.02	R	593.22	R 889.61	-	-	-	-	M		S
8961	Tooth transplantation	2006.03	R	810.86	R 1 216.22	-	-	-	-	T	+L	S
8965	Peripheral neurectomy	2004.00	R	810.86	R 1 216.22	-	-	-	-			S
8966	Repair of oronasal fistula (local flaps)	2004.00	R	1 127.93	R 1 691.97	-	-	-	-			S
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	2006.03	R	744.13	R 1 013.83	-	R 1 013.83	-	-	T		S
8983	Corticotomy - first tooth	2004.00	R	538.52	R 807.78	-	-	-	-	T		S
8984	Corticotomy - each additional tooth	2004.00	R	273.07	R 409.61	-	-	-	-	T		S
	ALVEOLOPLASTY			-	-	-	-	-	-			
8957	Alveolotomy or alveolectomy (including extractions)	2006.03	R	494.52	R 741.93	-	-	-	-	M		S
9003	Reposition mental foramen and nerve - per side	2005.02	R	1 126.46	R 1 689.62	-	-	-	-	M	+L	S
9004	Lateralization of inferior dental nerve	2005.02	R	1 815.01	R 2 722.67	-	-	-	-			S
	VESTIBULOPLASTY			-	-	-	-	-	-			
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.	2006.03		-	-	-	-	-	-			
8997	Sulcoplasty / Vestibuloplasty	2005.02	R	1 859.16	R 2 788.66	-	R 2 788.66	-	-	M	+L	S
	SURGICAL EXCISION OF SOFT TISSUE LESIONS			-	-	-	-	-	-			
8971	Excision of tumour of the soft tissue	2004.00	R	362.53	R 543.80	-	R 543.80	-	-			S
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			-	-	-	-	-	-			
8967	Surgical removal of jaw cyst - intra-oral approach	2005.02	R	1 126.46	R 1 689.62	-	-	-	-	M		S
8969	Surgical removal of jaw cyst - extra-oral approach	2005.02	R	1 804.45	R 2 706.68	-	-	-	-	M		S
8973	Surgical excision of tumours of the jaw	2005.02	R	1 804.45	R 2 706.68	-	-	-	-	M		S
9290	Maxillectomy - Alveolus only, Level I	2006.03		-	-	-	-	-	-			
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II	2006.03		-	-	-	-	-	-			
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	2006.03		-	-	-	-	-	-			
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV	2006.03		-	-	-	-	-	-			
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V	2006.03		-	-	-	-	-	-			
9300	Hemiresection of jaw including condyle and coronoid process	2006.03		-	-	-	-	-	-			
	EXCISION OF BONE TISSUE			-	-	-	-	-	-			
8975	Hemiresection of jaw excluding condyl	2006.03	R	1 895.53	R 2 843.22	-	-	-	-	M		S
8987	Reduction of mylohyoid ridges - per side	2004.00	R	810.86	R 1 216.22	-	-	-	-		+L	S
8989	Removal torus mandibularis	2004.00	R	810.86	R 1 216.22	-	-	-	-		+L	S
8991	Removal of torus palatinus	2004.00	R	810.86	R 1 216.22	-	-	-	-		+L	S
8993	Surgical reduction of osseous tuberosity - per side	2006.03	R	362.53	R 543.80	-	-	-	-	M	+L	S
	SURGICAL INCISION			-	-	-	-	-	-			
8731	Incision & drainage of abscess - intra-oral	2006.03	R	148.71	-	-	R 223.06	-	-			A
8908	Surgical removal of roots from maxillary antrum	2006.03	R	1 231.76	R 1 847.72	-	-	-	-			S
9011	Incision & drainage of abscess - intra-oral (pyogenic)	2005.02	R	230.69	R 345.81	-	-	-	-	M		S
9013	Incision & drainage of abscess - extra-oral (pyogenic)	2006.03	R	315.46	R 473.26	-	-	-	-	M		S
9017	Decortication, saucerisation and sequestrectomy	2006.03	R	1 669.38	R 2 504.15	-	-	-	-			S

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9019 Sequestrectomy - intra oral per sextant and or ramus	2005.02	R	362.53	R 543.80	-	-	-	-	M		S
TREATMENT OF FRACTURES			-	-	-	-	-	-			
Alveolus Fractures			-	-	-	-	-	-			
9024 Dento-alveolar fracture - per sextant	2004.00	R	406.53	R 609.79	-	-	-	-		+L	S
Mandibular Fractures			-	-	-	-	-	-			
9025 Mandible fracture - closed reduction	2006.03	R	900.32	R 1 350.55	-	-	-	-			S
