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GENERAL NOTICE

NOTICE 362 OF 2015

**MINISTER
LABOUR
REPUBLIC OF SOUTH AFRICA**

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DEPARTMENT OF LABOUR

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Mildred Nelisiwe Oliphant Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2015**.
2. Medical Tariffs increase for **2015** is **6.4%**.
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2015** and **Exclude VAT**.


.....

**MN OLIPHANT, MP
MINISTER OF LABOUR**

DATE: *09/03/2015*
.....

GENERAL INFORMATION / ALGEMENE INLIGTING

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted, as long as it is exercised reasonably and without prejudice to the employee or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act the Compensation Fund may refer an injured employee to a specialist medical practitioner of his choice for a medical examination and report. Special fees are payable when this service is requested.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered with the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not included such documents can not be processed but will be returned to the sender to add the ID number.

The tariff amounts published in the tariff guides to medical services rendered in terms of the Compensation for Occupational Injuries and Diseases Act do not include VAT. All accounts for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.

The only exception is the “per diem” tariffs for Private Hospitals that already include VAT.

Please note that there are VAT exempted codes in the private ambulance tariff structure.

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het ‘n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalinge van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris ‘n beseerde werknemer na ‘n ander geneesheer deur homself aangewys verwys vir ‘n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

*In die geval van ‘n verandering in geneesheer wat ‘n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na ‘n spesialis verwys is, as die lasgewer beskou word. **Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om ‘n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig.** Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

*Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag ‘n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat ‘n werknemer geneeskundige behandeling op sy eie risiko aanvra. As ‘n werknemer dus aan ‘n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir ‘n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Neem asseblief kennis dat 'n gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER**

1. New claims are registered by the Compensation Fund and the **employer is notified of the claim number** allocated to the claim. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die Vergoedingsfonds en die werkgewer word in kennis gestel van die eisnommer. Navrae aangaande eisnommers moet aan die werkgewer gerig word en nie aan die Vergoedingskommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*

2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*

3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

4. **If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre.** • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word.*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekeninge nie.*

6. Service providers should not generate the following • *Diensverskaffers moet nie die volgende lewer nie:*

- a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*

* **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za** •

* *Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of faktuur nommer*
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides, ICD 10 codes and Nappi codes • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe, ICD 10 en Nappi kodes.*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>RULES GOVERNING THE TARIFF ● REËLS VAN TOEPASSING OP DIE TARIEF</p> <p>PLEASE NOTE: The interpretations/comments as published in the SAMA Medical Doctors' Coding Manual (MDCM) must also be adhered to when rendering health care services under the Compensation for Occupational Injuries and Diseases Act, 1993 ● Neem asb kennis: Die interpretasie en algemene inligting soos gepubliseer in die Medical Doctors' Coding Manual (MDCM) moet ook nagekom word indien gesondheidsdienste verskaf word aan pasiënte gedek deur die Compensation for Occupational and Diseases Act, 1993</p>							
<p>A. Consultations: Definitions ● Konsultasies: Definisies</p> <p>(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 receives additional remuneration ● Nuwe en bestaande pasiënte: 'n Konsultasie/besoek verwys na 'n kliniese situasie waar 'n mediese praktisyn persoonlik 'n pasiënt se siektegeskiedenis afneem, 'n toepaslike kliniese ondersoek uitvoer en indien aangedui behandeling toedien of voorskryf, of die pasiënt van raad bedien. Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geëis kan word, uit</p> <p>(b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling ● Opvolgbesoeke: Verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste konsultasie uitgevoer word. Dit kan die afneem van 'n siektegeskiedenis en/of kliniese ondersoek en /of die voorskryf of toedien van behandeling en/of raadgewing behels</p> <p>(c) Hospital visits: Where a procedure or operation was performed, 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 ● Hospitaalbesoeke: In gevalle waar 'n prosedure of operasie deur 'n geneesheer uitgevoer is, word hospitaalbesoeke beskou as deel van die normale nasorg en mag geen gelde gehef word nie (behalwe waar anders aangedui). In gevalle waar daar nie 'n prosedure of operasie uitgevoer is nie, mag gelde volgens die toepaslike hospitaalopvolgbesoek item gehef word</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>B. Normal hours and after hours: Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after hours. Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. Please note: Items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period) ●</p>							
<p>C. Comparable services: The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees or in the SAMA guideline, shall be based on the fee in respect of a comparable service. For procedures/services not in this tariff of fees but in the SAMA guideline, item 6999 (unlisted procedure or service code), should be used with the SAMA code. Motivation for the use of a comparable item must be provided. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23) ●</p> <p>Vergelykbare dienste: Die bedrag wat gehef kan word ten opsigte van die lewering van 'n diens wat nie in hierdie tariefhandleiding of in die SAMA riglyn ingesluit is nie, moet gebaseer wees op die bedrag vir 'n vergelykbare diens. Vir prosedures en dienste nie in hierdie tarief maar wel in die SAMA riglyn, moet item 6999: (ongespesifiseerde procedure/diens), gebruik word saam met die SAMA item om hierdie diens aan te dui. Motivering vir die gebruik van 'n vergelykbare item moet verskaf word. Let Wel: Reël C en item 6999 is nie van toepassing op vergelykbare patologiese dienste (afdeling 21, 22 en 23) nie</p>							
<p>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 an injured employee, the relevant consultation fee is payable by the employee.) 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 ●</p> <p>Kansellasië van afspraak: Tensy stappe vroegtydig gedoen word om 'n afspraak vir 'n konsultasie te kanselleer, kan die betrokke konsultasiegelde gehef word. In geval van 'n beseerde werknemer, is die werknemer aanspreeklik vir die konsultasiegelde. In die geval van 'n algemene praktisyn beteken "vroegtydig" twee ure en in die geval van 'n spesialis 24 ure voor die afspraak. Elke geval word egter op meriete hanteer en, indien omstandighede dit regverdig, word geen gelde gehef nie. Indien 'n pasiënt nie opgedaag het vir 'n prosedure nie, is elke lid van die chirurgiese span geregtig om gelde te hef vir 'n besoek by of weg van die dokter se spreekkamers na gelang van die geval</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>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, as that routine pre-operative visit is included in the global surgical fee for the procedure ● Pre-operatiewe besoeke: Die toepaslike gelde mag gehef word vir alle pre-operatiewe besoeke met die uitsondering van 'n roetine pre-operatiewe besoek by die hospitaal, aangesien daardie roetine pre-operatiewe besoek by die globale chirurgiese gelde vir die prosedure ingesluit is.</p>							
<p>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 ● Toediening van inspuittings en/of infusies: Waar toepaslik, mag gelde vir die toediening van inspuittings en/of infusies alleenlik gehef word indien deur die praktisyn self toegedien</p>							
<p>G. Post-operative care ● Post-operatiewe sorg:</p> <p>(a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding FOUR months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed) ● Tensy anders vermeld, sluit die gelde ten opsigte van 'n operasie of prosedure normale nasorg in oor 'n tydperk wat nie VIER maande oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie)</p> <p>(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 the service to be rendered without extra charge ● Indien die normale nasorg aan 'n ander geregistreerde gesondheidswerker gedelegeer word en nie deur die chirurg voltooi word nie, sal dit sy/haar verantwoordelikheid wees om te reël dat die diens gelewer word sonder enige bykomende betaling</p> <p>(c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charged ● Wanneer na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard benodig word, mag gelde waaroor die chirurg en die Vergoedingsfonds ooreengekom het, gehef word</p> <p>(d) Normal aftercare refers to uncomplicated post-operative period not requiring any further surgical incision ● Normale nasorg verwys na ongekompliseerde na-operatiewe periode waar verdere insnydings nie nodig is nie.</p> <p>(e) Abnormal aftercare refers to post-operative complications and treatment not requiring any further incisions and will be considered for payment ● Nie-normale nasorg verwys na na-operatiewe komplikasies en behandeling wat nie verdere insnydings verg nie. Hierdie dienste sal oorweeg word vir betaling</p>							
<p>H. Removal of lesions: Items involving removal of lesions include follow-up treatment for four months ● Verwydering van letsels: Waar 'n letsel verwyder word, sluit die vergoeding ook vier maande opvolg in</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
I. Pathological investigations performed by clinicians: Fees for all pathological investigations performed by members of other disciplines (where permissible) - refer to modifier 0097: Items that resort under Clinical and Anatomical Pathology: See section for Pathology ● Patologiese ondersoeke uitgevoer deur klinici: Gelde vir alle patologiese ondersoeke wat uitgevoer word deur lede van ander dissiplines (waar toelaatbaar) - verwys na wysiger 0097: Items wat onder Kliniese en Anatomiese Patologie resorteer: Raadpleeg afdeling Patologie							
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. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged ● Buite verhouding lae gelde: In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste deur 'n geneesheer gelewer, is hoër gelde onderhandelbaar. Aan die anderkant, as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tariefkode aangegee word, gehef word							
K. Services of a specialist, upon referral: Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists ● Dienste van 'n spesialis, na verwysing: Behalwe in buitengewone gevalle is die dienste van 'n spesialis beskikbaar slegs op aanbeveling van die algemene praktisyn wat die geval hanteer. Geneeshere wat pasiënte na ander geneeshere verwys, moet, indien hulle daarvan bewus is dat die pasiënt in 'n "ongeval" beseer is, dit in die verwysingsbrief meld en dieselfde geld ten opsigte van monsters wat na patoloë gestuur word							
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 ● Prosedures uitgevoer tydens besoeke: Indien 'n prosedure uitgevoer word tydens 'n konsultasie/besoek, word die bedrag vir die besoek SOWEL as die bedrag vir die prosedure gehef							
M. Surgical procedure planned to be performed later: In cases where, during a consultation/visit, a surgical procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion ● Chirurgiese prosedure beplan om later uit te voer: In gevalle waar 'n chirurgiese prosedure tydens 'n konsultasie/besoek beplan word om by 'n latere geleentheid uitgevoer te word, mag by sodanige latere uitvoering van die prosedure nie weer gelde gehef word vir 'n besoek nie							
N. Rendering of accounts for occupational injuries and diseases ● Lewering van rekeninge vir beroepsbeserings en -siektes							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(a) "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 ● "Per konsultasie": Geen bykomende gelde kan vir dienste waarvoor die tarief aangedui word as "per konsultasie", gehef word nie. Sulke dienste word gereken as deel van die konsultasie/besoek waartydens die toestand onder die geneesheer se aandag gebring word</p> <p>(b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded ● Waar gelde ten opsigte van enige diens in hierdie handleiding voorgeskryf is, is die geneesheer nie op betaling, bereken op die aantal besoeke afgelê of die aantal ondersoekes gedoen, geregig as so 'n berekening die voorgeskrewe tarief oorskry nie</p> <p>(c) The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation ● Die aantal konsultasies/besoeke moet in direkte verhouding staan tot die erns van die besering en indien meer as 20 besoeke benodig word, moet volledige motivering aan die Vergoedingsfonds voorgelê word</p> <p>(d) A single fee for a consultation/visit shall be paid to a medical practitioner for the once-off treatment of an injured employee who thereafter passes into the permanent care of another medical practitioner, not a partner or assistant of the first. The responsibility of furnishing the First Medical Report in such a case rests with the second practitioner ● Gelde ten opsigte van een konsultasie/besoek word aan 'n geneesheer betaal vir die eenmalige behandeling van 'n beseerde werknemer wat daarna na die permanente sorg van 'n ander geneesheer wat nie 'n vennoot of assistent van eersgenoemde geneesheer is nie, oorgeplaas word. In so 'n geval berus die verantwoordelikheid om die Eerste Mediese Verslag te verstrek op die tweede praktisyn</p>							
<p>O. Costly or prolonged medical services or procedures ● Duur of langdurige mediese dienste of prosedures</p> <p>(a) An employee should be hospitalised only when and for the length of period that his condition justifies full-time medical assistance ● Hospitalisasie van 'n werknemer moet slegs geskied indien en vir solank as wat sy toestand voltydse geneeskundige hulp vereis</p> <p>(b) Occupational therapy/Physiotherapy: The same principals as set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when an employee is referred to a therapist ● Arbeidsterapie/Fisioterapie: Indien 'n werknemer verwys word na 'n terapeut sal dieselfde beginsels geld soos in wysiger 0077: Twee afsonderlike areas wat tegelykertyd behandel word vir heeltemal verskillende toestande</p> <p>(c) In case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Compensation Fund if liability is accepted for such treatment ● In geval van duur of langdurige mediese dienste of prosedures, moet die geneesheer skriftelik vooraf by die Vergoedingsfonds vasstel of verantwoordelikheid vir die betaling aanvaar word vir die spesifieke behandeling</p>							
<p>P. Travelling fees ● Reisgelde:</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(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 the practitioner had to travel more than 16 kilometres in total ● Waar 'n praktisyn in noodgevalle vanaf sy huis of kamers na 'n pasiënt se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) indien die praktisyn meer as 16 kilometers in totaal moes aflê</p> <p>(b) If more than one patient is attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients ● Indien meer as een pasiënt tydens 'n reis aandag geniet, moet die volle reisgeld pro rata tussen die pasiënte verdeel word</p> <p>(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms ● 'n Praktisyn is nie geregtig om gelde te hef vir enige reiskoste of reistyd na sy kamers nie</p> <p>(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such a hospital, except in cases of emergency (services not voluntarily scheduled) ● Waar 'n praktisyn se woning meer as 8 kilometer vanaf 'n hospitaal geleë is, mag geen reisgelde gehef word vir dienste gelewer in sodanige hospitaal nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste)</p> <p>(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) ● As 'n praktisyn 'n rondreisende praktyk bedryf, is hy nie geregtig om reisgelde te hef nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste)</p> <p>INTENSIVE CARE ● INTENSIEWE SORG</p> <p>RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE ● REËLS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE</p> <p>Q. Intensive care/High care: Units in respect of item codes 1204 to 1210 (Categories 1 to 3) EXCLUDE the following ● Intensiewe sorg/Hoë sorg: Eenhede vir itemkodes 1204 tot 1210 (Kategorieë 1 tot 3) SLUIT die volgende UIT:</p> <p>(a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit fee for the initial assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive care/high care unit ● Narkose en/of chirurgiese gelde vir enige toestand of prosedure, sowel as 'n eerste konsultasie/besoekgelde wat die eerste evaluasie van die pasiënt dek terwyl die intensiewe sorg/hoë sorg tarief die daaglikse sorg in die intensiewe sorgseenheid insluit</p> <p>(b) Cost of any drugs and/or materials ● Koste van medisyne en /of materiaal</p> <p>(c) Any other cost that may be incurred before, during or after the consultation/visit and/or the therapy ● Enige ander koste wat ontstaan voor, tydens of na die konsultasie/besoek en/of terapie</p> <p>(d) Blood gases and chemistry tests, including arterial puncture to obtain specimens ● Bloedgasondersoeke of chemiese bloedtoetse, insluitend arteriële punksie om bloedmonsters te verkry</p> <p>(e) Procedural item codes 1202 and 1212 to 1221 ● Prosedure itemkodes 1202 en 1212 tot 1221</p> <p>but INCLUDE the following ● maar SLUIT die volgende IN:</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(f) Performing and interpreting of a resting ECG ● Uitvoering en vertolkings van 'n rustende EKG</p> <p>(g) Interpretation of blood gases, chemistry tests and x-rays ● Vertolkings van bloedgasse, biochemiese toetse en x-strale</p> <p>(h) Intravenous treatment (item codes 0206 and 0207) ● Intraveneuse behandeling (itemkodes 0206 en 0207)</p> <p>R. Multiple organ failure: Units for item codes 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include cardio-respiratory resuscitation (item 1211) ● Veelvuldige orgaan versaking: Eenhede vir itemkodes 1208, 1209 en 1210 (Kategorie 3: Gevalle met veelvuldige orgaan versaking) sluit kardi-respiratoriese resussitasie (item 1211) in</p> <p>S. Ventilation: Units for item codes 1212, 1213 and 1214 (ventilation) include the following ● Ventilasie: Eenhede vir itemkodes 1212, 1213 en 1214 (ventilasie) sluit die volgende in:</p> <p>(a) Measurement of minute volume, vital capacity, time- and vital capacity studies ● Bepaling van minuutvolume, vitale kapasiteit, tyd- en vitale kapasiteitstudies</p> <p>(b) Testing and connecting the machine ● Toets en verbinding van masjien</p> <p>(c) Setting up and coupling patient to machine: setting machine, synchronising patient with machine ● Pasiënt aan die masjien verbind: stel van masjien en sinchronisasie van pasiënt met masjien</p> <p>(d) Instruction to nursing staff ● Oopdragte aan verpleegpersoneel</p> <p>(e) All subsequent visits for the first 24 hours ● Alle daaropvolgende besoeke gedurende die eerste 24 uur</p> <p>T. Ventilation (item codes 1212 to 1214) does not form part of normal post-operative care, but may not be added to item code 1204: Category 1: Cases requiring intensive monitoring ● Ventilasie (itemkodes 1212 tot 1214) maak nie deel uit van normale na-operatiewe sorg nie, maar mag nie by itemkode 1204: Kategorie 1: Gevalle wat intensiewe monitering vereis gevoeg word nie</p> <p>RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING ● REËLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE: MAGNETIESE RESONANSIE BEELDING</p> <p>W. Magnetic Resonance Imaging ● Magnetiese Resonansie Beelding</p> <p>(a) Complete Annexure A and Annexure B, submit report of the investigation and an invoice. ● Voltooi Bylaag A en Bylaag B voorsien verslag van die ondersoek en 'n rekening</p> <p>(b) Item code 6270 - Proper motivation must be submitted upon which the Compensation Fund will consider approval for payment ● Itemkode 6270 - Mediese motivering moet voorgelê word waarna goedkeuring vir betaling deur die Vergoedingsfonds oorweeg sal word</p> <p>RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY ● REËLS VAN TOEPASSING OP DIE AFDELING MEDIËSE PSIGOTERAPIE</p> <p>Note ● Opmerking:</p> <p>(a) Prior approval must be obtained from the Compensation Fund before any treatment resorting under this section is carried out ● Enige behandeling ingevolge hierdie afdeling moet vooraf deur die Vergoedingsfonds goedgekeur word</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
(b) Where approval has been obtained, treatment must be limited to 12 sessions only, after which the patient must be referred back to the referring doctor for an evaluation and report to the Compensation Fund ● Waar goedkeuring verleen is moet die behandeling beperk word tot 12 sessies waarna die pasient na die verwysende geneesheer terugverwys moet word vir evaluasie en verslag aan die Vergoedingsfonds							
Va. 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 ● Elektro-konvulsiewe behandeling: Besoeke by 'n hospitaal of verpleeginrigting tydens 'n kursus elektro-konvulsiewe behandeling is geregverdig en gelde kan daarvoor gehef word, bo en behalwe die gelde vir die prosedure							
Vb. When adding psychotherapy items to a first or follow-up consultation item, the clinician must ensure that the time stipulated in the psychotherapy items are adhered to (i.e. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes) ● Indien psigoterapie items by 'n eerste of opvolgkonsultasie gevoeg word, moet die klinikus verseker dat die tyd soos gestipuleer in die psigoterapie items toegepas word (i.e. item 2957 - minimum 10 minute, item 2974 - minimum 30 minute en item 2975 - minimum 50 minute)							
Y. RULES GOVERNING THE SECTION RADIOLOGY ● REËLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE Except where otherwise indicated, radiologists are entitled to charge for contrast material used ● Behalwe waar anders aangedui, mag radioloog eis vir die koste van kontras materiaal wat gebruik is							
Z. No fee to is subject to more than one reduction ● Geen gelde is onderworpe aan meer as een vermindering nie							
AA. RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES ● REËL VAN TOEPASSING OP DIAGNOSTIESE PROSEDURES WAT DIE GEBRUIK VAN RADIO-ISOTOPE VEREIS Procedures exclude the cost of isotope used ● Prosedures sluit die koste van die isotoop gebruik uit							
BB. RULE GOVERNING THE SECTION RADIATION ONCOLOGY ● REËL VAN TOEPASSING OP DIE AFDELING STRALINGSONKOLOGIE The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes ● Die tariewe in hierdie afdeling (stralingsonkologie) sluit NIE die koste van radium of isotope in NIE							
EE. RULE GOVERNING ULTRASOUND EXAMINATIONS ● REËL VAN TOEPASSING OP ULTRASONIESE ONDERSOEKE (a) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner performing the scan. A copy of the letter of motivation must be attached to the first account rendered to the Compensation Fund by the radiologist ● In geval van 'n verwysing, moet die verwysende geneesheer 'n skriftelike motivering verskaf aan die radioloog of ander geneesheer wat die ondersoek doen. 'n Afskrif van die motivering moet aangeheg word aan die eerste rekening wat aan die Vergoedingsfonds voorgelê word deur die radioloog							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(b) In case of a referral to a radiologist, no motivation is required from the radiologist himself ● In geval van 'n verwysing na 'n radioloog, word geen motivering van die radioloog self vereis nie</p> <p>RULES GOVERNING THE SECTION URINARY SYSTEM ● REËLS VAN TOEPASSING OP DIE AFDELING URIENSTELSEL</p> <p>FF. (a) When a cystoscopy precedes a related operation, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (T U R) prostatectomy ● Wanneer 'n sistoskopiese ondersoek uitgevoer tydens 'n operasie, byvoorbeeld sistoskopiese gevolg deur transurethrale prostatektomie</p> <p>(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 ● Wanneer 'n sistoskopiese 'n onverwante operasie voorafgaan, geld wysiger 0005: Meer as een procedure/operasie onder dieselfde narkose, byvoorbeeld sistoskopiese vir urinêre infeksie gevolg deur liesbreukherstel</p> <p>(c) No modifier applies to item code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973 ● Geen wysiger is van toepassing op itemkode 1949: Sistoskopiese, wanneer dit saam met enige van itemkodes 1951 tot 1973 uitgevoer word nie</p> <p>RULE GOVERNING THE SECTION RADIOLOGY ● REËL VAN TOEPASSING OP DIE AFDELING RADIOLOGIE</p> <p>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 ● Vaslegging en rekordhouding van ondersoeke: Beelde van alle radiologiese, ultraklank-, en magnetiese resonansiebeeldingprosedures moet tydens elke ondersoek vasgelê word en 'n permanente rekord moet deur middel van film, papier, of magnetiese media gegenereer word. 'n Skriftelike verslag van die ondersoek, insluitende die bevindings en diagnostiese kommentaar, moet opgestel en vir vyf jaar geberg word</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
MODIFIERS GOVERNING THE TARIFF CODES ● WYSIGERS VAN TOEPASSING OP DIE TARIEFKODES							
MODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF CODES ● WYSIGER VAN TOEPASSING OP DIE RADIOLOGIE- EN STRALINGSONKOLOGIE-AFDELINGS VAN DIE TARIEFKODES							
0001	100	2 063.00					
<p>Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable ●</p>							
MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO PROVIDE A REPORT ON X-RAYS ● WYSIGER VAN TOEPASSING OP 'N RADIOLOOG WAT VERSOEK IS OM 'N VERSLAG OOR X-STRALE TE VOORSIEN							
0002							
<p>Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere ● Geskrewe verslag oor X-strale: Die laagste vlak itemkode vir 'n nuwe pasiënt (sprekkamer) besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te voorsien aangaande X-strale wat elders geneem is en aan hom voorgelê word. Die bogemelde item en die laagste vlak itemkode vir 'n aanvanklike hospitaal besoek, moet nie gebruik word vir die roetine verslaggewing aangaande X-strale wat elders geneem is nie</p>							
0005							
<p>Multiple therapeutic procedures/operations under the same anaesthetic ● Meer as een terapeutiese procedure/operasie onder dieselfde narkose:</p> <p>(a) Unless otherwise identified in the tariff, when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identifiable and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures ●</p> <p>(b) In case of multiple fractures and/or dislocations the above values also prevail ●</p> <p>(c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedure 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 procedures and provide a diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other therapeutic procedures performed under the same anaesthetic ●</p> <p>(d) Please note: When more than one small procedure is performed and the tariff makes provision for item codes for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) modifier 0005 is not applicable as the fee is already a reduced fee ●</p> <p>(e) Plus ("+") means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to modifier 0005 (see also modifier 0082) ●</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>APPLICATION OF MODIFIER 0005 IN CASES WHERE BONE GRAFT PROCEDURES AND INSTRUMENTATION ARE PERFORMED IN COMBINATION WITH ARTHRODESIS (FUSION) ● TOEPASSING VAN WYSIGER 0005 IN GEVALLE WAAR BEENOORPLANTINGS-PROSEDURES EN INSTRUMENTASIE IN KOMBINASIE MET ARTRODESE (FUSIE) UITGEVOER WORD</p> <p>(f) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together ● Wysiger 0005 (veelvuldige prosedures/operasies onder dieselfde narkose), is nie van toepassing wanneer die volgende prosedures saam uitgevoer word nie:</p> <p>1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis ● Beenoorplantingsprosedures en instrumentasie word bykomend tot artrodese gehef</p> <p>2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for additionally ● Indien vertebrale prosedures uitgevoer word deur artrodese, mag beenoorplantings en instrumentasie addisioneel voor gehef word</p> <p>(g) Modifier 0005 (Multiple procedures/operations under the same anaesthetic) would be applicable when an arthrodesis is performed in addition to another procedure, e.g. osteotomy or laminectomy ● Wysiger 0005 (veelvuldige prosedures onder dieselfde narkose), sal van toepassing wees waar 'n artrodese saam met 'n ander prosedure bv. osteotomie of laminektomie uitgevoer word</p>							
<p>0006 A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable ● 'n 25% vermindering in die gelde van 'n daaropvolgende operasie, binne een maand, vir dieselfde siektoestand, is van toepassing indien die operasies deur dieselfde chirurg uitgevoer word ('n operasie wat volg op 'n diagnostiese prosedure is uitgesluit). Indien 'n daaropvolgende operasie na meer as een maand uitgevoer word, is die volle gelde betaalbaar</p>							
<p>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 ● Gebruik van eie monitering toerusting in die kamers: Vergoeding vir die gebruik van enige tipe eie monitering toerusting in kamers vir prosedures wat onder intraveneuse sedasie uitgevoer word – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word</p> <p>(b) Use of own equipment in hospital 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 ● Gebruik van eie toerusting in hospitaalteater of losstaande teater eenheid: Vergoeding vir die gebruik van enige tipe eie toerusting vir prosedures wat in 'n hospitaalteater of losstaande teater eenheid uitgevoer word, indien sodanige toerusting nie deur die hospitaal verskaf word nie – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word</p> <p>(c) Use of own equipment by Audiologists in the rooms: Basic sound booth. - Used once per claim for compensation purposes. - To be added to the consultation fee, with a descriptor.</p>	15	295.80	15	295.80			
	4.76	93.87	4.76	93.87			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0008							
Specialist surgeon assistant: Where a procedure REQUIRES a registered specialist surgeon assistant, the tariff is 33,33% (1/3) of the fee for the specialist surgeon ● Spesialis chirurgiese assistent: Waar 'n prosedure 'n geregistreerde spesialis chirurgiese assistent VEREIS , is die tarief 33,33% (1/3) van die spesialis chirurg se gelde							
0009	36	709.92	36	709.92			
Assistant: The fee for an assistant is 20% of the fee for a 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 ● Assistent: Die gelde vir 'n assistent is 20% van 'n spesialis chirurg se gelde met 'n minimum van 36.00 kliniese prosedure eenhede - die minimum gelde betaalbaar mag nie minder as 36,00 kliniese prosedure eenhede beloop nie.							
0010							
Local anaesthetic ● Lokale verdowing: (a) A fee for a local anaesthetic administered by the practitioner may only be charged for (1) an operation or a procedure with a value of 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 of greater than 50.00 clinical procedure units ● Gelde mag gehef word vir plaaslike verdowing toegedien deur die praktisyn wat die operasie uitvoer, slegs vir 'n operasie of prosedure met 'n waarde van meer as 30.00 kliniese prosedure eenhede (d.i. 31.00 of meer kliniese prosedure eenhede) toegeken aan 'n enkele item) of (2) waar meer as een operasie of prosedure wat terselfder tyd uitgevoer word, 'n gekombineerde waarde van meer as 50.00 kliniese prosedure eenhede dra	31	611.32	31	611.32			
(b) The fee for a local anaesthetic administered 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 0035: Anaesthetic administered by an anaesthesiologist/ anaesthetist, shall be applicable in such a case ● Die gelde vir plaaslike verdowing toegedien word bereken volgens die basiese narkose-eenhede van die spesifieke operasie, met weglating van die narkose tydsfaktor, maar die minimum tarief soos per wysiger 0035: Narkose toegedien deur 'n anesthesioloog/narkotiseur, sal van toepassing wees in sodanige geval	50	986.00	50	986.00			
(c) The fee for a local anaesthetic administered is not applicable to radiological procedures such as angiography and myelography ● Die gelde vir plaaslike verdowing toegedien is nie van toepassing op radiologiese prosedures soos angiografie en mielografie nie							
(d) No fee may be levied for the topical application of local anaesthetic ● Geen gelde mag gehef word vir die topikale aanwending van lokale verdowing nie							
(e) Please note: Modifier 0010: Local anaesthetic administered by the operator may not be added onto the surgeon's account for procedures that were performed under general anaesthetic ● Let wel: Wysiger 0010: Plaaslike verdowing toegedien deur die praktisyn wat die operasie uitvoer, mag nie saam met prosedures wat onder algemene narkose uitgevoer is op die chirurg se rekening gehef word nie							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0011 Theatre procedures for emergency surgery: Any bona fide, justifiable emergency procedure, only applicable during after-hour periods – see general rule B, undertaken in an operating theatre, will justify the charging of 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 to patients on scheduled lists (PLEASE INDICATE TIME IN MINUTES) ● Teaterprosedures vir noodchirurgie: Vir enige bona fide, regverdigbare noodprosedure - slegs van toepassing gedurende na-ure periodes (vergelyk algemene reël B) - wat in 'n operasietheater uitgevoer word, kan 'n bykomende 12.00 kliniese prosedure eenhede gehef word per halfuur of deel daarvan wat die operasie duur, deur alle lede van die chirurgiese span. Wysiger 0011 is nie van toepassing op pasiënte op geskeduleerde lyste nie. (DUI ASSEMBLIEF DIE TYDSUUR IN MINUTE AAN)</p>	12	236.64	12	236.64			
<p>0013 Endoscopic examinations done at operations: Where a <u>related</u> endoscopic examination is performed at an operation by the surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged ● Endoskopiese ondersoek tydens prosedures: Waar 'n <u>verwante</u> endoskopiese ondersoek uitgevoer word by 'n operasie deur die chirurg of die anesthesioloog, mag slegs 50% van die gelde vir die endoskopiese ondersoek gehef word</p>							
<p>0014 Operations previously performed by other surgeons ● Operasies voorheen uitgevoer deur ander chirurgie:</p> <p>(a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon ● Wysiger 0014(a) is slegs vir inligtingsdoeleindes en dui aan dat die prosedure voorheen deur 'n ander chirurg uitgevoer is.</p> <p>(b) Where an operation is performed which has previously been performed by another surgeon, e.g. a revision or repeat operation, the fee maybe 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 ● Wanneer 'n operasie uitgevoer word wat vantevore deur 'n ander chirurg uitgevoer is, byvoorbeeld 'n hersteloperasie of herhaling van 'n operasie, kan die gelde bereken word volgens die volle operasietarief plus addisionele gelde onderhandelbaar ingevolge algemene reël J: In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste gelewer, behalwe in gevalle waar dit alreeds gespesifiseer is in die tarief</p> <p>INJECTIONS, INFUSIONS AND INHALATION SEDATION ● INSPUITINGS, INFUSIES EN INHALASIE SEDASIE MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE ● WYSIGERS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0015	<p>Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after an operation, no extra fees shall be charged as the after-treatment is included in the global fee for the procedure. Should the practitioner performing the operation prefer to request another practitioner to perform post-operative intravenous infusions, the practitioner himself (and not the Compensation Fund) shall be responsible for remunerating such practitioner for the infusions ● Binne-aarse infusies: Waar binne-aarse infusie (bloed en bloedselprodukte ingesluit) as deel van die nabehandeling van 'n operasie toegedien word, word geen ekstra gelde daarvoor gehef nie, omdat die nabehandeling by die globale operasiegelde ingesluit is. Indien die geneesheer wat die operasie hanteer, verkies om 'n ander geneesheer te vra om binne-aarse infusie na die operasie toe te dien, is hyself (en nie die Vergoedingsfonds nie) teenoor sodanige geneesheer vir die vergoeding vir die infusies verantwoordelik.</p>						
0017	<p>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 according to item 0131 (not chargeable together with a consultation item) ● Inspuitings deur praktisyns toegedien: Wanneer desensitiserings-, binne-aarse, binnespiersie of onderhuidse inspuitings deur die praktisyn self aan pasiënte toegedien word wat die spreekkamers besoek, vorm toediening van 'n eerste inspuiting deel van die konsultasie/besoek en slegs vir alle daaropvolgende inspuitings vir dieselfde toestand word gelde volgens item 0131 gehef (nie hefbaar saam met 'n konsultasie kode nie)</p>						
0018	<p>MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35 ● WYSIGER VAN TOEPASSING OP CHIRURGIE OP PERSONE MET 'N LIGGAAMSMASSAINDEKS (LMI) VAN MEER AS 35</p> <p>Surgical modifier for persons with a BMI of higher than 35 (calculated according to $\text{kg/m}^2 = \text{weight in kilograms divided by height in metres squared}$): Fee for the procedure +50% of the fee for surgeons; 50% increase in anaesthetic time units for anaesthesiologists ● Chirurgiese wysiger vir persone met 'n LMI van meer as 35 (bereken volgens kg/m^2): Gelde vir die prosedure +50% van die gelde vir chirurge; verhoging van 50% in narkose tydseenhede vir anesthesioloë.</p> <p>MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHESIA FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS GUIDE TO TARIFFS ● WYSIGERS VAN TOEPASSING OP DIE TOEDIENING VAN NARKOSE VIR ALLE PROSEDURES EN OPERASIES WAT IN HIERDIE TARIEF HANDLEIDING OPGENEEM IS</p>						

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0021 Determination of anaesthetic fees: Anaesthetic fees are determined by adding the basic anaesthetic units (allocated to each procedure that can be performed under anaesthesia indicated in the anaesthetic column) and the time units (calculated according to the formula in modifier 0023) and the appropriate modifiers (see modifiers 0037-0044). In case of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations, add units as laid down by modifiers 5441 to 5448 ● Bepaling van narkosegelde: Narkosegelde word bereken deur die som te verkry van die basiese narkose-eenhede (toegeken aan elke prosedure wat onder narkose uitgevoer kan word en aangedui in die narkose kolom) en die tydeenhede (berekend volgens die formule in wysiger 0023) en die toepaslike wysigers (verwys na wysigers 0037-0044). In geval van operatiewe prosedures aan die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings, tel eenhede by soos uitgelê in wysigers 5441 tot 5448</p>							
<p>0023 The basic anaesthetic units are laid down in the guide to tariffs and are reflected in the anaesthetic column. These basic anaesthetic units reflect the 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 ● Die basiese narkose-eenhede word in die riglyn tot tariewe voorgeskryf en word in die narkose kolom aangedui. Hierdie basiese narkose-eenhede is 'n weergawe van die narkoserisiko, die tegniese vaardigheid benodig deur die anesthesioloog/narkotiseur en die omvang van die chirurgiese prosedure, maar sluit nie die waarde van die tyd in wat deur die toediening van narkose in beslag geneem word nie. Tydeenhede (aangedui deur "T") sal in alle gevalle by die voorgeskrewe basiese narkose-eenhede gevoeg word, en wel op die volgende wyse:</p> <p>Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthesia, at 2.00 anaesthetic units is per 15 minute period or part thereof for the first hour. Should the duration of the anaesthesia be longer than one (1) hour the number of units shall be increased to 3.00 anaesthetic units per 15 minute period or part thereof after the first hour ● Narkosetyd: Vergoeding vir narkosetyd word bepaal per 15-minuutperiode of deel daarvan, bereken vanaf die aanvang van die narkose teen 2.00 narkose-eenhede is per 15-minuutperiode of deel daarvan vir die eerste uur. Indien die narkose langer as een (1) uur duur word die aantal eenhede verhoog na 3.00 narkose-eenhede per 15 minute of deel daarvan na die eerste uur</p>	2	184.34	2	184.34			
<p>0024 Pre-operative assessment not followed by a procedure: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, the assessment will be regarded as a consultation at a hospital or nursing home and the appropriate hospital consultation fee should be charged ● Voor-narkose evaluasie wat nie deur 'n operasie gevolg word nie: Indien 'n voor-narkose evaluasie van 'n pasiënt deur die anesthesioloog/narkotiseur nie gevolg word deur 'n operasie nie, word die evaluasie as 'n besoek by die hospitaal of verpleeginrigting beskou en die toepaslike hospitaalbesoek gelde behoort gehê te word</p>	3	276.51	3	276.51			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0025 Calculation of anaesthesia time: Anaesthesia time is calculated from the time that 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 nursing supervision. Where prolonged personal professional attention is necessary for the well-being and safety of a patient, the additional time spent can be charged for at the same rate as indicated above for anaesthesia time. The anaesthesiologist/anaesthetist must record the exact anaesthesia time and the additional time spent supervising the patient on the account submitted ●</p> <p>Berekening van narkosetyd: Narkosetyd word bereken vanaf die tydstop waarop die anesthesioloog/narkotiseur die pasiënt begin voorberei vir die induksie van narkose in die operasietheater of in 'n soortgelyke area en eindig wanneer die persoonlike professionele aandag van die anesthesioloog/narkotiseur nie meer deur die pasiënt benodig word nie; wanneer die pasiënt binne redelike perke van veiligheid aan die gewone na-operatiewe verpleegsorg toevertrou kan word. Waar persoonlike, professionele aandag vir die beswil en veiligheid van die pasiënt vir 'n langer tydperk benodig word, word die gelde daarvoor bereken op dieselfde wyse soos hierbo uiteengesit ten opsigte van narkosetyd. Die anesthesioloog/narkotiseur moet op die rekening die presiese narkosetyd asook die bykomende versorgingstyd wat die pasiënt benodig het aandui</p>							
<p>0027 More than one procedure under the same anaesthesia: Where more than one operation is performed under the same anaesthesia, the basic anaesthetic units will be that of the operation with the highest number of units ● Meer as een operasie onder dieselfde narkose: Wanneer meer as een operasie onder dieselfde narkose uitgevoer word, sal die basiese narkose-eenhede gelykstaan aan dié van die operasie wat die hoogste aantal eenhede dra</p>							
<p>0029 Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthesia, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case of a general practitioner administering the anaesthesia ● Assistant anesthesioloog: Wanneer die omvang van 'n narkose dit vereis, kan gebruik gemaak word van die dienste van 'n assistent anesthesioloog. Die assistent anesthesioloog se vergoeding sal op dieselfde basis bereken word as in die geval van 'n algemene praktisyn wat narkose toedien</p>							
<p>0031 Intravenous infusion and transfusions: Administering intravenous infusions and transfusions are considered to be a normal part of administering anaesthesia. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time ● Intraveneuse infusies en transfusies: Intraveneuse infusies en transfusies word beskou as deel van die normale toediening van 'n narkose. Geen bykomende gelde mag vir sodanige dienste gehef word wanneer dit voor, of gedurende werklike teater- of operasietyd gelewer word nie</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0032 Patients in the prone position: Anaesthesia administered to patients in the prone position shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one additional anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no additional units should be added ● Pasiënte in buikliggende posisie: Narkose toegedien aan pasiënte in die buikliggende posisie sal 'n minimum van 4.00 basiese narkose-eenhede dra. Wanneer die basiese narkose-eenhede vir 'n prosedure 3.00 is, word een addisionele narkose-eenheid bygevoeg. Indien die basiese narkose-eenhede wat toegeken is aan die prosedure 4.00 of meer beloop, word geen bykomende eenhede bygevoeg nie</p>							
<p>0033 Participating in the 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 anaesthesia, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035: Anaesthetic administered by a specialist anaesthesiologist/ anaesthetist and modifier 0036: Anaesthetic administered by a general practitioner ● Deelname aan die algemene sorg van pasiënte: Wanneer dit van 'n anesthesioloog/narkotiseur verlang word om deel te hê aan die algemene sorg van 'n pasiënt gedurende 'n chirurgiese prosedure, maar hy dien nie die narkose toe nie, mag sodanige dienste vergoed word teen die volle narkose tarief, onderworpe aan die bepalings van wysiger 0035: Narkose toegedien deur 'n spesialis-anesthesioloog/narkotiseur en wysiger 0036: Narkose toegedien deur 'n algemene praktisyn</p>	4	368.68	4	368.68			
<p>0034 Head and neck procedures: All anaesthesia administered for diagnostic, surgical or X-ray procedures on the head and neck shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no extra units should be added ● Kop- en nekprosedures: Alle narkose wat toegedien word vir diagnostiese, chirurgiese of X-straal prosedures aan die kop en nek, sal 'n minimum van 4.00 basiese narkose eenhede dra. Wanneer die basiese narkose eenhede vir die prosedure 3.00 is, word een addisionele narkose eenheid bygevoeg. Indien die basiese narkose eenhede wat toegeken is aan die prosedure 4.00 of meer beloop, word geen bykomende eenhede bygevoeg nie</p>	1	92.17	1	92.17			
<p>0035 Anaesthesia administered by an anaesthesiologist/ anaesthetist: No anaesthesia administered by an anaesthesiologist/anaesthetist shall carry a total value of less than 7.00 anaesthetic units comprising basic units, time units and the appropriate modifiers ● Narkose toegedien deur 'n anesthesioloog/narkotiseur: Geen narkose toegedien deur 'n anesthesioloog/narkotiseur sal 'n totale waarde van minder as 7.00 narkose eenhede beloop nie insluitend basiese eenhede, tydseenhede en toepaslike wysigers</p>	4 7	368.68 645.19	4 7	368.68 645.19			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0036 Anaesthesia administered by general practitioners: The anaesthetic units (basic units plus time units plus the appropriate modifiers) used to calculate the fee for anaesthesia administered by a general practitioner lasting one hour or less shall be the same as that for an anaesthesiologist. For anaesthesia lasting more than one hour, the units used to calculate the fee for anaesthesia administered by a general practitioner will be 4/5 (80%) of that applicable to a specialist anaesthesiologist, provided that no anaesthesia lasting longer than one hour shall carry a total value of less than 7.00 anaesthetic unit. Please note that the 4/5 (80%) principle will be applied to all anaesthesia administered by general practitioners with the provision that no anaesthesia totalling more than 11.00 units would be reduced to less than 11.00 units in total. The monetary value of the unit is the same for both anaesthesiologists/anaesthetists ●</p> <p>Narkose toegedien deur algemene praktisyns: Gelde vir narkose deur 'n algemene praktisyn toegedien wat een uur of korter duur sal bereken word op dieselfde wyse (basiese eenhede plus tyd eenhede plus die toepaslike wysigers) as van toepassing op die anesthesioloog. Vir narkose wat langer as een uur duur sal die gelde van die algemene praktisyn bereken word teen 4/5 (80%) van die totale tarief van toepassing op die anesthesioloog met die voorbehoud dat geen narkose wat langer as een uur duur 'n totale waarde van minder as 7,00 narkose-eenhede sal beloop nie. Let asseblief op dat die 4/5 (80%) beginsel toegepas sal word op alle narkose toegedien deur algemene praktisyns met die voorwaarde dat geen narkose met 'n totale waarde van meer as 11.00 eenhede verlaag sal word na minder as 11.00 eenhede in totaal nie. Die geldwaarde van 'n eenheid bly dieselfde vir beide anesthesioloë/narkotiseurs</p> <p>Note: Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448) ●</p> <p>Opmerking: Wysigerseenhede mag tot die basiese narkose-eenhede bygevoeg word volgens die volgende wysigers (0037-0044, 5441-5448)</p>	7	645.19	7	645.19			
0037 Body hypothermia: Utilisation of total body hypothermia: Add 3.00 anaesthetic units ● Liggaamshiptermie: Aanwending van totale liggaams-hipotermie: Voeg 3.00 narkose-eenhede by					3	276.51	
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 ● Peri-operatiewe bloedherwinning: Voeg 4.00 narkose-eenhede by vir intra-operatiewe bloedherwinning en 4.00 narkose-eenhede vir post-operatiewe bloedherwinning					4	368.68	
0039 Deliberate control of blood pressure: All cases up to one hour: Add 3.00 anaesthetic units, thereafter add 1 (one) additional anaesthetic unit per quarter hour or part thereof (PLEASE INDICATE THE TIME IN MINUTES) ● Doelbewuste beheer van bloeddruk: Alle gevalle tot en met een uur: Voeg 3.00 narkose-eenhede by, daarna word 1(een) bykomende narkose-eenheid bygevoeg per kwartier of gedeelte daarvan.(DUI ASSEBLIEF DIE TYD IN MINUTE AAN)					3	276.51	
0041 Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3.00 anaesthetic units ● Hiperbariese druk: Gebruik van hiperbariese druk: Voeg 3.00 narkose-eenhede by					1 3	92.17 276.51	
0042 Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3.00 anaesthetic units ● Buiteliggaamlike sirkulasie: Gebruik van buiteliggaamlike sirkulasie: Voeg 3.00 narkose-eenhede by					3	276.51	
MUSCULO-SKELETAL SYSTEM ● SPIER-SKELET STELSEL							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS ● WYSIGERS VAN TOEPASSING OP NARKOSEGELDE VIR ORTOPEDESE OPERASIES Modifiers 5441 to 5448 ● Wysigers 5441 tot 5448 Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items) ● Wysiging van die narkosetarief in gevalle van operatiewe prosedures op die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings word gereël deur die byvoeging van eenhede soos deur wysigers 5441 tot 5448 aangedui. (Die letter "M" is aangeteken by die eenhede van die toepaslike items, ten einde identifikasie van die betrokke items te vergemaklik)							
5441					1		92.17
5442					2		184.34
5443					3		276.51
5444					4		368.68
5445					5		460.85
5448					8		737.36
0045							
Post-operative alleviation of pain ● Na-operatiewe pynverligting (a) When a regional or nerve block is performed in theatre for post-operative pain relief, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique ● Wanneer 'n streeksblok of senuweeblok in die teater uitgevoer word vir post-operatiewe pynverligting, kan die toepaslike itemkode (items 2799-2804) gehef word, solank genoemde blok nie die primêre narkosetegniek is nie (b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique ● Wanneer 'n streeksblok of senuweeblok in die saal of verpleeginrigting uitgevoer word vir post-operatiewe pynverligting, kan die toepaslike itemkode (items 2799-2804) gehef word, solank genoemde blok nie die primêre narkosetegniek is nie (c) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain in the ward or nursing facility, it will 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 ● Wanneer 'n tweede mediese praktisyn die streeksblok of senuweeblok vir na-operatiewe pynverligting in die saal of verpleeginrigting toedien, sal gelde gehef word volgens die betrokke prosedure vir die toedien van die terapie. Herbesoek word volgens die toepaslike opvolgbesoek vir 'n pasiënt by 'n saal of verpleeginrigting gehef							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID's (non-steroidal anti-inflammatory drugs) ● Geeneen van die bogemelde is van toepassing op roetine na-operatiewe behandeling vir pyn, bv. binnespiers, binneare of subkutane toediening van opiate, of NSAIDS (non-steroid anti-inflammatoriese middels) nie</p> <p>MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST UTILISING AN INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) ● WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG WAT GEBRUIK MAAK VAN 'N INTRA-AORTIESE BALLONPOMP (KARDIO-VASKUL&RESTELSEL)</p>							
<p>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 ● Intra-aortiese ballonpomp: Waar 'n anesthesioloog verantwoordelik is vir die beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75.00 kliniese prosedure eenhede van toepassing</p> <p>MUSCULO-SKELETAL SYSTEM ● SPIER-SKELETSTELSEL</p> <p>MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF ● WYSIGERS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEF</p>							
<p>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, the full fee for the initial treatment is applicable ● Waar gedurende die behandeling van 'n spesifieke fraktuur of ontwrigting (oop of geslote) 'n aanvanklike prosedure binne een maand gevolg word deur 'n oop reduksie of interne fiksasie, buite-skeletfiksasie of beenoorplanting aan dieselfde been, word die gelde vir die aanvanklike behandeling van die spesifieke fraktuur of ontwrigting met 50% verminder. Let wel: Hierdie vermindering sluit nie die assistentsgelde in waar van toepassing nie. Na verloop van 'n maand is die volle gelde vir die aanvanklike behandeling betaalbaar</p>							
<p>0047 A fracture NOT requiring reduction shall be charged on a fee per service basis PROVIDED that the cumulative amount does NOT exceed the fee for a reduction ● Vir 'n fraktuur wat NIE reduksie vereis nie word 'n bedrag bereken volgens die gelde per diens gelewer MITS die kumulatiewe bedrag NIE die gelde vir 'n reduksie oorskry nie</p>							
<p>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) ● Indien die aanvanklike geslote behandeling van 'n fraktuur of ontwrigting binne een maand opgevolg word deur verdere geslote reduksies onder algemene narkose, sal die gelde vir sodanige reduksies 27.00 kliniese prosedure eenhede beloop (nasorg nie ingesluit nie)</p>	27	532.44	27	532.44			
<p>0049 Except where otherwise specified, in cases of compound [open] fractures, 77.00 clinical procedure units (specialists and general practitioners) are to be added to the units for the fractures including debridement [a fee for the debridement may not be charged for separately] ● In gevalle van oop frakture word 77.00 kliniese prosedure eenhede (spesialiste en algemene praktisyns) bygetel by die eenhede vir die fraktuur, behalwe waar elders anders gespesifiseer, debridement ingesluit [gelde vir die debridement mag nie addisioneel voor gehêf word nie]</p>	77	1 518.44	77	1 518.44			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0050 In cases of a compound [open] 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 [open] 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 [open] fractures or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable) ●</p> <p>In geval van 'n oop fraktuur waar 'n debridement gevolg word deur interne fiksasie (uitgesluit fiksasie met Kirschner drade, sowel as frakture van hande en voete), mag die volle bedrag volgens wysiger 0049: Gevalle van oop frakture, of wysiger 0051: Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis, by die gelde vir die betrokke prosedure gevoeg word, plus die helfte van die bedrag volgens die tweede wysiger (of wysiger 0049: Gevalle van oop frakture, of wysiger 0051: Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis, soos toepaslik)</p>	115.5	2 277.66	115.5	2 277.66			
<p>0051 Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists and general practitioners add 77.00 clinical procedure units ● Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis: Spesialiste en algemene praktisyns voeg 77.00 kliniese prosedure eenhede by</p>	77	1 518.44	77	1 518.44			
<p>0052 Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixation and/or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and general practitioners for HAND or FOOT fracture/osteotomy: Add to the appropriate procedure code ●</p>	81.1	1 599.29	81.1	1 599.29			
<p>0053 Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) into of fingers and toes]: Specialists and general practitioners add 32.00 clinical procedure units ● Frakture wat perkutane interne fiksasie vereis [inplasing en verwydering van fikseermiddels (drade) ten opsigte van vingers en tone]: Spesialiste en algemene praktisyns voeg by 32.00 kliniese prosedure eenhede</p>	32	631.04	32	631.04			
<p>0055 Dislocation requiring open reduction: Units for the specific joint plus 77.00 clinical procedure units for specialists and general practitioners ● Ontwrigting wat oop reduksie vereis: Eenhede vir die spesifieke gewrig plus 77.00 kliniese prosedure eenhede vir spesialiste en algemene praktisyns</p>	77	1 518.44	77	1 518.44			
<p>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 by 50% and add to the total for the first foot ● Veelvuldige prosedures op voete: Met veelvuldige prosedures op voete word die gelde vir die eerste voet volgens wysiger 0005: Meer as een prosedure/operasie onder dieselfde narkose uitgewerk. Gelde vir die tweede voet word op dieselfde manier uitgewerk, die tweede totaal word na 50% verminder en by die totaal vir die eerste voet getel</p>							
<p>0058 Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100% of the fee ● Hersieningsoperasie vir totale gewrigsvervanging en onmiddellike herinplasing (met of sonder infeksie): gelde soos vir totale gewrigsvervanging + 100% van die gelde</p>							
<p>MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE ● WYSIGER VAN TOEPASSING OP GEKOMBINEERDE PROSEDURES OP DIE WERWELKOLOM</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>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 ● Gekombineerde prosedures op die werwelkolom: In gevalle van gekombineerde prosedures op die werwelkolom, is beide die ortopediese chirurg en die neurochirurg geregtig op die volle gelde vir die deel van die operasie deur elkeen verrig</p> <p>MODIFIERS GOVERNING THE SUBSECTION REPLANTATION SURGERY ● WYSIGERS VAN TOEPASSING OP DIE ONDERAFDELING REPLANTASIE CHIRURGIE</p>							
<p>0063 Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure ● Indien twee spesialiste saam aan 'n replantasie prosedure werk, is elkeen geregtig op twee derdes van die gelde vir die prosedure</p>							
<p>0064 Where a replantation procedure (or toe to thumb transfer) is unsuccessful no further surgical fee is payable for amputation of the non-viable parts ● Indien 'n replantasie prosedure (of toon na duim verplanting) onsuksesvol is, is geen verdere gelde betaabaar vir amputasie van die nie-lewensvatbare dele nie</p> <p>MODIFIER GOVERNING THE SECTION LARYNX ● WYSIGER VAN TOEPASSING OP DIE AFDELING LARINKS</p>							
<p>0067 Microsurgery of the larynx: Add 25% to the fee for the procedure performed. (For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified in the Tariff Guide) ● Mikrochirurgie aan die larinks: Die bedrag soos vir die prosedure uitgevoer plus 25 % van die gelde (Die gelde vir ander operasies waar 'n operasie-mikroskoop gebruik moet word, sluit die gebruik van 'n operasie-mikroskoop in behalwe waar anders in die Tariefreglyn gespesifiseer)</p> <p>MODIFIERS GOVERNING NASAL SURGERY ● WYSIGERS VAN TOEPASSING OP CHIRURGIE VAN DIE NEUS</p>							
<p>0069 When endoscopic instruments are used during intranasal surgery: Add 10% of the fee for the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083 ● Wanneer endoskopiese instrumente tydens intranasale chirurgie gebruik word: Voeg 10% van die gelde vir die prosedure wat uitgevoer is by. Slegs van toepassing op items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 en 1083</p> <p>MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORACOSCOPE ● WYSIGER VAN TOEPASSING OP OOP PROSEDURE(S) WANNEER TORAKOSKOPIES UITGEVOER WORD</p>							
<p>0070 Add 45.00 clinical procedure units to procedure(s) performed through a thoracoscope ● Voeg 45.00 kliniese prosedure-eenhede by oop prosedure(s) wat torakoskopies uitgevoer word</p>	45	887.40	45	887.40			
<p>0074 Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee (plus ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment ● Die basiese gelde vir die prosedure plus 33.33% (1/3) van die gelde (plus ("+" kodes uitgesluit) sal van toepassing wees op alle endoskopiese prosedures wat met eie toerusting uitgevoer word</p>							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0075	<p>Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in own procedure rooms. 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 guide ● Die gelde, plus 21.00 kliniese prosedure eenhede, sal van toepassing wees waar endoskopiese prosedures in eie prosedure kamers uitgevoer word. Let wel: Wysiger 0075 is nie van toepassing op enige items vir diagnostiese prosedures in die otorinolaringologie-afdelings van die tariefryglyn nie</p>	21	414.12	21	414.12			
	<p>MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT ● WYSIGER VAN TOEPASSING OP DIE AFDELING FISIESE BEHANDELING</p>							
0077	<p>(a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatment modalities for which separate fees may be charged (Only applicable if services are provided by a specialist in physical medicine) ● Wanneer twee afsonderlike areas tegelykertyd vir heeltemal verskillende toestande behandel word, word sodanige behandeling beskou as twee behandelingsmodaliteite waarvoor afsonderlike gelde gehef kan word (Slegs van toepassing indien dienste deur 'n spesialis in fisiese geneeskunde gelewer word)</p> <p>(b) The number of treatment sessions for a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatment sessions are necessary liability for payment must be arranged in advance with the Compensation Fund ● Die aantal behandelingsessies vir 'n pasiënt waarvoor die Vergoedingsfonds aanspreeklikheid aanvaar word tot 20 beperk. Indien verdere behandelingsessies benodig is, moet aanspreeklikheid vir betaling daarvoor vooraf met die Vergoedingsfonds onderhandel word</p> <p>Note: Physiotherapy administered by a non-specialist medical practitioner who is already in charge of the general treatment of the employee concerned, or by any partner, assistant or employee of such practitioner, or any other practitioner or radiologist should be embarked upon only with the express approval of the Commissioner. Such approval should be requested in advance ●</p> <p>Opmerking: Fisioterapie wat toegedien word deur 'n geneesheer wat nie 'n spesialis is nie en wat reeds vir die algemene behandeling van die betrokke werknemer verantwoordelik is, of wat toegedien word deur 'n vennoot, assistent of werknemer van so 'n geneesheer of enige ander algemene praktisyn of radioloog behoort slegs te geskied met die uitdruklike goedkeuring van die Vergoedingsfonds. Daar behoort vooraf goedkeuring gedoen te word</p>							
	<p>MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY ● WYSIGER VAN TOEPASSING OP DIE AFDELING MEDIIESE PSIGOTERAPIE</p>							
0079	<p>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): Individual psychotherapy (specify type) ● Indien 'n eerste konsultasie/besoek onmiddellik gevolg word deur, of oorgaan in 'n mediese psigoterapeutiese prosedure, sal die gelde vir die prosedure bereken word volgens die toepaslike individuele psigoterapie kode (Items 2957, 2974 of 2975)</p>							
	<p>MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING DIAGNOSTIESE RADIOLOGIE</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0001	100	2 063.00					
<p>Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable ●</p>							
0002							
<p>Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere ● Geskrewe verslag oor X-strale: Die laagste vlak itemkode vir 'n nuwe pasiënt (spreekkamer) besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te voorsien aangaande X-strale wat elders geneem is en aan hom voorgelê word. Die bogemelde item en die laagste vlak itemkode vir 'n aanvanklike hospitaal besoek, moet nie gebruik word vir die roetine verslaggewing aangaande X-strale wat elders geneem is nie</p>							
0080							
<p>Multiple examinations: Full Fee ● Veelvuldige ondersoeke: Volle tarief</p>							
0081							
<p>Repeat examinations: No reduction ● Her-onderseke: Geen vermindering</p>							
0082							
<p>Plus ("+") means that this item code is complementary to a preceding item code and is therefore not subject to reduction. The amount for plus ("+") procedures must not be added to the amount for the definitive item and must appear on a separate line on the account ● Plus ("+") beteken dat hierdie itemkode saam met 'n vorige itemkode gebruik word en daarom nie aan vermindering onderworpe is nie. Hierdie plus ("+") item word nie ingereken in die gelde vir die procedure nie en moet op 'n aparte reël op die rekening aangedui word.</p>							
0083							
<p>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 ● 'n Vermindering van 33,33% (1/3) van die gelde sal van toepassing wees op radiologiese ondersoeke, soos aangedui in afdeling 19: Radiologie wat met hospitaaltoerusting uitgevoer word</p>							
<p>Note in respect of fees payable when X-rays are taken by general practitioners ● Opmerking met betrekking tot betaling van gelde waar X-stale deur algemene praktisyns geneem word:</p> <p>If the services of a radiologist were normally available, it is expected that these should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take the initial X-ray photograph himself provided he submitted a report to the effect that it was in the best interest of the employee for him to have done so. Subsequent X-ray photographs of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner ● As die dienste van 'n radioloog normaalweg beskikbaar is word verwag dat daarvan gebruik gemaak sal word. As omstandighede ten tyde van die eerste konsultasie ongunstig is om sodanige dienste te bekom, kan die algemene praktisyn self die eerste X-straalfoto's neem mits hy 'n verslag indien te dien effekte dat dit in die beste belang van die werknemer was dat die foto's deur hom geneem is. Daaropvolgende X-straalfoto's van dieselfde besering moet egter deur 'n radioloog geneem word wat die toepaslike verslae op die gebruikelike wyse moet indien</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>1. When a general practitioner takes X-ray photographs with his own equipment, if the services of a specialist radiologist were not available, he may claim at the prescribed fee ● Indien 'n algemene praktisyn X-straalfoto's met sy eie apparaat neem waar die dienste van 'n spesialis radioloog onverkrygbaar is, mag hy die voorgeskrewe gelde vir die neem van die foto's eis</p> <p>2. (i) If a general practitioner ordered an X-ray examination at a provincial hospital where the services of a specialist radiologist are available, it is expected that the radiologist shall read the photographs for which he is entitled to one third of the prescribed fee ● Indien 'n algemene praktisyn 'n X-straalonderscek by 'n provinsiale hospitaal aanvra waar die dienste van 'n spesialis radioloog beskikbaar is word vermag dat die radioloog die X-straalfoto's sal lees waarvoor hy een derde van die voorgeskrewe gelde mag eis</p> <p>(ii) If the radiographer of the hospital was not available and the general practitioner had to take the X-ray photographs himself, he may claim 50% of the prescribed fee for the service. In that case, however, he should get written confirmation of his X-ray findings from the radiologist as soon as possible. The radiologist may then claim one third of the prescribed fee for such service ● Indien die hospitaal se radiografis nie beskikbaar is nie en die algemene praktisyn moet self die X-straalfoto's neem, kan hy 50% van die voorgeskrewe tarief vir daardie diens eis. In so 'n geval egter moet die radioloog so gou doenlik die algemene praktisyn se X-straalbevindings in 'n geskrewe verslag bevestig waarvoor die radioloog dan een derde van die voorgeskrewe tarief mag eis</p> <p>3. If a general practitioner ordered an X-ray examination at a provincial hospital where no specialist radiological services are available, the general practitioner will not be paid for reading the X-ray photographs as such a service is considered to be an integral part of routine diagnosis, but if he was requested by the Compensation Fund to submit a written report on the X-ray findings, he may claim two thirds of the prescribed fee in respect thereof ● Indien die algemene praktisyn 'n X-straalonderscek by 'n provinsiale hospitaal aanvra waar daar geen dienste deur 'n spesialis radioloog gelewer word nie sal hy nie vir die lees van die foto's vergoed word nie aangesien dit as 'n integrale deel van die diagnose beskou word, maar indien hy deur die Vergoedingsfonds versoek word om 'n skriftelike verslag oor die X-straal bevindinge in te dien, kan hy twee derdes van die voorgeskrewe tarief daarvoor eis</p> <p>4. If a general practitioner had to take and read X-ray photographs at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service ● Indien 'n algemene praktisyn self X-straalfoto's moet neem en lees by 'n provinsiale hospitaal waar die dienste van 'n radiografis en 'n spesialis radioloog nie beskikbaar is nie kan hy/sy 50% van die voorgeskrewe tarief vir daardie diens eis</p>							
<p>0084 Charging for films and thermal paper by non-radiologists: In the case of radiological services rendered by non-radiologists where films, thermal paper or magnetic media are used, these media is charged for according to the film price of 2007, as compiled by the Radiological Society of South Africa (this list is available on request at radsoc@iafrica.com) ● Filmkoste: In die geval van radiologiese items waar van films gebruik gemaak word, moet praktisyns die gelde opwaarts of afwaarts regstel in ooreenstemming met veranderings in die prys van films in vergelyking met November 1979: die berekening moet gedoen word op die basis dat 10% van die geldwaarde van die eenhede uit filmkoste bestaan (Hierdie inligting is verkrygbaar van die Radiologiese Vereniging van SA)</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0085 Left side: Add to items 6500-6519 as appropriate when the left side is examined. The absence of the modifier indicates that the right side is examined ● Linkerkant: Voeg by items 6500-6519 soos toepaslik wanneer die linkerkant ondersoek is. Afwesigheid van die wysiger dui aan dat die regterkant ondersoek is</p>							
<p>MODIFIER GOVERNING VASCULAR STUDIES ● WYSIGER VAN TOEPASSING OP VASKULÊRE STUDIES</p> <p>0086 Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to an increase in terms of modifier 0080: Multiple examinations ● Vaskulêre groepe: "Filmreeks" en "Inplaas van Kontrasmedia" vul mekaar aan en vorm saam 'n enkele ondersoek: die gelde betaalbaar vir hierdie items is gevolglik nie onderworpe aan verhoging ooreenkomstig die bepalings van wysiger 0080: Veelvuldige ondersoeke, nie</p> <p>PLEASE NOTE: Modifier 0083 is not applicable to Section 19.8 of the tariff ● LET WEL: Wysiger 0083 is nie van toepassing op Afdeling 19.8 van die tarief nie</p> <p>Rules applicable to vascular studies ● Reëls van toepassing op vaskulêre studies</p> <p>(a) The machine fee (items 3536 to 3550) includes the cost of the following ● Die gelde vir toerusting gebruik (items 3536 tot 3550) sluit die koste van die volgende in: All runs (runs may not be billed for separately) ● Alle lopies (daar mag nie afsonderlik vir lopies gelde gehef word nie) All film costs (modifier 0084 is not applicable) ● Alle filmkoste (wysiger 0084 is nie van toepassing nie) All fluoroscopies (item 3601 does not apply) ● Alle fluoroskopieë (item 3601 is nie van toepassing nie) All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, anti-embolic agents, drugs and contrast media) ● Alle minor wegdoenbare materiaal (gedefinieer as enige item anders as kateters, gidsdrade, inplasingstoestelle, gespesialiseerde kateters, ballonkateters, stente, anti-emboliese middels, verdowingsmiddels en kontrasmedia)</p> <p>(b) The machine fee (item codes 3536 to 3550) may only be charged for once per case per day by the owner of the equipment and is only applicable to radiology practices ● Die toerustingstarief (itemkodes 3536 tot 3550) mag slegs een keer per geval per dag deur die eienaar van die apparaat gehef word en is slegs van toepassing vir radiologiese praktyke</p> <p>(c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team should charge at their respective full rates as per modifiers and the applicable codes ● Indien 'n prosedure deur 'n nie-radioloog en 'n radioloog as 'n span uitgevoer is in 'n fasiliteit wat deur die radioloog besit word, kan elke spanlid die respektiewe volle gelde hef volgens wysigers en die toepaslike kodes</p> <p>(d) If a procedure is performed by a non-radiologist and a radiologist as a team, in a facility not owned by the radiologist, modifier 6301 and modifier 6302 applies ● Indien 'n prosedure uitgevoer word deur 'n nie-radioloog en 'n radioloog as 'n span in 'n fasiliteit wat nie deur die radioloog besit word nie, is wysiger 6301 en wysiger 6302 van toepassing</p> <p>MODIFIERS GOVERNING VASCULAR STUDIES AND INTERVENTIONAL RADIOLOGY PROCEDURES ● WYSIGERS VAN TOEPASSING OP VASKULÊRE STUDIES EN INTERVENSIONELE RADIOLOGIE PROSEDURES</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
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) ● Indien 'n prosedure minder as 30 minute duur word slegs 50% van die toerusting gelde vir items 3536-3550 toegelaat (spesifiseer duur van prosedure op rekening)							
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) ● Indien 'n prosedure uitgevoer word deur 'n radioloog in 'n fasiliteit wat nie deur hom/haar besit word nie, word gelde met 40% verminder (d.w.s. 60% van die tarief word gehef)							
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) ● Wanneer 'n prosedure deur 'n nie-radioloog uitgevoer word, word die gelde met 40% verminder (d.w.s. 60% van die tarief word gehef)							
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 ● Wanneer 'n prosedure in sy geheel deur 'n nie-radioloog uitgevoer word in 'n fasiliteit wat deur 'n radioloog besit word, hef die radioloog wat die fasiliteit besit 55% van die prosedure eenhede wat gebruik word. Wysiger 6302 is van toepassing op die nie-radioloog wat die prosedure uitvoer							
6305							
When multiple catheterisation procedures are performed (item codes 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 ● Wanneer veelvuldige kateterisasie prosedures uitgevoer word (itemkodes 3557, 3559, 3560, 3562) en 'n angiogramondersoek op elke vlak gedoen word, word die aantal eenhede van elke sodanige prosedure met 20.00 radiologiese eenhede verminder na die aanvanklike kateterisasie. Die volle gelde (100%) word vir die eerste kateterisasie gehef							
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS ● WYSIGERS VAN TOEPASSING OP DIE AFDELING ULTRAKLANK ONDERSOEKE							
0160							
Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Real time): Fee for body part examined plus 30% of the units ● Aspirasie van biopsie prosedure uitgevoer onder direkte ultrasoniese kontrole d.m.v. 'n ultrasoniese aspirasie biopsie klankkop (Statiese Reële tyd): Gelde vir die liggaamsdeel wat ondersoek word plus 30% van die eenhede							
0165							
Use of contrast during ultrasound study: add 6.00 ultrasound units ● Gebruik van kontras gedurende ultraklank studie: voeg 6.00 ultraklankeenhede by	6	116.94					
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES ● WYSIGER VAN TOEPASSING OP INTERVENSIONELE RADIOLOGIESE PROSEDURES							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>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 personally involved, and not for interpretation of images only) ● Radioloog se gelde vir deelname in 'n span: 30.00 radiologiese eenhede per ½ uur of gedeelte daarvan vir alle intervensionele radiologiese prosedures. Voor- of na-operatiewe angiografie, kateterisasie, rekenaartomografie, ultraklank- of x-straalondersoek is uitgesluit. (Mag slegs gehê word indien die radioloog persoonlik deelneem, en kan nie gehê word slegs vir die vertolking van beelde alleen nie)</p>	30	618.90	30	618.90			
<p>MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING ● WYSIGERS VAN TOEPASSING OP MAGNETIESE RESONANSIE BEELDING</p>							
<p>6100 In order to charge the full fee (600.00 magnetic resonance units for an examination of a specific single anatomical region, the investigation should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes ● Om die volle gelde (600.00 magnetiese resonansie-eenhede vir 'n ondersoek van 'n bepaalde enkele anatomiese liggaamsdeel te hef, moet die ondersoek uitgevoer word met die toepaslike radiofrekwensielus wat T1 en T2 opnames insluit op ten minste twee vlakke</p>	600	12 378.00					
<p>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 ● Waar 'n beperkte reeks van 'n spesifieke anatomiese liggaamsdeel uitgevoer word (been tumor uitgesluit) bv. vir 'n okkulte stres fraktuur, mag nie meer as twee-derdes (2/3) van die gelde gehê word nie - ook van toepassing op alle radioterapie beplanningstudies, per streek</p>							
<p>6102 All post-contrast studies (except bone tumour) including perfusion studies should be charged at 50% of the fee ● Alle na-kontras studies (behalwe beentumor) perfusiestudies ingesluit moet teen 50% van die tarief gehê word</p>							
<p>Note: In cases where a Magnetic Resonance Imaging of any anatomical region is deemed necessary, written motivation must be submitted by the practitioner who requested the examination and attached to the account upon which the Compensation Fund will consider approval of payment ●</p>							
<p>Opmerking: Indien 'n Magnetiese Resonansie Beelding van enige liggaamsdeel aangevra word, moet skriftelike motivering deur die praktisyn wat die ondersoek aangevra het saam met die rekening voorgelê word waarna goedkeuring vir betaling deur die Vergoedingsfonds oorweeg sal word</p>							
<p>MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING BESTRALINGSONKOLOGIE</p>							
<p>0093 The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus ● Die gelde vir bestralingsonkologie geld net waar die spesialis in bestralingsonkologie sy eie apparaat gebruik</p>							
<p>MODIFIERS GOVERNING THE SECTION PATHOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING PATOLOGIE</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>0097 Pathology tests performed by non-pathologists: Where item codes resorting under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee should be charged at two-thirds of the pathologists tariff ● Patologiese toetse uitgevoer deur nie-patoloë: Wanneer itemkodes wat onder Kliniese Patologie (afdeling 21) en Anatomiese Patologie (afdeling 22) resorteer, ook deur ander spesialiste of algemene praktisyns uitgevoer word, moet die gelde teen twee derdes van die patoloog se tarief gehief word</p>							
<p>0099 Stat basis tests: For tests performed on a stat basis, an additional fee of 50% of the fee for the particular pathology service shall apply, with the following provisos ● Statbasistoetse: Vir toetse uitgevoer op 'n stat basis, sal 'n bykomende gelde van 50% van die tarief vir die betrokke patologiese diens van toepassing wees, met die volgende voorwaardes:</p> <p>(a) Stat tests may only be requested by the referring practitioner and not by the pathologist ● Versoeke vir toetse op 'n stat basis mag slegs deur die verwysende praktisyn gerig word en nie deur die patoloog nie</p> <p>(b) Specimens must be collected on a stat basis where applicable ● Monsters moet, waar van toepassing, op 'n stat basis bekom word</p> <p>(c) Test must be performed on a stat basis ● Toetse moet op 'n stat basis uitgevoer word</p> <p>(d) Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained ● Dokumentasie (of 'n kopie daarvan) met betrekking tot die versoek van die verwysende praktisyn, moet bewaar word</p> <p>(e) This modifier will only apply during normal working hours and will never be used in combination with item code 4547: After-hours service ● Hierdie wysiger sal slegs van toepassing wees gedurende normale werkure en sal nooit saam met itemkode 4547: Diens buite normale werkure, gebruik word nie.</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
I. CONSULTATIONS ● KONSULTASIES							
The amounts in this section are calculated according to the Consultation Services unit values, except for items 0181, 0182, 0183, 0184, 0186 and 0151							
GENERAL PRACTITIONERS AND ALL SPECIALISTS ● ALGEMENE PRAKTISYNS EN ALLE SPESIALISTE							
a. Only one of items 0181-0186 as appropriate may be charged for a single service and not combinations thereof ● Slegs een van items 0181-0186 wat toepaslik is mag gehef word vir 'n diens en nie kombinasies daarvan nie							
b. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration ● Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geëis kan word, uit.							
c. Only item 0146 may be charged as appropriate thereof ● Slegs items 0146 soos toepaslik mag gehef word.							
d. A subsequent visit refers to a voluntarily scheduled visit performed for the same condition within four (4) months after the first visit (although the symptoms or complains may differ from those presented during the first visit ● 'n Opvolgbesoek verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste besoek in verband met dieselfde siektetoestand uitgevoer word							
e. Items 0181, 0182, 0183, 0184 and 0186 include remuneration for the completion of the first, progress and final medical reports. Item 0186 may be charged for a visit to complete a final medical report ● Items 0181, 0182, 0183, 0184 en 0186 sluit vergoeding in vir die voltooiing van die eerste, vorderings en finale mediese verslae. Item 0186 mag geëis word vir 'n besoek om 'n finale mediese verslag te voltooi.							
NEW PATIENT (NB: Indicate time in minutes) ● NUWE PASIËNT							
0181	Visit for a new problem / new patient with problem focused history, examination and management up to 20 minutes ● Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	16.5	331.49	15	301.35		
0182	Visit for a new problem / new patient with problem focused history, examination and management up to 30 minutes ● Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	31.5	632.84	30	602.70		
0183	Visit for a new problem / new patient with problem focused history, examination and management up to 45 minutes ● Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	36	723.24	33	662.97		
FOLLOW-UP VISIT ● OPVOLGBESOEK							
0184	Follow-up visit for the evaluation and management of a patient ● Opvolgbesoek vir die evaluering en hantering van 'n pasiënt.	16.5	331.49	15	301.35		
FINAL VISIT ● FINAALBESOEK							
0186	Follow-up visit for the evaluation and management of a patient with a Final Medical Report (Rule G not applicable) ● Opvolgbesoek vir die evaluering en hantering van 'n pasiënt met 'n Finaal mediese verslag	31.5	632.84	30	602.70		
CONSULTATIONS: SPECIALISTS AND GENERAL PRACTITIONERS ●							
0145	For consultation / visit away from the doctor's home or rooms: ADD to items 0181 or 0186 as appropriate. Confirm where visit took place. Please note that item 0145 is not applicable for pre-anaesthetic assessments and may not be added to items 0151	+	6	118.32	6	118.32	
0146	Emergency or unscheduled consultation/visit at the doctors home or rooms: ADD to items 0181, 0182 and 0183 as appropriate. (General Rule B refers) ● Vir 'n na-ure noodgeval of ongeskeduleerde konsultasie/besoek by die dokter se huis of kamers: VOEG BY items 0181 of 0182 en 0183 soos toepaslik (Algemene Reël B verwys)	+	8	157.76	8	157.76	