9027 Mandible fracture - compound, with eyelet wiring	2004.00	R	1 264.47	R 1 896.70	-	-	-	-			S
9029 Mandible fracture - splints	2006.03	R	1 400.12	R 2 100.26	-	-	-	-		+L	S
9031 Mandible fracture - open reduction	2006.03	R	2 075.33	R 3 112.92	-	-	-	-		+L	S
Maxilliary Fractures			-	-	-	-	-	-			
9035 Maxilla fracture - Le Fort I or Guerin	2006.03	R	1 266.81	R 1 900.07	-	-	-	-		+L	S
9037 Maxilla fracture - Le Fort II or middle third face	2006.03	R	2 075.33	R 3 112.92	-	-	-	-		+L	S
9039 Maxilla fracture - Le Fort III or craniofacial disjunction	2006.03	R	2 976.38	R 4 464.64	-	-	-	-		+L	S
Zygoma/Orbital/Antral Fractures			-	-	-	-	-	-			
9041 Zygomatic arch fracture - closed reduction	2006.03	R	900.32	R 1 350.55	-	-	-	-			S
9043 Zygomatic arch fracture - open reduction	2006.03	R	1 804.45	R 2 706.68	-	-	-	-			S
9045 Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	2004.00	R	2 703.31	R 4 055.03	-	-	-	-			S
9046 Placement of Zygomaticus fixture, per fixture	2005.02	R	1 785.68	R 2 678.38	-	-	-	-			S
Nasal Fractures			-	-	-	-	-	-			
9280 Open reduction and fixation of nasal fractures	2004.00		-	-	-	-	-	-			
9282 Manipulation and immobilisation of nasal fracture	2004.00		-	-	-	-	-	-			
TEMPOROMANDIBULAR JOINT			-	-	-	-	-	-			
Procedures which are an integral part of a primary procedure should not be reported separately.	2006.03		-	-	-	-	-	-			
8172 Cost of orthotic appliance	2006.03		-	-	-	-	-	-			
8850 Treatment of MPDS - first visit	2004.00	R	142.55	-	R 213.97	-	R 213.97	-			A
8851 Treatment of MPDS - subsequent visit	2004.00	R	75.09	-	R 112.63	-	R 112.63	-			A
8852 Occlusal orthotic appliance	2006.03	R	358.28	R 472.09	R 472.09	R 472.09	R 472.09	-		+L	S
9053 Coronoidectomy (intra-oral approach)	2004.00	R	1 125.58	R 1 688.45	-	-	-	-			S
9074 Tmj arthroscopy diagnostic	2004.00	R	895.77	R 1 343.66	-	-	-	-			S
9075 Condylectomy, coronoidectomy or both	2004.00	R	2 250.43	R 3 375.72	-	-	-	-			S
9076 TMJ artrocentesis	2004.00	R	494.52	R 741.93	-	-	-	-			S
9077 TMJ intra-articular injection	2004.00	R	134.92	R 202.53	-	-	-	-			S
9079 Trigger point injection	2004.00	R	105.30	R 158.09	-	-	-	-			S
9081 Condylectomy (Ward/Kostecka)	2006.03	R	900.32	R 1 350.55	-	-	-	-			S
9083 TMJ srthroplasty	2006.03	R	2 250.43	R 3 375.72	-	-	-	-			S
9085 Reduction of TMJ disloc w/o anaesthetic	2004.00	R	179.07	R 268.53	-	-	-	-			S
9087 Reduction of TMJ disloc w/ anaesthetic	2004.00	R	362.53	R 543.80	-	-	-	-			S
9089 Reduction of TMJ disloc w/ anaesthetic and immobobilisation	2004.00	R	900.32	R 1 350.55	-	-	-	-			S
9091 Reduction of TMJ dislocation - open reduction	2004.00	R	2 250.43	R 3 375.72	-	-	-	-			S
9092 Joint reconstruction	2006.03	R	6 008.20	R 9 012.29	-	-	-	-		+L	S
REPAIR OF TRAUMATIC WOUNDS			-	-	-	-	-	-			
8192 Suture - minor	2006.03	R	459.62	-	-	-	-	-			S
COMPLICATED SUTURING			-	-	-	-	-	-			
Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Excludes the closure of surgical incisions.	2006.03		-	-	-	-	-	-			
9021 Suture - reconstruction, minor (excludes closure of surgical incisions)	2004.00	R	459.62	R 609.79	-	-	-	-			S
9023 Suture - reconstruction, major (excludes closure of surgical incisions)	2004.00	R	855.59	R 1 283.39	-	-	-	-			S
OTHER REPAIR PROCEDURES			-	-	-	-	-	-			
8958 Emergency tracheotomy	2004.00	R	415.62	R 623.43	-	-	-	-			

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8959	Pharyngostomy	2004.00	R	415.62	623.43	-	-	-	-			