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0147	+	14	276.08	14	276.08		
For after hours emergency or unscheduled consultation/ visit away from the doctor's home or rooms: ADD to items 0181, 0182 and 0183 as appropriate (General Rule B refers) • 'n Na-ure nood-of ongeskeduleerde konsultasie/besoek weg van die dokter se spreekkamer: Voeg by items 0181, 0182 of 0183, soos toepaslik. (Verwys na Reël B)							
0109		15	295.80	15	295.80		
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 0146 or ICU items 1204-1214) • Opvolgbesoek aan pasiënt by hospitaal of verpleeginrigting. Verwys na Algemene reël G(a) vir na-operatiewe sorg (mag slegs eenmaal per dag gehef word (nie vir gebruik saam met items 0146 of intensiewe sorg items 1204-1214)							
PRE-ANAESTHETIC ASSESSMENT • VOORNARKOSE EVALUERING							
a. Pre-anaesthetic consultations for all major vascular, cardio-thoracic and orthopaedic cases will attract a unit value of at least 32.00 units • Vir voornarkose konsultasies van alle groot vaskulêre, kardiotorokale en ortopediese gevalle sal ten minste 'n eenheidswaarde van 15,00 eenhede gehef word							
b. Only item 0146 may be charged • Slegs items 0146 mag gehef word.							
0151		32	642.88	32	642.88		
Pre-anaesthetic assessment of patient(all hours). Problem focused history, clinical examination and decision making • Voor-narkose evaluering van pasiënt (alle ure). Probleemtoegespitste pasiëntgeskiedenis, kliniese ondersoek en besluitneming							
AUDIOLOGY & SPEECH THERAPY CONSULTATIONS							
1011		22.5	193.05				
1012		37.5	321.75				
1013		52.5	450.45				
GENERAL • ALGEMEEN							
0136							
Special medical examination requested by the Compensation Commissioner • Spesiale mediese ondersoek versoek deur die Vergoedingskommissaris:							
- Amount applicable from 2003/03/03 until 2005/01/27 (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2003/3/3 tot 2005/01/27 (BTW Ingesluit)							
1 100.00							
- Amount applicable from 2005/01/28 until further notice (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2005/01/28 tot verdere kennisgewing (BTW Ingesluit)							
1 860.00							
- Amount applicable from 2014/04/01 until further notice (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2014/04/01 tot verdere kennisgewing (BTW Ingesluit)							
3 500.00							
2918		15	295.80	15	295.80		
Non-operative supervision of a patient in a rehabilitation unit. Urologists excluded. • Nie-operatiewe toesig van n pasiente in n rehabilitasie eenheid, behalwe Uroloë.							
2058		117	2 307.24	93.6	1 845.79		
Urologist: Non-surgical supervision of head/brain injuries, spinal injuries (including paraplegics) or burns. All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991 and 1992 of the Tariff • Uroloë: Nie-operatiewe toesig van kop/brein beserings, spinale beserings (insluitend peraplieë) of brandwonde. Alle urodinamiese ondersoeke uitgesluit en kan afsonderlik voor gevra word onder items 1979, 1981, 1991 en 1992 in Tarief							
Note: these codes are applicable to non-operational supervision of head/brain injuries, spinal injuries or burns for all disciplines if patient is in a hospital or step-down facility. This code must be claimed where the occurrence of code 0109 exceeds 20 within a period of 4 calendar months. (General Rule G and N(c) refers) • Neem Kennis: hierdie kodes is van toepassing by nie operatiewe toesig van kop/brein beserings, spinale beserings of brandwonde as die patient in 'n hospitaal "step-down" fasiliteit is. Die kode word ge-eis waar die gebruik van kode 0109 meer as 20 is binne 'n periode van 4 kalender maande. (Algemene Reël G en N(c) verwys)							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
II. MEDICINE, MATERIAL, AND SUPPLIES ● MEDIKASIE, MATERIAAL EN VOORRAAD							
0196							
Chronic medicine and/or material indicator: Use this item to indicate medicine and/or material that are dispensed for chronic conditions ● Kroniese medikasie en/of materiaal indikator: Gebruik hierdie item om kroniese medikasie en/of materiaal verskaf vir kroniese toestande aan te dui							
0200							
Cost of prostheses and/or internal fixation cost price + 20% with a maximum markup of R6697.93 ● Koste van prosteses en/of interne fikasie apparaat. Kosprys + 20% met 'n maksimum winsgrens van R6697.93							
0201							
<p>(a) Cost of material: This item provides for a charge for material and special medicine used in treatment. Material to be charged for at cost price plus 35%. Charges for medicine used in treatment not to exceed the retail Ethical Price List ● Koste van materiaal: Hierdie item maak voorsiening vir die hef van gelde vir materiaal en spesiale medisyne wat gedurende behandeling gebruik word. Kosprys plus 35% kan gehef word vir materiaal. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Pryslys se kleinhandelsprys oorskry nie.</p> <p>(b) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used ● Eksterne fikasie-apparaat (wegdoenbaar): 'n Bedrag gelyk aan 25% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word.</p> <p>(c) External fixation apparatus (non-disposable): An amount equivalent to 20% of the purchase price of the apparatus may be charged where such apparatus is used ● Eksterne fikasie apparaat (nie-wegdoenbaar): 'n Bedrag gelyk aan 20% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word.</p> <p>(d) In case of minor injuries requiring additional material (e.g. suturing material) payment shall be considered provided the claim is motivated ● In gevalle van geringe beserings wat bykomstige materiaal (bv. hegtingsmateriaal) benodig sal betaling oorweeg word mits die eis van 'n motivering vergesel word.</p> <p>(e) Medicine, bandages and other essential material for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from his own stock provided a relevant prescription is attached to his account. Charges for medicine used in treatment not to exceed the retail Ethical Price List ● Medisyne, verbande en noodsaaklike materiaal vir tuisgebruik deur die pasiënt, word op voorskrif van 'n apteek bekom en as 'n apteek nie geredelik beskikbaar is nie, kan die geneesheer dit uit sy eie voorraad voorsien, mits hy 'n toepaslike voorskrif vir die medisyne aan sy rekening heg. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Pryslys se kleinhandelsprys oorskry nie.</p> <p>(f) Unless otherwise stated (attach invoice), for hospitalised patients, medication is included in per diem hospital tariff. Medical practitioners cannot claim for medication for such patients ● Behalwe indien anders aangedui, (heg staat aan), vir gehospitaliseerde pasiënt: Medikasie is ingesluit in die per diem hospitaalfooi. Dokters mag nie medikasie vir sulke pasiënte hef nie.</p>							
0202	10	197.20	10	197.20			
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 ● Stel van 'n steriele blad: 'n Tarief van 10,00 kliniese prosedure eenhede kan gehef word vir die stel van 'n steriele blad waar 'n steriele prosedure in die spreekkamers uitgevoer word. Koste van hegtingsmateriaal, indien van toepassing, word volgens item 0201 gehef							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0194 Procurement cost for human donor material. No mark up is allowed. Only applicable to Ophthalmologist, invoice to be attached ● Verkryging van menslike weefsel. Geen wins mag op hierdie items gehêf word nie. Slegs van toepassing op oftalmoloë, faktuur moet aangeheg word							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
III. PROCEDURES ● PROSEDURES The amounts in this section are calculated according to the Clinical Procedure unit values ● Die bedrae in hierdie afdeling word volgens die Kliniese Prosedure eenheidswaardes bereken							
UNLISTED PROCEDURE/SERVICE ● ONGESPESIFISEERDE PROSEDURE/DIENS 6999 Unlisted procedure/service code: A procedure/service may be provided that is not listed in the Compensation Fund tariffs. Please quote the correct SAMA code with item 6999 ● Ongespesifiseerde prosedure/diens item: 'n Prosedure/diens mag gelewer word wat nie in die Vergoedingsfonds tarief gelys word nie. Dui asseblief die korrekte SAMA kode aan saam met item 6999							
1. INTRAVENOUS TREATMENT ● BINNEAARSE-BEHANDELING							
0206 Intravenous infusions (push-in) Insertion of cannula - chargeable once per 24 hour ● Intraveneuse infuus (instoot) Inplaas van kannule - foioe hefbaar vir een uitvoering per 24 uur	6	118.32	6	118.32			
0207 Intravenous infusions (cut-down): Cut-down and insertion of cannula - chargeable once per 24 hours ● Intraveneuse infuus (Insnyding): Insny en inplaas van kannule - foioe hefbaar vir een uitvoering per 24 uur	8	157.76	8	157.76			
0208 Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations) ● Terapeutiese veneseksie (Kan nie gebruik word wanneer bloed getrek word met die oog op laboratorium ondersoeke nie)	6	118.32	6	118.32			
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 consultation ●							
Opmerking: Hoe om gelde te hef vir intraveneuse infusies Praktisyns is geregtig om gelde volgens die toepaslike item te hef elke keer wanneer hulle persoonlik die kannule inplaas (maar mag nie meer dikwels as een maal per 24 uur vir hierdie diens hef nie. Geen gelde mag gehêf word vir slegs die instandhouding van die infuus nie, byvoorbeeld kontrolering van die vloei of voorskryf van die inhoud, aangesien dit gereken word as deel van die dienste wat tydens konsultasies gelewer word							
0210 Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists) ● Verkryging van bloed monster(s) deur mediese praktisyn vir patologie-ondersoek, per veniseksie (uitgesluit patoloë)	3.25	64.09	3.25	64.09			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
2. INTEGUMENTARY SYSTEM ● HUIDSTELSEL							
2.1 Allergy ● Allergie							
0217 Allergy: Patch tests: First patch ● Allergie: Plaktoetse: Eerste plaktoets	4	78.88	4	78.88			
0219 Allergy: Patch tests: Each additional patch ● Allergie: Plaktoetse: Elke bykomende toets	2	39.44	2	39.44			
0218 Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs ● Allergie: Velprikoetse: Velprikoetsing: Insekgif, latex en geneesmiddels	2.8	55.22	2.8	55.22			
0220 Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): per antigen ● Allergie: Inhalant and food allergens ● Allergie: Velprikoetse: Velprikoetsing: Onmiddellike hipersensiwiteitstoetsing (Type 1 reaksie): per antigeen, inaseming en voedsel alleregene	1.9	37.47	1.9	37.47			
0221 Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): per antigen ● Allergie: Velprikoetse: Velprikoetsing: Vertraagde hipersensiwiteitstoetsing (Type IV reaksie): per antigeen	2.8	55.22	2.8	55.22			
2.2 Skin (general) ● Vel (algemeen)							
0255 Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail ● Dreinerig van onderhuidse abses, onikie, paronikie of avulsie van nael	20	394.40	20	394.40	3	276.51	+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 ● Dreinerig van groot hand- of voetinfeksies; dreinerig van groot abses met nekrose van weefsel, wat diep fascia betrek of wat debridement benodig; algehele uitsnyding van pilonidale sist of sinus	87	1 715.64	87	1 715.64	3	276.51	+T
0259 Removal of foreign body superficial to deep fascia (except hands) ● Verwydering van vreemde voorwerp oppervlakkig tot diep-fascia (buiten hande)	20	394.40	20	394.40	3	276.51	+T
0261 Removal of foreign body deep to deep fascia (except hands). ● Verwydering van vreemde voorwerp diep-tot-diep-fascia (buiten hande) Note: See item 0922 and 0923 for removal of foreign bodies in hands ● Let wel: Sien item 0922 en 0923 vir verwydering van vreemde voorwerpe uit hand	31	611.32	31	611.32	3	276.51	+T
2.3 Major plastic repair ● Groot plastiese herstel Note: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment ● Opmerking: Hierdie tarieflys voorsien nie vir elektiewe of kosmetiese operasies nie aangesien sodanige prosedures nie altyd 'n vermindering in die graad van blywende arbeidsongeskiktheid, soos in die Tweede Bylae tot die Wet beoog, tot gevolg mag hê nie. Die geneesheer is verplig om vooraf die Kommissaris se goedkeuring te verkry, alvorens met sulke behandeling begin word							
0289 Large skin graft, composite skin graft, large full thickness free skin graft ● Groot veltransplantaat, saamgestelde vel- transplantaat, groot volle dikte vry veltransplantaat	234	4 614.48	187.2	3 691.58	4	368.68	+T
0290 Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap ● Rekonstruktiewe prosedures (alle stadiums ingesluit) en veloorplanting met behulp van miokutane- of fassiokutane flap	410	8 085.20	328	6 468.16	4	368.68	+T
0291 Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis ● Rekonstruktiewe prosedures (insluitende alle stadiums) weefseloordraging met behulp van mikrovaskulêre heraanastomoses	800	15 776.00	640	12 620.80	4	368.68	+T
0292 Distant flaps: First stage ● Velflappe uit afgeleë posisie: Eerste stadium	206	4 062.32	164.8	3 249.86	4	368.68	+T
0293 Contour grafts (excluding cost of material) ● Kontoertransplantasie (uitgesonderd koste van materiaal)	206	4 062.32	164.8	3 249.86	4	368.68	+T
0294 Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses ● Gevaskulariseerde beenoordrag met of sonder sagteweefsel met een of meer stelle mikro-vaskulêre anastomoses	1200	23 664.00	960	18 931.20	6	553.02	+T
0295 Local skin flaps (large, complicated) ● Plaaslike velflappe (groot, gekompliseerd)	206	4 062.32	164.8	3 249.86	4	368.68	+T
0296 Other procedures of major technical nature ● Ander groot tegniese prosedures	206	4 062.32	164.8	3 249.86	4	368.68	+T
0297 Subsequent major procedures for repair of same lesion (Modifier 0006 not applicable) ● Daaropvolgende groot prosedures vir herstel van dieselfde letsels (Wysiger 0006 nie van toepassing nie)	104	2 050.88	104	2 050.88	4	368.68	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4862	Full thickness graft of the trunk, freegrafting including direct closure of donor site <=20cm ² ● Voldikte vel-oorplanting van die toraks, freegrafting en hegting van die skenker area <=20cm ²	136.50	2 691.78	120.00	2 366.40	5	460.85	+T
4863	Full thickness graft of the trunk, freegrafting including closure of donor site, each additional 20cm ² (modifier 0005 not applicable) ● Voldikte vel-oorplanting van die toraks: Freegrafting en hegting van die skenker area; elke addisionele <=20cm ² (wysiger 0005 nie van toepassing nie)	25.60	504.83	25.60	504.83	5	460.85	+T
4864	Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site <=20cm ² ● Voldikte vel-oorplanting van die kopvel, arms en bene: Freegrafting en hegting van die skenker area <=20cm ²	140.30	2 766.72	120.00	2 366.40	5	460.85	+T
4865	Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site, each additional 20cm ² (modifier 0005 not applicable) ● Voldikte vel-oorplanting van die kopvel, arms en bene: Freegrafting en hegting van die skenker area; elke addisionele <=20cm ² (wysiger 0005 nie van toepassing nie)	23.00	453.56	23.00	453.56	5	460.85	+T
4866	Full thickness graft of the face, neck, axilla, genitalia, hands and /or feet , free grafting including donor site: <=20cm ² ● Voldikte vel-oorplanting van die gesig, nek, oksels, genetalie, hande en voete: Freegrafting en hegting van die skenker area <=20cm ²	163.40	3 222.25	130.00	2 563.60	5	460.85	+T
4867	Full thickness graft of the face, neck, axilla, genitalia, hands and /or feet , free grafting including direct closure of donor site, each additional 20cm ² (modifier 0005 not applicable) ● Voldikte vel-oorplanting van die gesig, nek, oksels, genetalie, hande, voete: Freegrafting en hegting van die skenker area; elke addisionele <=20cm ² (wysiger 0005 nie van toepassing nie)	36.20	713.86	36.20	713.86	5	460.85	+T
4868	Full thickness graft of the nose, ears, eyelids, and /or lips free grafting including direct closure of donor site: <=20cm ² ● Voldikte vel-oorplanting van die neus, ore, ooglede en lippe: Freegrafting en hegting van die skenker area <=20cm ²	183.50	3 618.62	146.80	2 894.90	5	460.85	+T
4869	Full thickness graft of the nose, ears, eyelids, and /or lips free grafting including direct closure of donor site; each additional 20cm ² (modifier 0005 not applicable) ● Voldikte vel-oorplanting van die neus, ore, ooglede en lippe: Freegrafting en hegting van die skenker area; elke addisionele <=20cm ² (wysiger 0005 nie van toepassing nie)	43.10	849.93	43.10	849.93	5	460.85	+T
2.4	Lacerations, scars, cysts and other skin lesions ● Laserasies, littekens, siste en ander velletels							
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care ● Hegting van sagteweefselbeserings: Hegting van wond (met of sonder lokale verdoving): Normale nasorg ingesluit	14	276.08	14	276.08	3	276.51	+T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each) ● Hegting van sagteweefselbeserings: Bykomende wonde geheg tydens dieselfde geleentheid (elk)	7	138.04	7	138.04	3	276.51	+T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage ● Hegting van sagteweefsel-beserings: Diep laserasie met beperkte spierskade	64	1 262.08	64	1 262.08	4	368.68	+T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage ● Hegting van sagteweefsel-beserings: Diep laserasie met uitgebreide spierskade	128	2 524.16	120	2 366.40	4	368.68	+T
0304	Major debridement of wound, sloughectomy or secondary suture ● Uitgebreide debridement van wond, nekrotektomie of sekondêre hegting	50	986.00	50	986.00	3	276.51	+T
4830	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm ● Debridement van subkutane weefsel: Sluit epidermis en dermis in: <= 20 cm ²	13.9	274.11	13.9	274.11	3	276.51	+T
4831	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof ● Debridement van subkutane weefsel: sluit epidermis en dermis in: Voeg by vir elke addisionele 20 cm ² of gedeelte daarvan	+ 5.3	104.52	5.3	104.52	3	276.51	+T
4832	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm ● Debridement van spier en/of fascia: sluit epidermis en dermis en subkutane weefsel in: <= 20 cm ²	36	709.92	36	709.92	5	460.85	+T
4833	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof ● Debridement van spier en/of fascia: sluit epidermis, dermis en subkutane weefsel in: Voeg by vir elke addisionele 20 cm ² of gedeelte daarvan	+ 11.2	220.86	11.2	220.86	5	460.85	+T
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm ● Debridement beenweefsel: sluit epidermis, dermis, subkutane weefsel, spier en/of fascia in: <= 20 cm ²	62.5	1 232.50	62.5	1 232.50	6	553.02	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose			
		U/E	R	U/E	R	U/E	R	T/M	
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof ● Debridement van been weefsel: sluit epidermis en dermis in: Voeg by vir elke addisionele 20 cm ² of gedeelte daarvan	+	19.5	384.54	19.5	384.54	6	553.02	+T+M
0305	Needle biopsy - soft tissue ● Naaldbiopsie - sagte weefsel		25	493.00	25	493.00	3	276.51	+T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude ● Uitsnyding en herstel deur middel van direkte hegting; eksisie naelvou of ander kleiner prosedures van dieselfde omvang		27	532.44	27	532.44	3	276.51	+T
0308	Each additional small procedure done at the same time ● Elke bykomende klein prosedure wat gelyktydig gedoen word		14	276.08	14	276.08	3	276.51	+T
0310	Radical excision of nailbed ● Radikale verwydering van naelbed		38	749.36	38	749.36	3	276.51	+T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude ● Waar herstel deur middel van groot veltransplantaat of groot plaaslike veelflap benodig word, of ander prosedures van soortgelyke omvang		104	2 050.88	104	2 050.88	4	368.68	+T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude ● Waar herstel deur middel van klein veltransplantaat of klein plaaslike veelflap benodig word, of ander prosedures van soortgelyke omvang		55	1 084.60	55	1 084.60	3	276.51	+T
4856	Split thickness autograft of the trunk, arms and/or legs <=100 ² cm ● Split dikte autotransplantaat van die toraks, arms en/of bene <=100 ² cm		153.6	3 028.99	122.88	2 423.19	5	460.85	+T
4857	Split thickness autograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (modifier 0005 not applicable) ● Split dikte autotransplantaat van die toraks, arms en/of bene: elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)	+	31.5	621.18	31.5	621.18	5	460.85	+T
4858	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 ² cm (1% of body area for infants and children) ● Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone <=100 ² cm (1% Liggaamsarea vir babas en kinders)		172	3 391.84	137.6	2 713.47	5	460.85	+T
4859	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 ² cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable) ● Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	+	51.6	1 017.55	51.6	1 017.55	5	460.85	+T
4872	Acellular dermal allograft of the trunk, arms and/or legs <=100 ² cm (1% of body area for infants and children) ● Asellulêre veltransplantaat van die toraks, arms en/of bene <=100 ² cm (1% Liggaamsarea vir babas en kinders)		66.3	1 307.44	66.3	1 307.44	5	460.85	+T
4873	Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable) ● Asellulêre veltransplantaat van die toraks; arms en/of bene: elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	+	15.3	301.72	15.3	301.72	5	460.85	+T
4874	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 ² cm ●		74	1 459.28	74	1 459.28	5	460.85	+T
4875	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 ² cm or part thereof (modifier 0005 not applicable) ● Asellulêre veltransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)	+	21.8	429.90	21.8	429.90	5	460.85	+T
2.6	Burns ● Brandwonde								
0345	Minor burns ● Klein brandwonde								
0347	Moderate burns ● Matige brandwonde								
0351	Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours) ● Ernstige brandwonde: Resusitasie (met inbegrip van toesig en binne-aarse terapie - eerste 48 uur)		276	5 442.72	220.8	4 354.18	5	460.85	+T
0353	Tangential excision and grafting: Small ● Tangensiale eksisie en oorplanting: Klein		100	1 972.00	100	1 972.00	5	460.85	+T
0354	Tangential excision and grafting: Large ● Tangensiale eksisie en oorplanting: Groot		200	3 944.00	160	3 155.20	5	460.85	+T
2.7	Hands (skin) ● Hande (vel)								
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler ● Veelflap in akute handbeserings waar die flap geneem word van 'n liggaamsdeel verwyderd van die beseerde vinger of in gevalle van verplasingveelflap bv. Cutler		147.40	2 906.73	120	2 366.40	4	368.68	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0357 Small skin graft in acute hand injury ● Klein veloorplanting by akute handbesering	45	887.40	45	887.40	3	276.51	+T
0359 Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing ● Losmaak van groot velkontraaktuur en/of uitsnyding van littekenweefsel met bedekking deur veloorplanting	192	3 786.24	153.6	3 028.99	3	276.51	+T
0361 Z-plasty ● Z-plastie	220.1	4 340.37	176.08	3 472.30	3	276.51	+T
0363 Local flap and skin graft ● Lokale flap en veloorplanting	150	2 958.00	120	2 366.40	3	276.51	+T
0365 Cross finger flap (all stages) ● Kruisvingerflap (alle stadia)	192	3 786.24	153.6	3 028.99	3	276.51	+T
0367 Palmarflap (all stages) ● Palmareflap (alle stadia)	192	3 786.24	153.6	3 028.99	3	276.51	+T
0369 Distant flap: First stage ● Afgeleë flap: Eerste stadium	158	3 115.76	126.4	2 492.61	3	276.51	+T
0371 Distant flap: Subsequent stage (not subject to General Modifier 0006) ● Afgeleë flap: Opvolgende stadia (nie onderhewig aan Algemene Wysiger 0006 nie)	77	1 518.44	77	1 518.44	3	276.51	+T
0373 Transfer neurovascular island flap ● Verplasing van neurovaskulêre eilandflap	230.5	4 545.46	184.4	3 636.37	3	276.51	+T
0374 Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) ● Sindaktilie: Losmaak van, insluitende veltransplantasie vir een web (met velflap en verplanting)	242.4	4 780.13	193.92	3 824.10	3	276.51	+T
0375 Dupuytren's contracture: Fasciotomy ● Dupuytren se kontraaktuur: Fassiotomie	51	1 005.72	51	1 005.72	3	276.51	+T
0376 Dupuytren's contracture: Fasciectomy ● Dupuytren se kontraaktuur: Fassiektomie	218	4 298.96	174.4	3 439.17	3	276.51	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3. MUSCULO-SKELETAL SYSTEM ● SPIER-SKELETSTELSEL							
3.1	Bones ● Bene						
3.1.1	Fractures ● Frakture						
0383	Fracture (reduction under general anaesthetic): Scapula ● Fraktuur (reduksie onder algemene narkose): Skapula						
0384	284.2	5 604.42	227.36	4 483.54	3	276.51	+T+M
0386	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Bladbeen: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)						
0386	209.4	4 129.37	167.52	3 303.49	3	276.51	+T+M
0387	Fracture (reduction under general anaesthetic): Clavicle ● Fraktuur (reduksie onder algemene narkose): Klavikel						
0387	77	1 518.44	77	1 518.44	3	276.51	+T+M
0388	Percutaneous pinning supracondylar fracture elbow - stand alone procedure ● Perkutane fiksering van suprakondulere fraktuur - elmboog - alleenstaande prosedure						
0388	175.70	3 464.80	140.56	2 771.84	3	276.51	+T+M
0389	Fracture (reduction under general anaesthetic): Humerus ● Fraktuur (reduksie onder algemene narkose): Humerus						
0389	111.60	2 200.75	111.60	2 200.75	3	276.51	+T+M
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Humerus: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)						
0390	255.3	5 034.52	204.24	4 027.61	3	276.51	+T+M
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna ● Fraktuur (reduksie onder algemene narkose): Radius en/of Ulna						
0391	77	1 518.44	77	1 518.44	3	276.51	+T+M
0392	Open reduction of both radius and ulna (Modifier 0051 not applicable) ● Oop reduksie beide radius en ulna (Wysiger 0051 nie van toepassing nie)						
0392	210	4 141.20	168	3 312.96	3	276.51	+T+M
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Karpale bene: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)						
0401	208.7	4 115.56	166.96	3 292.45	3	276.51	+T+M
0402	Fracture (reduction under general anaesthetic): Carpal bone ● Fraktuur (reduksie onder algemene narkose): Karpale been						
0402	64	1 262.08	64	1 262.08	3	276.51	+T+M
0403	Bennett's fracture-dislocation ● Bennett se fraktuur-ontwrigting						
0403	51	1 005.72	51	1 005.72	3	276.51	+T+M
0405	Fracture reduction under general anaesthetic: Open treatment of Metacarpal: Simple ● Fraktuur reduksie onder algemene narkose: Oop behandeling van Metakarpaal: Eenvoudig						
0405	118.3	2 332.88	118.3	2 332.88	3	276.51	+T+M
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Eenvoudig						
0409		ß		ß	3	276.51	+T+M
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Oop						
0411	52	1 025.44	52	1 025.44	3	276.51	+T+M
0413	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Simple ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Eenvoudig						
0413	48	946.56	48	946.56	3	276.51	+T
0415	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Oop						
0415	102	2 011.44	102	2 011.44	3	276.51	+T+M
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed (modifier 0051 is applicable) ● Fraktuur (reduksie onder algemene narkose): Pelvis fraktuur: Geslote (wysiger 0051 is van toepassing nie)						
0417		ß		ß	3	276.51	+T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation ● Fraktuur (reduksie onder algemene narkose): Pelvis: Operatiewe reduksie en fiksasie						
0419	320	6 310.40	256	5 048.32	3	276.51	+T+M
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Acetabulum: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)						
0420	560	11 043.20	448	8 834.56	3	276.51	+T+M
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft ● Fraktuur (reduksie onder algemene narkose): Femur: Nek of Skag						
0421	237	4 673.64	189.6	3 738.91	3	276.51	+T+M
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Femur nek of skag: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)						
0422	392.3	7 736.16	313.84	6 188.92	3	276.51	+T+M
0425	Fracture (reduction under general anaesthetic): Patella ● Fraktuur (reduksie onder algemene narkose): Patella						
0425	51	1 005.72	51	1 005.72	3	276.51	+T+M
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Patella: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)						
0426	219.5	4 328.54	175.6	3 462.83	3	276.51	+T+M
0429	Fracture (reduction under general anaesthetic): Tibia with or without Fibula ● Fraktuur (reduksie onder algemene narkose): Tibia met of sonder Fibula						
0429	128	2 524.16	120	2 366.40	3	276.51	+T+M

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		U/E	R	U/E	R	U/E	R	T/M
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Tibia, met of sonder fibula: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	293.2	5 781.90	234.56		3	276.51	+T+M
0433	Fracture (reduction under general anaesthetic) Fibula shaft ● Fraktuur: Fibulaskag (reduksie onder algemene narkose)		ß		ß	3	276.51	+T+M
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Fibulaskag: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207	4 082.04	165.6		3	276.51	+T+M
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle ● Fraktuur (reduksie onder algemene narkose): Malleolus van enkelgewrig	58	1 143.76	58	1 143.76	3	276.51	+T+M
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Malleolus, enkel: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207.1	4 084.01	165.68		3	276.51	+T+M
0437	Fracture-dislocation of ankle ● Fraktuurontwrigting van enkelgewrig	128	2 524.16	120	2 366.40	3	276.51	+T+M
0438	Open reduction Talus fracture (Modifier 0051 not applicable) ● Oop reduksie Talus fraktuur (Wysiger 0051 nie van toepassing nie)	198.7	3 918.36	158.96	3 134.69	3	276.51	+T+M
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus) ● Fraktuur (reduksie onder algemene narkose): Tarsale bene (uitgesluit talus en kalkaneum)	64	1 262.08	64	1 262.08	3	276.51	+T+M
0440	Open reduction Calcaneus fracture (Modifier 0051 not applicable) ● Oop reduksie Kalkaneus fraktuur (Wysiger 0051 nie van toepassing nie)	403.50	7 957.02	322.5	6 359.70	3	276.51	+T+M
0441	Fracture (reduction under general anaesthetic): Metatarsal ● Fraktuur (reduksie onder algemene narkose): Metatarsaal	41.8	824.30	41.8	824.30	3	276.51	+T+M
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Metatarsale bene: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	154.7	3 050.68	123.76	2 440.55	3	276.51	+T+M
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal: Simple ● Fraktuur (reduksie onder algemene narkose): Toonfalanks: Distaal: Eenvoudig		ß		ß	3	276.51	+T
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Toon, distale falanks: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	144.5	2 849.54	120	2 366.40	3	276.51	+T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound ● Fraktuur (reduksie onder algemene narkose): Toonfalanks: Oop	32	631.04	32	631.04	3	276.51	+T+M
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Tarsale bene (talus en kalkaneus uitgesluit): Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	178.2	3 514.10	142.56	2 811.28	3	276.51	+T+M
0447	Fracture (reduction under general anaesthetic): Other: Simple ● Fraktuur (reduksie onder algemene narkose): Ander: Eenvoudig	26	512.72	26	512.72	3	276.51	+T
0448	Fracture: Calcaneus (reduction under general anaesthetic) ● Fraktuur: Kalkaneus (reduksie onder algemene narkose)	103.3	2 037.08	103.3	2 037.08	3	276.51	+T+M
0449	Fracture (reduction under general anaesthetic): Other: Compound ● Fraktuur (reduksie onder algemene narkose): Ander: Oop	52	1 025.44	52	1 025.44	3	276.51	+T+M
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed ● Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Geslote		ß		ß	3	276.51	+T

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	U/E	R	U/E	R	U/E	R	T/M
0452	230	4 535.60	184	3 628.48	3	276.51	+T+M
Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest ● Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Oop reduksie en fiksasie van veelvuldige ribfrakture vir vleël borskas							
0455		β		β	3	276.51	+T+M
Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical ● Fraktuur (reduksie onder algemene narkose): Werwelkolom: Met of sonder verlamming: Nek							
0456		β		β	3	276.51	+T+M
Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest ● Fraktuur (reduksie onder algemene narkose): Werwelkolom: Met of sonder verlamming: Res							
0459	DELETED 2009: Open reduction and internal fixation for fracture and/or dislocation of spine ● GESKRAP 2009: Oop reduksie en interne fiksasie vir fraktuur en/of dislokasie van werwelkom						
0461		*		*	3	276.51	+T+M
Fracture (reduction under general anaesthetic): Compression fracture: Cervical ● Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Nek							
0462		*		*	3	276.51	+T+M
Fracture (reduction under general anaesthetic): Compression fracture: Rest ● Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Res							
0463		*		*	3	276.51	+T+M
Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical ● Fraktuur (reduksie onder algemene narkose): Spineuse of transverse prosesse: Nek							
0464		*		*	3	276.51	+T+M
Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest ● Fraktuur (reduksie onder algemene narkose): Spineuse of transverse prosesse: Res							
3.1.1.1	Operations for fractures ● Operasies vir frakture						
0465	288	5 679.36	230.4	4 543.49	3	276.51	+T+M
Fractures involving large joints (includes the item for the relative bone). This item may not be used as a modifier ● Frakture wat groot gewigte aantas (sluit die item vir die betrokke been in). Hierdie item mag nie as 'n wysiger gebruik word nie							
0473	43	847.96	43	847.96	3	276.51	+T
Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pin (Not subject to rule G) (Modifier 0005 not applicable) ● Perkutane inplasing en daaropvolgende verwydering van Kirschner drade of Steinmann penne (Nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)							
0475	282	5 561.04	225.6	4 448.83	3	276.51	+T+M
Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna ● Beenoorplanting of interne fiksasie vir wanhegting of nie-hegting: Femur, Tibia, Humerus, Radius en Ulna							
0479	154	3 036.88	123.2	2 429.50	3	276.51	+T+M
Bonegrafting or internal fixation for malunion or non-union: Other bones (not applicable to fingers and toes) ● Beenoorplanting of interne fiksasie vir wanhegting of nie-hegting: Ander bene (nie van toepassing op vingers en tone nie)							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3.1.2 Bony operations ● Benige operasies							
3.1.2.1 Bone grafting ● Beenoorplanting							
0497 Resection of bone with or without grafting (benign) ● Reseksie van been met of sonder oorplanting (benigne)	282	5 561.04	225.6	4 448.83	3	276.51	+T+M
0498 Resection of bone or tumour (malignant) with or without grafting (does not include digits) ● Reseksie van been of tumor met of sonder beenoorplanting (maligne) - vingers uitgesluit	340	6 704.80	272	5 363.84	3	276.51	+T+M
0499 Grafts to cysts: Large bones ● Oorplanting by siste: Groot bene	192	3 786.24	153.6	3 028.99	3	276.51	+T+M
0501 Grafts to cysts: Small bones ● Oorplanting by siste: Klein beentjies	128	2 524.16	120	2 366.40	3	276.51	+T+M
0503 Grafts to cysts: Cartilage graft ● Oorplanting by siste: Kraakbeenoorplanting	206	4 062.32	164.8	3 249.86	3	276.51	+T+M
0505 Grafts to cysts: Inter-metacarpal bone graft ● Oorplanting by siste: Inter-metakarpace beenoor-planting	147	2 898.84	120	2 366.40	3	276.51	+T+M
0506 Harvesting of graft: Cartilage graft, costochondral ● Herwinning van oorplantings weefsel: Kraakbeen oorplanting, ribkraakbeen	91.1	1 796.49	91.1	1 796.49	6	553.02	+T
0507 Removal of autogenous bone for grafting (not subject to modifier 0005) ● Verwydering van outogene been vir oorplanting (nie onderhewig aan wysiger 0005)	50	986.00	50	986.00	3	276.51	+T+M
3.1.2.2 Acute/chronic osteomyelitis ● Akute/kroniese osteomiëlitis							
0509 Conservative treatment ● Konserwatiewe behandeling		*		*			
0511 Operation: Tariff which would be applicable for compound (open) fracture of the bone involved, including six weeks post-operative care ● Operasie: Gelde van toepassing op 'n saamgestelde (oop) fraktuur van die betrokke been, insluitend ses weke na-operatiewe behandeling							
0512 Sternum sequestrectomy and drainage: Including six weeks after-care ● Sternum sekwestrektomie en dreinerig: Ses weke nasorg ingesluit	128	2 524.16	120	2 366.40	3	276.51	+T+M
3.1.2.3 Osteotomy ● Osteotomie							
0514 Osteotomy: Sternum: Repair of pectus-excavatum ● Osteotomie: Sternum: Herstel van pectus excavatum	330	6 507.60	264	5 206.08	3	276.51	+T+M
0515 Osteotomy: Sternum: Repair of pectus carinatum ● Osteotomie: Sternum: Herstel van pectus carinatum	330	6 507.60	264	5 206.08	3	276.51	+T+M
0516 Osteotomy: Pelvic ● Osteotomie van die Pelvis	320	6 310.40	256	5 048.32	3	276.51	+T+M
0521 Osteotomy: Femoral: Proximal (Modifier 0051 is applicable) ● Osteotomie: Femoraal: Proksimaal (Wysiger 0051 is van toepassing)	320	6 310.40	256	5 048.32	3	276.51	+T+M
0527 Osteotomy: Knee region (Modifier 0051 is applicable) ● Osteotomie: Kniestreek (Wysiger 0051 is van toepassing)	320	6 310.40	256	5 048.32	3	276.51	+T+M
0528 Osteotomy: Os Calcis (Dwyer operation) (Modifier 0051 is applicable) ● Osteotomie: Kalkaneum (Dwyer operasie) (Wysiger 0051 is van toepassing)	115	2 267.80	115	2 267.80	3	276.51	+T+M
0530 Osteotomy: Metacarpal and phalanx: Corrective for mal-union or rotation (Modifier 0051 is applicable) ● Osteotomie: Metakarpaal en falanks: Korrektief vir wanhegting of rotasie (Wysiger 0051 is van toepassing)	120	2 366.40	120	2 366.40	3	276.51	+T+M
0531 Rotational osteotomy tibia and fibula - stand alone procedure ● Rotasie osteotomie - tibia een fibula - alleenstaande prosedure	278.90	5 499.91	223.12	4 399.93	3	276.51	+T+M
0532 Rotation osteotomy of the Radius, Ulna or Humerus(modifier 0051 is applicable) ● Rotasie osteotomie van Radius, Ulna of Humerus (Wysiger 0051 is van toepassing)	160	3 155.20	128	2 524.16	3	276.51	+T+M
0533 Osteotomy single metatarsal (modifier 0051 is applicable) ● Osteotomie, enkele metatarsaal (wysiger 0051 is van toepassing)	60	1 183.20	60	1 183.20	3	276.51	+T+M
0534 Multiple metatarsal osteotomies (modifier 0051 is applicable) ● Veelvuldige metatarsale osteotomieë (wysiger 0051 is van toepassing)	150	2 958.00	120	2 366.40	3	276.51	+T+M

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	U/E	R	U/E	R	U/E	R	T/M
3.1.2.4 Exostosis ● Eksostose							
0535 Exostosis: Excision: Readily accessible sites ● Eksostose: Eksisie: Toeganklike areas	60	1 183.20	60	1 183.20	3	276.51	+T+M
0537 Exostosis: Excision: Less accessible sites ● Eksostose: Eksisie: Minder toeganklike areas	96	1 893.12	96	1 893.12	3	276.51	+T+M
3.1.2.5 Biopsy ● Biopsie							
0539 Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable ● Naaldbiopsie: Werwelkolom (geen nasorg), Wysiger 0005 nie van toepassing nie	50	986.00	50	986.00	4	368.68	+T
0541 Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable ● Naaldbiopsie: Ander areas (geen na-sorg), Wysiger 0005 nie van toepassing nie	32	631.04	32	631.04	4	368.68	+T
0543 Biopsy: Open (modifier 0005 is not applicable): Readily accessible site ● Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Maklik bereikbaar	64	1 262.08	64	1 262.08		As per bone/ Soos per been	
0545 Biopsy: Open (modifier 0005 is not applicable): Less accessible site ● Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Moelik bereikbaar	96	1 893.12	96	1 893.12		As per bone/ Soos per been	
3.2 Joints ● Gewrigte							
3.2.1 Dislocations ● Ontwrigtings							
0547 Joint: Dislocation: Clavicle: either end ● Gewrig: Ontwrigting: Klavikel: enige punt	38	749.36	38	749.36	3	276.51	+T+M
0549 Joint: Dislocation: Shoulder ● Gewrig: Ontwrigting: Skouer	51	1 005.72	51	1 005.72	3	276.51	+T+M
0551 Joint: Dislocation: Elbow ● Gewrig: Ontwrigting: Elmboog	51	1 005.72	51	1 005.72	3	276.51	+T+M
0552 Joint: Dislocation: Wrist ● Gewrig: Ontwrigting: Polsgewrig	77	1 518.44	77	1 518.44	3	276.51	+T+M
0553 Joint: Dislocation: Perilunar transscaphoid fracture dislocation ● Gewrig: Ontwrigting: Perilunêre transkafoïde fraktuurontwrigting	130	2 563.60	120	2 366.40	3	276.51	+T+M
0555 Joint: Dislocation: Lunate ● Lunatum	77	1 518.44	77	1 518.44	3	276.51	+T+M
0556 Joint: Dislocation: Carpo-metacarpal dislocation ● Gewrig: Ontwrigting: Karpometakarpale ontwrigting	51	1 005.72	51	1 005.72	3	276.51	+T+M
0557 Joint: Dislocation: Metacarpal-phalangeal or interphalangeal joints (hand) ● Gewrig: Ontwrigting: Metakarpofalangeaal of interfalangeale gewrigte (hand)	26	512.72	26	512.72	3	276.51	+T+M
0559 Joint: Dislocation: Hip ● Gewrig: Ontwrigting: Heup	109	2 149.48	109	2 149.48	3	276.51	+T+M
0561 Joint: Dislocation: Knee ● Gewrig: Ontwrigting: Knie	96	1 893.12	96	1 893.12	3	276.51	+T+M
0563 Joint: Dislocation: Patella ● Gewrig: Ontwrigting: Patella	32	631.04	32	631.04	3	276.51	+T+M
0565 Joint: Dislocation: Ankle ● Gewrig: Ontwrigting: Enkel	90	1 774.80	90	1 774.80	3	276.51	+T+M
0567 Joint: Dislocation: Sub-Talar dislocation ● Gewrig: Ontwrigting: Sub-Talare ontwrigting	90	1 774.80	90	1 774.80	3	276.51	+T+M
0569 Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal ● Gewrig: Ontwrigting: Intertarsaal of Tarsometatarsaal of Midtarsaal	77	1 518.44	77	1 518.44	3	276.51	+T+M
0571 Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot) ● Metatarsofalangeaal of interfalangeale gewrigte (voet)	14	276.08	14	276.08	3	276.51	+T+M
3.2.2 Operations for dislocations ● Operasies vir ontwrigtings							
0578 Recurrent dislocation of shoulder ● Herhaalde skouer-ontwrigting	200	3 944.00	160	3 155.20	3	276.51	+T+M
0579 Recurrent dislocation of large joints ● Herhalende ontwrigting van groot gewrigte	161	3 174.92	128.8	2 539.94	3	276.51	+T+M