8962	Harvest iliac crest graft	2004.00	R	298.88	367.37	-	-	-	-			S
8963	Harvest rib graft	2004.00	R	342.88	514.32	-	-	-	-			S
8964	Harvest cranium graft	2004.00	R	268.53	402.86	-	-	-	-			S
8977	Surgical repair of maxilla or mandible - major	2006.03	R	1 894.06	2 841.02	-	-	-	-			S
8979	Harvesting of autogenous grafts (intra-oral)	2004.00	R	156.19	234.36	-	R 234.36	-	-			S
8985	Frenulectomy/frenulotomy	2004.00	R	494.52	741.93	-	R 741.93	-	-			S
9005	Alveolar ridge augmentation - total (by bone graft)	2005.02	R	1 895.53	2 843.22	-	R 2 843.22	-	-	M	+L	S
9007	Alveolar ridge augmentation - total (by alloplastic material)	2005.02	R	1 193.05	1 789.64	-	-	-	-	M	+L	S
9008	Alveolar ridge augmentation - one to two tooth sites	2005.02	R	368.84	674.76	-	R 674.76	-	-	M	+L	S
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	2005.02	R	819.95	1 229.86	-	R 1 229.86	-	-	M	+L	S
9010	Sinus lift procedure	2005.02	R	1 231.76	1 847.72	-	R 1 847.72	-	-	M	+L	S
9032	Reduction of masseter muscle and bone - extra-oral approach	2006.03		-	-	-	-	-	-			
9033	Reduction of masseter muscle and bone - intra-oral approach	2006.03		-	-	-	-	-	-			
9048	Surgical removal of internal fixation devices, per site	2005.02	R	346.69	520.04	-	-	-	-			S
	Functional Correction of Malocclusion			-	-	-	-	-	-			
	For Codes 9047 to 9072 the full fee may be charged.	2006.03		-	-	-	-	-	-			
9047	Osteotomy - open with stabilisation	2006.03	R	3 783.43	5 675.14	-	-	-	-		+L	S
9049	Osteotomy - mandible body, anterior segmental	2006.03	R	3 153.25	4 729.65	-	-	-	-		+L	S
9050	Osteotomy - total subapical	2004.00	R	5 767.83	8 651.52	-	-	-	-			S
9051	Genioplasty	2004.00	R	1 804.45	2 706.68	-	-	-	-			S
9052	Midfacial exposure	2006.03	R	2 856.56	4 284.84	-	-	-	-			S
9055	Osteotomy - segmented, posterior	2006.03	R	3 153.25	4 729.65	-	-	-	-	M	+L	S
9057	Osteotomy - segmented, anterior	2006.03	R	3 153.25	4 729.65	-	-	-	-	M	+L	S
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	2004.00	R	5 933.11	8 899.52	-	-	-	-		+L	S
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	2005.02	R	6 660.52	9 990.64	-	-	-	-		+L	S
9061	Palatal osteotomy	2004.00	R	2 075.33	3 112.92	-	-	-	-			S
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	2004.00	R	7 573.75	R 11 360.55	-	-	-	-		+L	S
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	2004.00	R	7 577.56	R 11 366.27	-	-	-	-		+L	S
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	2006.03	R	11 356.29	R 17 034.52	-	-	-	-		+L	S
9066	Surgical expansion - maxilliary or mandibular	2006.03	R	1 804.45	2 706.68	-	-	-	-	M		S
9069	Glossectomy - partial	2004.00	R	1 351.58	2 027.37	-	-	-	-			S
9071	Geniohyoidotomy	2004.00	R	810.86	1 216.22	-	-	-	-			S
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	2004.00	R	5 933.11	8 899.52	-	-	-	-		+L	S
	Salivary Glands			-	-	-	-	-	-			
9093	Removal of salivary stone (Sialolithotomy)	2004.00	R	406.53	609.79	-	-	-	-			S
9095	Excision of sublinglual salivary gland	2004.00	R	1 001.95	1 503.08	-	-	-	-			S
9096	Excision of salivary gland - extra oral approach	2004.00	R	1 484.45	2 226.68	-	-	-	-			S
	Pedicle Flaps			-	-	-	-	-	-			
	Report codes 9284, 9286 and 9288 for flaps taken for repair of post –cancer/ trauma/ tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use.	2006.03		-	-	-	-	-	-			
9284	Musculofascial flap	2004.00		-	-	-	-	-	-			