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	U/E	R	U/E	R	U/E	R	T/M
3.2.3 Capsular operations ● Kapsulêre operasies							
0582 Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) ● Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Klein gewrig (drie weke nasorg ingesluit)	51	1 005.72	51	1 005.72	3	276.51	+T+M
0583 Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) ● Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Groot gewrig (drie weke nasorg ingesluit)	96	1 893.12	96	1 893.12	3	276.51	+T+M
0585 Capsulotomy or arthrotomy or biopsy or drainage of joint: Capsulectomy digital joint ● Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Kapsulektomie digitale gewrig	64	1 262.08	64	1 262.08	3	276.51	+T+M
0586 Multiple percutaneous capsulotomies of metacarpophalangeal joints ● Veelvuldige perkutane kapsulotomieë van metakarpofalangeale gewrigte	90	1 774.80	90	1 774.80	3	276.51	+T+M
0587 Release of digital joint contracture ● Losmaak van falangeale-gewrigskontraaktuur	128	2 524.16	120	2 366.40	3	276.51	+T+M
3.2.4 Synovectomy ● Sinovektomie							
0589 Synovectomy: Digital joint ● Sinovektomie: Digitale gewrig	77	1 518.44	77	1 518.44	3	276.51	+T+M
0592 Synovectomy: Large joint ● Sinovektomie: Grootgewrig	160	3 155.20	128	2 524.16	3	276.51	+T+M
0593 Tendon synovectomy ● Tendon sinovektomie	203.7	4 016.96	162.96	3 213.57	3	276.51	+T+M
3.2.5 Arthrodesis ● Artrodesse							
0597 Arthrodesis: Shoulder ● Artrodesse: Skouer	224	4 417.28	179.2	3 533.82	3	276.51	+T+M
0598 Arthrodesis: Elbow ● Artrodesse: Elmoog	180	3 549.60	144	2 839.68	3	276.51	+T+M
0599 Arthrodesis: Wrist ● Artrodesse: Polsgewrig	180	3 549.60	144	2 839.68	3	276.51	+T+M
0600 Arthrodesis: Digital joint ● Artrodesse: Digitale gewrig	128	2 524.16	120	2 366.40	3	276.51	+T+M
0601 Arthrodesis: Hip ● Artrodesse: Heup	320	6 310.40	256	5 048.32	3	276.51	+T+M
0602 Arthrodesis: Knee ● Artrodesse: Knie	180	3 549.60	144	2 839.68	3	276.51	+T+M
0603 Arthrodesis: Ankle ● Artrodesse: Enkel	180	3 549.60	144	2 839.68	3	276.51	+T+M
0604 Arthrodesis: Sub-talar ● Artrodesse: Sub-talaar	130	2 563.60	120	2 366.40	3	276.51	+T+M
0605 Arthrodesis: Stabilization of foot (triple-arthrodeses) ● Artrodesse: Stabilisering van voet (drievoudige artrodesse)	180	3 549.60	144	2 839.68	3	276.51	+T+M
0607 Arthrodesis: Mid-tarsal wedge resection ● Artrodesse: Midtarsale wigreseksie	180	3 549.60	144	2 839.68	3	276.51	+T+M
3.2.6 Arthroplasty ● Artroplastie							
0614 Arthroplasty: Debridement large joints ● Artroplastie: Debridement groot gewrigte	160	3 155.20	128	2 524.16	3	276.51	+T+M
0615 Arthroplasty: Excision medial or lateral end of clavicle ● Artroplastie: Eksisie mediale of laterale punt van klavikel	116	2 287.52	116	2 287.52	3	276.51	+T+M
0617 Shoulder: Acromioplasty ● Skouer: Akromioplastie	192	3 786.24	153.6	3 028.99	3	276.51	+T+M
0619 Shoulder: Partial replacement ● Skouer: Gedeeltelike vervanging	277	5 462.44	221.6	4 369.95	5	460.85	+T+M
0620 Shoulder: Total replacement ● Skouer: Totale vervanging	416	8 203.52	332.8	6 562.82	5	460.85	+T+M
0621 Elbow: Excision head of radius ● Elmoog: Eksisie kop van radius	96	1 893.12	96	1 893.12	3	276.51	+T+M
0622 Elbow: Excision ● Elmoog: Eksisie	192	3 786.24	153.6	3 028.99	3	276.51	+T+M
0623 Elbow: Partial replacement ● Elmoog: Gedeeltelike vervanging	188	3 707.36	150.4	2 965.89	3	276.51	+T+M
0624 Elbow: Total replacement ● Elmoog: Totale vervanging	282	5 561.04	225.6	4 448.83	3	276.51	+T+M
0625 Wrist: Excision distal end of ulna ● Polsgewrig: Eksisie distale end van ulna	96	1 893.12	96	1 893.12	3	276.51	+T+M
0626 Wrist: Excision single bone ● Polsgewrig: Eksisie een beentjie	110	2 169.20	110	2 169.20	3	276.51	+T+M
0627 Wrist: Excision proximal row ● Polsgewrig: Eksisie proksimale ry	166	3 273.52	132.8	2 618.82	3	276.51	+T+M
0631 Wrist: Total replacement ● Polsgewrig: Totale vervanging	249	4 910.28	199.2	3 928.22	3	276.51	+T+M
0635 Digital joint: Total replacement ● Digitale gewrig: Totale vervanging	192	3 786.24	153.6	3 028.99	3	276.51	+T+M
0637 Hip: Total replacement ● Heup: Totale vervanging	416	8 203.52	332.8	6 562.82	3	276.51	+T+M
0641 Hip: Prosthetic replacement of femoral head ● Heup: Vervanging van kop van femur met prothese	288	5 679.36	230.4	4 543.49	3	276.51	+T+M
0643 Hip: Girdlestone ● Heup: Girdlestone	320	6 310.40	256	5 048.32	3	276.51	+T+M
0645 Knee: Partial replacement ● Knie: Gedeeltelike vervanging	277	5 462.44	221.6	4 369.95	3	276.51	+T+M
0646 Knee: Total replacement ● Knie: totale vervanging	416	8 203.52	332.8	6 562.82	3	276.51	+T+M
0649 Ankle: Total replacement ● Enkel: Totale vervanging	290.4	5 726.69	232.32	4 581.35	3	276.51	+T+M
0650 Ankle: Astragalectomy ● Enkel: Astragalektomie	154	3 036.88	123.2	2 429.50	3	276.51	+T+M
3.2.7 Miscellaneous (Joints) ● Diverse (gewrigte)							
0661 Aspiration of joint or intra-articular injection (not subject to rule G) (Modifier 0005 not applicable) ● Aspirasie van gewrig of intra-artikulêre inspuiting (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	9	177.48	9	177.48	3	276.51	+T
0667 Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable ● Artroskopies (nasorg uitgesluit), wysigers 0005 en 0013 nie van toepassing nie	60	1 183.20	60	1 183.20	3	276.51	+T
0669 Manipulation large joint under general anaesthetic (not subject to	14	276.08	14	276.08	4	368.68	Hip+T

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	U/E	R	U/E	R	U/E	R	T/M
rule G) (Modifier 0005 not applicable) ● Manipulasie van groot gewrig onder algemene narkose (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)					3	276.51	Knee / Shoulder + T
0670 Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic ● Slegs konsultasiegeldes mag gehef word wanneer 'n groot gewrig gemanipuleer word met of sonder lokale narkose		Φ		Φ	4 3	368.68	Hip+T 276.51 Knee / Shoulder + T
0673 Meniscectomy or operation for other internal derangement of knee ● Menisektomie of operasie vir ander interne versteuring van knie	109	2 149.48	109	2 149.48	3	276.51	+T+M
3.2.8 Joint ligament reconstruction or suture ● Rekonstruksie of hegting van ligamente							
0675 Joint ligament reconstruction or suture: Ankle: Collateral ● Rekonstruksie of hegting van ligamente: Enkel: Kollateraal	160	3 155.20	128	2 524.16	3	276.51	+T+M
0677 Joint ligament reconstruction or suture: Knee: Collateral ● Rekonstruksie of hegting van ligamente: Knie: Kollateraal	160	3 155.20	128	2 524.16	3	276.51	+T+M
0678 Joint ligament reconstruction or suture: Knee: Cruciate ● Rekonstruksie of hegting van ligamente: Knie: Kruisligament	160	3 155.20	128	2 524.16	3	276.51	+T+M
0679 Joint ligament reconstruction or suture: Ligament augmentation procedure of knee ● Rekonstruksie of hegting van ligamente: Versterkte knie ligament herstel	280	5 521.60	224	4 417.28	3	276.51	+T+M
0680 Joint ligament reconstruction or suture: Digital joint ligament ● Rekonstruksie of hegting van ligamente: Digitale gewrig ligament	165	3 253.80	132	2 603.04	3	276.51	+T+M
3.3 Amputations ● Amputasies							
3.3.1 Specific amputations ● Spesifieke amputasies							
0681 Amputation: Humerus, includes primary closure ● Amputasie: Humerus, ingesluit die primêre hegting van die wond	211.6	4 172.75	169.28	3 338.20	4	368.68	+T+M
0682 Amputation: Fore-quarter amputation ● Amputasie: Voorkwartamputasie	294	5 797.68	235.2	4 638.14	9	829.53	+T+M
0683 Amputation: Through shoulder ● Amputasie: Deur skouer	148	2 918.56	120	2 366.40	5	460.85	+T+M
0684 Amputation: Forearm ● Amputasie: Voorarm	213.5	4 210.22	170.48	3 361.87	3	276.51	+T+M
0686 Amputation: Ankle (eg., Syme, Pirogoff type) ● Amputasie: Enkel (bv. Syme, Pirogoff tipe)	204.1	4 024.85	163.28	3 219.88	4	368.68	+T+M
0687 Partial amputation of the hand: One ray ● Amputasie: Amputasie van gedeelte van hand: Een straal	102	2 011.44	102	2 011.44	3	276.51	+T+M
0688 Amputation: Foot, midtarsal (Chopart type) ● Amputasie: Voet, midtarsaal (Chopart tipe)	165.7	3 267.60	132	2 603.04	3	276.51	+T+M
0691 Amputation: Whole or part of finger (skin flap included) ● Amputasie: Gedeelte van, of totale vinger (sluit vel flap in)	116.8	2 303.30	116.80	2 303.30	3	276.51	+T+M
0692 Scar revision/secondary closure: amputated thigh, through femur, any level ● Letsel hersiening met sekondêre hegting: Bo-been amputasie, deur femur, enige vlak	150.7	2 971.80	120.56	2 377.44	3	276.51	+T+M
0693 Hindquarter amputation ● Agterkwart amputasie	420	8 282.40	336	6 625.92	6	553.02	+T+M
0694 Scar revision/secondary closure: amputated leg, through tibia and fibula, any level ●	173.9	3 429.31	139.12	2 743.45	3	276.51	+T+M
0695 Amputation: Through hip joint region ● Amputasie: Deur heupgewigstreek	192	3 786.24	153.6	3 028.99	6	553.02	+T+M
0696 Re-amputation: Thigh, through femur, any level ● Her-amputasie: Bo-been deur die femur op enige vlak	217.3	4 285.16	173.84	3 428.12	3	276.51	+T+M
0697 Amputation: Through thigh ● Amputasie: Deur dybeen	205	4 042.60	164	3 234.08	6	553.02	+T+M
0698 Re-amputation: Leg, through tibia and fibula ● Her-amputasie: Onderbeen deur die tibia en fibula	198.2	3 908.50	158.56	3 126.80	3	276.51	+T+M
0699 Amputation: Below knee, through knee/Syme ● Amputasie: Onder knie, deur knie of Syme	194	3 825.68	155.2	3 060.54	5	460.85	+T+M
0701 Amputation: Trans-metatarsal or trans-tarsal ● Amputasie: Transmetatarsaal of transtarsaal	142	2 800.24	120	2 366.40	3	276.51	+T+M
0705 Amputation: Toe (skin flap included) ● Amputasie: Toon (vel flap ingesluit)	66	1 301.52	66	1 301.52	3	276.51	+T+M

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	U/E	R	U/E	R	U/E	R	T/M
3.3.2 Post-amputation reconstruction ● Rekonstruksie na amputasie							
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 ● Rekonstruksie na amputasie: Waar velflap geneem word van 'n liggaamsdeel verwyder van die beseerde vinger of in gevalle van verplasingflap bv. Cutler Note: If not performed on thumb or index finger it must be motivated ● Opmerking: Indien nie uitgevoer op duim of wysvinger nie moet dit gemotiveer word	75	1 479.00	75	1 479.00	3	276.51	+T+M
0707 Post-amputation reconstruction: Krukenberg reconstruction ● Rekonstruksie na amputasie: Krukenbergrekonstruksie	206	4 062.32	164.8	3 249.86	3	276.51	+T+M
0711 Post-amputation reconstruction: Pollicization of the finger (Prior permission must be obtained from the Commissioner at all times) ● Rekonstruksie na amputasie: Pollisiasie van vinger (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	282	5 561.04	225.6	4 448.83	3	276.51	+T+M
0712 Post-amputation reconstruction: Toe to thumb transfer (Prior permission must be obtained from the Commissioner at all times) ● Rekonstruksie na amputasie: Toon na duim verplanting (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	800	15 776.00	640	12 620.80	3	276.51	+T+M
0700 Scar revision/secondary closure: Amputated shoulder ● Letsel hersiening met sekondêre hegting: Skouer amputasie	128.1	2 526.13	120	2 366.40	3	276.51	+T
0702 Scar revision/secondary closure: Amputated humerus ● Letsel hersiening met sekondêre hegting: Bo-arm amputasie, enige vlak	163.1	3 216.33	130.48	2 573.07	3	276.51	+T
0704 Scar revision/secondary closure: Amputated forearm ● Letsel hersiening met sekondêre hegting: Voorarm amputasie	184.1	3 630.45	147.28	2 904.36	3	276.51	+T
0708 Re-amputation: Humerus ● Her-amputasie: Humerus	223.1	4 399.53	178.48	3 519.63	6	553.02	+T+M
0710 Re-amputation: Through forearm ● Her-amputasie deur die voorarm	206	4 062.32	164.8	3 249.86	3	276.51	+T+M
3.4 Muscles, tendons and fascias ● Spiere, tendons en fasciae							
3.4.1 Investigations ● Ondersoeke							
0713 Electromyography ● Elektromiografie	75	1 479.00	75	1 479.00	3	276.51	+T
0714 Electro-myographic neuro-muscular junctional study, including edrophonium respons (not to be used with item 2730) ● Elektromiografiese neuro-muskulêre verbindingsstudie, ingeslote edrophonium respons (moet nie saam met item 2730 gebruik word nie)	57	1 124.04	57	1 124.04	3	276.51	+T
0715 Strength duration curve per session ● Kragduur-kromme per sessie	10.5	207.06	10.5	207.06	3	276.51	+T
0717 Electrical examination of single nerve or muscle ● Elektriese ondersoek van enkele senuwee of spier	9	177.48	9	177.48	3	276.51	+T
0721 Voltage integration during isometric contraction ● Stroomspanningsintegrasie tydens isometriese kontrakasie	12	236.64	12	236.64	3	276.51	+T
0723 Tonometry with edrophonium ● Tonometrie met edrophonium	8	157.76	8	157.76	3	276.51	+T
0725 Isometric tension studies with edrophonium ● Isometriese spanningstudies met edrophonium	10	197.20	10	197.20	3	276.51	+T
0727 Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or flabellofacial: Unilateral ● Kraniale refleksstudie (vroë en laat reaksies) supra-occulofacialis, corneofacialis of flabello-facialis: Unilateraal	8	157.76	8	157.76	3	276.51	+T
0728 Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or flabellofacial: Bilateral ● Kraniale refleksstudie (vroë en laat reaksies) supra-occulofacialis, corneofacialis of flabello-facialis: Bilateraal	14	276.08	14	276.08	3	276.51	+T
0729 Tendon reflex time ● Tendon refleks-tyd	7	138.04	7	138.04	3	276.51	+T
0730 Limb-brain somatosensory studies (per limb) ● Ledemaat-brein somatosensoriese studies (per ledemaat)	49	966.28	49	966.28	3	276.51	+T
0731 Vision and audiosensory studies ● Visuele en audiosensoriese toetse	49	966.28	49	966.28			
0733 Motor nerve conduction studies (single nerve) ● Bestudering van geleiding deur motoriese senuwee (enkelsenuwee)	26	512.72	26	512.72			
0735 Examinations of sensory nerve conduction by sweep averages (single nerve) ● Ondersoek van sensoriese senuwee-geleiding met golwingsgemiddeldes (enkele senuwee)	31	611.32	31	611.32	3	276.51	+T
0737 Biopsy for motor nerve terminals and end plates ● Biopsie vir motorsenuwee eindpunte en eindplate	20	394.40	20	394.40	3	276.51	+T
0739 Combined muscle biopsy with end plates and nerve terminal biopsy ● Gekombineerde spierbiopsie met eindplate en senuwee-eindpunt biopsie	34	670.48	34	670.48	8	737.36	+T
0740 Muscle fatigue studies ● Spieruitputtingsondersoek	20	394.40	20	394.40	3	276.51	+T
0741 Muscle biopsy ● Spierbiopsie	20	394.40	20	394.40	8	737.36	+T
0742 Global fee for all muscle studies, including histochemical studies ● Globale tarief vir alle spierstudies, histochemiese studies ingeslote	262	5 166.64					

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		U/E	R	U/E	R	U/E	R	T/M
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase ● Biochemiese toetse op spierbiopsie-monsters: Kreatine kinase	20.25	399.33					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase ● Biochemiese toetse op spierbiopsie-monsters: Adenylate kinase	33.3	656.68					
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase ● Biochemiese toetse op spierbiopsie-monsters: Pyruvate kinase	5.7	112.40					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase ● Biochemiese toetse op spierbiopsie-monsters: Laktate dehydrogenase	1.6	31.55					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase ● Biochemiese toetse op spierbiopsie-monsters: Adenylate deaminase	9.9	195.23					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate kinase	13.7	270.16					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate mutase	25.9	510.75					
4715	Biochemical estimations on muscle biopsy specimens: Enolase ● Biochemiese toetse op spierbiopsie-monsters: Enolase	32.7	644.84					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofruktokinase ● Biochemiese toetse op spierbiopsie-monsters: Fosfofruktokinase	37.7	743.44					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase ● Biochemiese toetse op spierbiopsie-monsters: Aldolase	15.75	310.59					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehide 3 Phosphate Dehydrogenase ● Biochemiese toetse op spierbiopsie-monsters: Glykeraldehide 3 Fosfate Dehydrogenase	11.06	218.10					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase ● Biochemiese toetse op spierbiopsie-monsters: Fosforilase	34.7	684.28					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglukomutase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglukomutase	40.3	794.72					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose isomerase ● Biochemiese toetse op spierbiopsie-monsters: Fosfohexose isomerase	28.8	567.94					
3.4.2	Decompression Operations ● Dekompressie Operasies							
5550	Decompression fasciotomy: Buttock compartment(s): Unilateral ● Dekompressie fasiotomie: Glutale area(s): Unilateraal	243	4 791.96	194.4	3 833.57	5	460.85	+T+M
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasiotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	151.9	2 995.47	121.52	2 396.37	3	276.51	+T+M
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasiotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	253.1	4 991.13	202.48	3 992.91	3	276.51	+T+M
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasiotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	123.7	2 439.36	120	2 366.40	3	276.51	+T+M
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasiotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	162.1	3 196.61	129.68	2 557.29	3	276.51	+T+M
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasiotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	130.8	2 579.38	120	2 366.40	3	276.51	+T+M
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasiotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	171.5	3 381.98	137.2	2 705.58	3	276.51	+T+M
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial ● Dekompressie fasiotomie: Fasiotomie/tenotomie, iliotibiaal	137.3	2 707.56	120	2 366.40	4	368.68	+T+M
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe ● Dekompressie fasiotomie: Voet en/of toon	86.6	1 707.75	86.6	1 707.75	3	276.51	+T+M

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	U/E	R	U/E	R	U/E	R	T/M
5559 Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve ● Dekompressie fasiotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	226.3	4 462.64	181.04	3 570.11	3	276.51	+T+M
5560 Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve ● Dekompressie fasiotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	354.5	6 990.74	283.6	5 592.59	3	276.51	+T+M
5561 Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve ● Dekompressie fasiotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	166.8	3 289.30	133.44	2 631.44	3	276.51	+T+M
5562 Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve ● Dekompressie fasiotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	321.1	6 332.09	256.88	5 065.67	3	276.51	+T+M
5563 Decompression fasciotomy: Fingers and/or hand ● Dekompressie fasiotomie: Vingers en/of hand	165.6	3 265.63	132.48	2 612.51	3	276.51	+T+M

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	U/E	R	U/E	R	U/E	R	T/M
3.4.3	Muscle and tendon repair ● Spier- en pees-herstel						
	Muscle and tendon repair: Biceps humeri ● Spier en tendon herstel: Biceps humeri						
	109	2 149.48	109	2 149.48	3	276.51	+T
0745	Muscle and tendon repair: Removal of calcification in Rotator cuff ● Spier en tendon herstel: Verwydering van verkalking in Rotatorkraag						
	96	1 893.12	96	1 893.12	3	276.51	+T+M
0746	Muscle and tendon repair: Rotator cuff ● Spier en tendon herstel: Rotatorkraag						
	134	2 642.48	120	2 366.40	4	368.68	+T
0747	Muscle and tendon repair: Debridement rotator cuff ● Spier en tendon herstel: Debridement rotatorkraag						
	139.7	2 754.88	120	2 366.40	4	368.68	+T
0748	Muscle and tendon repair: Scapulopexy - stand alone procedure ● Spier en tendon herstel: Skapulopeksie - alleenstaande prosedure						
	271.90	5 361.87	217.52	4 289.49	4	368.68	+T
0749	Muscle and tendon repair: Infrapatellar or quadriceps tendon ● Spier en tendon herstel: Infrapatellere of kwadrisepees						
	128	2 524.16	120	2 366.40	3	276.51	+T
0755	Muscle and tendon repair: Achilles tendon repair ● Spier en tendon herstel: Achilles pees herstel						
	197.6	3 896.67	158.08	3 117.34	4	368.68	+T
0757	Muscle and tendon repair: Other single tendon ● Spier en tendon herstel: Ander enkele pees						
	77	1 518.44	77	1 518.44	3	276.51	+T
0759	Muscle and tendon repair: Tendon or ligament injection ● Spier en tendon herstel: Pees- of ligamentinspuiting						
	9	177.48	9	177.48	3	276.51	+T
0767	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable) ● Hand: Fleksor pees hegting: Primêr, sone 1 (elk) (wysiger 0005 toepaslik)						
	220.3	4 344.32	176.24	3 475.45	3	276.51	+T
0760	Hand: Flexor tendon repair: Primary, zone 2 (no mans land) (each) (modifier 0005 applicable) ● Hand: Fleksor pees hegting: Primêr, sone 2 (no man's land) (elk) (wysiger 0005 toepaslik)						
	249.6	4 922.11	199.68	3 937.69	3	276.51	+T
0761	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable) ● Hand: Fleksor pees herstel: Primêr, sone 3 en 4 (pols en voorarm) (elk) (wysiger 0005 toepaslik)						
	191.3	3 772.44	153.04	3 017.95	3	276.51	+T
0769	Hand: Flexor tendon repair: Secondary, zone 1 ● Hand: Fleksor pees herstel: Sekondêr, sone 1 (elk) (wysiger 0005 toepaslik)						
	243.9	4 809.71	195.12	3 847.77	3	276.51	+T
0764	Hand: Flexor tendon repair: Secondary, zone 2 (no mans land) ● Hand: Fleksor pees herstel: Sekondêr, sone 2 (no man's land) (elk) (wysiger 0005 toepaslik)						
	249.6	4 922.11	199.68	3 937.69	3	276.51	+T
0765	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm) ● Hand: Fleksor pees hegting: Sekondêr, sone 3 en 4 (pols en voorarm) (elk) (wysiger 0005 toepaslik)						
	190.6	3 758.63	152.48	3 006.91	3	276.51	+T
0766	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable) ● Herstel: Intrinsicpees van hand (elk) (wysiger 0005 toepaslik)						
	125.3		100.24		3	276.51	+T
0768	Extensor tendon suture: Primary (per tendon, Modifier 0005 not applicable) ● Ekstensor-tendon hegting: Primêr (per pees, Wysiger 0005 nie van toepassing)						
	129.7	2 557.68	120	2 366.40	3	276.51	+T
0771	Extensor tendon suture: Secondary (per tendon, Modifier 0005 not applicable) ● Ekstensor-tendon hegting: Sekondêr (per pees, Wysiger 0005 nie van toepassing)						
	80	1 577.60	80	1 577.60	3	276.51	+T
0773	Repair of Boutonnière deformity or Mallet Finger with graft ● Herstel van Boutonnière-deformiteit of Mallet-vinger met peesverplanting						
	183.7	3 622.56	146.96	2 898.05	3	276.51	+T
0774	Tendon graft ● Pees oorplanting						
3.4.4	Free tendon graft ● Vrye peesoorplanting						
	160	3 155.20	128	2 524.16	3	276.51	+T
0775	Reconstruction of pulley for flexor tendon ● Rekonstruksie van katrol van 'n fleksorpees						
	50	986.00	50	986.00	3	276.51	+T
0776	Tendon graft: Finger: Flexor ● Tendon-oorplanting: Vinger: Fleksor						
	192	3 786.24	153.6	3 028.99	3	276.51	+T
0777	Tendon graft: Finger: Extensor ● Tendon-oorplanting: Vinger: Ekstensor						
	122	2 405.84	120	2 366.40	3	276.51	+T
0779	Two stage flexor tendon graft using silastic rod ● Fleksor pees oorplanting silastiese stafies in twee stadia						
	240	4 732.80	192	3 786.24	3	276.51	+T
0780	Tenolysis ● Tenolise						
3.4.5	Tendon freeing operation, except where specified elsewhere ● Tenolise indien nie elders gespesifiseer nie						
	64	1 262.08	64	1 262.08	3	276.51	+T
0781	Carpal tunnel syndrome ● Karpale tonnel-sindroom						
	98.7	1 946.36	98.7	1 946.36	3	276.51	+T
0782	Tenolysis: De Quervain ● Tenolise: De Quervain						
	38	749.36	38	749.36	3	276.51	+T
0783	Trigger finger ● Snellervinger						
	38	749.36	38	749.36	3	276.51	+T
0784	Flexor tendon freeing operation following free tendon graft or suture ● Fleksorpees bevryding na vrye pees oorplanting of hegting						
	186.8	3 683.70	149.44	2 946.96	3	276.51	+T
0785	Extensor tendon freeing operation following graft or suture in finger, hand or forearm ● Loslating van ekstensorpees na oorplanting of hegting in vinger, hand of voorarm						
	180.9	3 567.35	144.72	2 853.88	3	276.51	+T
0787	Intrinsic tendon release per finger ● Intrinsicpees tenolise per vinger						
	64	1 262.08	64	1 262.08	3	276.51	+T
0788	Central tendon tenotomy for Boutonnière deformity ● Sentrale tendon tenotomie vir Boutonnière deformiteit						
	64	1 262.08	64	1 262.08	3	276.51	+T
0789	Tenodesis ● Tenodese						
3.4.6	Tenodesis: Digital joint ● Tenodese: Digitale gewrig						
	90	1 774.80	90	1 774.80	3	276.51	+T
0790							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
Muscle, tendon and fascia transfer ● Spier-, pees- en fascia- verplanting							
3.4.7 Single tendon transfer ● Enkele peesverplanting	96	1 893.12	96	1 893.12	3	276.51	+T
0791 Multiple tendon transfer ● Veelvuldige peesverplanting	128	2 524.16	120	2 366.40	3	276.51	+T
0792 Hamstring to quadriceps transfer ● Hampese na kwadriseps- verplanting	141	2 780.52	120	2 366.40	3	276.51	+T
0793 Pectoralis major or Latissimus dorsi transfer to biceps tendon ● Pektoralis major of Latissimus dorsi verplanting na besipstendon	320	6 310.40	256	5 048.32	5	460.85	+T
0794 Tendon transfer at elbow ● Peesverplanting by elmboog	116	2 287.52	116	2 287.52	3	276.51	+T
0795 Hand tendons: Single tendon transfer ● Hand tendons: Een peesverplanting	96	1 893.12	96	1 893.12	3	276.51	+T
0803 Hand tendons: Substitution for intrinsic paralysis of hand ● Hand tendons: Vervanging vir intrinsieke spierverlamming van hand	224	4 417.28	179.2	3 533.82	3	276.51	+T
0809 Hand tendons: Opponents tendon transfer (including obtaining of graft) ● Hand tendons: Opponents tendonverplanting (sluit verkryging van verplanting in)	220.6	4 350.23	176.48	3 480.19	3	276.51	+T
0811 Muscle slide operations and tendon lengthening ● Spierstropingsoperasies en peesverlenging							
3.4.8 Percutaneous Tenotomy: All sites ● Perkutane Tenotomie: Alle areas	38	749.36	38	749.36	3	276.51	+T
0812 Torticollis ● Tortikollis	96	1 893.12	96	1 893.12	5	460.85	+T
0813 Scalenotomy ● Skalenotomie	132	2 603.04	120	2 366.40	5	460.85	+T
0815 Scalenotomy with excision of first rib ● Skalenotomie met eksisie van eerste rib	190	3 746.80	152	2 997.44	3	276.51	+T+M
0817 Open release elbow (Mitals) - stand alone procedure ● Elmboog loslating - oop prosedure (Mitals) - alleenstaande prosedure	278.20	5 486.10	222.56	4 388.88	3	276.51	+T+M
0822 Excision or slide for Volkmann's Contracture ● Eksisie of prosedure vir Volkmann se Kontraktuur	192	3 786.24	153.6	3 028.99	3	276.51	+T
0823 Hip: Open muscle release ● Heup: Ope spierloslating	116	2 287.52	116	2 287.52	7	645.19	+T
0825 Knee: Quadriceps plasty ● Knie: Kwadrisepsplastiek	160	3 155.20	128	2 524.16	3	276.51	+T
0829 Knee: Open tenotomy ● Knie: Oop tenotomie	141	2 780.52	120	2 366.40	3	276.51	+T
0831 Calf ● Kuit	96	1 893.12	96	1 893.12	4	368.68	+T
0835 Open Elongation Tendon Achilles ● Ope Verlenging Achillespees	96	1 893.12	96	1 893.12	4	368.68	+T
0837 Percutaneous "Hoke" elongation tendoachilles - stand alone procedure ● Perkutane verlenging tendo achilles ("Hoke") - alleenstaande prosedure	79.30	1 563.80	79.30	1 563.80	4	368.68	+T
0838 Foot: Plantar fasciotomy ● Voet: Plantare fasciotomie	70	1 380.40	70	1 380.40	3	276.51	+T
0845 Bursae and ganglia ● Bursas en ganglions							
3.5 Excision: Semi-membranosus ● Uitsnyding: Semi-membranosus	90	1 774.80	90	1 774.80	4	368.68	+T
0847 Excision: Prepatellar ● Uitsnyding: Prepatellêr	45	887.40	45	887.40	3	276.51	+T
0849 Excision: Olecranon ● Uitsnyding: Olekranon	81.8	1 613.10	81.8	1 613.10	3	276.51	+T
0851 Excision: Small bursa or ganglion ● Uitsnyding: Klein bursa of ganglion	80.9	1 595.35	80.9	1 595.35	3	276.51	+T
0853 Excision: Compound palmar ganglion or synovectomy ● Uitsnyding: Saamgestelde ganglion in handpalm of sinovektomie	128	2 524.16	120	2 366.40	3	276.51	+T
0855 Bursae and ganglia: Aspiration or injection (not subject to rule G) (Modifier 0005 not applicable) ● Bursas en ganglions: Aspirasie of inspuiting (nie onderhewig aan reël G) (Wysiger 0005 nie van toepassing)	9	177.48	9	177.48	3	276.51	+T
0857							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	Musculo-skeletal system: Miscellaneous ● Spier-skeletstelsel: Diverse							
3.6	Leg lengthening ● Beenverlenging							
3.6.1	Leg lengthening ● Beenverlenging	416	8 203.52	332.8	6 562.82	3	276.51	+T+M
0861	Removal of internal fixatives or prosthesis ● Verwydering van protese of inwendige hegmiddele							
3.6.2	Readily accessible ● Maklik bekombaar	36.6	721.75	36.6	721.75		As per bone	
0883	Less accessible ● Moelik bekombaar	75.5	1 488.86	75.5	1 488.86		+ M	
0884	Removal of prosthesis for infection soon after operation ● Verwydering van protese vir infeksie kort na operasie	128	2 524.16	120	2 366.40		Soos per been	+M
0885	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 ● Laat verwydering van geïnfecteerde of nie-geïnfecteerde totale gewrigsprotese (insluitende ses weke nasorg): VOEG BY Gelde vir totale vervanging van betrokke gewrig	64	1 262.08	64	1 262.08	6	553.02	+T+M
0886	Plasters (not subject to rule G) ● Gips (nie onderhewig aan reël G)							
3.7	Note: The initial application of a plaster cast is included in the scheduled fee ● Opmerking: Die eerste aanwending van gips is by die oorspronklike gelde ingesluit Note: The Commissioner will only consider payment i.r.o. splinting material (Scotchcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used): Where extremity splints are applied for at least five weeks: A maximum of one application for an upper extremity injury A maximum of two applications for a lower extremity injury ● Opmerking: Die Kommissaris sal slegs betaling oorweeg t.o.v. spalkingsmateriaal (Scotchcast, Dynacast, ens) in die volgende gevalle (nie van toepassing wanneer gips gebruik word nie): Waar ledemaatgipse vir ten minste 5 weke aanby: Maksimum van een aanwending vir boonste ledemaatbesering 'n Maksimum van twee aanwendings vir 'n onderste ledemaatbesering Long limb cast (excluding after-care) (modifier 0005 not applicable) ● Lang ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)							
0887	Short limb cast (excluding after-care) (modifier 0005 not applicable) ● Kort ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	13	256.36	13	256.36	3	276.51	+T
0888	Spica, plaster jacket or hinged cast brace (excluding aftercare) ● Spika, gipsbaadjie of geskarnierde stut (nasorg uitgesluit)	32	631.04	32	631.04	4	368.68	+T
0889	Specific areas ● Spesifieke areas							
3.8	Foot and ankle ● Voet en Enkel							
3.8.1	Excision tarsal coalition - stand alone procedure ● Verwydering van tarsale koalisie - alleensaande prosedure	141.5	2 790.38	120.00	2 366.40	3	276.51	+T+M
0900	Tenotomy single tendon ● Tenotomie een pees	63.3	1 248.28	63.3	1 248.28	3	276.51	+T+M
0901	Hammer toe: one toe ● Hamertoon: een toon	99.5	1 962.14	99.5	1 962.14	3	276.51	+T+M
0903	Fillet of toe or Ruiz-Mora procedure ● Toonontbening of Ruiz-Mora prosedure	99.5	1 962.14	99.5	1 962.14	3	276.51	+T+M
0905	Arthrodesis Hallux ● Artrose Hallux	148	2 918.56	120	2 366.40	3	276.51	+T+M
0906	Excision arthroplasty ● Eksisie artroplastie	145.2	2 863.34	120	2 366.40	3	276.51	+T+M
0909	Cheilectomy or metatarsophalangeal implant Hallux ● Cheilektomie of metatarso-falangiale vervang Hallux	183	3 608.76	146.4	2 887.01	3	276.51	+T+M
0910	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure ● Metatarsale osteotomie of Lapidus of dergilke prosedure of Chevron - alleensaande prosedure	189.2	3 731.02	151.36	2 984.82	3	276.51	+T+M
0911	Hallux valgus double osteotomy etc ● Hallux valgus dubbele osteotomie ens.	182.60	3 600.87	146.08	2 880.70	3	276.51	+T+M
5730	Distal soft tissue procedure for Hallux Valgus ● Distale sagteweefsel prosedure vir Hallux Valgus	173.6	3 423.39	138.88	2 738.71	3	276.51	+T+M
5731	Aitkin procedure or similar ● Aitkin operasie of dergilke ingreep	166.8	3 289.30	133.44	2 631.44	3	276.51	+T+M
5732	Removal bony prominence foot (bunionette not applicable to COID) ● Verwyder benige prominensie aan voet (bunionette nie van toepassing op COID)	91	1 794.52	91	1 794.52	3	276.51	+T+M
5734	Repair angular deformity toe (lesser toes) ● Herstel wanbelyning toon (kleiner tone)	97.2	1 916.78	97.2	1 916.78	3	276.51	+T+M
5735	Sesamoidectomy ● Eksisie sesamoid been	97.8	1 928.62	97.8	1 928.62	3	276.51	+T+M
5736	Repair major foot tendons e.g. Tib Post ● Heg groot pese in voet b.v. Tib post	147.30	2 904.76	120	2 366.40	3	276.51	+T
5737	Repair of dislocating peroneal tendons ● Herstel ontwrigting peronius pese	173.2	3 415.50	138.56	2 732.40	3	276.51	+T
5738	Steindler strip - plantar fascia ● Steindler stropping - plantare fascia	97.2	1 916.78	97.2	1 916.78	3	276.51	+T
5740	Tendon transfer foot ● Pees verplanting voet	172	3 391.84	137.6	2 713.47	3	276.51	+T
5742	Capsulotomy metatarsophalangeal joints - foot ● Kapsulotomie metatarsofalangeale gewigte - voet	86.8	1 711.70	86.8	1 711.70	3	276.51	+T
5743								