9286	Musculocranial flap	2004.00		-	-	-	-	-	-			
9288	Buccal fat pad (major repair)	2004.00		-	-	-	-	-	-			
	Repair of Frontal Bones			-	-	-	-	-	-			
	The use of codes 9274, 9275 and 9278 imply the bicoronal/ hemicoronal approach.	2006.03		-	-	-	-	-	-			
9274	Repair anterior table, frontal sinus and/or supraorbital rim	2004.00		-	-	-	-	-	-			
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus	2004.00		-	-	-	-	-	-			
9278	Repair medial canthal ligament (canthopexy), per side	2004.00		-	-	-	-	-	-			

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	Cleft lip and Palat		-	-	-	-	-	-			
9220	Repair cleft hard palate - unilateral	2004.00	R 3 313.84	R 4 970.90	-	-	-	-			S
9222	Repair cleft hard palate - bilateral (one procedure)	2004.00	R 4 206.68	R 6 309.87	-	-	-	-			S
9224	Repair cleft hard palate - bilateral (two procedures)	2004.00	R 6 268.36	R 9 401.52	-	-	-	-			S
9226	Repair cleft soft palate - w/o muscle reconstruction	2004.00	R 2 776.93	R 4 165.32	-	-	-	-			S
9228	Repair cleft soft palate - w/ muscle reconstruction	2004.00	R 4 032.16	R 6 048.23	-	-	-	-			S
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	2004.00	R 3 002.19	R 4 503.21	-	-	-	-			S
9232	Velopharyngeal reconstruction - uncomplicated	2004.00	R 3 089.45	R 4 634.03	-	-	-	-			S
9234	Velopharyngeal reconstruction - complicated	2004.00	R 3 303.42	R 4 954.91	-	-	-	-			S
9238	Repair oronasal fistula (one procedure)	2004.00	R 1 889.51	R 2 834.12	-	-	-	-			S
9240	Repair oronasal fistula (two procedures)	2004.00	R 3 296.38	R 4 944.65	-	-	-	-			S
9246	Secondary periosteal flaps	2004.00	R 1 647.39	R 2 471.15	-	-	-	-			S
9248	Lip adhesion	2004.00	R 615.81	R 923.79	-	-	-	-			S
9250	Repair cleft lip - unilateral w/o muscle reconstruction	2004.00	R 1 084.67	R 1 627.00	-	-	-	-			S
9252	Repair cleft lip - unilateral w/ muscle reconstruction	2004.00	R 1 470.66	R 2 206.14	-	-	-	-			S
9254	Repair cleft lip - bilateral w/o muscle reconstruction	2004.00	R 1 514.66	R 2 272.14	-	-	-	-			S
9256	Repair cleft lip - bilateral w/ muscle reconstruction	2004.00	R 2 340.04	R 3 510.06	-	-	-	-			S
9258	Repair anterior nasal floor	2004.00	R 590.88	R 886.24	-	-	-	-			S
9260	Revision of secondary cleft lip deformity - partial	2004.00	R 590.88	R 886.24	-	-	-	-			S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	2004.00	R 1 335.01	R 2 002.44	-	-	-	-			S
9264	Abbe-flap - two stages	2004.00	R 1 511.73	R 2 267.59	-	-	-	-			S
9266	Reconstruct columella	2004.00	R 893.57	R 1 340.29	-	-	-	-			S
9268	Reconstruct nose due to cleft deformity - partial	2004.00	R 1 135.56	R 1 703.26	-	-	-	-			S
9270	Reconstruct nose due to cleft deformity - complete	2004.00	R 1 794.63	R 2 691.87	-	-	-	-			S
9272	Paranasal augmentation for nasal base deviation	2004.00	R 893.57	R 1 340.29	-	-	-	-			S
K.	ORTHODONTIC SERVICES		-	-	-	-	-	-			
	The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment and function. Includes all services/procedures concerned with the supervision, guidance and correction of the growing and mature dentofacial structures.	2006.03	-	-	-	-	-	-			
	REMOVABLE APPLIANCE THERAPY		-	-	-	-	-	-			
	Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control harmful habits (e.g., thumb sucking and tongue trusting).	2006.03	-	-	-	-	-	-			
8862	Ortho Tx - removable appliance	2004.00	R 1 045.95	-	R 1 568.92	-	-	-		+L	A
8863	Ortho Tx - each additional removable appliance	2006.03	R 525.61	-	R 788.57	-	-	-		+L	A
	FUNCTIONAL APPLIANCE THERAPY		-	-	-	-	-	-			
	A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic treatment is provided by the same practitioner, the fees levied for treatment by means of the functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment.	2006.03	-	-	-	-	-	-			
8858	Ortho Tx - functional appliance	2006.03	R 1 884.23	-	R 2 826.20	-	-	-		+L	A
	FIXED APPLIANCE THERAPY		-	-	-	-	-	-			
	Fixed Appliance Therapy - Partial		-	-	-	-	-	-			

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The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition. When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted for comprehensive orthodontic treatment.	2006.03		-	-	-	-	-	-			
8861 Ortho Tx - partial fixed appliance - minor	2004.00		R 1 253.17	-	R 1 879.69	-	-	-			A
8865 Ortho Tx - partial fixed appliance - one arch	2004.00		R 3 342.73	-	R 5 014.02	-	-	-			A
8866 Ortho Tx - partial fixed appliance - both arches	2004.00		R 4 597.37	-	R 6 895.90	-	-	-			A
Fixed Appliance Therapy - Comprehensive: Single Arch			-	-	-	-	-	-			
This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within an arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.	2006.03		-	-	-	-	-	-			
8867 Ortho Tx - fixed appliance - one arch	2004.00		R 3 593.07	-	R 5 389.46	-	-	-			A
8868 Ortho Tx - fixed appliance - one arch, modeate	2004.00		R 4 431.94	-	R 6 647.91	-	-	-			A
8869 Ortho Tx - fixed appliance - one arch, severe	2004.00		R 5 183.70	-	R 7 775.40	-	-	-			A
Fixed Appliance Therapy - Comprehensive: Both Arches			-	-	-	-	-	-			
This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within both arches and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.	2006.03		-	-	-	-	-	-			
8873 Ortho Tx - fixed appliance - both arches, Class 1 mild	2004.00		R 6 575.46	-	R 9 863.19	-	-	-			A
8875 Ortho Tx - fixed appliance - both arches, Class 1 moderate	2004.00		R 8 072.08	-	R 12 107.91	-	-	-			A
8877 Ortho Tx - fixed appliance - both arches, Class 1 severe	2004.00		R 9 410.03	-	R 14 115.04	-	-	-			A
8879 Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	2004.00		R 10 575.21	-	R 15 862.59	-	-	-			A
8881 Ortho Tx - fixed appliance - both arches, Class 2/3 mild	2004.00		R 9 410.03	-	R 14 115.04	-	-	-			A
8883 Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	2004.00		R 10 575.21	-	R 15 862.59	-	-	-			A
8885 Ortho Tx - fixed appliance - both arches, Class 2/3 severe	2004.00		R 11 871.50	-	R 17 807.10	-	-	-			A
8887 Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	2004.00		R 13 375.45	-	R 20 063.25	-	-	-			A
Lingual Orthodontics - Comprehensive: Single Arch			-	-	-	-	-	-			
This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires.	2006.03		-	-	-	-	-	-			
8841 Ortho Tx - fixed lingual appliance - one arch	2004.00		R 6 753.06	-	R 10 129.37	-	-	-			A
8842 Ortho Tx - fixed lingual appliance - one arch, modeate	2004.00		R 7 936.28	-	R 11 904.35	-	-	-			A
8843 Ortho Tx - fixed lingual appliance - one arch, severe	2004.00		R 9 042.21	-	R 13 563.32	-	-	-			A
Lingual Orthodontics - Comprehensive: Both Arches			-	-	-	-	-	-			
8874 Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	2004.00		R 12 882.54	-	R 19 323.67	-	-	-			A
8876 Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	2004.00		R 15 082.97	-	R 22 624.30	-	-	-			A
8878 Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	2004.00		R 17 117.38	-	R 25 675.77	-	-	-			A