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
Replantation ● Herinplantings							
3.8.3 Replantation of amputated upper limb proximal to wrist joint ● Replantasie van geamputeerde boonste ledemaat proximaal tot polsgewrig	730	14 395.60	584	11 516.48	3	276.51	+T+M
0912 Replantation of thumb ● Replantasie van duim	670	13 212.40	536	10 569.92	3	276.51	+T+M
0913 Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable ● Replantasie van 'n enkel vinger (moet gemotiveer word), vir veelvuldige vingers is wysiger 0005 toepaslik	580	11 437.60	464	9 150.08	3	276.51	+T+M
0914 Replantation operation through the palm ● Replantasie-operasie deur die handpalm	1270	25 044.40	1016	20 035.52	3	276.51	+T+M
0915 Hands: (Note: Skin: See Integumentary system) ● Hande: (Let wel: Vel: Sien Huidstelsel)							
3.8.4 Tumours: Epidermoid cysts ● Tumore: Epidermoïde siste	35	690.20	35	690.20	3	276.51	+T+M
0919 Removal of foreign bodies requiring incision: Under local anaesthetic ● Verwydering van vreemde liggaampies wat insnyding vereis: Onder lokale verdoving	19	374.68	19	374.68	3	276.51	+T+M
0922 Removal of foreign bodies requiring incision: Under general or regional anaesthetic ● Verwydering van vreemde liggaampies wat insnyding vereis: Onder algemene of streeksnarkose	32	631.04	32	631.04	3	276.51	+T+M
0923 Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) ● Vergruisde handbeserings: Eerste ekstensiewe sagteeweefsel toilet onder algemene narkose (nivskaal)	37	729.64	37	729.64			
0924 Crushed hand injuries: Subsequent dressing changes under general anaesthetic ● Vergruisde handbeserings: Daaropvolgende verbandhennuwings onder algemene narkose	to/tot 110	2 169.20	to/tot 110	2 169.20	3	276.51	+T+M
	16	315.52	16	315.52	3	276.51	+T+M
0925 Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care ● Aanvanklike behandeling van frakture, pese, senuwees, velverlies en bloedvate, insluitende verwydering van dooie weefsel onder algemene narkose en ses weke se nasorg	269	5 304.68	215.2	4 243.74	3	276.51	+T+M
0926							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
Spine ● Werwelkolom							
3.8.5 Excision of one vertebral body, for a lesion within the body (no decompression) ● Eksisie van een werwelligaam vir 'n letsel in die werwel (geen dekompressie nie)		207 4 082.04	165.6	3 265.63	3	276.51	+T+M
0927 Excision of each additional vertebral segment for a lesion within the body (no decompression) ● Vir elke bykomende werwel vir 'n letsel in die werwel (geen dekompressie nie)	+	42 828.24	42	828.24	3	276.51	+T+M
0928 Manipulation of spine with anaesthetic (no after-care), modifier 0005 not applicable ● Manipulasie van werwelkolom met narkose (nasorg uitgesluit) wysiger 0005 nie van toepassing nie		14 276.08	14	276.08	5	460.85	+T+M
0929 Posterior osteotomy of spine: One vertebral segment ● Posterior spinale osteotomie: Een vertebrale segment		339 6 685.08	271.2	5 348.06	3	276.51	+T+M
0930 Posterior spinal fusion: One level ● Posterior spinale fusie: Een vlak		385 7 592.20	308	6 073.76	3	276.51	+T+M
0931 Posterior osteotomy of spine: Each additional vertebral segment ● Posterior spinale osteotomie: Elke bykomende segment	+	103 2 031.16	103	2 031.16	3	276.51	+T+M
0932 Anterior spinal osteotomy with disc removal: One vertebral segment ● Anterior spinale osteotomie met diskus verwydering: Een bewegings segment		315 6 211.80	252	4 969.44	3	276.51	+T+M
0933 Anterior spinal osteotomy with disc removal: Each additional vertebral segment ● Anterior spinale osteotomie met diskus verwydering: Elke bykomende bewegings segment	+	+103 2 031.16	+103	2 031.16	3	276.51	+T+M
0936 Anterior fusion base of skull to C2 ● Anterior fusie skedelbasis tot C2		449 8 854.28	359.2	7 083.42	4	368.68	+T+M
0938 Trans-abdominal anterior exposure of the spine for spinal-fusion only if done by a second surgeon ● Transabdominale anterior blootlegging van die werwelkolom vir spinale fusie slegs indien dit deur 'n tweede chirurg gedoen word		160 3 155.20	128	2 524.16	3	276.51	+T+M
0939 Transthoracic anterior exposure of the spine if done by a second surgeon ● Trans-torakale anterior blootlegging van die werwelkolom indien dit deur 'n tweede chirurg gedoen word		160 3 155.20	128	2 524.16	3	276.51	+T+M
0940 Anterior interbody fusion: One level I Anterior tussenwerwel fusie: Een vlak		360 7 099.20	288	5 679.36	3	276.51	+T+M
0941 Anterior interbody fusion: Each additional level ● Anterior tussenwerwelfusie: Elke bykomende vlak	+	+102 2 011.44	+102	2 011.44	3	276.51	+T+M
0942 Laminectomy with decompression of nerve roots and disc removal: One level ● Laminektomie met dekompressie van senuweewortels of diskus verwydering: Een vlak		240 4 732.80	192	3 786.24	3	276.51	+T+M
0943 Posterior fusion: Occiput to C2 ● Posterior fusie: Occiput tot C2		390 7 690.80	312	6 152.64	4	368.68	+T+M
0944 Posterior spinal fusion: Each additional level ● Posterior spinale fusie: Elke bykomende vlak	+	+111 2 188.92	+111	2 188.92	3	276.51	+T+M
0946 Posterior interbody lumbar fusion: One level ● Posterior tussenwerwel lumbale fusie: Een vlak		364 7 178.08	291.2	5 742.46	3	276.51	+T+M
0948 Posterior interbody lumbar fusion: Each additional interspace ● Posterior tussenwerwel lumbale fusie: Elke bykomende interspasie	+	+95 1 873.40	+95	1 873.40	3	276.51	+T+M
0950 Excision of coccyx ● Uitsnyding van koksiks		96 1 893.12	96	1 893.12	3	276.51	+T+M
0959 Posterior non-segmental instrumentation ● Posterior non-segment instrumentasie		167 3 293.24	133.6	2 634.59	5	460.85	+T+M
0960 Costo-transversectomy ● Kosto-transversektomie		198 3 904.56	158.4	3 123.65	3	276.51	+T+M
0961 Posterior segmental instrumentation: 2 to 6 vertebrae ● Posterior segmentale instrumentasie: 2 tot 6 werwels		176 3 470.72	140.8	2 776.58	5	460.85	+T+M
0962 Antero-lateral decompression of spinal cord or anterior debridement ● Antero-laterale dekompressie van rugmurg of anterior debridement		326 6 428.72	260.8	5 142.98	3	276.51	+T+M
0963 Posterior segmental instrumentation: 7 to 12 vertebrae ● Posterior segmentale instrumentasie: 7 tot 12 werwels		201 3 963.72	160.8	3 170.98	5	460.85	+T+M
0964 Posterior segmental instrumentation: 13 or more vertebrae ● Posterior segmentale instrumentasie: 13 of meer werwels		245 4 831.40	196	3 865.12	5	460.85	+T+M
0966 Anterior instrumentation: 2 to 3 vertebrae ● Anterior instrumentasie: 2 tot 3 werwels		159 3 135.48	127.2	2 508.38	5	460.85	+T+M
0968 Skull or skull-femoral traction including two weeks after-care ● Skedel of skedelfemorale traksie plus twee weke nasorg		64 1 262.08	64	1 262.08	—		
0969 Anterior instrumentation: 4 to 7 vertebrae ● Anterior instrumentasie: 4 tot 7 werwels		185 3 648.20	148	2 918.56	5	460.85	+T+M
0970 Anterior instrumentation: 8 or more vertebrae ● Anterior instrumentasie: 8 of meer werwels		206 4 062.32	164.8	3 249.86	5	460.85	+T+M
0972 Additional pelvic fixation of instrumentation other than sacrum ● Bykomende pelvisse fiksasie, sakrum uitgesluit		108 2 129.76	108	2 129.76	5	460.85	+T+M
0974 Reinsertion of instrumentation ● Herposisionering van instrumentasie		276 5 442.72	220.8	4 354.18	6	553.02	+T+M
5750 Removal of posterior non-segmental instrumentation ● Verwydering van posterior non-segmentale instrumentasie		173 3 411.56	138.4	2 729.25	6	553.02	+T+M
5751 Removal of posterior segmental instrumentation ● Verwydering van posterior segmentale instrumentasie		175 3 451.00	140	2 760.80	6	553.02	+T+M
5752 Removal of anterior instrumentation ● Verwydering van anterior instrumentasie		204 4 022.88	163.2	3 218.30	6	553.02	+T+M
5753 Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels ● Laminektomie vir spinale stenose (uitgesluit diskektomie, foraminotomie en spondylolistese): Een of twee vlakke		295 5 817.40	236	4 653.92	3	276.51	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
5755	Laminectomy with full decompression for spondyloisthesis (Gill procedure) ● Laminektomie met volle dekompressie vir spondyloistese (Gill prosedure)	304	5 994.88	243.2	4 795.90	3	276.51	+T+M
5756	Laminectomy for decompression without foraminotomy or diskectomy more than two levels ● Laminektomie vir dekompressie sonder foraminotomie of diskektomie meer as twee vlakke	321	6 330.12	256.8	5 064.10	3	276.51	+T+M
5757	Laminectomy with decompression of nerve roots and disc removal: Each additional level ● Laminektomie met dekompressie van senuweewortels en diskus verwydering: Elke bykomende vlak	63	1 242.36	63	1 242.36	3	276.51	+T+M
5758	Laminectomy for decompression diskectomy etc., revision operation ● Laminektomie vir dekompressie diskektomie ens., herhalings operasie	352	6 941.44	281.6	5 553.15	4	368.68	+T+M
5759	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level ● Laminektomie, fasektomie dekompressie van laterale reses stenose plus spinale stenose: Een vlak	301	5 935.72	240.8	4 748.58	3	276.51	+T+M
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level ● Laminektomie, fasektomie, dekompressie van laterale reses stenose plus spinale stenose: Elke bykomende vlak	68	1 340.96	68	1 340.96	3	276.51	+T+M
5761	Anterior disc removal and spinal decompression cervical: One level ● Anterior diskus verwydering en spinale dekompressie servikaal: Een vlak	344	6 783.68	275.2	5 426.94	3	276.51	+T+M
5763	Anterior disc removal and spinal decompression cervical: Each additional level ● Anterior diskus verwydering en spinale dekompressie servikaal: Elke bykomende vlak	81	1 597.32	81	1 597.32	3	276.51	+T+M
5764	Vertebral corpectomy for spinal decompression: One level ● Vertebrale korpektomie vir spinale dekompressie: Een vlak	466	9 189.52	372.8	7 351.62	3	276.51	+T+M
5765	Vertebral corpectomy for spinal decompression: Each additional level ● Vertebrale korpektomie vir spinale dekompressie: Elke bykomende vlak	88	1 735.36	88	1 735.36	3	276.51	+T+M
5766	Use of microscope in spinal and intercranial procedures (modifier 0005 not applicable) ● Gebruik van mikroskoop vir spinale of interkraniale prosedures (wysiger 0005 is nie toepaslik nie)	71	1 400.12	71	1 400.12			
5770								

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3.9 Facial bone procedures ● Gesigsbeenprosedures Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff ● Let wel: Wysigers 0046 tot 0058 is nie van toepassing op afdeling 3.9 van die tarief nie							
Repair of orbital floor (blowout fracture) ● Herstel van ori-tale vloer (uitbars fraktuur)	184.6	3 640.31	147.68	2 912.25	4	368.68	+T+M
0987 Genioplasty ● Genioplastie	263	5 186.36	210.4	4 149.09	4	368.68	+T+M
0988 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort I	202.2	3 987.38	161.76	3 189.91	4	368.68	+T+M
0989 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort II	302	5 955.44	241.6	4 764.35	4	368.68	+T+M
0990 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort III	433	8 538.76	346.4	6 831.01	4	368.68	+T+M
0991 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort I Osteotomie	970	19 128.40	776	15 302.72	4	368.68	+T+M
0992 Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Verhemelte Osteotomie	302	5 955.44	241.6	4 764.35	4	368.68	+T+M
0993 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee) ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort II Osteotomie (gelde vir span)	1103	21 751.16	882.4	17 400.93	4	368.68	+T+M
0994 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee) ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort III Osteotomie (gelde vir span)	1654	32 616.88	1323.2	26 093.50	4	368.68	+T+M
0995 Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement ● Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Fraktuur van maksilla sonder verplasing		Φ		Φ			
0996 Mandible: Fractured nose and zygoma: Open reduction and fixation ● Mandibula: Frakture van neus en sigoom: Oop reduksie en fiksering	302	5 955.44	241.6	4 764.35	3	276.51	+T+M
0997 Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation ● Mandibula: Frakture van neus en sigoom: Geslote reduksie d.m.v. intermaksillere fiksering	184	3 628.48	147.2	2 902.78	3	276.51	+T+M
0999 Temporomandibular joint: Reconstruction for dysfunction ● Temporomandibulêre gewrig: Rekonstruksie weens abnormale funksie:	206	4 062.32	164.8	3 249.86	4	368.68	+T+M
1001 Manipulation: Immobilisation and follow-up of fractured nose ● Manipulasie: Immobilisering en nabehandeling van gebreekte neus	35	690.20	35	690.20	3	276.51	+T+M
1003 Nasal fracture without manipulation ● Neusfraktuur sonder manipulasie							
1005 Fracture: Nose and septum, open reduction	177.4	3 498.33	141.92	2 798.66	5	460.85	+T+M
1006 Mandibulectomy ● Mandibulektomie	320	6 310.40	256	5 048.32	5	460.85	+T+M
1007 Maxillectomy ● Maksillektomie	382.5	7 542.90	306	6 034.32	4	368.68	+T+M
1009 Bone graft to mandible ● Beentransplantasie aan onderkaak	206	4 062.32	164.8	3 249.86	4	368.68	+T+M
1011 Adjustment of occlusion by ramisection ● Regstel van afsluiting d.m.v. ramiseksie.	227	4 476.44	181.6	3 581.15	4	368.68	+T+M
1012 Fracture of arch of zygoma without displacement ● Fraktuur van sigoma sonder verplasing							
1013 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) ● Onlangse fraktuur van sigoma (binne vier weke) met verplasing wat operatiewe manipulasie benodig, gepaardgaande fraktuur uitgesluit	131	2 583.32	120	2 366.40	3	276.51	+T+M
1015 Fracture of arch of zygomawith displacement requiring operative manipulation (not including associated fractures) (after four weeks) ● Fraktuur van sigoma met verplasing wat operatiewe manipulasie benodig (gepaardgaande frakture uitgesluit) (na vier weke)	262	5 166.64	209.6	4 133.31	3	276.51	+T+M
1017							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
4. RESPIRATORY SYSTEM ● ASEMHALINGSTELSEL							
Nose and sinuses ● Neus en sinusse							
4.1 Flexible nasopharyngolaryngoscope examination ● Nasofaringeale en larinks ondersoek met buigbare teleskoop	51.94	1 024.26					
1018 ENT endoscopy in rooms with rigid endoscope ● ONK endoskopie in kamers met onbuigbare endoskoop	12	236.64					
1019 Repair of perforated septum: Any method ● Herstel van septum perforasie: enige metode	141.9	2 798.27	120	2 366.40	4	368.68	+T
1020 Functional reconstruction of nasal septum ● Funksionele rekonstruksie van neusseptum	121.2	2 390.06	120	2 366.40	4	368.68	+T
1022 Harvesting of graft: Cartilage graft of nasal septum ● Herwinning van oorplantings weefsel: Kraakbeen oorplanting, neusseptum	124.8	2 461.06	120	2 366.40	5	460.85	+T
1023 Insertion of silastic obturator into nasal septum perforation (excluding material) ● Inplaas van 'n silastiese obturator in 'n perforasie van die neusseptum (materiaal uitgesluit)	30	591.60	30	591.60	4	368.68	+T
1024 Intranasal antrostomy (modifier 0005 to apply to opposite side of nose) ● Intranasale antrostomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	64.6	1 273.91	64.6	1 273.91	4	368.68	+T
1025 Dacrocystorhinostomy ● Dakrosistorinostomie	210	4 141.20	168	3 312.96	5	460.85	+T
1027 Turbectomy (modifier 0005 to apply to opposite side of nose) ● Turbinektomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	62.6	1 234.47	62.6	1 234.47	4	368.68	+T
1029 Endoscopic turbectomy: laser or microdebrider ● Endoskopiese turbinektomie: laser of mikrodebrider	90	1 774.80	90	1 774.80	5	460.85	+T
1030 Autogenous nasal bone transplant. Bone removal included ● Outogene beentransplantasie van die neus: Verwydering van been ingeslote	100	1 972.00	100	1 972.00	4	368.68	+T
1034 Unilateral functional endoscopic sinus surgery (unilateral) ● Funksionele endoskopiese sinus chirurgie (unilateraal)	140	2 760.80	120	2 366.40	4	368.68	+T
1035 Bilateral functional endoscopic sinus surgery ● Bilaterale funksionele endoskopiese sinus chirurgie	245	4 831.40	196	3 865.12	4	368.68	+T
1036 Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic ● Diatermie van neus of farinks, konsultasiegelde uitgesluit, uni- of bilateraal: Met plaaslike verdoving	8	157.76	8	157.76			
1037 Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic ● Diatermie van neus of farinks, konsultasiegelde uitgesluit, uni- of bilateraal: Met algemene verdoving	35	690.20	35	690.20	4	368.68	+T
1039 Control severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) Erge epistakse kontrole wat hospitalisasie vereis: Anterior tamponade (unilateraal)	40	788.80	40	788.80	6	553.02	+T
1041 Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral) ● Erge epistakse kontrole wat hospitalisasie vereis: Anterior en posterior tamponade (unilateraal)	60	1 183.20	60	1 183.20	6	553.02	+T
1043 Ligation anterior ethmoidal artery ● Afbind van anterior etmoidale arterie	135.4	2 670.09	120	2 366.40	6	553.02	+T
1045 Cladwell-Luc operation (unilateral) ● Cladwell-Luc operasie (unilateraal)	137.3	2 707.56	120	2 366.40	4	368.68	+T
1047 Ligation internal maxillary artery ● Afbind van interne maksillêre arterie	196	3 865.12	156.8	3 092.10	6	553.02	+T
1049 Vidian neurectomy (transantral or transnasal) ● Neurektomie van nervus vidii (transantraal of transnasaal)	113	2 228.36	113	2 228.36	4	368.68	+T
1050 Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose) ● Antroskopiesie deur die caninus fossa (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	37.3	735.56	--	--	--	--	--
1054 External frontal ethmoidectomy ● Eksterne fronto-etmoidektomie	190.7	3 760.60	152.56	3 008.48	4	368.68	+T
1055 External ethmoidectomy and/or sphenoidectomy (unilateral) ● Eksterne etmoidektomie en/of sfenoidektomie (unilateraal)	199.4	3 932.17	159.52	3 145.73	4	368.68	+T
1057 Frontal osteomyelitis ● Frontale osteomiëlitis	194	3 825.68	155.2	3 060.54	4	368.68	+T
1059 Lateral rhinotomy ● Laterale rhinotomie	164	3 234.08	131.2	2 587.26	4	368.68	+T
1061 Removal of foreign bodies from nose at rooms ● Verwydering van vreemde voorwerpe uit neus by spreekkamer	10	197.20	10	197.20			
1063 Removal of foreign body from nose under general anaesthetic ● Verwydering van vreemde voorwerp uit die neus onder algemene narkose	38.6	761.19	38.6	761.19	4	368.68	+T
1065 Proof puncture, unilateral at rooms ● Sinusspoeling, unilateraal by spreekkamer	10	197.20	10	197.20	4	368.68	+T
1067 Proof puncture, uni- or bilateral under general anaesthetic ● Sinusspoeling, uni- of bilateraal onder algemene narkose	35	690.20	35	690.20	4	368.68	+T
1069 Multiple intranasal procedures: Not to exceed (see Modifier 0068) ● Veelvuldige intranasale prosedures: Maksimum bedrag (sien Wysiger 0068)	194	3 825.68	155.2	3 060.54	4	368.68	+T
1075 Septum abscess, at room, including after-care ● Septumabses, by spreekkamer, nabehandeling ingesluit	8	157.76	8	157.76			
1077 Septum abscess, under general anaesthetic ● Septumabses, onder algemene verdoving	35	690.20	35	690.20	4	368.68	+T
1079 Oro-antral fistula (without Caldwell-Luc) ● Oro-antrale fistel (sonder Caldwell-Luc)	111.8	2 204.70	111.8	2 204.70	4	368.68	+T
1081 Choanal atresia: Intranasal approach ● Atresie van agterste neusopening: Intranasale metode	113	2 228.36	113	2 228.36	5	460.85	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1083	Choanal atresia: Transpalatal approach ● Atresie van agterste neusopening: Transpalatien metode	194	3 825.68	155.2	3 060.54	7	645.19	+T
1084	Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomy) and nasal tip ● Rekonstruksie van die neus: Insluitende rekonstruksie van die septum (septumplasty), die piramide (osteotomie) en neuspunt	350	6 902.00	280	5 521.60	5	460.85	+T
1085	Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomy, nasal tip reconstruction ● Subtotale rekonstruksie, bestaande uit enige twee van die volgende: Septumplastie, osteotomie, neuspunt-rekonstruksie	210	4 141.20	168	3 312.96	5	460.85	+T
1087	Forehead rhinoplasty (all stages): Total ● Voorhoof-rinoplastie (alle stadiums): Volledig	552	10 885.44	441.6	8 708.35	5	460.85	+T
1089	Forehead rhinoplasty (all stages): Partial ● Voorhoof-rinoplastie (alle stadiums): Gedeeltelik	414	8 164.08	331.2	6 531.26	5	460.85	+T
1091	Larynx ● Larinks							
4.3	Laryngeal intubation ● Laringeale intubasie	10	197.20	10	197.20			
1117	Laryngeal stroboscopy with video capture ● Laringeale stroboskopies met video vaslegging	39	769.08	39	769.08	6	553.02	+T
1118	Laryngectomy without block dissection of the neck ● Laringektomie sonder blokdisseksie van die nek	430	8 479.60	344	6 783.68	7	645.19	+T
1119	Tracheostomy ● Trageostomie	90	1 774.80	90	1 774.80	9	829.53	+T
1127	External laryngeal operation, e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngofissure ● Eksterne laringeale operasie, bv. vir laringeale stenose, laringeoseel, abduktor-paralise, laringofissuur	294.4	5 805.57	235.52	4 644.45	8	737.36	+T
1129	Diagnostic laryngoscopy including biopsy ● Diagnostiese laringoskopies insluitende biopsie	41.4	816.41	41.4	816.41	6	553.02	+T
1130	Direct laryngoscopy plus foreign body removal ● Direkte laringoskopies plus vreemde voorwerp verwydering	64.6	1 273.91	64.6	1 273.91	6	553.02	+T
1131	Bronchial procedure ● Bronchiale prosedures							
4.4	Bronchoscopy: Diagnostic bronchoscopy without removal of foreign object ● Brongoskopies: Diagnostiese brongoskopies sonder verwydering van vreemde voorwerp	65	1 281.80	65	1 281.80	6	553.02	+T
1132	Bronchoscopy: With removal of foreign body ● Brongoskopies: Met verwydering van vreemde voorwerp	80	1 577.60	80	1 577.60	8	737.36	+T
1133	Bronchoscopy: Bronchoscopy with laser ● Brongoskopies: Brongoskopies met laser	75	1 479.00	--		8	737.36	+T
1134	Nebulisation (in rooms) ● Nebuliserings (in kamers)	12	236.64	12	236.64		Fees as for	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1136	Bronchial lavage ● Brongiale spoeling	--		--		8	737.36	+T
1137	Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause) ● Torakotomie: vir brongo-pleurale fistel (ruptuur van die bronchus, alle oorsake, ingeslote)	350	6 902.00	280	5 521.60	12	1106.04	+T
1138	Pleura ● Pleura							
4.5	Pleural needle biopsy (not including aftercare): modifier 0005 not applicable ● Naaldbiopsie van pleura (nasorg uitgesluit): wysiger 0005 nie van toepassing nie	50	986.00	50	986.00	3	276.51	+T
1139	Insertion of intercostal catheter (under water drainage) ● Inplasing van tussenribse kateter (met onderwater-dreinasie)	50	986.00	50	986.00	6	553.02	+T
1141	Paracentesis chest: Diagnostic ● Parasentese borskas: Diagnosties	8	157.76	8	157.76	3	276.51	+T
1143	Paracentesis chest: Therapeutic ● Parasentese borskas: Terapeuties	13	256.36	13	256.36	3	276.51	+T
1145	Pneumothorax: Induction (diagnostic) ● Pneumotoraks: Induksie (diagnosties)	25	493.00	25	493.00			
1147	Pleurectomy ● Pleurektomie	250	4 930.00	200	3 944.00	11	1013.87	+T
1149	Decortication of lung ● Dekortikasie van long	350	6 902.00	280	5 521.60	11	1013.87	+T
1151	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) ● Chemiese pleurodese (instillering silwernitraat, tetrasiklien, talk, ens)	55	1 084.60	55	1 084.60	3	276.51	+T
1153	Pulmonary procedures I Longprosedures							
4.6	Surgical ● Chirurgies							
4.6.1	Needle biopsy lung (not including after-care): modifier 0005 not applicable ● Naaldbiopsie long (nasorg uitgesluit): wysiger 0005 nie van toepassing nie	32	631.04	32	631.04	5	460.85	+T
1155	Pneumonectomy ● Pneumonektomie	350	6 902.00	280	5 521.60	11	1013.87	+T
1157	Pulmonary lobectomy ● Pulmonêre lobektomie	389.5	7 680.94	311.6	6 144.75	11	1013.87	+T
1159	Segmental lobectomy ● Segmentale lobektomie	365	7 197.80	292	5 758.24	11	1013.87	+T
1161	Excision tracheal stenosis: Cervical ● Eksisie van stenose van trachea: Servikaal	375	7 395.00	300	5 916.00	8	737.36	+T
1163	Excision tracheal stenosis: Intra-thoracic ● Eksisie van stenose van trachea: Intratorakal	350	6 902.00	280	5 521.60	12	1106.04	+T
1164	Drainage empyema (including six weeks after-treatment) ● Dreinerings van empieem (insluitende ses weke nabehandeling)	170	3 352.40	136	2 681.92	11	1013.87	+T
1171	Drainage of lung abscess (including six weeks after-treatment) ● Dreinerings van longabses (insluitende ses weke nabehandeling)	170	3 352.40	136	2 681.92	11	1013.87	+T
1173	Thoracotomy (limited): Limited: For lung or pleural biopsy ● Torakotomie (beperk): Beperk: Vir biopsie van long of pleura	115	2 267.80	115	2 267.80	11	1013.87	+T
1175	Thoracotomy: Major: Diagnostic ● Torakotomie: Groot: Diagnosties	215	4 239.80	172	3 391.84	11	1013.87	+T
1177	Thoracoscopy ● Torakoskopie	89	1 755.08	89	1 755.08	11	1013.87	+T
1179	Pulmonary function tests ● Longfunksietoets							
4.6.2	Flow volume test: Inspiration/expiration ● Vloevolumentoets: Inspirasie/ekspirasie	30	591.60	30	591.60			Fees as for specialist/Gelde
1186	Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation -thereafter item 1186 applies) ● Vloevolumentoets: Inspirasie/ekspirasie voor- en na-brongodilator (hefbaar slegs tydens eerste konsultasie - daarna is item 1186 toepaslik)	50	986.00	50	986.00			Fees as for specialist/Gelde soos vir spesialis
1188	Forced expirogram only ● Forseerde ekspiogram alleenlik	10	197.20	10	197.20			
1189	N2 single breath distribution ● N2 enkel asem verspreiding	10	197.20	10	197.20			
1191	Compliance and resistance, using oesophageal balloon ● Rekbaarheid en weerstand d.m.v. esofageale ballon	24	473.28	24	473.28			Fees as for specialist/Gelde
1197	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent or after exercise, with subsequent spirometry ● Verlengde na-blootstelling bepaling van brongospasme met spirometrie voor en na antigen, koue lug, meta cholien of ander chemiese agent, of na oefening met opvolg spirometrie	55.89	1 102.15	55.89	1 102.15			
1198	Pulmonary stress testing: For determination of VO2 max ● Pulmonale inspanningstoets: vir bepaling van maksimum VO2	96.5	1 902.98	96.5	1 902.98			
1199	Maximum inspiratory/expiratory pressure ● Maksimum inspiratoriese/ekspiratoriese druk	5	98.60	5	98.60			Fees as for specialist/Gelde
1201								

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
	Pulmonologists and Practitioners accredited to SATS Pulmonoloë en praktisyns geakrediteer deur SATS		Other Specialists and General practitioner Ander Spesialiste en Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1193	37.76	744.63					
1195	37.93	747.98					
1196	45.31	893.51					
1200	38.06	750.54					
	U/E	R	U/E	R	U/E	R	T/M
Intensive care (in intensive care or high care unit): Respiratory, cardiac, general ● Intensiewe sorg (In intensiewe of hoësoorgeenheid): Respiratories, kardiaal, algemeen.							
4.7 Tariff items for intensive care ● Tarief items vir intensiewe sorg							
4.7.1 Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc). Please note that item 1204 may not be charged by the responsible surgeon for monitoring a patient post-operatively in ICU or in the high-care unit since post-operative monitoring is included in the fee for the procedure ●							
Kategorie 1: Gevalle wat intensiewe monitering vereis (sluit spesifieke gevalle in waar fisiologiese onstabiliteit vermoed word, bv. diabetiese pre-koma, asma, gastrointestinale bloeding, ens.) Let asseblief daarna op dat item 1204 nie deur die verantwoordelike chirurg gehef mag word vir monitering van die pasient na-operatief in die intensiewe sorg-eenheid of in die hoe sorg aangesien na-operatiewe monitering ingesluit is in die gelde vir die prosedure.							
1204 Category 1: Per day ● Kategorie 1: Per dag	30	591.60	30	591.60			Fees as for specialist/Gelde soos vir spesialis
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 ●							
Kategorie 2: Gevalle wat aktiewe sisteem bystand vereis (waar aktiewe gespesialiseerde intervensie vereis word, byvoorbeeld akute miokardiale infarkisie, diabetiese koma, hoofbesering, ernstige asma, akute pankreatitis, eklampsie, veel borskas, ens.) Ventilasië mag deel uitmaak of nie deel uitmaak van die aktiewe sisteem bystand nie							
1205 Category 2: First day ● Kategorie 2: Eerste dag	100	1 972.00	100	1 972.00			Fees as for specialist/Gelde
1206 Category 2: Subsequent days, per day ● Kategorie 2: Daaropvolgende dae, per dag	50	986.00	50	986.00			Fees as for specialist/Gelde
1207 Category 2: After two weeks, per day ● Kategorie 2: Na twee weke, per dag	30	591.60	30	591.60			Fees as for specialist/Gelde
Category 3: Cases with multiple organ failure or Category 2 patients that may require multidisciplinary intervention ●							
Kategorie 3: Gevalle met veelvuldige orgaan ineenstorting of Kategorie 2 pasiente wat multidisiplinêre intervensie mag vereis							
1208 Category 3: First day (principal practitioner) ● Kategorie 3: Eerste dag (hoof praktisyn)	137	2 701.64	120	2 366.40			Fees as for specialist/Gelde
1209 Category 3: First day (per involved practitioner) ● Kategorie 3: Eerste dag (per betrokke praktisyn)	58	1 143.76	58	1 143.76			Fees as for specialist/Gelde
1210 Category 3: Subsequent days (per involved practitioner) ● Kategorie 3: Opvolgende dae (per betrokke praktisyn)	50	986.00	50	986.00			Fees as for specialist/Gelde

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (<i>not necessarily in ICU</i>) 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 <i>all</i> necessary additional procedures e.g. infusion, intubation, etc. ● <i>Kardio-respiratoriese resussitasie: Verlengde bystand in noodgevalle (nie noodwendig in intensiewe sorg eenheid nie)</i> 50,00 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur per praktisyn, daarna 25,00 kliniese prosedure eenhede per halfuur met 'n maksimum van 150,00 kliniese prosedure eenhede per praktisyn Resussitasiegelde sluit alle nodige bykomende prosedures in byvoorbeeld infuus, intubasie, ens.						
	50	986.00	50	986.00			Fees as for specialist/Gelde soos vir spesialis
	25	493.00	25	493.00			
	150	2 958.00	150	2 958.00			
1212	75	1 479.00	75	1 479.00			Fees as for specialist/Gelde
1213	50	986.00	50	986.00			Fees as for specialist/Gelde
1214	25	493.00	25	493.00			Fees as for specialist/Gelde
1215	25	493.00	25	493.00			Fees as for specialist/Gelde
1216	50	986.00	50	986.00			Fees as for specialist/Gelde soos vir spesialis
1217	10	197.20	10	197.20			Fees as for specialist/Gelde

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1218	Insertion of central venous line via subclavian or jugular veins ● Inplasing van sentrale veneuse lyn via subklaviese of jugulêre venas	25	493.00	25	493.00			Fees as for specialist/Gelde soos vir spesialis
1219	Hyperalimentation (daily fee) ● Hiperalimentasie (dagtarief)	15	295.80	15	295.80			Fees as for
1220	Patient-controlled analgesic pump; Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient) ● Pasiënt- beheerde verdowingspomp: Verhuringsgelde: Per 24 uur (Gelde vir kasset word gehef volgens item 0201 per pasiënt)	30	591.60	30	591.60			Fees as for specialist/Gelde soos vir spesialis
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charge appropriate hospital follow-up consultation) ● Professionele gelde vir bestuur van pasiënt beheerde verdowingspomp: Eerste 24 uur (vir daaropvolgende dae word hospitaal opvolgkonsultasie gehef)	30	591.60	30	591.60			Fees as for specialist/Gelde soos vir spesialis
4.8	Hyperbaric Oxygen Treatment ● Hiperbariese Suurstofbehandeling							
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 ● Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Lae druk tabel (1,5-1,8 ATA x 45-60 min): PROFESSIONELE KOMPONENT	30	591.60	30	591.60			
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT ● Lae druk tabel (1,5-1,8 ATA x 45-60 min): TEGNEIESE KOMPONENT	101.13	1 994.28	101.13	1 994.28			
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 ● Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Roetine HST tabel (2-2,5 ATA x 90-120 min) PROFESSIONELE KOMPONENT	60	1 183.20	60	1 183.20			
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT ● Roetine HST tabel (2-2,5 ATA x 90-120 min): TEGNEIESE KOMPONENT	131.26	2 588.45	131.26	2 588.45			
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 ● Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Nood HST tabel (2,5-3 ATA x 90-120 min) PROFESSIONELE KOMPONENT	80	1 577.60	80	1 577.60			
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT ● Nood HST tabel (2,5-3 ATA x 90-120 min): TEGNEIESE KOMPONENT	131.26	2 588.45	131.26	2 588.45			
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 ● Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre- hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): USN TT5 (2,8 ATA x 135 min) PROFESSIONELE KOMPONENT	90	1 774.80	90	1 774.80			
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT ● USN TT5 (2,8 ATA x 135 min): TEGNEIESE KOMPONENT	214.18	4 223.63	214.18	4 223.63			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
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 ● Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): USN TT6 (2.8 ATA x 285 min) PROFESSIONELE KOMPONENT	190	3 746.80	190	3 746.80			
4826	USN TT6 (2.8 ATA x 285 min): TECHNICAL COMPONENT ● USN TT6 (2.8 ATA x 285 min): TEGNIESE KOMPONENT	386.42	7 620.20	386.42	7 620.20			
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 ● Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): USN TT6vlg/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONELE KOMPONENT	327	6 448.44	327	6 448.44			
4827	USN TT6ext (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT ● USNTT6vlg (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	680.85	13 426.36	680.85	13 426.36			
4828	USN 6A (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT ● USN 6A (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	678.28	13 375.68	678.28	13 375.68			
4829	USN Cx 30 (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT ● USN Cx 30 (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	671.85	13 248.88	671.85	13 248.88			
4815	Prolonged attendance inside a hyperbaric chamber: 40 clinical procedure units per half hour or part thereof for the first hour. Thereafter 20 clinical procedure units per half hour; minimum 40 clinical procedure units; maximum 320 clinical procedure units (Please indicate time in minutes and not per half hour) ● Verlengde bystand binne 'n hiperbariese kamer: 40 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur. Daarna 20 kliniese prosedure eenhede per half uur; minimum 40 kliniese prosedure eenhede; maksimum 320 kliniese prosedure eenhede (dui asseblief tyd aan in minute en nie per halfuur)							
5.	MEDIASTINAL PROCEDURES ● MEDIASTINALE PROSEDURES							
1223	Mediastinoscopy ● Mediastinoskopie	95	1 873.40	95	1 873.40	5	460.85	+T
6.	CARDIOVASCULAR SYSTEM ● KARDIO-VASKULêRE SISTEEM							
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) ● WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG VIR BEHEER VAN INTRA-AORTIESE BALLONPOMP (KARDIO-VASKULêRE SISTEEM)							
0100	Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable ● Waar 'n anesthesioloog verantwoordelik is vir beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75,00 kliniese prosedure eenhede van toepassing	75	1 479.00	75	1 479.00			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
6.1	General • Algemeen						
	General practitioner's fee for the taking of an ECG only • Algemene praktisyn se gelde vir slegs die neem van 'n EKG						
	Where an ECG is done by a general practitioner and interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG • Wanneer 'n EKG deur 'n algemene praktisyn geneem is en deur 'n spesialis vertolk word, is die algemene praktisyn geregtig op konsultasiegelde plus helfte van die bedrag toepaslik van die EKG						
1228			4.5	88.74			
1229			6.5	128.18			
	General Practitioner's fee for the taking of an ECG only: Without effort: (1232) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Rustend: (1232)						
	General Practitioner's fee for the taking of an ECG only: Without and with effort: 1/2 (item 1233) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Sonder en met inspanning: 1/2 (item 1233)						
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added • Opmerking: Items 1228 en 1229 dui slegs die gelde vir die neem van die EKG aan, die konsultasietarief moet bygevoeg word						
	Physician's fee for interpreting an ECG • Internis se gelde vir vertolking van 'n EKG						
	A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred for interpretation • 'n Internis is geregtig op die volgende gelde vir die vertolking van 'n EKG wanneer dit verwys word vir vertolking.						
1230	6	118.32					
1231	10	197.20					
	Physician's fee for interpreting an ECG: Without effort • Internis se gelde vir vertolking van 'n EKG: Rustend						
	Physician's fee for interpreting an ECG: With and without effort • Internis se gelde vir vertolking van 'n EKG: Met en sonder inspanning						
1232	9	177.48	9	177.48			
1233	13	256.36	13	256.36			
	Electrocardiogram: Without effort • Elektrokardiogram: Rustend						
	Electrocardiogram: With and without effort • Elektrokardiogram: Met en sonder inspanning						
1234	40	788.80	40	788.80			
	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus • Inspannings-elektrokardiogram met behulp van 'n spesiale fiets-ergometer, monitorapparaat en beskikbaarheid van geassosieerde apparaat						
1235	60	1 183.20	60	1 183.20			
1241	4	78.88	4	78.88			
1245	34.3	676.40	34.3	676.40	4	368.68	+T
	Multi-stage treadmill • Meerfasige trapmeultoets						
	X-ray screening (Chest) • X-straaldeurligting (Borskas)						
	Angiography cerebral: First two series • Angiografie serebraal: Eerste twee reekse						
1246	25	493.00	25	493.00	4	368.68	+T
	Angiography peripheral: Per limb • Angiografie perifeer: Per ledemaat						
1248	50	986.00	50	986.00	9	829.53	+T
	Paracentesis of pericardium • Parasentese van perikardium						