8880 Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	2004.00		R 18 993.10	-	R 28 489.36	-	-	-			A
8882 Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	2004.00		R 15 723.85	-	R 23 585.63	-	-	-			A
8884 Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	2004.00		R 17 589.90	-	R 26 384.56	-	-	-			A
8886 Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	2004.00		R 19 590.73	-	R 29 386.02	-	-	-			A
8888 Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	2004.00		R 21 798.78	-	R 32 697.95	-	-	-			A
OTHER ORTHODONTIC SERVICES			-	-	-	-	-	-			
8846 Repair orthodontic appliance - removable	2004.00		R 85.65	-	R 128.47	-	-	-		+L	A
8847 Replace orthodontic appliance - removable	2004.00		R 295.80	-	R 443.78	-	-	-		+L	A
8848 Repair orthodontic appliance - fixed	2006.03		R 126.71	-	R 190.07	-	-	-		+L	A
8849 Retainer (orthodontic)	2004.00		R 295.80	-	R 443.78	-	-	-		+L	A
8890 Monthly installment ortho tx	2006.03		-	-	-	-	-	-			A

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8891 Orthodontic transfer	2006.03		-		-		-		-		-		-			A
8892 Orthodontic re-treatment	2006.03		-		-		-		-		-		-			A
L. SUPPLEMENTARY SERVICES			-		-		-		-		-		-			
The branch of dentistry for unclassified treatment including palliative care and anaesthesia.	2006.03		-		-		-		-		-		-			
ANAESTHESIA			-		-		-		-		-		-			
8499 General anaesthetic	2005.02		-		-		-		-		-		-			B
8141 Inhalation sedation - first 15 minutes or part thereof	2006.03	R	68.34		-		-		-		-		-			B
8143 Inhalation sedation - each addnl 15 minutes	2006.03	R	35.34		-		-		-		-		-			B
8144 Intravenous sedation	2004.00	R	40.92		-		-		-		-		-			B
8145 Local anaesthetic - per visit	2006.03	R	59.25		-		-		-		-		-			B
8147 Monitoring equipment for intravenous sedation	2006.03	R	145.63		-		-		-		-		-			B
PROFESSIONAL VISITS			-		-		-		-		-		-			
8129 Office/hospital visit – after regularly scheduled hours	2006.03	R	228.64		-		-		-		-		-			B
8140 House/extended care facility/hospital call	2006.03	R	151.35		-		-	R	151.35		-		-			B
8903 House/Hosp/Nursing home consultation - MFOS	2004.00		-	R	169.39		-		-		-		-			S
8904 House/Hosp/Nursing home consultation (subsequent) - MFOS	2006.03		-	R	112.63		-		-		-		-			S
8905 After regularly hours consultation - MFOS	2004.00		-	R	248.14		-		-		-		-			S
8907 House/Hosp/Nursing home consultation (maximum per week) - MFOS	2006.03		-	R	282.17		-		-		-		-			S
9203 House/Hosp/Nursing home consultation - Oral pathologist	2004.00		-		-		-		-		-	R	169.39			
9207 After hours visit - Oral pathologist	2004.00		-		-		-		-		-	R	248.14			
DRUGS, MEDICAMENTS AND MATERIALS			-		-		-		-		-		-			
8109 Infection control/barrier techniques	2006.03	R	13.65		-		-		-		-		-			B
8110 Sterilized instrumentation	2006.03	R	35.20		-		-		-		-		-			S
8183 Therapeutic drug injection	2006.03	R	40.92		-		-		-		-		-			B
8220 Cost of suture material	2006.03		-		-		-		-		-		-			B
8304 Rubber dam per arch	2006.03	R	72.89		-		-		-		-		-			B
8306 Cost of MTA	2006.03		-		-		-		-		-		-			B
8310 Supply of bleaching materials	2006.03		-		-		-		-		-		-			
ADMINISTRATIVE AND LABORATORY SERVICES			-		-		-		-		-		-			
8099 Dental laboratory service	2006.03		-		-		-		-		-		-			
8106 Special report	2006.03	R	155.90	R	155.90	R	155.90	R	155.90	R	155.90		-			A
8111 Dental testimony	2006.03		-		-		-		-		-		-			
8120 Treatment plan completed	2006.03		-		-		-		-		-		-			
8139 Appointment not kept /30min	2006.03		-		-		-		-		-		-			B
MISCELLANEOUS SERVICES			-		-		-		-		-		-			
Palliative Treatment			-		-		-		-		-		-			
8131 Emergency dental treatment	2006.03	R	93.27		-		-		-	R	190.07		-	T		B
8166 Application of desensitising resin, per tooth	2006.03	R	61.45		-		-		-		-		-	T		B
8167 Application of desensitising medicament, per visit	2006.03	R	71.71		-		-		-		-		-			B
8165 Sedative filling	2006.03	R	93.27		-		-		-		-		-	T	+L	B
Post Surgical Complications			-		-		-		-		-		-			
8931 Treatment of post-extraction haemorrhage	2006.03	R	68.34	R	409.61		-		-		-		-			S
8933 Treatment of haemorrhage (blood dyscracias)	2004.00	R	944.32	R	1 416.40		-		-		-		-			S
8935 Treatment of septic socket	2006.03	R	68.34	R	106.91		-		-		-		-			S
Bleaching			-		-		-		-		-		-			
8308 External bleaching - per arch	2006.03		-		-		-		-		-		-	M		A
8309 Home bleaching - instructions and applicator	2006.03		-		-		-		-		-		-		+L	A
8311 Home bleaching - subsequent visit	2006.03		-		-		-		-		-		-			A
8325 Internal bleaching - per tooth	2006.03	R	220.72		-		-		-	R	331.15		-	T		A
8327 Internal bleaching - each additional visit	2006.03	R	105.89		-		-		-	R	158.83		-	T		A

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Unclassified Treatment			-		-		-		-		-		-			
8158 Enamel micro abrasion	2006.03	R	85.35		-		-		-		-		-			
8168 Behavior management	2006.03		-		-		-		-		-		-			B
8551 Occlusal adjustment - major	2006.03	R	590.14		-	R	885.07		-	R	885.07		-			A
8553 Occlusal adjustment - minor	2006.03	R	205.76		-	R	282.17	R	282.17	R	282.17		-			A
9099 Unlisted dental procedure or service (By report)	2006.03		-		-		-		-		-		-			
MODIFIERS			-		-		-		-		-		-			
8001 Assistant surgeon - specialist (1/3 of the appropriate benefit)	2006.03		-		-		-		-		-		-			
8003 Minimum assistant surgeon	2006.03	R	172.95	R	172.95		-	R	172.95		-		-			
8005 Maximum multiple procedures (same incision) - MFO surgeon	2006.03	R	268.51	R	268.51		-	R	268.51		-		-			
8006 Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)	2006.03		-		-		-		-		-		-			
8007 Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	2006.03		-		-		-		-		-		-			
8008 Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	2006.03		-		-		-		-		-		-			
8009 Multiple surgical procedures - second procedure (75% of the appropriate benefit)	2006.03		-		-		-		-		-		-			
8010 Open reduction (PLUS 75% of the appropriate benefit)	2006.03		-		-		-		-		-		-			
8011 Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)	2006.03		-		-		-		-		-		-			
8012 Reduced services (benefit MINUS X % as determined by the practitioner)	2006.03		-		-		-		-		-		-			
8013 Multiple modifiers	2006.03		-		-		-		-		-		-			
8023 Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	2006.03		-		-		-		-		-		-			
8025 Handling fee - direct materials (26% of material cost to a maximum of R26.00)	2006.03		-		-		-		-		-		-			

GUIDELINE TARIFFS FOR SERVICES BY DENTAL PRACTITIONERS

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Dental parctitioners 2012 Conversion Factors

Code	Description	RCF
150	Dental	11.378
152	Dental - Modelled	15.179

Dental Practitioners 2006

Code	Description
25400	General Dental Practice
26200	Maxillo-facial and Oral Surgery
26400	Orthodontics
29200	Oral Medicine and Periodontics
29400	Prosthodontics
29800	Oral Pathology

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