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.3	Cardiac surgery ● Hartchirurgie							
1311	Pericardial drainage ● Dreinerig van perikardium	140	2 760.80	120	2 366.40	13	1198.21	+T
6.3.1	Open heart surgery ● Opehart-chirurgie							
1322	Attendance at other operations for monitoring at bedside, by physician heart block, etc: Per hour ● Bystand by ander operasies, en toesighouding by siekbed deur internis by vir 'n hartblok, ens.: Per uur	20	394.40					
6.4	Peripheral vascular system ● Perifere vasculêre sisteem							
6.4.2	Arterio-venous-abnormalities ● Arterio-veneuse-afwykings							
1369	Fistula or aneurysm (as for grafting of various arteries) ● Fistel of aneurisme (soos vir transplantasie van arteries)							
6.4.3	Arteries ● Arteries							
6.4.3.1	Aorta-iliac and major branches ● Aorta-iliac en groot takke							
1373	Abdominal aorta and iliac artery: Ruptured ● Abdominale aorta en arteria iliaca: Geruptuur	600	11 832.00	480	9 465.60	15	1382.55	+T
6.4.3.2	Iliac artery ● Arteria iliaca							
1379	Prosthetic grafting and/or Thrombo-endarterectomy ● Inplanting van prostese en/of Trombo-endarterektomie	300	5 916.00	240	4 732.80	13	1198.21	+T
6.4.3.3	Peripheral ● Perifeer							
1385	Prosthetic grafting ● Inplanting van prostese	255	5 028.60	204	4 022.88	5	460.85	+T
1387	Vein grafting proximal to knee joint ● Vena transplantasie bokant kniegewrig	300	5 916.00	240	4 732.80	5	460.85	+T
1388	Vein grafting distal to knee joint ● Vena transplantasie onderkant kniegewrig	444	8 755.68	355.2	7 004.54	5	460.85	+T
1389	Endarterectomy when not part of another specified procedure ● Endarterektomie wanneer nie 'n deel van 'n ander gespesifiseerde prosedure nie	264	5 206.08	211.2	4 164.86	5	460.85	+T
1393	Embolectomy: Peripheral embolectomy transfemoral ● Embolektomie: Perifere transfemorale embolektomie	168	3 312.96	134.4	2 650.37	5	460.85	+T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma ● Diverse arteriële prosedures: Hegting van arterie: Trauma	125	2 465.00	100	1 972.00	5	460.85	+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 artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure) ● Hegting van groot bloetvaat (arterie of vena) - trauma (groot bloedate word omskryf as aorta innominate arterie, karotis arterie, en vertebrale arterie subklaviese arterie, axillêre arterie, iliaka arterie, gewone femorale en popliteale arterie. Die femorale en popliteale arterie word ingesluit as gevolg van die onbereikbaarheid van die arteries en moeilike chirurgiese blootlegging).	264	5 206.08	211.2	4 164.86	15	1382.55	+T
1397	Profundoplasty ● Profundoplastie	210	4 141.20	168	3 312.96	5	460.85	+T
1399	Distal tibial (ankle region) ● Tibiaal distaal (naby enkel)	456	8 992.32	364.8	7 193.86	5	460.85	+T
1401	Femoro-femoral ● Femoro-femoraal	254	5 008.88	203.2	4 007.10	5	460.85	+T
1402	Carotid-subclavian ● Carotis-subklavies	288	5 679.36	230.4	4 543.49	8	737.36	+T
1403	Axillo-femoral (Bifemoral + 50% of the fee) ● Aksillo-femoraal (Bifemoraal + 50% van die fooi)	288	5 679.36	230.4	4 543.49	8	737.36	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
6.4.4 Veins ● Venas							
1407 Ligation of saphenous vein ● Afbinding van vena saphena	50	986.00	50	986.00	3	276.51	+T
1408 Placement of Hickman catheter or similar ● Inplasing van Hickman kateter of soortgelyk	91	1 794.52	91	1 794.52	4	368.68	+T
1410 Ligation of inferior vena cava: Abdominal ● Afbinding van vena cava inferior: Abdominaal	180	3 549.60	144	2 839.68	8	737.36	+T
1412 Umbrella operation on inferior vena cava: Abdominal ● Sambreeloperasie op vena cava inferior: Abdominaal	100	1 972.00	100	1 972.00	8	737.36	+T
1413 Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral ● Gekombineerde prosedure vir spatate: Afbinding van vena saphenous stroping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Unilateraal	141	2 780.52	120	2 366.40	3	276.51	+T
1415 Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral ● Gekombineerde prosedure vir spatate: Afbinding van vena saphenous stroping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Bilateraal	247	4 870.84	197.6	3 896.67	3	276.51	+T
1417 Extensive sub-fascial ligation of perforating veins ● Uitgebreide sub-fasiële afbinding van perforerende venas	125	2 465.00	120	2 366.40	3	276.51	+T
1419 Lesser varicose vein procedure ● Klein spataar prosedures	31	611.32	31	611.32	3	276.51	+T
1421 Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material) ● Skleroserende insputing met kompressie vir spatate: Per insputing tot 'n maksimum van nege insputings per been (koste van materiaal uitgesluit)	9	177.48	9	177.48			
1425 Thrombectomy: Inferior vena cava (Trans-abdominal) ● Trombektomie: Vena cava inferior (Transabdominaal)	240	4 732.80	192	3 786.24	11	1013.87	+T
1427 Thrombectomy: Ilio-femoral ● Trombektomie: Ilio-femoraal	175	3 451.00	140	2 760.80	6	553.02	+T
7. LYMPHO RETICULAR SYSTEM ● LIMFO RETIKULêRE STELSEL							
7.1 Spleen ● Milt							
1435 Splenectomy (trauma) ● Splenektomie (trauma)	221.3	4 364.04	177.04	3 491.23	9	829.53	+T
1457 Bone marrow biopsy: By trephine ● Beenmurg biopsie: Deur middel van trefien	13	256.36	13	256.36	3	276.51	+T
1458 Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula ● Beenmurg biopsie: Eenvoudige aspirasie van murg trokar of kannula	8	157.76	8	157.76			
8. DIGESTIVE SYSTEM ● SPYSVERTERINGSTELSEL							
8.1 Oral cavity ● Mondholte							
1467 Drainage of intra-oral abscess ● Dreinerings van abses in die mondholte	31	611.32	31	611.32	4	368.68	+T
1483 Alveolar periosteal or other flaps for arch closure ● Alveolêre periosteale of ander flappe vir boog sluiting	138	2 721.36	120	2 366.40	4	368.68	+T
8.2 Lips ● Lippe							
1485 Local excision of benign lesion of lip ● Lokale uitsnyding van goedaardige letsels van lip	27	532.44	27	532.44	4	368.68	+T
1499 Lip reconstruction following an injury: Directed repair ● Liprekonstruksie na besering: Direkte herstel	105.6	2 082.43	105.6	2 082.43	4	368.68	+T
1501 Lip reconstruction following an injury only: Flap repair ● Liprekonstruksie slegs na besering: Flap herstel	206	4 062.32	164.8	3 249.86	4	368.68	+T
1503 Lip reconstruction following an injury only: Total reconstruction (first stage) ● Liprekonstruksie slegs na besering: Totale rekonstruksie (eerste stadium)	206	4 062.32	164.8	3 249.86	4	368.68	+T
1504 Lip reconstruction following an injury only: Subsequent stages (see item 0297) ● Liprekonstruksie slegs na besering: Daaropvolgende stadiums (Sien item 0297)	104	2 050.88	104	2 050.88	4	368.68	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
8.3 Tongue ● Tong							
1505 Partial glossectomy ● Gedeeltelike glossektomie	225	4 437.00	180	3 549.60	6	553.02	+T
1507 Local excision of lesion of tongue ● Lokale uitsnyding van letsel van tong	27	532.44	27	532.44	4	368.68	+T
8.4 Palate, uvula and salivary gland ● Verhemelte, uvula en speekselklier							
1526 Total parotidectomy with preservation of facial nerve ● Totale verwydering van parotis met behoud van fasialis senuwee	358.5	7 069.62	286.8	5 655.70	5	460.85	+T
1531 Drainage of parotid abscess ● Dreinerings van parotisabses	25	493.00	25	493.00	4	368.68	+T
8.5 Oesophagus ● Oesofagus							
1545 Oesophagoscopy with rigid instrument: First and subsequent ● Oesofagoskopie met onbuigbare instrument: Eerste en herhaal	47	926.84	47	926.84	4	368.68	+T
1550 Oesophagoscopy with removal of foreign body ● Oesofagoskopie met verwydering van vreemde voorwerp	70	1 380.40	70	1 380.40	4	368.68	+T
1563 Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure ● Hiatusbreuk en diafragmaatiese breukherstel: Met anti-refluksprosedure	300	5 916.00	240	4 732.80	11	1013.87	+T
1565 Hiatus hernia and diaphragmatic hernia repair: With Collins Nissen oesophageal lengthening procedure ● Hiatusbreuk en diafragmaatiese breukherstel: Met Collins Nissen esofagusverlenging	350	6 902.00	280	5 521.60	11	1013.87	+T
8.6 Stomach ● Maag							
1587 Upper gastro-intestinal endoscopy: Using hospital equipment ● Boonste gastro-intestinale endoskopie: Hospitaaltoerusting	48.75	961.35	48.75	961.35	4	368.68	+T
1589 Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictor and/or sclerotic (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) ● Endoskopiese beheer van gastro-intestinale bloeding van boonste gastro-intestinale weg, derms, of dikderm d.m.v. inspuiting van vatvernouers en/of sklerose (endoskopiese hemostase): voeg by gastrokopie (item 1587) of kolonoskopie (item 1653)	+ 34	670.48	34	670.48	6	553.02	+T
1591 Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (item 1587) ● Plus verwydering van vreemde voorwerpe (maag): VOEG BY gastro-intestinale endoskopie (item 1587)	+ +25	493.00	+25	493.00	4	368.68	+T
1597 Gastrostomy or Gastrotomy ● Gastrostomie of Gastrotomie	147.5	2 908.70	120	2 366.40	6	553.02	+T
1615 Suture of perforated gastric or duodenal ulcer or wound or injury ● Hegting van geperforeerde maag- of duodenale ulkus of van wond of besering	200	3 944.00	160	3 155.20	7	645.19	+T
1617 Partial gastrectomy ● Gedeeltelike gastrektomie	328.3	6 474.08	262.64	5 179.26	7	645.19	+T
1619 Total gastrectomy ● Totale gastrektomie	384.43	7 580.96	307.54	6 064.69	7	645.19	+T
8.7 Duodenum ● Duodenum							
1626 Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy) ● Endoskopiese ondersoek van die dunderm verder as die duodenojejunaal fleksuur met biopsie met of sonder stopsetting van bloeding (enteroskopie)	120	2 366.40	120	2 366.40	6	553.02	+T
1627 Duodenal intubation (under X-ray screening) ● Duodenale intubasie (met X-straal deurligting)	8	157.76					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
8.8	Intestines ● Dermkanaal							
1634	Enterotomy or Enterostomy ● Enterotomie of Enterostomie	202.6	3 995.27	162.08	3 196.22	6	553.02	+T
1637	Operation for relief of intestinal obstruction ● Operasie vir verligting van intestinale obstruksie	240	4 732.80	192	3 786.24	7	645.19	+T
1639	Resection of small bowel with enterostomy or anastomosis ● Reseksie van dunderm met enterostomie of anastomose	244.9	4 829.43	195.92	3 863.54	6	553.02	+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) ● Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopie): verhuur van apparaat (item 0201 vir videokapsule - wegdoenbaar) - (Neem asb kennis dat die pasiënt moet presenteer met 'n normale gastrokopiese en kolonoskopiese ondersoek	150	2 958.00	120	2 366.40			
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report ● Spysverteringstelsel beelding, intraluminaal (bv. video kapsule endoskopie), oesofagus deur tot ileum: Interpretasie en verslag deur die geneesheer wat die prosedure uitgevoer het.	90	1 774.80	90	1 774.80			
1645	Suture of intestine (small or large): Wound or injury ● Hegting van derm (dun of dik): Wond of besering	185.2	3 652.14	148.16	2 921.72	6	553.02	+T
1647	Closure of intestinal fistula ● Sluiting van intestinale fistel	258	5 087.76	206.4	4 070.21	6	553.02	+T
1657	Right or left hemicolectomy or segmental colectomy ● Regter of linker-hemi-kolektomie of segmentale kolektomie	325	6 409.00	260	5 127.20	6	553.02	+T
1661	Colotomy: Including removal of foreign body ● Kolotomie: Verwydering van vreemde voorwerp ingeslote	205.7	4 056.40	164.56	3 245.12	6	553.02	+T
1663	Total colectomy ● Totale kolektomie	390	7 690.80	312	6 152.64	6	553.02	+T
1665	Colostomy or ileostomy isolated procedure ● Kolostomie of ileostomie losstaande prosedure	233.8	4 610.54	187.04	3 688.43	6	553.02	+T
1667	Colostomy: Closure ● Kolostomie: Sluiting	179.1	3 531.85	143.28	2 825.48	5	460.85	+T
1668	Revision of ileostomy pouch ● Hersiening van ileostomie sak	375	7 395.00	300	5 916.00	6	553.02	+T
8.10	Rectum and anus ● Rektum en anus							
1677	Sigmoidoscopy: First and subsequent, with or without biopsy ● Sigmoidoskopiese: Eerste en daaropvolgende met of sonder biopsie	13	256.36	13	256.36	3	276.51	+T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy ● Totale mesorektale uitsnyding met kolo-anale anastomose en enterostomie of kolostomie.	445	8 775.40	356	7 020.32	8	737.36	+T
1705	Incision and drainage of submucous abscess ● Insnyding en dreinerings van perianale abses	40	788.80	40	788.80	3	276.51	+T
1707	Drainage of submucous abscess ● Dreinerings van sub-mukusale abses	40	788.80	40	788.80	3	276.51	+T
1737	Dilatation of ano-rectal structure ● Dilatasie van ano-rektale struktuur	12.5	246.50	12.5	246.50	3	276.51	+T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor ● Bio-terugvoeropleiding vir fekale inkontinensie gedurende anorektale manometrie uitgevoer deur dokter	27	532.44					
8.11	Liver ● Lewer							
1743	Needle biopsy of liver ● Naaldiopsie van lewer	30.3	597.52	30.3	597.52	3	276.51	+T
1745	Biopsy of liver by laparotomy ● Biopsie van lewer deur laparotomie	125	2 465.00	120	2 366.40	4	368.68	+T
1747	Drainage of liver abscess ● Dreinerings van lewerabses	179.1	3 531.85	143.28	2 825.48	7	645.19	+T
1748	Body composition measured by bio-electrical impedance ● Liggaamsamestelling gemeet deur middel van bio-elektriese impedansie	3	59.16	3	59.16			
1749	Hemi-hepatectomy: Right ● Hemi-hepatektomie: Regs	564	11 122.08	451.2	8 897.66	9	829.53	+T
1751	Hemi-hepatectomy: Left ● Hemi-hepatektomie: Links	521.1	10 276.09	416.88	8 220.87	9	829.53	+T
1752	Extended right or left hepatectomy ● Uitgebreide linker of regter hepatektomie	570.9	11 258.15	456.72	9 006.52	9	829.53	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1753	Partial or segmental hepatectomy ● Gedeeltelike of segmentale hepatektomie	378	7 454.16	302.4	5 963.33	9	829.53 +T
1757	Suture of liver wound or injury ● Hegting van lewerwond of besering	214.2	4 224.02	171.36	3 379.22	9	829.53 +T
8.12	Biliary tract ● Galweë						
1763	With exploration of common bile duct ● Met eksplorاسie van choledochus	264.5	5 215.94	211.6	4 172.75	6	553.02 +T
1765	Exploration of common bile duct; Secondary operation ● Eksplorاسie van choledochus: Sekondêre operاسie	327.7	6 462.24	262.16	5 169.80	6	553.02 +T
1767	Reconstruction of common bile duct ● Rekonstruksie van choledochus	371.7	7 329.92	297.36	5 863.94	6	553.02 +T
8.13	Pancreas ● Pankreas						
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + Catheterisation of pancreas duct or choledochus ● Endoskopiese Retrograde Cholangiopankreatografie (ERCP): Endoskopiese + kateterisasie van pankreasbuis of choledochus	105.9	2 088.35	105.9	2 088.35	4	368.68 +T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778) ● Endoskopiese retrograde verwydering van stene soos vir galbuis en/of pankreatiese buis. Voeg by ERCP (item 1778)	+ 15.82	311.97	15.82	311.97	4	368.68 +T
1791	Local, partial or subtotal pancreatectomy ● Lokale, gedeeltelike of subtotale pankreatektomie	351.3	6 927.64	281.04	5 542.11	8	737.36 +T
1793	Distal pancreatectomy with internal drainage ● Distale pankreatektomie met interne dreinasie	377.4	7 442.33	301.92	5 953.86	8	737.36 +T
8.14	Peritoneal cavity ● Peritoniale holte						
1797	Pneumo-peritoneum: First ● Pneumoperitoneum: Eerste	13	256.36	13	256.36	4	368.68 +T
1799	Pneumo-peritoneum: Repeat ● Pneumoperitoneum: Daaropvolgende	6	118.32	6	118.32	4	368.68 +T
1800	Peritoneal lavage ● Peritoneale uitspoeling	20	394.40	20	394.40		
1801	Diagnostic paracentesis: Abdomen ● Diagnostiese parasentese: Buik	8	157.76	8	157.76		
1803	Therapeutic paracentesis: Abdomen ● Terapeutiese parasentese: Buik	13	256.36	13	256.36		
1807	Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027) ● Voeg by oop prosedure wanneer 'n prosedure deur 'n laparoskoop uitgevoer word (vir narkose verwys na wysiger 0027)	+ 45	887.40	45	887.40	5	460.85 +T
1809	Laparotomy ● Laparotomie	196	3 865.12	156.8	3 092.10	4	368.68 +T
1811	Suture of burst abdomen ● Hegting van gebarste abdomen	188.3	3 713.28	150.64	2 970.62	7	645.19 +T
1812	Laparotomy for control of surgical haemorrhage ● Laparotomie vir beheer van chirurgiese bloeding	105	2 070.60	105	2 070.60	9	829.53 +T
1813	Drainage of sub-phrenic abscess ● Dreinerings van sub-freniese abses	180	3 549.60	144	2 839.68	7	645.19 +T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal ● Dreinerings van ander intraperitoneale abses (appendiksabses uitgesluit): Transabdominaal	248.4	4 898.45	198.72	3 918.76	5	460.85 +T
1817	Transrectal drainage of pelvic abscess ● Transrektale dreinerings van bekkenabses	75	1 479.00	75	1 479.00	4	368.68 +T
9.	HERNIAE ● BREUKE						
1819	Inguinal or femoral hernia ● Inguinale of femorale breuk (trauma)	125	2 465.00	120	2 366.40	4	368.68 +T
1825	Recurrent inguinal or femoral hernia ● Herhalende inguinale of femorale breuk	155	3 056.60	124	2 445.28	4	368.68 +T
1827	Strangulated hernia or femoral hernia ● Gestranguleerde breuk of femorale breuk	238	4 693.36	190.4	3 754.69	7	645.19 +T
1831	Umbilical hernia ● Naelbreuk	140	2 760.80	120	2 366.40	4	368.68 +T
1835	Incisional hernia ● Snitbreuk	166.8	3 289.30	133.44	2 631.44	4	368.68 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose			
		U/E	R	U/E	R	U/E	R	T/M	
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) ● Inplaas van wondgaas (mesh) of ander protese vir snit- of ventrale breuk herstel (Hef saam met die toepaslike prosedure kode vir snit- of ventrale breuk herstel)	+	77	1 518.44	77	1 518.44	4	368.68	+T
10. URINARY SYSTEM ● URINEWEË									
10.1 Kidney ● Nier									
1839	Renal biopsy, per kidney, open ● Nierbiopsie, per nier, oop		71	1 400.12	71	1 400.12	5	460.85	+T
1841	Renal biopsy (needle) ● Nierbiopsie (naald)		30	591.60	30	591.60	3	276.51	+T
1843	Peritoneal dialysis: First day ● Peritoneale dialise: Eerste dag		33	650.76	33	650.76			
1845	Peritoneal dialysis: Every subsequent day ● Peritoneale dialise: Elke daaropvolgende dag		33	650.76	33	650.76			
1847	Haemodialysis: Per hour or part thereof ● Hemodialise: Per uur of gedeelte daarvan		21	414.12	21	414.12			
1849	Haemodialysis: Maximum: Eight hours ● Hemodialise: Maksimum: Agt uur		168	3 312.96	134.4	2 650.37			
1851	Haemodialysis: Thereafter per week ● Hemodialise: Daarna per week		55	1 084.60	55	1 084.60			
1852	Continuous haemodiafiltration per day in intensive or high care unit ● Volgehoue haemodiafiltrasie per dag in intensiewe of hoë sorgseenheid		33	650.76	33	650.76			
1853	Primary nephrectomy ● Primêre nefrektomie		225	4 437.00	180	3 549.60	5	460.85	+T
1855	Secondary nephrectomy ● Sekondêre nefrektomie		267	5 265.24	213.6	4 212.19	5	460.85	+T
1863	Nephro-ureterectomy ● Nefro-ureterektomie		305	6 014.60	244	4 811.68	5	460.85	+T
1865	Nephrotomy with drainage nephrostomy ● Nefrotomie met dreineringsnefrostomie		189	3 727.08	151.2	2 981.66	6	553.02	+T
1873	Suture renal laceration (renorrhaphy) ● Hegting renalelaserasie (renorrafie)		193	3 805.96	154.4	3 044.77	6	553.02	+T
1879	Closure of renal fistula ● Sluiting van nierfistel		189	3 727.08	151.2	2 981.66	5	460.85	+T
1881	Pyeloplasty ● Piëloplastie		252	4 969.44	201.6	3 975.55	5	460.85	+T
1885	Pyelolithotomy ● Piëlolithotomie		189	3 727.08	151.2	2 981.66	5	460.85	+T
1891	Perinephric abscess or renal abscess: Drainage ● Perinefriesie abses of nierabses: Drainasie		200	3 944.00	160	3 155.20	7	645.19	+T
10.2 Ureter ● Ureter									
1897	Ureterorrhaphy: Suture of ureter ● Ureterorrafie: Hegting van ureter		147	2 898.84	120	2 366.40	5	460.85	+T
1898	Ureterorrhaphy: Lumbar approach ● Ureterorrafie: Deur middel van lendesnit		189	3 727.08	151.2	2 981.66	5	460.85	+T
1899	Ureteroplasty ● Ureteroplastie		181	3 569.32	144.8	2 855.46	5	460.85	+T
1903	Ureterectomy only ● Ureterektomie alleenlik		137	2 701.64	120	2 366.40	5	460.85	+T
1919	Closure of ureteric fistula ● Sluiting van fistula van ureter		147	2 898.84	120	2 366.40	5	460.85	+T
1921	Immediate deligation of ureter ● Onmiddellike losmaak van afbinding om ureter (deligasie)		147	2 898.84	120	2 366.40	5	460.85	+T
10.3 Bladder ● Blaas									
1945	Installation of radio-opaque material for cystography or urethrocytography ● Installeren van radio-opaak materiaal vir sistografie of uretrasistografie		5	98.60	5	98.60	3	276.51	+T
1949	Cystoscopy: Hospital equipment ● Sistoskopie: Hospitaal toerusting		44	867.68	44	867.68	3	276.51	+T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral ● En retrograde pielografie of retrograde kateterisering van ureter: Unilateraal of bilateraal	+	10	197.20	10	197.20	3	276.51	+T
1952	J J Stent catheter ● J J Stent kateter	+	44	867.68	44	867.68	3	276.51	+T
1954	Ureteroscopy ● Ureteroskopie	+	35	690.20			3	276.51	+T
1959	With manipulation of ureteral calculus ● Met manipulasie van uretersteen	+	20	394.40	20	394.40	3	276.51	+T
1961	With removal of foreign body or calculus from urethra or bladder ● Met verwydering van vreemde voorwerp of kalkulus van uretra of blaas	+	20	394.40	20	394.40	3	276.51	+T
1964	And control of haemorrhage and blood clot evacuation ● En kontroliering van bloeding en bloedklont evakuasie	+	15	295.80	15	295.80	3	276.51	+T
1976	Optic urethrotomy ● Optiese uretrotomie		80	1 577.60	80	1 577.60	3	276.51	+T
1979	Internal urethrotomy: Female ● Interne uretrotomie: Vroulik		50	986.00	50	986.00	3	276.51	+T
1981	Internal urethrotomy: Male ● Interne uretrotomie: Manlik		76.2	1 502.66	76.2	1 502.66	3	276.51	+T
1985	Transurethral resection of bladder neck: Female ● Transureterale reseksie van blaasnek: Vroulik		105	2 070.60	105	2 070.60	5	460.85	+T
1986	Transurethral resection of bladder neck: Male ● Transureterale reseksie van blaasnek: Manlik		125	2 465.00	120	2 366.40	5	460.85	+T
1987	Litholapaxy ● Litolapaksie		80	1 577.60	80	1 577.60	3	276.51	+T
1989	Cystometrogram ● Sistometrogram		25	493.00	25	493.00	3	276.51	+T
1991	Flometric bladder studies with videocystography ● Vloei-metriese blaasstudies met videostografie		40	788.80	40	788.80	3	276.51	+T
1992	Without videocystography ● Sonder videostografie		25	493.00	25	493.00	3	276.51	+T
1993	Voiding cysto-urethrogram ● Urinerings sisto-uretoogram		21	414.12	21	414.12	3	276.51	+T
1995	Percutaneous aspiration of bladder ● Perkutane aspirasie van blaas		10	197.20	10	197.20	3	276.51	+T
1996	Bladder catheterisation - male (not at operation) ● Blaas kateterisasie - manlik (nie tydens operasie)		6	118.32	6	118.32	3	276.51	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1997	3	59.16	3	59.16			
1999	24	473.28	24	473.28	3	276.51	+T
2013	137	2 701.64	120	2 366.40	5	460.85	+T
2015	67	1 321.24	67	1 321.24	5	460.85	+T
2035	118	2 326.96	118	2 326.96	5	460.85	+T
2039	137	2 701.64	120	2 366.40	6	553.02	+T
2047	105	2 070.60	105	2 070.60	5	460.85	+T
2049	132.10	2 605.01	120	2 366.40	3	276.51	+T
2050					4	368.68	+T
2051	12	236.64	12	236.64	3	276.51	+T
2058							
10.4							
2063	20	394.40	20	394.40	3	276.51	+T
2065	10	197.20	10	197.20	3	276.51	+T
2067	20	394.40	20	394.40	3	276.51	+T
2071	139	2 741.08	120	2 366.40	4	368.68	+T
2075	71	1 400.12	71	1 400.12	4	368.68	+T
2077	145	2 859.40	120	2 366.40	4	368.68	+T
2081	261.6	5 158.75	209.28	4 127.00	4	368.68	+T
2083	168	3 312.96	134.4	2 650.37	6	553.02	+T
2085	168	3 312.96	134.4	2 650.37	6	553.02	+T
2086	294	5 797.68	235.2	4 638.14	6	553.02	+T
2095	128.8	2 539.94	120	2 366.40	5	460.85	+T
2097	137	2 701.64	120	2 366.40	5	460.85	+T
2103	26.3	518.64	26.3	518.64	3	276.51	+T
2105	123.1	2 427.53	120	2 366.40	3	276.51	+T
2107	123.1	2 427.53	120	2 366.40	3	276.51	+T
2109	181	3 569.32	144.8	2 855.46	5	460.85	+T
2111	108	2 129.76	108	2 129.76	5	460.85	+T
2115	168	3 312.96	134.4	2 650.37	5	460.85	+T
2116	101.5	2 001.58	101.50	2 001.58	3	276.51	+T
2117	150.3	2 963.92	120.24	2 371.13	3	276.51	+T
11.							
11.1							
2141	101	1 991.72	101	1 991.72	3	276.51	+T
2147	168	3 312.96	134.4	2 650.37	3	276.51	+T
11.2							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2191	Orchidectomy (total or subcapsular): Unilateral • Orgidektomie (totaal of subkapsulêr): Unilateraal	98	1 932.56	98	1 932.56	3	276.51	+T
2193	Orchidectomy (total or subcapsular): Bilateral • Orgidektomie (totaal of subkapsulêr): Bilateraal	147	2 898.84	120	2 366.40	3	276.51	+T
2213	Suture or repair of testicular injury • Hegting of herstel van besering van testis	110.3	2 175.12	110.3	2 175.12	4	368.68	+T
2215	Incision and Drainage of testis or epididymis e.g. abscess or haematoma • Insnyding en dreineren van testis of epididimis bv. abses of hematoom	90	1 774.80	90	1 774.80	4	368.68	+T
2227	Incision and drainage of scrotal wall abscess • Insnyding en dreineren en skrotumwandabses	42.7	842.04	42.7	842.04	3	276.51	+T
11.3	Prostate • Prostaat							
2245	Trans-urethral resection of prostate • Trans-uretrale reseksie van prostaat	252	4 969.44	201.6	3 975.55	6	553.02	+T
14.	NERVOUS SYSTEM • SENUWEESTELSEL							
14.1	Diagnostic procedures • Diagnostiese prosedures							
2709	Full spinogram including bilateral median and posterior-tibial studies • Volledige spinogram wat bilaterale medianus en tibialis posterior studies insluit	140	2 760.80					
2711	Electro-encephalography: Taking of record • Elektro-enkefalografie: Neem van rekord	36.10	711.89	36.10	711.89			
2712	Electro-encephalography - Interpretation • Elektro-enkefalografie - interpretasie	24	473.28	24	473.28			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications ● Spinale (lumbale) punksie. Vir diagnose, of dreinasie van spinale vloeistof of vir terapeutiese indikasies	18.4	362.85	18.4	362.85			
2714	Cisternal puncture and/or intrathecal injections ● Sisternale punksie en/of intratekale inspuitings	15	295.80	15	295.80			
2717	Electromyography: First ● Elektromiografie: Eerste	75	1 479.00	75	1 479.00			
2718	Electromyography: Subsequent ● Elektromiografie: Opvolg	75	1 479.00	75	1 479.00			
2725	Angiography carotis: Unilateral ● Angiografie karotis: Unilateraal	25	493.00	25	493.00	4	368.68	+T
2726	Angiography carotis: Bilateral ● Angiografie karotis: Bilateraal	44	867.68	44	867.68	4	368.68	+T
2727	Vertebral artery: Direct needling ● Vertebrale arterie: Direkte benaalding	50	986.00	50	986.00	4	368.68	+T
2729	Vertebral catheterisation ● Vertebrale kateterisasie	50	986.00	50	986.00	4	368.68	+T
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure) ● Lugensefalografie en posterior fossa tomografie: Insuit van lug (alleenstaande prosedure)	14.5	285.94			4	368.68	+T
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen ● Lugensefalografie en posterior fossa tomografie: Gesigsveldbepaling d.m.v. Bjerrum se skerm	7	138.04	7	138.04			
2739	Ventricular needling without burring: Tapping only ● Ventrikelpunksie, sonder boorgate: Slegs aftapping	16	315.52	16	315.52	4	368.68	+T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography ● Ventrikelpunksie, sonder boorgate: Plus inplasing van lug en/of kontrasmiddel vir ventrikulografie	43	847.96	43	847.96	4	368.68	+T
2743	Subdural tapping: First sitting ● Subdurale aftapping: Eerste keer	15	295.80	15	295.80	4	368.68	+T
2745	Subdural tapping: Subsequent ● Subdurale aftapping: Daaropvolgende keer	10	197.20	10	197.20	4	368.68	+T
14.2	Introduction of burr holes for ● Boorgate vir							
2747	Ventriculography ● Ventrikulografie	150	2 958.00	120	2 366.40	8	737.36	+T
2749	Catheterisation for ventriculography and/or drainage ● Kateterisering vir ventrikulografie en/of dreinerings	150	2 958.00	120	2 366.40	8	737.36	+T
2753	Subdural haematoma ● Subdurale hematoom	150	2 958.00	120	2 366.40	8	737.36	+T
2755	Subdural empyema ● Subdurale empieëm	150	2 958.00	120	2 366.40	8	737.36	+T
2757	Brain abscess ● Breinabses	150	2 958.00	120	2 366.40	8	737.36	+T
14.3	Nerve procedures ● Senuwee prosedures							
2765	Nerve conduction studies (see items 0733 and 3285) ● Senuweegeleidingstudies (sien items 0733 en 3285)	26	512.72	26	512.72	4	368.68	+T
14.3.1	Nerve repair of suture ● Senuwee herstel van hegting							
2767	Suture Brachial Plexus (see also items 2837 and 2839) ● Hegting Brachiale Plexus (sien items 2837 en 2839)	300	5 916.00	240	4 732.80	6	553.02	+T
2769	Suture: Large nerve: Primary ● Hegting: Groot senuwee: Primêr	134	2 642.48	120	2 366.40	5	460.85	+T
2771	Suture: Large nerve: Secondary ● Hegting: Groot senuwee: Sekondêr	202	3 983.44	161.60	3 186.75	5	460.85	+T
2773	Suture: Digital nerve: Primary ● Hegting: Digitale senuwee: Primêr	65	1 281.80	65	1 281.80	3	276.51	+T
2775	Suture: Digital nerve: Secondary ● Hegting: Digitale senuwee: Sekondêr	96	1 893.12	96	1 893.12	3	276.51	+T
2777	Nerve graft: Simple ● Senuwee-transplantaat: Eenvoudig	202	3 983.44	161.6	3 186.75	4	368.68	+T
2779	Fascicular: First fasciculus ● Fassikulêr: Eerste fassikulus	202	3 983.44	161.6	3 186.75	4	368.68	+T
2781	Fascicular: Each additional fasciculus ● Fassikulêr: Elke bykomende fassikulus	50	986.00	50	986.00	4	368.68	+T
2783	Fascicular: Nerve flap: To include all stages ● Fassikulêr: Senuweeflap: Alle stadia ingesluit	224	4 417.28	179.2	3 533.82	4	368.68	+T
2787	Fascicular: Grafting of facial nerve ● Fassikulêr: Oorplanting van nervus facialis	215	4 239.80	172	3 391.84	5	460.85	+T
14.3.2	Neurectomy ● Neurektomie							
2795	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral) ●	45.4	895.29	45.4	895.29	5	460.85	+T
2796	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, each additional level each additional level (unilateral or bilateral) ●	+ 16.3	321.44	16.3	321.44	5	460.85	+T
2797	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, one level (unilateral or bilateral) ●	44	867.68	44	867.68	5	460.85	+T
2798	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral) ●	+ 15	295.80	15	295.80	5	460.85	+T
2799	Intrathecal injections for pain ● Intratekale inspuitings vir pyn	36	709.92	36	709.92	4	368.68	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2800	Plexus nerve block - as part of treatment refer to annexure c on the back of this gazette (motivation to be supplied by treating doctor) ● Pleksus senuweeblok - as deel van behandeling (motivering moet verskaf word deur verwysende dokter)	36	627.12	36	627.12			Fees as for specialist/Gelde soos vir spesialis
2801	Epidural injection, plexus nerve block or peripheral nerve block for pain refer to annexure c on the back of this gazette, motivation to be supplied by treating doctor (see modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic) ● Epidurale inspuiting, pleksus senuweeblok of perifere senuweeblok vir pyn (sien wysiger 0045 vir post-operatiewe pynverligting) (verwys na wysiger 0021 vir epidurale narkose)	36	709.92	36	709.92			Fees as for specialist/Gelde soos vir spesialis
2802	Peripheral nerve block - as part of treatment (motivation to be supplied) ● Perifere senuweeblok - as deel van behandeling (motivering moet verskaf word)	25	493.00	25	493.00			Fees as for specialist/Gelde soos vir spesialis
2803	Alcohol injection in peripheral nerves for pain: Unilateral ● Alkohol inspuiting in perifere senuwees vir pyn: Unilateraal	20	394.40	20	394.40	3		276.51 +T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique) To be used only with items 2799, 2800, 2801 or 2802 ● Inplasing van inlywende senuwee kateter (sluit verwydering van kateter in) (nie vir bolus tegniek) Slegs vir gebruik saam met items 2799, 2800, 2801 of 2802	10	197.20	10	197.20			Fees as for specialist/Gelde soos vir spesialis
2805	Alcohol injection in peripheral nerves for pain: Bilateral ● Alkohol inspuiting in perifere senuwees vir pyn: Bilateraal	35	690.20	35	690.20	3		276.51 +T
2809	Peripheral nerve section for pain ● Perifere senuwee-deursnyding vir pyn	45	887.40	45	887.40	3		276.51 +T
2815	Excision interdigital neuroma - Morton ● Eksisie interdigitale neuroom - Morton	82.3	1 622.96	82.3	1 622.96	3		276.51 +T
2825	Excision: Neuroma: Peripheral ● Eksisie: Neuroom: Perifere Other nerve procedures ● Ander senuwee prosedures	109.5	2 159.34	109.5	2 159.34	3		276.51 +T
2827	Transposition of ulnar nerve ● Transposisionering van nervus ulnaris	100	1 972.00	100	1 972.00	3		276.51 +T
2829	Neurolysis: Minor ● Neurolise: Klein	51	1 005.72	51	1 005.72	3		276.51 +T
2831	Neurolysis: Major ● Neurolise: Groot	132	2 603.04	120	2 366.40	3		276.51 +T
2833	Neurolysis: Digital ● Neurolise: Digitaal	96	1 893.12	96	1 893.12	3		276.51 +T
2835	Scalenotomy ● Skalenotomie	132	2 603.04	120	2 366.40	6		553.02 +T
2837	Brachial plexus, suture or neurolysis (item 2767) ● Brachiaal pleksus, hegting of neurolise (item 2767)	300	5 916.00	240	4 732.80	6		553.02 +T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation ● Totale brachiaal pleksus blootlegging met oorplanting, neurolise en transplantaat	895.2	17 653.34	716.16	14 122.68	6		553.02 +T
2841	Carpal Tunnel ● Karpaltonnel	64	1 262.08	64	1 262.08	3		276.51 +T
2843	Lumbar sympathectomy: Unilateral ● Lumbale simpatektomie: Unilateraal	153	3 017.16	122.4	2 413.73	4		368.68 +T
2845	Lumbar sympathectomy: Bilateral ● Lumbale simpatektomie: Bilateraal	268	5 284.96	214.4	4 227.97	6		553.02 +T
2849	Sympathetic block: Other levels: Unilateral ● Simpatiese senuweeblok: Ander vlakke: Unilateraal	20	394.40	20	394.40	3		276.51 +T
2851	Sympathetic block: Other levels: Bilateral ● Simpatiese senuweeblok: Ander vlakke: Bilateraal	35	690.20	35	690.20	3		276.51 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.4	Skull procedures ● Skedelprosedures							
2859	Repair of depressed fracture of skull: Without brain laceration: Major ● Herstel van ingedrewe skedelfraktuur: Sonder skeuring van harsings: Groot	200	3 944.00	160	3 155.20	8	737.36	+T
2860	Repair of depressed fracture of skull: Without brain laceration: Small ● Herstel van ingedrewe skedelfraktuur: Sonder skeuring van harsings: Klein	170	3 352.40	136	2 681.92	8	737.36	+T
2861	Repair of depressed fracture of skull: With brain lacerations: Small ● Herstel van ingedrewe skedelfraktuur: Met skeuring van harsings: Klein	200	3 944.00	160	3 155.20	8	737.36	+T
2862	Repair of depressed fracture of skull: With brain lacerations: Major ● Herstel van ingedrewe skedelfraktuur: Met skeuring van harsings: Groot	375	7 395.00	300	5 916.00	8	737.36	+T
2863	Cranioplasty ● Kranioplastie	280	5 521.60	224	4 417.28	8	737.36	+T
2875	Theco-peritoneal C.S.F. shunt ● Teko-peritoneale S.S.V. kortsluiting	280	5 521.60	224	4 417.28	8	737.36	+T
14.6	Aneurysm repair ● Aneurisme herstel							
2876	Repair of aneurysm or anterior-venous anomalies (intracranial) ● Herstel van aneurisme of arterio-veneuse-anomalieë (Intrakraniaal)	700	13 804.00	560	11 043.20	15	1382.55	+T
14.7	Posterior fossa surgery ● Posterior fossa chirurgie							
2879	Glossopharyngeal nerve ● Glosso-faringeale senuwee	480	9 465.60	384	7 572.48	6	553.02	+T
2881	Eighth nerve: Intracranial ● Agtste kopsenuwee: Intrakraniaal	480	9 465.60	384	7 572.48	8	737.36	+T
2887	Eighth nerve: Vestibular nerve ● Agtste kopsenuwee: Vestibulêre senuwee	480	9 465.60	384	7 572.48	9	829.53	+T
14.7.1	Supratentorial procedures ● Supratentoriale prosedures							
2899	Craniectomy for extra-dural haematoma or empyema ● Kraniëktomie weens ekstradurale hematoom of empieën	375	7 395.00	300	5 916.00	11	1013.87	+T
14.8	Craniotomy for ● Kraniotomie vir							
2900	Extra-dural orbital decompression ● Ekstradurale orbitale dekompressie	700	13 804.00	560	11 043.20	11	1013.87	+T
2903	Abscess, glioma ● Abses, glioom	450	8 874.00	360	7 099.20	11	1013.87	+T
2904	Haematoma, foreign body: Cerebral or cerebellar ● Hematoom, vreemde voorwerpe: Serebraal of serebellêr	450	8 874.00	360	7 099.20	11	1013.87	+T
2905	Focal epilepsy: Excision of cortical scar ● Fokale epilepsie: Uitsnyding van kortikale litteken	450	8 874.00	360	7 099.20	11	1013.87	+T
2906	With anterior fossa meningocoele and repair of bony skull defect ● Met herstel anterior fossa meningoseel en sluiting van benige skedeldefek	375	7 395.00	300	5 916.00	11	1013.87	+T
2909	CSF-leaks ● SSV-lekkasie	450	8 874.00	360	7 099.20	11	1013.87	+T
14.8.1	Stereo-tactic cerebral and spinal cord procedures ● Sterio-taktiese serebrale en rugmurg prosedures							
2918	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
14.9	Spinal operations ● Spinale operasies							
2923	Chordotomy: Unilateral ● Chordotomie: Unilateraal	178	3 510.16	142.4	2 808.13	3	276.51	+T+M
2925	Chordotomy: Open ● Chordotomie: Oop	350	6 902.00	280	5 521.60	3	276.51	+T+M
2927	Rhizotomy: Extradural, but intraspinal ● Risotomie: Extraduraal, maar intraspiniaal	320	6 310.40	256	5 048.32	3	276.51	+T+M
2928	Rhizotomy: Intradural ● Risotomie: Intraduraal	350	6 902.00	280	5 521.60	3	276.51	+T+M
2940	Lumbar osteophyte removal ● Lumbale osteofiet verwydering	187	3 687.64	149.6	2 950.11	3	276.51	+T+M
2941	Cervical or thoracic osteophyte removal ● Servikale of torakale osteofiet verwydering	285	5 620.20	228	4 496.16	3	276.51	+T+M
14.10	Arterial ligations ● Arteriële afbinding							
2951	Carotis: Trauma ● Karotis: Trauma	120	2 366.40	120	2 366.40	8	737.36	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
	Psychiatrist Psigiater		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
14.11 Medical Psychotherapy ● Mediese Psigoterapie							
2957 Individual psychotherapy (specific psychotherapy with approved evidence based method) - per short session (20 minutes) ● Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per kort sessie (20 minute)	20	394.40	16	315.52			
2974 Individual psychotherapy (specific psychotherapy with approved evidence based method) - per intermediate session (40 minutes) ● Individuele psigoterapie - (spesifieke psigoterapie met goedgekeurde bewys metode) per intermediêre sessie (40 minute)	40	788.80	32	631.04			
2975 Individual psychotherapy (specific psychotherapy with approved evidence based method) - per extended session (60 minutes or longer) ● Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per verlengde sessie (60 minute of langer)	60	1 183.20	48	946.56			
2958 DELETED 2009: Psychoanalytic therapy - per 60-minute session ● GESKRAP 2009: Psigoanalitiese terapie - per 60-minute sessie							
14.12 Physical treatment methods ● Fisiese behandelingsmetodes							
2970 Electro-convulsive treatment (ECT) - each time (see rule Va) ● Elektro-konvulsiewe behandeling (EKB) - per keer (raadpleeg reël Va)	17	335.24	17	335.24	3	276.51	+T
2971 Intravenous anti-depressive medication through infusion - per push in (maximum 1 push in per 24 hours) Binnearse anti-depressiewe medikasie deur infuus - per instoot (maksimum 1 instoot per 24 uur)	6	118.32					
14.13 Psychiatric examination methods ● Psigiatriese ondersoekmetodes							
2972 Narco-analysis (maximum of 3 sessions per treatment) - per session ● Narkoanalise (maksimum van 3 sessies per behandeling) - per sessie	24	473.28					
2973 Psychometry by Psychiatrist (specify examination) - per session (maximum of 3 sessions per examination) ● Psigometrie deur Psigiater (spesifiseer ondersoek) - per sessie (maksimum van 3 sessies per ondersoek)	24	473.28					

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
15. GENERAL ● ALGEMEEN							
3001 Implantation of pellets (excluding cost of material) (excluding aftercare) ● Inplantasie van pellets (koste van materiaal uitgesluit) (nasorg uitgesluit)	3	59.16	3	59.16			
16. EYE ● OOG							
16.1 Procedures performed in rooms ● Spreekkamerprosedures							
16.1.1 Eye investigations ● Oogondersoeke Note: Not more than three (3) items in this section may be charged during one visit ● Opmerking: 'n Maksimum van drie (3) items uit hierdie afdeling mag gedurende een besoek gehef word. Eye investigations and photography refer to one or both eyes except where otherwise indicated ● Oogondersoeke en fotografie verwys na een of albei oë, behalwe waar anders aangetoon Material used is excluded ● Materiaal gebruik word uitgesluit The tariff for photography is not related to the number of photographs taken ● Die tarief vir fotografie het nie betrekking op die aantal foto's wat geneem word nie							
3002 Gonioscopy ● Gonioskopie	7	138.04	7	138.04			
3003 Fundus contact lens or 90D lens examination(not to be charged with item 3004 and/or item 3012) ● Fundus kontaklens of 90D lens ondersoek (mag nie gehef word saam met item 3004 en/of item 3012 nie)	7	138.04	7	138.04			
3004 Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012) ● Perifere fundus ondersoek met indirekte oftalmoskoop (mag nie gehef word saam met item 3003 en/of item 3012 nie)	7	138.04	7	138.04			
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 ● Basiese kapitaal apparaat gebruik in eie kamers deur oftalmoloë. Mag slegs tydens eerste en opvolgkonsultasies gehef word. Nie vir gebruik tydens na-operatiewe besoeke nie	+ 11.68	230.33	-				
3013 Ocular motility assessment: Comprehensive examination ● Okulêre motiliteitsbepalings: Omvattende ondersoek	12	236.64	12	236.64			
3014 Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) ● Tonometrie per toets met maksimum van 2 toetse vir uitloktionometrie (een of albei oë)	7	138.04	7	138.04			
3021 Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations ● Retinafunksie-bepaling insluitend refraksie na okulêre chirurgie (binne vier maande), maksimum twee ondersoeke	9	177.48	9	177.48			-
16.1.2 Special eye investigations ● Spesiale oogondersoeke							
3015 Charting of visual field with manual perimeter ● Kartering van gesigsveld met manuele perimeter	28	552.16	28	552.16			
3016 Retinal threshold test without storage facilities ● Retina drempeltoets sonder bergingsfasiliteite	30	591.60	30	591.60			
3017 Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs ● Retina drempeltoets insluitende rekenaarskyfberging vir Delta of Statpak programme	74	1 459.28	74	1 459.28			
3018 Retinal threshold trend evaluation (additional to 3017) ● Retina drempelverloop evaluasie (addisioneel tot 3017)	16	315.52	16	315.52			-
3020 Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery ● Pagimetrie: Alleenlik as toevoeging tot kornea chirurgie	46	907.12	46	907.12			-
3025 Electronic tonography ● Elektroniese tonografie	19	374.68	19	374.68			-
3027 Fundus photography ● Fundusfotografie	21	414.12	21	414.12			-
3029 Anterior segment microphotography ● Anterior-segment mikrofotografie	21	414.12	21	414.12			-
3031 Fluorescein angiography: One or both eyes ● Fluoresien angiografie: Een of beide oë	45	887.40	45	887.40	4	368.68	+T
3032 Eyelid and orbit photography ● Ooglid en orbit fotografie	9	177.48	9	177.48			-

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3033	Interpretation of item 3031 referred by other clinician ● Interpretasie van item 3031 verwys deur ander geneesheer	15	295.80	15	295.80			-
3034	Determination of lens implant power per eye ● Bepaling van lensinplantstuk sterkte per oog	15	295.80	15	295.80			-
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 ● Wanneer 'n klein prosedure wat gewoonlik in die spreekkamer uitgevoer word 'n algemene narkose of die gebruik van 'n teater vereis, kan bykomende gelde gehef word	22	433.84	22	433.84			As per procedure/Soos per prosedure
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) ● Kornea topografie: alleenlik vir patologiese korneas met spesiale motivering. Vir refraktêre chirurgie: mag een maal pre-operatief en een maal post-operatief gehef word per sitting (vir een of beide oë)	36	709.92	36	709.92			
16.2	Retina ● Retina							
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy ● Chirurgiese behandeling van retinaloslating insluitende vervanging van vitreous uitsluitende vitrektomie	306.9	6 052.07	245.52	4 841.65	6		553.02 +T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye ● Profylakse en behandeling van retina en choroid met krioterapie en/of diatermie en/of fotokoagulatie en/of laser per oog	105	2 070.60	105	2 070.60	6		553.02 +T
3041	Pan retinal photocoagulation (per eye), done in one sitting ● Panretinale fotokoagulatie (per oog), in een sitting (Subsequent sittings: Modifier 0005) ● (Daaropvolgende sittings: Wysiger 0005)	150	2 958.00	120	2 366.40	6		553.02 +T
3044	Removal of encircling band and/or buckling material ● Verwydering van omsirkelende bande en/of induik-materiaal	105	2 070.60	105	2 070.60	6		553.02 +T
16.3	Cataract ● Katarak							
3045	Intra-capsular extraction ● Intra-kapsulêre ekstrasie	210	4 141.20	168	3 312.96	7		645.19 +T
3047	Extra-capsular (including capsulotomy) ● Ekstra-kapsulêr (kapsulotomie ingesluit)	210	4 141.20	168	3 312.96	7		645.19 +T
3049	Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded) Modifier 0005 not applicable ● Inplasing van lenticulus addisioneel tot 3045 of 3047 (koste van lens uitgesluit) (Wysiger 0005 nie van toepassing nie)	57	1 124.04	57	1 124.04	7		645.19 +T
3050	Repositioning of intra ocular lens ● Herposisionering van intra okulêre lens	171.10	3 374.09	136.88	2 699.27	7		645.19 +T
3051	Needling or capsulotomy ● Benaalding of kapsulotomie	130	2 563.60	120	2 366.40	4		368.68 +T
3052	Laser capsulotomy ● Laser kapsulotomie	105	2 070.60	105	2 070.60	4		368.68 +T
3057	Removal of lenticulus ● Verwydering van lenticulus	210	4 141.20	168	3 312.96	7		645.19 +T
3058	Exchange of intra ocular lens ● Vervanging van Intra okulêre lens	236	4 653.92	188.8	3 723.14	7		645.19 +T
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded) ● Inplasing van lenticulus wanneer 3045 of 3047 nie uitgevoer is nie (koste van lens uitgesluit)	210	4 141.20	168	3 312.96	7		645.19 +T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only) ● Gebruik van eie chirurgiese mikroskoop vir chirurgie of ondersoek (nie vir spleetlamp mikroskoop nie) (slegs vir gebruik deur oftalmoloë)	4	78.88					
16.4	Glaucoma ● Gloukoom							
3061	Drainage operation ● Dreineringsoperasie	247.6	4 882.67	198.08	3 906.14	6		553.02 +T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061) ● Inplanting van voorkamerklep/ seton in gloukoom (Addisioneel tot item 3061)	60	1 183.20	60	1 183.20	6		553.02 +T
3063	Cyclorotherapy or cyclodiathermy ● Sikloterapie of siklodiermie	105	2 070.60	105	2 070.60	6		553.02 +T
3064	Laser trabeculoplasty ● Laser trabekuloplastie	105	2 070.60	105	2 070.60	6		553.02 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3065	Removal of blood anterior chamber ● Verwydering van bloed van voorste kamer	105	2 070.60	105	2 070.60	4	368.68	+T
3067	Goniotomy ● Goniotomie	210	4 141.20	168	3 312.96	7	645.19	+T
16.5	Intra-ocular foreign body ● Vreemde voorwerp in oog							
3071	Intra-ocular foreign body: Anterior to Iris ● Vreemde voorwerp in oog: Anterior tot die Iris	127	2 504.44	120	2 366.40	4	368.68	+T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina) ● Vreemde voorwerp in oog: Posterior tot die Iris (profiaktiese hittebehandeling van retina ingesluit)	210	4 141.20	168	3 312.96	6	553.02	+T
16.6	Strabismus ● Strabismus							
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Operasie op een of twee spiere	175.6	3 462.83	140.48	2 770.27	5	460.85	+T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Operasie op drie of vier spiere	200	3 944.00	160	3 155.20	5	460.85	+T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Daaropvolgende operasie een of twee spiere	120	2 366.40	120	2 366.40	5	460.85	+T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three of four muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Daaropvolgende operasie op drie of vier spiere	150	2 958.00	120	2 366.40	5	460.85	+T
16.7	Globe ● Oogbol							
3080	Examination of eyes under general anaesthetic where no surgery is done ● Ondersoek van oë onder algemene narkose waar 'n operasie nie gedoen word nie	80	1 577.60	80	1 577.60	4	368.68	+T
3081	Treatment of minor perforating injury ● Behandeling van minor perforasie besering.	161.6	3 186.75	129.28	2 549.40	6	553.02	+T
3083	Treatment of major perforating injury ● Behandeling van major perforasie besering.	267.5	5 275.10	214	4 220.08	6	553.02	+T
3085	Enucleation or Evisceration ● Eenukleasie of Eviserasie	105	2 070.60	105	2 070.60	5	460.85	+T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis ● Eenukleasie of Eviserasie met beweeglike inplantstuk: Koste van inplantstuk en protese uitgesluit	160	3 155.20	128	2 524.16	5	460.85	+T
3088	Hydroxyapatite insertion (Additional to item 3087) ● Hidroksiapetite inplasing (Addisionele tot item 3087)	40	788.80	40	788.80	5	460.85	+T
3089	Subconjunctival injection if not done at time of operation ● Subkonjunktivale inspuiting indien nie tydens operasie gedoen nie	10	197.20	10	197.20	5	460.85	+T
3091	Retrolbulbar injection (if not done at time of operation) ● Retrolbulbere inspuiting (indien nie gedoen tydens operasie)	16	315.52	16	315.52	4	368.68	+T
3092	External laser treatment for superficial lesions ● Eksterne laser behandeling vir oppervlakkige letsels	53	1 045.16	53	1 045.16			
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy ● Byvoeging van lug of gas in vitreous as 'n na-operatiewe prosedure of pneumoretinopeksie	130	2 563.60	120	2 366.40	7	645.19	+T
3097	Anterior vitrectomy ● Anterior vitrektomie	280	5 521.60	224	4 417.28	6	553.02	+T
3098	Removal of silicon from globe ● Verwydering van silikon uit oogbol	280	5 521.60	224	4 417.28	6	553.02	+T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement ● Posteriorvitrektomie insluitende anterior vitrektomie omsirkeling van oogbol en vervanging van vitreus	419	8 262.68	335.2	6 610.14	6	553.02	+T
3100	Lensectomy done at time of posterior vitrectomy ● Lensektomie gedoen saam met posterior vitrektomie	30	591.60	30	591.60	7	645.19	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.8	Orbit ● Oogkas							
3101	Drainage of orbital abscess ● Dreinerings van orbitale abses	105	2 070.60	105	2 070.60	5	460.85	+T
3104	Removal orbital prosthesis ● Verwydering orbitale prostese	212.7	4 194.44	170.16	3 355.56	5	460.85	+T
3105	Exenteration ● Eksenterasie	275	5 423.00	220	4 338.40	5	460.85	+T
3107	Orbitotomy requiring bone flap ● Orbitotomie wat beenflap vereis	393	7 749.96	314.40	6 199.97	5	460.85	+T
3108	Eye socket reconstruction ● Oogkasrekonstruksie	206	4 062.32	164.8	3 249.86	5	460.85	+T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously ● Hidroksiapetite inplanting wanneer ewisserasie of enukleasie reeds voorheen gedoen is	300	5 916.00	240	4 732.80	5	460.85	+T
3110	Second stage hydroxyapatite implantation ● Tweede stadium hidroksiapetite inplanting	110	2 169.20	110	2 169.20	5	460.85	+T
16.9	Cornea ● Kornea							
3111	Contact lenses: Assessment involving preliminary fittings and tolerance ● Kontaklenberaming: Aanvanklike passings en toleransie	*		*				
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year ● Passing van kontaklense en instruksie aan die pasient: Oog-ondersoek, eerste aanpas van kontaklense en opvolgbesoeke vir een jaar ingeslote	200	3 944.00	160	3 155.20			
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included ● Passing van slegs een kontaklens en instruksies aan die pasient: Oog-ondersoek, eerste pas van kontaklens en opvolgbesoeke vir een jaar ingeslote	166	3 273.52	132.8	2 618.82			
3116	Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty ● Astigmatiese korreksie met T snitte of wig reseksie in patologiese korneale astigmatisme na trauma, intraokulere chirurgie of korneale oorplanting.	135.2	2 666.14	120	2 366.40	6	553.02	+T
3117	Removal of foreign body: On the basis of fee per consultation ● Verwydering van vreemde voorwerp op die basis van gelde per konsultasie				*	4	368.68	+T
3118	Curettage of cornea after removal of foreign body(aftercare excluded) ● Kurettasie van kornea na verwydering van vreemde voorwerp (nasorg uitgesluit)	10	197.20	10	197.20			
3119	Tattooing ● Tattoeëring	26	512.72	26	512.72	4	368.68	+T
3121	Corneal graft (Lamellar or full thickness) ● Korneale oorplanting (Lamellêrof volle dikte)	289	5 699.08	231.2	4 559.26	6	553.02	+T
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery ● Inplaas van intra/korneale of intrasklerale prostese vir refraktiewe chirurgie	254	5 008.88	203.2	4 007.10	6	553.02	+T
3125	Keratorectomy ● Keratektomie	127	2 504.44	120	2 366.40	6	553.02	+T
3127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods) ● Kouterisasie van Kornea (deur chemiese, termale of krioterapie metodes)	10	197.20	10	197.20	4	368.68	+T
3130	Pterygium or conjunctival cyst. No conjunctival flap or graft used ● Pterigium of konjunktivale kiste. Geen konjunktivale flap of oorplanting.	96.9	1 910.87	96.9	1 910.87	4	368.68	+T
3131	Paracentesis ● Parasentese	53	1 045.16	53	1 045.16	4	368.68	+T
3136	Conjunctival flap or graft. Not for use with pterygium surgery I Konjunktivale flap of oorplanting. Nie vir gebruik tydens pterigium chirurgie nie.	95.7	1 887.20	95.7	1 887.20	6	553.02	+T
16.10	Ducts ● Buise							
3133	Probing and/or syringing, per duct ● Sondering en/of deurspoeling per buis	10	197.20	10	197.20	4	368.68	+T
3135	Insert polythene tubes/stent: Unilateral: Additional ● Inplasing van politeenbuis of stent: Unilateraal: Addisioneel	51.8	1 021.50	51.8	1 021.50	4	368.68	+T
3137	Excision of lacrimal sac: Unilateral ● Uitsnyding van traansak: Unilateraal	132	2 603.04	120	2 366.40	4	368.68	+T
3139	Dacryocystorhinostomy (single) with or without polythene tube ● Dakriosistorinostomie (enkel) met of sonder politeenbuis	210	4 141.20	168	3 312.96	5	460.85	+T
3141	Sealing Punctum surgical/cautery per eye ● Toemaak van punktum chirurgies of met kouterisasie. Per oog.	24.9	491.03	24.9	491.03	4	368.68	+T
3142	Sealing Punctum with plugs. Per eye ● Toemaak van punktum met proppie. Per oog	20	394.40	20	394.40	4	368.68	+T
3143	Three-snip operation ● Driesnit-operasie	10	197.20	10	197.20	4	368.68	+T
3145	Repair of caniculus: Primary procedure ● Herstel van kanalikulus: Primêre prosedure	132	2 603.04	120	2 366.40	4	368.68	+T
3147	Repair of caniculus: Secondary procedure ● Herstel van kanalikulus: Sekondêre prosedure	175	3 451.00	140	2 760.80	4	368.68	+T
16.11	Iris ● Iris							
3149	Iridectomy or iridotomy by open operation as isolated procedure ● Iridektomie of iridotomie met oop operasie as geïsoleerde prosedure	132	2 603.04	120	2 366.40	4	368.68	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3153	105	2 070.60	105	2 070.60	4	368.68	+T
Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure) ● Iridektomie of iridotomie met laser of fotokoagulasie as geïsoleerde prosedur (maksimum een prosedure)							
3157	132	2 603.04	120	2 366.40	4	368.68	+T
Division of anterior synechiae as isolated procedure ● Verdelling van anterior sinegieë as geïsoleerde prosedure							
3158	142.4	2 808.13	120	2 366.40	4	368.68	+T
Repair iris as in dialysis. Anterior chamber reconstruction ● Herstel van iris soos in dialise. Anterior segment rekonstruksie							
16.12 Lids ● Ooglede							
3161	47	926.84	47	926.84	4	368.68	+T
Tarsorrhaphy ● Tarsorrafie							
3165	27.3	538.36	27.3	538.36	4	368.68	+T
Repair of skin laceration of the lid. Simple ● Herstel van vellaserasie van die ooglid. Eenvoudig.							
3176	187	3 687.64	149.6	2 950.11	4	368.68	+T
Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material ● Ooglidoperasie vir fasiale senuweeverlamming, tarsorrafie ingesluit maar koste van materiaal uitgesluit							
16.12.1 Entropion or ectropion by ● Entropion of ektropion d.m.v.							
3177	10	197.20	10	197.20	4	368.68	+T
Entropion or ectropion by cautery ● Entropion of ektropion d.m.v. kouterisasie							
3179	49.4	974.17	49.4	974.17	4	368.68	+T
Entropion or ectropion by suture ● Entropion of ektropion d.m.v. hegting							
3181	111.5	2 198.78	111.5	2 198.78	4	368.68	+T
Entropion or ectropion by open operation ● Entropion of ektropion d.m.v. oop operasie							
3183	122.6	2 417.67	120	2 366.40	4	368.68	+T
Entropion or ectropion by free skin, mucosal grafting or flap ● Entropion of ektropion d.m.v. vry vel, slymvlies oorplanting of flap							
16.12.2 Reconstruction of eyelid ● Rekonstruksie van ooglid							
3185	259	5 107.48	207.2	4 085.98	4	368.68	+T
Staged procedure for partial or total loss of eyelid: First stage ● Prosedures vir gedeeltelike of volledige verlies van ooglid: Eerste stadium							
3187	206	4 062.32	164.8	3 249.86	4	368.68	+T
Staged procedure for partial or total loss of eyelid: Subsequent stage ● Prosedures vir gedeeltelike of volledige verlies van ooglid: Daaropvolgende stadium							
3189	136.5	2 691.78	120	2 366.40	4	368.68	+T
Full thickness eyelid laceration for injury: Direct repair ● Volle dikte ooglid laserasie as gevolg van besering: Direkte herstel							
3172	125.80	2 480.78	120	2 366.40	4	368.68	+T
Blepharoplasty lower eyelid plus fat pad ● Blefaroplastie onderste ooglid met vet kussinkie							
3191	150.2	2 961.94	120.16	2 369.56	4	368.68	+T
Blepharoplasty: Upper lid for improvement in function (unilateral) ● Biefaroplastie: Boonste ooglid om funksie te verbeter (unilateraal)							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
16.12.3 Ptosis ● Ptose							
3193 Repair by superior rectus, levator or frontalis muscle operation ● Herstel deur middel van superior rektus, ligspier of frontalespier operasie	190	3 746.80	152	2 997.44	4	368.68	+T
3195 Ptosis: By lesser procedure, e.g. sling operation: Unilateral ● Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Unilateraal	137.6	2 713.47	120	2 366.40	4	368.68	+T
3197 Ptosis: By lesser procedure, e.g. sling operation: Bilateral ● Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Bilateraal	166	3 273.52	132.8	2 618.82	4	368.68	+T
16.13 Conjunctiva ● Konjunktiva							
3199 Repair of conjunctiva by grafting ● Herstel van konjunktiva deur oorplanting	132	2 603.04	120	2 366.40	4	368.68	+T
3200 Repair of lacerated conjunctiva ● Herstel van laserasie van konjunktiva	47	926.84	47	926.84	4	368.68	+T
16.14 General ● Algemeen							
3196 Diamond knife: Use of own diamond knife during intraocular surgery ● Diamantmes: Gebruik van eie diamantmes gedurende intraokulêre chirurgie	12	236.64					
3198 Eximer laser: Hire fee ● Eksimer laser: Verhuringsgelde	284.13	5 603.04					
3201 Laser apparatus (ophthalmic): hire fee for one or both eyes treated in one sitting (not to be used with IOL master) ● Laser apparaat (optalmies): verhuringsgelde vir een of beide oë in een sitting behandel (Nie vir gebruik met IOL Master)	109	2 149.48					
3202 PHAKO emulsification apparatus (hire fee) ● FAKO emulsifiseringsapparaat (verhuringsgelde)	109	2 149.48					
3203 Vitrectomy apparatus (hire fee) ● Vitrektomie apparaat (verhuringsgelde)	120	2 366.40					-
17. EAR ● OOR							
17.1 External Ear (Pinna) ● Eksterne Oor (Oorskulp)							
3271 Partial or total reconstruction for traumatic absence or following tumour excision of external ear (fee according to arrangement) ● Gedeeltelike of algehele rekonstruksie van uitwendige oor vir traumatiese afwesigheid (fooi volgens ooreenkoms)							-
17.2 External ear canal ● Uitwendige gehoorgang							
3204 Removal of foreign body at rooms with the use of a microscope (excludes loupe) - not to be used combined with item 3206 ● Verwydering van vreemde voorwerp in spreekkamer met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	21.58	425.56					
3205 External ear canal: Removal of foreign body: Under general anaesthetic ● Uitwendige gehoorkanaal: Verwydering van vreemde voorwerp: Onder algemene narkose	21	414.12	21	414.12	4	368.68	+T
3215 Meatus atresia: Repair of stenosis of cartilaginous portion ● Meatus- atresie: Herstel van stenose van kraakbenige deel	164	3 234.08	131.2	2 587.26	4	368.68	+T
3219 Meatus atresia: Removal of osteoma from meatus: Solitary ● Meatus-atresie: Verwyder van enkele meatale osteoom	77	1 518.44	77	1 518.44	4	368.68	+T
3220 Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206 ● Debridement van mastoidektomie holte met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	23.14	456.32	23.14	456.32			
3221 Removal of osteoma from meatus: Multiple ● Verwydering van veelvuldige meatale osteome	215	4 239.80	172	3 391.84	4	368.68	+T
17.3 Middle ear ● Middeloor							
3209 Bilateral myringotomy ● Bilaterale miringotomie	46	907.12	46	907.12	4	368.68	+T
3211 Unilateral myringotomy with insertion ventilation tube ● Unilaterale miringotomie met inplaa van ventilasie buis	38	749.36	38	749.36	4	368.68	+T
3212 Bilateral myringotomy with insertion ventilation tube ● Bilaterale miringotomie met inplaa van ventilasiebuis	57	1 124.04	57	1 124.04	4	368.68	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3214	255	5 028.60	204	4 022.88	5	460.85	+T
3237	158.9	3 133.51	127.12	2 506.81	5	460.85	+T
3243	138	2 721.36	120	2 366.40	5	460.85	+T
3245	277	5 462.44	221.6	4 369.95	5	460.85	+T
3264	375	7 395.00	300	5 916.00	5	460.85	+T
3265	320	6 310.40	256	5 048.32	5	460.85	+T
17.4							
17.4.1							
3223	9	177.48	9	177.48	4	368.68	+T
3224	75	1 479.00	75	1 479.00	4	368.68	+T
17.4.2							
3227	297	5 856.84	237.6	4 685.47	5	460.85	+T
3228	436	8 597.92	348.8	6 878.34	5	460.85	+T
3230	436	8 597.92	348.8	6 878.34	5	460.85	+T
3232	124	2 445.28	120	2 366.40	6	553.02	+T
17.5							
17.5.1							
3273	6.5	128.18	6.5	128.18			
3274	6.5	128.18	6.5	128.18			
3275	6.5	128.18	6.5	128.18			
3277	10	197.20	10	197.20			
17.5.2							
3260	71.48	1 409.59	71.48	1 409.59			
3251	10	197.20	10	197.20			
3253	25	493.00	25	493.00			
3255	70	1 380.40	70	1 380.40			
3256	50	986.00	50	986.00			
3258	14	276.08	14	276.08	4	368.68	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
17.6	Microsurgery of the skull base ● Mikrochirurgie van die skedelbasis						
17.6.1	Middle fossa approach (i.e. transtemporal or supralabyrinthine) ● Middelfossatoegang (d.i. transtemporale of supralabirintien)						
3229	420	8 282.40	336	6 625.92	5	460.85	+T
5221	510	10 057.20	408	8 045.76	11	1013.87	+T
5222	620	12 226.40	496	9 781.12	11	1013.87	+T
17.6.2	Translabyrinthine approach ● Translabirintiene toegang						
5229	660	13 015.20	528	10 412.16	11	1013.87	+T
17.6.7	Subtotal petrosectomy ● Subtotale petrosektomie						
5247	480	9 465.60	384	7 572.48	11	1013.87	+T
	Confined to specialist in Physical Medicine Beperk tot spesialiste in Fisiese Geneeskunde		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
18.	PHYSICAL TREATMENT ● FISIESE BEHANDELING						
3279	+	0.75	14.79				
3280		13.5	266.22				
3281		10	197.20				
3282		10	197.20				
3284		31	611.32				
3285		26	512.72				
3287		20	394.40	20	394.40		
3288		36	709.92				
3289		7.5	147.90				
3290		4.5	88.74				
3291		9	177.48				
3292		9	177.48				
3293		9	177.48				
3294		20	394.40	20	394.40		
3295		20	394.40		-		
3296		30	591.60				
3297		14	276.08				
3298		6	118.32				
3299		14	276.08	14	276.08	4 3	368.68 Hip+T 276.51 Knee / Shoulder + T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3300	Manipulation of large joints without anaesthetic ● Manipulasie van die groot gewrigte sonder narkose	*		*	*			
3301	Muscle fatigue studies ● Spier uitputting studies	20	394.40					
3302	Strength duration curve per session ● Kragduur-kromme per sessie	10.5	207.06					
3303	Electromyography ● Elektromiografie	75	1 479.00					
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 rules L and M) ● Alle ander fisiese behandeling uitgevoer: Bedrag vir behandeling in sy geheel: Spesifiseer behandeling (Vir opvolgbehandelings deur 'n algemene praktisyn vir dieselfde toestand binne 4 maande na inisiële behandeling: Siegs gelde vir die behandeling is van toepassing: Sien reëls L en M)	10	197.20	10	197.20			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
19. RADIOLOGY ● RADIOLOGIE								
	The amounts in this section are calculated according to the Radiology unit values (unless otherwise specified) ● Die bedrae in hierdie afdeling word volgens die Radiologie eenheidswaardes bereken (tensy anders gespesifiseer)							
19.1 Skeleton ● Skelet								
19.1.1 Limbs ● Ledemate								
3305	Finger, toe ● Vinger, toon			6.3	129.97			
6500	Hand ● Hand			7.7	158.85			
6501	Wrist (specify region) ● Polsgewrig (spesifiseer streek)			7.7	158.85			
6503	Scaphoid ● Skafoïed			7.7	158.85			
6504	Radius and Ulna ● Radius en ulna			7.7	158.85			
6505	Elbow ● Elmboog			7.7	158.85			
6506	Humerus ● Humerus			7.7	158.85			
6507	Shoulder ● Skouer			7.7	158.85			
6508	Acromio-Clavicular joint ● Akromio-klavikulêre gewrig			7.7	158.85			
6509	Clavicle ● Clavikel			7.7	158.85			
6510	Scapula ● Skapula			7.7	158.85			
6511	Foot ● Voet			7.7	158.85			
6512	Ankle ● Enkel			7.7	158.85			
6513	Calcaneus ● Kalkaneus			7.7	158.85			
6514	Tibia and fibula ● Tibia en fibula			7.7	158.85			
6515	Knee ● Knie			7.7	158.85			
6516	Patella ● Patella			7.7	158.85			
6517	Femur ● Femur			7.7	158.85			
6518	Hip ● Heup			7.7	158.85			
6519	Sesamoid Bone ● Sesamoïedbeen			7.7	158.85			
3309	Smith-Petersen or equivalent controle, in theatre ● Smith Petersen of ekwivalente kontrole, in teater			38.7	798.38			
3311	Stress studies, e.g. joint ● Spanningsopnames, bv. gewrig			7.7	158.85			
3313	Full length study, both legs ● Vollengte opnames, beide bene			15.5	319.77			
3317	Skeletal survey ● Skeletopname			28	577.64			
3319	Arthrography per joint ● Artografie per gewrig			15.4	317.70			
3320	Introduction of contrast medium or air: Add ● Insit van kontrasmedium of lug: Voeg by		+	13.8	284.69			
19.1.2 Spinal column ● Werwelkolom								
3321	Per region, cervical, sacral, coccygeal, one region thoracic ● Per streek, bv. nek, sakrum, koksiks, een streek torakaal			11	226.93			
3325	Stress studies ● Spanningsopname			11	226.93			
3331	Pelvis (Sacro-iliac or hip joints to be added where an extra set of views is required) ● Bekken (ilio-sakrale gewrigte of heupe word slegs bygetel wanneer 'n aparte stel opnames van die addisionele gebied vereis word)			11	226.93			
3333	Myelography: Lumbar ● Miëlografie: Lumbaal			28.9	596.21	4	368.68	+T
3334	Myelography: Thoracic ● Miëlografie: Torakaal			22.2	457.99	4	368.68	+T
3335	Myelography: Cervical ● Miëlografie: Servikaal			35.5	732.37	4	368.68	+T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) ● Veelvuldig (lumbaal, torakaal en servikaal): Dieselfde gelde as vir eerste segment (geen bykomende insit van kontrasmedium)					4	368.68	+T
3344	Introduction of contrast medium ● Insit van kontrasmedium		+	18.7	385.78			
3345	Discography ● Diskografie			34.6	713.80	4	368.68	+T
3347	Introduction of contrast medium per disc level: Add ● Insit van kontrasmedium per diskus vlak: Voeg by		+	28.2	581.77			-
19.1.3 Skull ● Skedel								
3349	Skull studies ● Skedelstudies			15.7	323.89			
3351	Paranasal sinuses ● Paranasale sinusse			11	226.93			
3353	Facial bones and/or orbits ● Aangesigsbene en/of oogholtes			12.6	259.94			
3355	Mandible ● Mandibula			9.4	193.92			
3357	Nasal bone ● Nasale been			7.8	160.91			
3359	Mastoid: Bilateral ● Mastroïed: Bilateraal			18	371.34			
3361	Teeth: One quadrant ● Tande: Een kwadrant			3.7	76.33			
3363	Teeth: Two quadrants ● Tande: Twee kwadrante			6.3	129.97			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3365	Teeth: Full mouth ● Tande: Volle mond			11	226.93			
3366	Teeth: Rotation tomography of the teeth and jaws ● Tande: Rotasietomografie van die kaak en tande			13.3	274.38			
3367	Teeth:Temporo-mandibular joints: Per side ● Tande:Temporo-mandibulêre gewrigte: Per kant			11	226.93			
3369	Teeth:Tomography: Per side ● Tande: Tomografie: Per kant			11	226.93			
3371	Localisation of foreign body in the eye ● Lokalisering van vreemde voorwerp in die oog			15.7	323.89			
3381	Ventriculography ● Ventrikulografie			27.3	563.20	4		368.68 +T
3385	Post-nasal studies: Lateral neck ● Post-nasale studies: Laterale nek			6.3	129.97			
3387	Maxillo-facial cephalometry ● Maksillofasiale kefalometrie			8.8	181.54			
3389	Dacrocystography ● Dakrosistografie			11	226.93	4		368.68 +T
3391	For introduction of contrast medium add ● Vir insit van kontrasmedium voeg by	+		11	226.93			
19.2	Alimentary tract ● Spysverteringskanaal							
3393	Bowel washout: Add ● Dermspoeling:Voeg by	+		4.8	99.02			
3395	Sialography (plus 80% for each additional gland) ● Sialografie (plus 80% vir elke bykomende klier)			12.7	262.00	4		368.68 +T
3397	Introduction of contrast medium (plus 80% for each additional gland - add) ● Insit van kontrasmedium (plus 80% vir elke bykomende klier - voeg by)	+		11	226.93			
3399	Pharynx and oesophagus ● Farinks en oesofagus			12.7	262.00			
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through ● Oesofagus, maag en duodenum (Oorsigfoto van die buik ingesluit) en beperkte deurvolging			20	412.60			
3405	Double contrast: Add ● Dubbel kontras: Voeg by	+		7.3	150.60			
3406	Small bowel meal (control film of abdomen included except when part of item 3408) ● Dundermmaal (Oorsigfoto van die buik ingesluit tensy deel van item 3408)			20	412.60			
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon) ● Barium maal en toegewyde gastroïntestinale kanaal deurvolging (insluitend kontrole film van die buik, oesofagus, maag, duodenum en kolon)			28.9	596.21			
3409	Barium enema (control film of abdomen included) ● Barium kliesma (oorsigfoto van die buik ingesluit)			18.3	377.53			
3411	Air contrast study (add) ● Lug-kontrasstudie (voeg by)	+		19.3	398.16			
3416	Pancreas: ERCP hospital equipment: Choleodogram and/ or pancreatography screening included ● Pankreas: ERCP hospitaal toerusting: Choleodogram en/of pancreatografie deurligting ingesluit			15.5	319.77	4		368.68 +T
	Note: For items 3415 and 3416: Endoscopy (See item 1778) ●							
	Opmerking: Vir items 3415 en 3416: Endoskopie (sien item 1778)							
3417	Gastric/oesophageal/duodenal intubation control ● Gastriese/esofageale/duodenale intubasie-kontrole			5.9	121.72			
3419	Gastric/oesophageal intubation insertion of tube (add) ● Gastriese/esofageale intubasie insit van buis (voeg by)	+		5.6	115.53			
3421	Duodenal intubation: Insertion of tube (add) ● Duodenale intubasie: Insit van buis (voeg by)	+		11	226.93			
3423	Hypotonic duodenography (3403 and 3405 included) (add) ● Hipotoniese duodenografie (3403 en 3405 ingesluit) (voeg by)	+		29.3	604.46			
19.3	Biliary tract ● Galweë							
3427	Cholangiography: Intravenous ● Cholangiografie: Intraveneus			22	453.86			
3431	Operative Cholangiography: First series: Add item 3607 only when the Radiologist attends personally in the theatre ● Operatief Cholangiografie: Eerste reeks: Voeg item 3607 slegs by as die Radioloog self in die teater teenwoordig is			21	433.23			
3433	Post-operative: T-Tube ● Post-operatief: T-Buis			16.7	344.52			
3435	Introduction of contrast medium (add) ● Insit van kontrasmedium (voeg by)	+		5.6	115.53			
3437	Trans hepatic, percutaneous ● Transhepaties, perkutaan			18.3	377.53			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3439	Introduction of contrast medium (add) • Insit van kontrasmedium (voeg by)	+		33.1	682.85			
3441	Tomography of biliary tract (add) • Tomografie van galweë (voeg by)	+		33.1	682.85			
19.4	Chest • Borskas							
3443	Larynx (Tomography included) • Larinks (Tomografie ingesluit)			12.5	257.88			
3445	Chest (item 3601 included) • Borskas (item 3601 ingesluit)			9.4	193.92			
3447	Chest and cardiac studies (item 3601 included) • Borskas en hartstudies (item 3601 ingesluit)			12.6	259.94			
3449	Ribs • Ribbes			12.3	253.75			
3451	Sternum or sternoclavicular joints • Sternum of sternoklavikulêre gewrigte			12.6	259.94			
3453	Bronchography: Unilateral • Brongografie: Unilateraal			12.6	259.94	8		737.36 +T
3455	Bronchography: Bilateral • Brongografie: Bilateraal			22.1	455.92	8		737.36 +T
3457	Introduction of contrast medium included • Insit van kontrasmedium ingesluit			35.7	736.49			
3461	Pleurography • Pleurografie			12.6	259.94	3		276.51 +T
3463	For introduction of contrast medium: Add • Vir insit van kontrasmedium: Voeg by	+		2.8	57.76			
3465	Laryngography • Laringografie			11	226.93			
3467	For introduction of contrast medium: Add • Vir insit van kontrasmedium: Voeg by	+		10	206.30			
3468	Thoracic Inlet • Toraksinlaat			6.3	129.97			
19.5	Abdomen • Buik							
3477	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.) • Oorsigfoto van die Buik (wat nie deel vorm van bv bariummaal, bariumkliesma, piëlogram, cholestogram of cholangiogram ensovoorts nie)			9.4	193.92			
3479	Acute abdomen or equivalent studies • Akute buikstudies of ekwivalente opnames			15.7	323.89			
19.6	Urinary tract • Urinewë							
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable) • Uitskeidingsurogram: Oorsigfoto ingesluit, asook blaasopnames voor en na lediging (binnearse piëlogram) (item 0206 nie van toepassing nie)			25.1	517.81			
3493	Waterload test: Add • Hidrasie-toets: Voeg by	+		12.2	251.69			
3497	Cystography only or urethrography only (retrograde) • Sistografie alleen of uretrografie alleen (retrograad)			19.3	398.16			
3499	Cysto-urethrography: Retrograde • Sisto-uretrografie: Retrograad			31.9	658.10			
3503	Cysto-urethrography: Introduction of contrast medium: Add • Sisto-uretrografie: Insit van kontrasmedium: Voeg by	+		3.7	76.33			
3505	Retrograde-prograde pyelography • Piëlografie retrograad-prograad			18.3	377.53	3		276.51 +T
3511	Aspiration renal cyst • Aspirasie nier sist			18.4	379.59			
3513	Tomography of renal tract: Add • Tomografie van nierweë: Voeg by	+		9.4	193.92			
19.8.1	Vascular Studies • Vaskulêre Studies							
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment • Toegewyde angiografie suite: Analoeë enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3537	Dedicated angiography suite: Digital monoplane unit: Once off charge per patient by owner of equipment • Toegewyde angiografie suite: Digitale enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3538	Dedicated angiography suite: Analogue bi-plane unit: Once off charge per patient by owner of equipment ● Toegewyde angiografie suite: Analoë dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3539	Dedicated angiography suite: Digital bi-plane unit: Once off charge per patient by owner of equipment ● Toegewyde angiografie suite: Digitale dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3545	Venography: Per limb ● Venografie: Per ledemaat			16.5	340.40			
3548	Analogue monoplane screening table ● Analoë enkelvlak deurligtingstafel							
3550	Digital monoplane screening table ● Digitale enkelvlak deurligtingstafel							
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram ● Kateterisasie aorta of vena cava, enige vlak, enige roete, met aortogram/cavogram			48.6	1 002.62	4	368.68	+T
3558	Translumbal aortic puncture, with full study ● Translumbale aortiese punksie, met volle studie			69.6	1 435.85	5	460.85	+T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram ● Selektiewe eerste orde kateterisasie, arterieel of veneus, met angiogram/venogram			57	1 175.91	4	368.68	+T
3560	Selective second order catheterisation, arterial or venous, with angiogram/venogram ● Selektiewe tweede orde kateterisasie, arterieel of veneus, met angiogram/venogram			65.4	1 349.20	4	368.68	+T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram ● Selektiewe derde orde kateterisasie, arterieel of veneus, met angiogram/venogram			73.2	1 510.12	4	368.68	+T
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM) ● Gids kateter plasing, enige plek arterieel of veneus, vir enige intrakraniale prosedure of arteriovenuse malformasie (AVM)			85.8	1 770.05	5	460.85	+T
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement) ● Mikrokateter inplasing, enige kranale vat en/of pulmonêre vat, arterieel of veneus (insluitende gids kateter plasing)			130.8	2 698.40	5	460.85	+T
3572	Transcatheter selective blood sampling, arterial or venous ● Transkateter selektiewe bloedmonsterneming, arterieel of veneus			32.4	668.41			
3574	Spinal angiogram (global fee) including all selective catheterisations ● Spinale angiogram (globale gelde) alle selektiewe kateterisasies ingesluit			480	9 902.40	5	460.85	+T
19.8.2	Introduction of contrast medium ● Inplasing van kontrasmedium							
3563	Direct intravenous for limb: Add ● Direkte intraveneuse inplasing in ledemaat: Voeg by			7.4	152.66			
3564	Direct femoral arterial or venous or jugular venous puncture ● Direkte femorale arteriële of veneuse of jugulêre veneuse punksie			37.2	767.44			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
19.10	Miscellaneous • Diverse							
3601	Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447) • Fluoroskopie: Per halfuur: Voeg by (nie van toepassing op items 3445 en 3447)	+		7.7	158.85			
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add • Waar 'n C-arm mobiele röntgeneenheid in die hospitaal of teater gebruik word: Per half-uur: Voeg by	+		10.7	220.74			
3603	Sinography • Sinografie			18.4	379.59			
3600	Peripheral bone densitometry utilizing ionizing radiation • Perifere been digtheidstoeting met gebruik van ioniserende bestraling			13	268.19			
3604	Bone densitometry (to be charged once only for one or more levels done at the same session) • Beendigheidsmeting (word slegs eenmalig geëis vir een of meer vlakke gedoen tydens dieselfde sessie)			77	1 588.51			
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 for examination performed (Only to be used by radiological technical staff) • Teenwoordigheid by operasie in teater of by radiologiese prosedure uitgevoer duer 'n chirurg of internis in X-straal-afdeling (behalwe item 3309): Per halfuur: Plus gelde vir ondersoek gedoen (Mag slegs deur die radiologiese tegniese personeel gehef word)			5.6	115.53			
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done • Bepaling van ligging van vreemde voorwerp: Tarief vir deel wat ondersoek is, plus twee derdes vir elke bykomstige reeks, voeg by tarief vir fluoroskopie Indien dit uitgevoer word							
3611	Foreign body localisation: Introduction of sterile needle markers: Add • Bepaling van ligging: Vreemde voorwerp, met inplasing van steriele naaldmerkers: Voeg by	+		11	226.93			
3613	Setting of sterile trays • Stel van steriele blaaië			3.3	68.08			
5034	Fine needle aspiration or biopsy • Aspirasie of biopsie deur middel van 'n fyn naald			25	515.75	6		553.02 +T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
19.11	Ultrasonic investigations • Ultrasoniese ondersoeke The amounts in this section are calculated according to the Ultrasound unit values (unless otherwise specified) • Die bedrae in hierdie afdeling word volgens die Ultraklank eenheidswaardes bereken (tensy anders gespesifiseer)							
3612	Ultrasonic bone densitometry • Ultrasoniese beendigheidsmeting			19	370.31			
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed • Intravaskulêre ultrasoniese beelding evalueer die aterosklerotiese proses om die terapeutiese intervensies te lei. Hierdie item mag eenmaal toegepas word per vaar (linker voorafdalende tak verspreiding, sirkumfleks verspreiding en/of regter koronêre verspreiding) waarin 'n stent of veelvuldige stents geplaas word.			30	584.70	9	829.53	+T
3596	Intravascular ultrasound per case, arterial or venous, for intervention • Intravaskulêre ultraklank per geval, arterieel of veneus, vir intervensie			30	584.70			
3621	Cardiac examination (M. Mode) • Eggo kardiografie (M. Mode)			25	487.25			
3622	Cardiac examination: 2 Dimensional • Eggo kardiografie: 2 Dimensioneel			50	974.50			
3623	Cardiac examination+effort: Add • Eggo kardiografie +inspanning:Voeg by	+		10	194.90			
3624	Cardiac examination+contrast: Add • Eggo kardiografie +kontras: Voeg by	+		10	194.90			
3625	Cardiac examinations + doppler • Eggo kardiografie + doppler			50	974.50			
3626	Cardiac examinations + phonocardiography: Add • Eggo kardiografie + fonokardiografie: Voeg by	+		10	194.90			
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) • Ultraklank ondersoek van hele buik en bekkenorgane, indien bekkenorgane klinies aangedui is (insluitende lewer, galblaas, milt, pankreas, abdominale vaskulêre anatomie, para-aortiese area, urienweë, bekkenorgane.)			60	1 169.40			
5102	Ultrasound of joints (eg shoulder hip knee), per joint • Ultraklank van gewrigte (bv. skouer, heup, knie) per gewrig			50	974.50			
5103	Ultrasound soft tissue, any region • Ultraklank sagteweefsel, enige gebied			50	974.50			
3628	Renal tract • Urienweë			50	974.50			
3631	Ophthalmic examination • Oogondersoek			50	974.50			
3632	Axial length measurement and calculation of intra-ocular lens power. Per eye. Not to be used with item 3034 • Meet van aksiale lengte en bepaling van sterkte van 'n intraokulêre lens. Per oog. Kan nie saam met item 3034 gebruik word nie.			50	974.50			
3634	Peripheral vascular study, B mode only • Perifere vaskulêre studie, B mode alleenlik			39	760.11			
5110	Carotid ultrasound vascular study; B mode, pulsed and colour doppler; bilateral study, internal, external and common carotid flow and anatomy • Karotis ultraklank vaskulêre studie: B mode en kleur Doppler; bilaterale studie, interne, eksterne en gemene karotisvlei en anatomie			120	2 338.80			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
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, 5114) ● Voi ultraklank en Doppler evaluasie van totale ekstra-kraniale vasculêre strukture; karotisse, vertebrale en subklaviese vate. (Mag nie saam met items 5110, 5112, 5113, 5114 gehef word nie)			164.8	3 211.95			
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 ● Perifere arteriële ultraklank vasculêre studie; B mode "pulsed" en kleur Doppler; per ledemaat om golfvorms by 'n minimum van drie vlakke, drukking studies by twee vlakke en volle interpretasie van resultate, in te sluit.			117	2 280.33			
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour doppler; to evaluate deep vein thrombosis ● Perifere veneuse ultraklank vasculêre studie; B mode "pulsed" en kleur Doppler; om diep veen trombose te evalueer			117	2 280.33			
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 ● Perifere veneuse ultraklank vasculêre studie; B mode, "pulsed" en kleur Doppler in liggend en staande posisie insluitend kompressie maneuvres en refluxs in oppervlakkige en diep sisteme, bilateral			142.4	2 775.38			
3635	Plus (+) Doppler ● Plus (+) Doppler			39	760.11			
3637	Plus (+) Colour Doppler (may be added onto any other regional exam, but not to be added to items 5110, 5111, 5112, 5113 or 5114) ● Plus (+) Kleur Doppler (mag by enige ander streeksondersoek gevoeg word, maar mag nie by items 5110, 5111, 5112, 5113 of 5114 gevoeg word nie)			78	1 520.22			
		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
19.12	Portable unit examinations ● Ondersoeke met mobiele eenheid							
3639	Where X-ray unit is kept and used in the hospital: Add ● Waar mobiele Röntgen-eenheid in die hospitaal gehou en gebruik word: Voeg by	+		7	144.41			
3640	Theatre investigations (with fixed installation): Add ● Teaterondersoeke (met vaste installasie): Voeg by	+		3	61.89			
3641	Tracer test ● Speurtoets			22.1	455.92			
3642	Repeat of further tracer tests for same investigation: half of tracer test (item 3641) fee ● Herhaling van verdere speurtoets vir dieselfde ondersoek: helfte van speurtoets (item 3641)			11.1	228.99			
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee ● Indien beide speurtoets en terapeutiese prosedures uitgevoer word, moet die helfte van die bedrag vir die speurtoets plus die bedrag vir terapie gevra word							
3645	Other organ scanning with use of relevant radio isotopes ● Ander orgaanafasting met radio-isotope			54.8	1 130.52			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Radiologist with own facility Spesialis Radioloog met eie fasiliteit		Non-radiologist or specialist radiologist without own facility (calculate at 60% of the fee)		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
19.14	Interventional radiological procedures ● Intervensionele radiologiese prosedures							
5014	Atherectomy (per vessel) ● Aterektomie (per vat)			204.6	4 220.90			
5016	Aspiration thrombectomy (per vessel) ● Aspirasie trombektomie (per vat)			131.4	2 710.78			
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite ● Op-tafel trombolise/transkateter infuus uitgevoer in angiografie suite			106.8	2 203.28	5	460.85	+T
5022	Embolisation non-intracranial. per vessel ● Embolisering nie-intrakraniaal, per vat			106.8	2 203.28	9	829.53	+T
5031	Antegrade ureteric stent insertion ● Antegraad ureteriese stent inplasing			69.6	1 435.85	6	553.02	+T
5033	Percutaneous cystostomy in radiology suite ● Perkutane sistostomie in radiologie suite			30	618.90			
5035	Urethral balloon dilatation in radiology suite ● Uretrale ballon dilatasie in radiologie suite			22.8	470.36			
5036	Percutaneous Abdominal / pelvic / other drain insertion, any modality ● Perkutane abdominale / pelviese / ander dreineringsbuis invoering, enige modaliteit			34.2	705.55			
5037	Urethral stenting in radiology suite ● Uretrale stent inplasing in radiologie suite			102.6	2 116.64			
5041	Balloon occlusion / Wada test ● Ballon afsluiting / Wada toets			106.8	2 203.28	9	829.53	+T
5043	Intracranial angioplasty ● Intrakraniale angioplastiek			204.6	4 220.90	13	1198.21	+T
5045	Hepatic arterial infusion catheter insertion ● Hepatiese arteriële infuus kateter inplasing			156	3 218.28	6	553.02	+T
5047	Combined internal/external biliary drainage ● Gekombineerde interne/eksterne galdreinerig			102.6	2 116.64	9	829.53	+T
5049	Percutaneous gall bladder drainage ● Perkutane galblaas dreinerig			69.6	1 435.85	9	829.53	+T
5072	Tunnelled/Subcutaneous arteria/venous line performed in radiology suite ● Getonnel/subkutane arteriële/veneuse lyn uitgevoer in radiologie suite			82.2	1 695.79	5	460.85	+T
5074	IVC filter insertion jugular or femoral route ● IVC filter inplasing jugulêre of femorale roete			156	3 218.28	9	829.53	+T
5076	Intravascular foreign body removal, arterial or venous, any route ● Intravaskulêre vreemde voorwerp verwydering, arterieel of veneus, enige roete			204.6	4 220.90	9	829.53	+T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM) ● Perkutane skleroterapie van 'n arterioveneuse malformasie (AVM)			70.2	1 448.23			
5080	Transjugular intrahepatic portosystemic shunt ● Transjugulêre intrahepatiese portosistemiese omleiding			335.4	6 919.30	13	1198.21	+T
5082	Transjugular liver biopsy ● Transjugulêre lewer biopsie			69.6	1 435.85	9	829.53	+T
5088	Oesophageal stent insertion in radiology suite ● Esofageale stent inplasing in radiologie suite			102.6	2 116.64	6	553.02	+T
5090	Trachial stent insertion ● Tragiale stent inplasing			102.6	2 116.64	6	553.02	+T
5091	GIT Balloon dilatation under fluoroscopy ● GIT ballon dilatasie onder fluoroskopie			66.6	1 373.96	6	553.02	+T
5092	Other GIT stent insertion ● Ander GIT stent inplasing			102.6	2 116.64	6	553.02	+T
5093	Percutaneous gastrostomy in radiology suite ● Perkutane gastrostomie in radiologie suite			85.8	1 770.05			
5094	Cutting needle biopsy with image guidance ● Insnydende naalbiopsie onder beeldende begeleiding			22.8	470.36			
5095	Chest drain insertion in radiology suite ● Borskas dreineringsbuis inplasing in radiologie suite			32.4	668.41			

This schedule must be used in conjunction with the Radiological Society of S A Guidelines. Please refer to the PET guidelines in Annexure D.

Code Structure Framework

a. The tariff code consists of 5 digits

i. 1st digit indicates the main anatomical region or procedural category.

- 0 = General (non specific)
- 1 = Head
- 2 = Neck
- 3 = Thorax
- 4 = Abdomen and Pelvis (soft tissue)
- 5 = Spine, Pelvis and Hips
- 6 = Upper limbs
- 7 = Lower limbs
- 8 = Interventional
- 9 = Soft tissue regions (nuclear medicine)
- eg "Head" = 1xxxx

ii. 2nd digit indicates the sub region within a main region or category eg.

- "Head / Skull and Brain" = 10xxx

iii. 3rd digit indicates modality

- 1 = General (Black and White) x-rays
- 2 = Ultrasound
- 3 = Computed Tomography
- 4 = Magnetic Resonance Imaging
- 5 = Angiography
- 6 = Interventional radiology
- 9 = Nuclear Medicine (Isotopes)

eg:

"Head / Skull and Brain / General x-ray" = 101xx

iv. 4th and 5th digits are specific to a procedure / examination, eg

"Head / Skull and Brain / General / X-ray of the skull" = 10100.

Guidelines for use of coding structure

- The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.
- Some codes may have multiple applications and their use is described in notes associated with each code
- Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / RSSA.
- The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)
- Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

Consumables

- o Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.
- o After the implementation of Act 90, contrast medium will be billed according to the suppliers' list price, without mark up.

General Comments on Procedural Codes

- All x-ray tomography codes are stand alone studies and may be used as a unique study or in combination with the appropriate regional study if done simultaneously. May not be added to 20130, 42110, 42115.
 - Setting of sterile tray is included in all appropriate procedure codes.
 - Where introduction of contrast is necessary eg. sialography, arthrography, angiography, etc, the codes used for the procedures are comprehensive and include the introduction of contrast or isotopes.
 - The use of Doppler or Colour Doppler as an adjunct to a study (eg small parts thyroid) is included in the code for that study.
 - CT Angiography (10330, 20330, 32300, 32310, 44300, 44310, 44320, 44330, 60310, 70310, 70320) are stand alone studies and may not be added to the regional contrasted studies (see 10335, 20340, 20350, 44325 for combined studies).
 - Angiography and interventional procedures include selective and super selective catheterization of vessels as are necessary to perform the procedures.
- Codes 00230 (Ultrasound guidance), 00320 (CT guidance) and 00430 (MR guidance) are stand alone procedures that include the regional study and may not be added to any of the ultrasound, CT or MR regional studies

General Codes

Modifiers

- | | |
|--------------|--|
| 00091 | Radiology and nuclear medicine services rendered to hospital inpatients |
| 00092 | Radiology and nuclear medicine services rendered to outpatients |
| 00093 | A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used |

Equipment / Diagnostic

00090 Consumables used in radiology procedures: cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above).

Appropriate code to be provided. See separate codes for contrast and isotopes

00110 X-ray skeletal survey under five years

6.260

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00090	Consumables used in radiology procedures				
00091	Radiology and nuclear medicine services rendered to hospital inpatients				
00092	Radiology and nuclear medicine services rendered to outpatients				
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment is used				
00115	X-ray skeletal survey over five years	10.4	1399.22	10.40	932.78
00120	X-ray sinogram any region	10.89	1465.14	10.89	976.72
00130	X-ray with mobile unit in other facility To be added to applicable procedure codes eg 30100.	1.9	255.63	1.90	170.41
00135	X-ray control view in theatre any region	5.26	707.68	5.26	471.77
00140	X-ray fluoroscopy any region	2.26	304.06	2.26	202.70
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination.				
00145	X-ray fluoroscopy guidance for biopsy, any region Add to the procedure eg. 80600, 80605, 80610.	5.3	713.06	5.30	475.36
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour Only to be used if equipment is owned by the radiologist.	2.42	325.59	2.42	217.05
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	2.3	309.44	2.30	206.29
00160	X-ray fixed theatre installation (equipment fee only) Only to be used if equipment is owned by the radiologist.	2.26	304.06	2.26	202.70
00190	X-ray examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.				
00210	Ultrasound with mobile unit in other facility Add to the relevant ultrasound examination codes eg 10200.	1.84	247.55	1.84	165.03
00220	Ultrasound intra-operative study	7.32	984.83	7.32	656.53
	Covers all regions studied. Single code per operative procedure.				
00230	Ultrasound guidance guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	12.1	1627.93	12.10	1 085.25
00240	Ultrasound guidance for tissue ablation	11.24	1512.23	11.24	1 008.12
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.				
00250	Ultrasound limited Doppler study any region Stand alone code may not be added to any other code.	6.5	874.51	6.50	582.99
00290	Ultrasound examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.				
00310	CT planning study for radiotherapy			21.37	1 916.68
00320	CT guidance (separate procedure)			16.92	1 517.55
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.				
00330	CT guidance, with diagnostic procedure To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.			8.46	758.78
00340	CT guidance and monitoring for tissue ablation May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630.			21.15	1 896.94
00390	CT examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.				

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00410	MR study of the whole body for metastases screening			70.40	6 314.18
00420	MR Spectroscopy any region May be added to the regional study, once only.			28.90	2 592.04
00430	MR guidance for needle replacement			42.56	3 817.21
00440	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610. MR low field strength imaging of peripheral joint any region			12.00	1 076.28
00450	MR planning study for radiotherapy or surgical procedure			38.00	3 408.22
00455	MR planning study for radiotherapy or surgical procedure, with contrast			47.00	4 215.43
00490	MR examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.				
00510	Analogue monoplane screening table A machine code may be added once per complete procedure / patient visit.	41.01	5517.49	41.01	3 678.19
00520	Analogue monoplane table with DSA attachment A machine code may be added once per complete procedure / patient visit.	47.5	6390.65	47.50	4 260.28
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	47.5	6390.65	47.50	4 260.28
00540	Digital monoplane screening table A machine code may be added once per complete procedure / patient visit.	79.92	10752.44	79.92	7 168.02
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	93.03	12516.26	93.03	8 343.86
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	125	16817.50	125.00	11 211.25
00590	Angiography and interventional examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.				
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	34.92	4698.14	34.92	3 131.97
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	48.33	6502.32	48.33	4 334.72
00906	Nuclear Medicine study - Venous thrombosis regional	21.54	2897.99	21.54	1 931.92
00909	Nuclear Medicine study - Tumour whole body	34.15	4594.54	34.15	3 062.91
00912	Nuclear Medicine study - Tumour whole body multiple studies	47.56	6398.72	47.56	4 265.66
00915	Nuclear Medicine study - Tumour whole body and SPECT	47.56	6398.72	47.56	4 265.66
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	60.98	8204.25	60.98	5 469.30
00921	Nuclear Medicine study - Infection whole body	31.45	4231.28	31.45	2 820.75
00924	Nuclear Medicine study - Infection whole body with SPECT	44.86	6035.46	44.86	4 023.49
00927	Nuclear Medicine study - Infection whole body multiple studies	44.86	6035.46	44.86	4 023.49
00930	Nuclear Medicine study - Infection whole body with SPECT multiple studies	58.27	7839.65	58.27	5 226.24
00933	Nuclear Medicine study - Bone marrow imaging limited area	24.1	3242.41	24.10	2 161.53
00936	Nuclear Medicine study - Bone marrow imaging whole body	37.51	5046.60	37.51	3 364.27
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	37.51	5046.60	37.51	3 364.27
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	50.92	6850.78	50.92	4 567.01
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	24.1	3242.41	24.10	2 161.53
00960	Nuclear Medicine therapy - Hyperthyroidism	11.99	1613.13	11.99	1 075.38
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	6.47	870.47	6.47	580.29

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	6.47	870.47	6.47	580.29
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	6.47	870.47	6.47	580.29
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	6.47	870.47	6.47	580.29
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	6.47	870.47	6.47	580.29
00990	Nuclear Medicine Isotope Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.				
00991	Nuclear Medicine Substrate				
00956	PET/CT scan whole body without contrast	165.13	22216.59	165.13	14 810.51
00957	PET/CT scan whole body with contrast	163.19	21955.58	163.19	14 636.51
00951	PET/CT local	120	16144.80	120.00	10 762.80
00952	PET/CT local with contrast	124.68	16774.45	124.68	11 182.55
	Call and assistance				
	<ul style="list-style-type: none"> •Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours. •Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours. •Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure. •Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations. •Second opinion consultations only to be used if a written report is provided as indicated in codes 01050, 01055, 01060. Not intended for ad hoc verbal consultations. 				
01010	Emergency call out fee, first case	3	403.62	3.00	269.07
01020	Emergency call out fee, subsequent cases same trip	2	269.08	2.00	179.38
01030	Radiologist assistance in theatre, per half hour			6.00	538.14
01040	Radiographer attendance in theatre, per half hour			1.60	143.50
01050	Written report on study done elsewhere, short	1.5	201.81	1.50	134.54
01055	Written report on study done elsewhere, extensive	4.2	565.07	4.20	376.70
01060	Written report for medico legal purposes, per hour	9.72	1307.73	9.72	871.79
01070	Consultation for pre-assessment of interventional procedure	4.86	653.86	4.86	435.89
01100	X-ray procedure after hours, per procedure	2	269.08	2.00	179.38
01200	Ultrasound procedure after hours, per procedure	4	538.16	4.00	358.76
01300	CT procedure after hours, per procedure			10.00	896.90
01400	MR procedure after hours, per procedure			14.00	1 255.66
01500	Angiography procedure after hours, per procedure	20	2690.80	20.00	1 793.80
01600	Interventional procedure after hours, per procedure	26	3498.04	26.00	2 331.94
01970	Consultation for nuclear medicine study	2.2	295.99	2.20	197.32
	Monitoring				
	•ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.				
02010	ECG/pulse Oximeter monitoring	2	269.08	2.00	179.38
	Head				
	Skull and Brain				
	Codes 10100 (skull) and 10110 (tomography) may be combined.				
10100	X-ray of the skull	3.86	519.32	3.86	346.20
10110	X-ray tomography of the skull	4.3	578.52	4.30	385.67

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
10120	X-ray shuntogram for VP shunt	15.36	2066.53	15.36	1 377.64
10200	Ultrasound of the brain – Neonatal	7.38	992.91	7.38	661.91
10210	Ultrasound of the brain including doppler	13.22	1778.62	13.22	1 185.70
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	15.04	2023.48	15.04	1 348.94
10300	CT Brain uncontrasted			22.65	2 031.48
10310	CT Brain with contrast only			33.28	2 984.88
10320	CT Brain pre and post contrast			40.48	3 630.65
10325	CT brain pre and post contrast for perfusion studies			49.10	4 403.78
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330				
10330	CT angiography of the brain			77.58	6 958.15
10335	CT of the brain pre and post contrast with angiography			97.91	8 781.55
10340	CT brain for cranio-stenosis including 3D			34.16	3 063.81
10350	CT Brain stereotactic localisation			19.36	1 736.40
10360	CT base of skull coronal high resolution study for CSF leak			34.90	3 130.18
10400	MR of the brain, limited study			43.56	3 906.90
10410	MR of the brain uncontrasted			63.80	5 722.22
10420	MR of the brain with contrast			75.94	6 811.06
10430	MR of the brain pre and post contrast			104.04	9 331.35
10440	MR of the brain pre and post contrast, for perfusion studies			107.44	9 636.29
10450	MR of the brain plus angiography			92.20	8 269.42
10460	MR of the brain pre and post contrast plus angiography			121.23	10 873.12
10470	MR angiography of the brain uncontrasted			58.50	5 246.87
10480	MR angiography of the brain contrasted			74.02	6 638.85
10485	MR of the brain, with diffusion studies			79.00	7 085.51
10490	MR of the brain, pre and post contrast, with diffusion studies,			110.64	9 923.30
10492	MR study of the brain plus angiography plus diffusion, uncontrasted			95.00	8 520.55
10495	MR of the brain pre and post contrast plus angiography and diffusion			125.44	11 250.71
10500	Arteriography of intracranial vessels: 1 - 2 vessels	48.6	6538.64	48.60	4 358.93
10510	Arteriography of intracranial vessels: 3 - 4 vessels	82.33	11076.68	82.33	7 384.18
10520	Arteriography of extra-cranial (non-cervical) vessels	48.44	6517.12	48.44	4 344.58
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	118.09	15887.83	118.09	10 591.49
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	97.57	13127.07	97.57	8 751.05
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	37.29	5017.00	37.29	3 344.54
10560	Venography of dural sinuses	52.23	7027.02	52.23	4 684.51
10900	Nuclear Medicine study – Bone regional, static	21.5	2892.61	21.50	1 928.34
10905	Nuclear Medicine study – Bone regional, static, with flow	27.53	3703.89	27.53	2 469.17
10910	Nuclear Medicine study – Bone regional, static with SPECT	34.92	4698.14	34.92	3 131.97
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	40.94	5508.07	40.94	3 671.91
10920	Nuclear Medicine study – Brain, planar, complete, static	16.92	2276.42	16.92	1 517.55
10925	Nuclear Medicine study – Brain complete static with vascular flow	22.95	3087.69	22.95	2 058.39
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	30.33	4080.60	30.33	2 720.30
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	36.36	4891.87	36.36	3 261.13
10940	Nuclear Medicine study - CSF flow imaging cisternography	21.6	2906.06	21.60	1 937.30
10945	Nuclear Medicine study – Ventriculography	13.41	1804.18	13.41	1 202.74
10950	Nuclear Medicine study - Shunt evaluation static, planar	13.41	1804.18	13.41	1 202.74
10955	Nuclear Medicine study - CFS leakage detection and localisation	13.41	1804.18	13.41	1 202.74
10960	Nuclear medicine study - CSF SPECT	13.41	1804.18	13.41	1 202.74
10971	PET/CT scan of the brain uncontrasted	110.12	14815.54	110.12	9 876.66
10972	PET/CT of the brain contrasted	116.11	15621.44	116.11	10 413.91
10981	PET/CT perfusion scan of the brain	131.07	17634.16	131.07	11 755.67

	Other specialist / General Practitioner		Specialist / Spesialis		
	U/E	R	U/E		
Facial bones and nasal bones					
Codes 11100 (facial bones) and 11110 (tomography) may be combined					
11100	X-ray of the facial bones	3.93	528.74	3.93	352.48
11110	X-ray tomography of the facial bones	4.3	578.52	4.30	385.67
11120	X-ray of the nasal bones	2.39	321.55	2.39	214.36
11300	CT of the facial bones			20.96	1 879.90
11310	CT of the facial bones with 3D reconstructions			30.40	2 726.58
11320	CT of the facial bones/soft tissue, pre and post contrast			41.26	3 700.61
11400	MR of the facial soft tissue			62.40	5 596.66
11410	MR of the facial soft tissue pre and post contrast			100.60	9 022.81
11420	MR of the facial soft tissue plus angiography, with contrast			110.30	9 892.81
11430	MR angiography of the facial soft tissue			74.02	6 638.85
Orbits, lacrimal glands and tear ducts					
Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).					
12100	X-ray orbits less than three views	3.56	478.96	3.56	319.30
12110	X-ray of the orbits, three or more views, including foramina	5.3	713.06	5.30	475.36
12120	X-ray of the orbits for foreign body	3.56	478.96	3.56	319.30
12130	X-ray tomography of the orbits	4.3	578.52	4.30	385.67
12140	X-ray dacrocystography	11.2	1506.85	11.20	1 004.53
12200	Ultrasound of the orbit/eye	5.13	690.19	5.13	460.11
12210	Ultrasound of the orbit/eye including doppler	10.97	1475.90	10.97	983.90
12300	CT of the orbits single plane			15.70	1 408.13
12310	CT of the orbits, more than one plane			20.59	1 846.72
12320	CT of the orbits pre and post contrast single plane			36.03	3 231.53
12330	CT of the orbits pre and post contrast multiple planes			39.70	3 560.69
12400	MR of the orbits			62.46	5 602.04
12410	MR of the orbitae, pre and post contrast			100.64	9 026.40
12900	Nuclear Medicine study – Dacrocystography	20.77	2794.40	20.77	1 862.86
Paranasal sinuses					
Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).					
13100	X-ray of the paranasal sinuses, single view	2.74	368.64	2.74	245.75
13110	X-ray of the paranasal sinuses, two or more views	3.66	492.42	3.66	328.27
13120	X-ray tomography of the paranasal sinuses	4.3	578.52	4.30	385.67
13130	X-ray of the naso-pharyngeal soft tissue	2.74	368.64	2.74	245.75
13300	CT of the paranasal sinuses single plane, limited study			7.20	645.77
13310	CT of the paranasal sinuses, two planes, limited study			12.40	1 112.16
13320	CT of the paranasal sinuses, any plane, complete study			15.42	1 383.02
13330	CT of the paranasal sinuses, more than one plane, complete study			20.77	1 862.86
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast			34.74	3 115.83
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast			41.01	3 678.19
13400	MR of the paranasal sinuses			60.27	5 405.62
13410	MR of the paranasal sinuses, pre and post contrast			96.59	8 663.16
Mandible, teeth and maxilla					
Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed.					
Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.					
Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth).					
Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.					
Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.					
14100	X-ray of the mandible	3.66	492.42	3.66	328.27
14110	X-ray orthopantomogram of the jaws and teeth	4.06	546.23	4.06	364.14

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
14120	X-ray maxillofacial cephalometry	2.77	372.68	2.77	248.44
14130	X-ray of the teeth single quadrant	2	269.08	2.00	179.38
14140	X-ray of the teeth more than one quadrant	2.53	340.39	2.53	226.92
14150	X-ray of the teeth full mouth	3.62	487.03	3.62	324.68
14160	X-ray tomography of the teeth per side	3.23	434.56	3.23	289.70
14300	CT of the mandible			22.28	1 998.29
14310	CT of the mandible, pre and post contrast			41.26	3 700.61
14320	CT mandible with 3D reconstructions			30.40	2 726.58
14330	CT for dental implants in the mandible			27.45	2 461.99
14340	CT for dental implants in the maxilla			27.45	2 461.99
14400	MR of the mandible/maxilla			63.80	5 722.22
14410	MR of the mandible/maxilla, pre and post contrast			98.64	8 847.02
	TM Joints				
	Code 15100 (TM joint) and 15120 (tomography) may be combined.				
	Code 15110 (TM joint) and 15130 (tomography) may be combined.				
	Code 15140 (arthrography) and 15120 (tomography) may be combined.				
	Code 15150 (arthrography) and 15130 (tomography) may be combined.				
	Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).				
15100	X-ray temporo-mandibular joint, left	3.56	478.96	3.56	319.30
15110	X-ray temporo-mandibular joint, right	3.56	478.96	3.56	319.30
15120	X-ray tomography temporo-mandibular joint, left	4.3	578.52	4.30	385.67
15130	X-ray tomography temporo-mandibular joint, right	4.3	578.52	4.30	385.67
15140	X-ray arthrography of the temporo-mandibular joint, left	15.41	2073.26	15.41	1 382.12
15150	X-ray arthrography of the temporo-mandibular joint, right	15.41	2073.26	15.41	1 382.12
15200	Ultrasound temporo-mandibular joints, one or both sides	6.56	882.58	6.56	588.37
15300	CT of the temporo-mandibular joints			25.38	2 276.33
15310	CT of the temporo-mandibular joints plus 3D reconstructions			34.50	3 094.31
15320	CT arthrogram of the temporo-mandibular joints			35.96	3 225.25
15400	MR of the temporo-mandibular joints			63.80	5 722.22
15410	MR of the temporo-mandibular joints, pre and post contrast			100.84	9 044.34
15420	MR arthrogram of the temporo-mandibular joints			74.71	6 700.74
	Mastoids and internal auditory canal				
	Code 16100 (mastoids) and 16120 (tomography) may be combined.				
	Code 16110 (mastoids bilat) and 16130 (tomography) may be combined				
	Code 16140 (IAM's) and 16150 (tomography) may be combined.				
16100	X-ray of the mastoids, unilateral	3.59	483.00	3.59	321.99
16110	X-ray of the mastoids, bilateral	7.18	966.00	7.18	643.97
16120	X-ray tomography of the petro-temporal bone, unilateral	4.3	578.52	4.30	385.67
16130	X-ray tomography of the petro-temporal bone, bilateral	8.6	1157.04	8.60	771.33
16140	X-ray internal auditory canal, bilateral	5.23	703.64	5.23	469.08
16150	X-ray tomography of the internal auditory canal, bilateral	4.3	578.52	4.30	385.67
16300	CT of the mastoids			12.60	1 130.09
16310	CT of the internal auditory canal			21.47	1 925.64
16320	CT of the internal auditory canal, pre and post contrast			34.20	3 067.40
16330	CT of the ear structures, limited study			13.40	1 201.85
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes			43.35	3 888.06
16400	MR of the internal auditory canals, limited study			43.56	3 906.90
16410	MR of the internal auditory canals, pre and post contrast, limited study			68.93	6 182.33
16420	MR of the internal auditory canals, pre and post contrast, complete study			102.64	9 205.78
16430	MR of the ear structures			64.40	5 776.04
16440	MR of the ear structures, pre and post contrast			102.64	9 205.78
	Sella turcica				

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
Code 17100 (sella) and 17110 (tomography) may be combined.					
17100	X-ray of the sella turcica	3.08	414.38	3.08	276.25
17110	X-ray tomography of the sella turcica	4.3	578.52	4.30	385.67
17300	CT of the sella turcica/hypophysis			17.45	1 565.09
17310	CT of the sella turcica/hypophysis, pre and post contrast			42.26	3 790.30
17400	MR of the hypophysis			43.56	3 906.90
17410	MR of the hypophysis, pre and post contrast			74.03	6 639.75
Salivary glands and floor of the mouth					
Code 18100 (calculus) and 18110 (open mouth) may be combined.					
Codes 18120 (sialography) and 18320 (CT sialography) include introduction of contrast and fluoroscopy (00140 may not be added).					
18100	X-ray of the salivary glands and ducts for calculus	2.84	382.09	2.84	254.72
18110	X-ray of the salivary ducts, open mouth for calculus	1.9	255.63	1.90	170.41
18120	X-ray sialography, per gland	14.08	1894.32	14.08	1 262.84
18200	Ultrasound of the salivary glands/floor of the mouth	6.56	882.58	6.56	588.37
18300	CT of the salivary glands, uncontrasted			12.60	1 130.09
18310	CT of the salivary glands/floor of the mouth, pre and post contrast			42.10	3 775.95
18320	CT sialography			26.28	2 357.05
18400	MR of the salivary glands/floor of the mouth			63.20	5 668.41
18410	MR of the salivary glands/floor of the mouth, pre and post contrast			100.84	9 044.34
18900	Nuclear Medicine study - Salivary gland imaging	20.77	2794.40	20.77	1 862.86
Soft Tissue					
19900	Nuclear Medicine study - Tumour localisation planar, static	20.74	2790.36	20.74	1 860.17
19905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	35.17	4731.77	35.17	3 154.40
19910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	34.15	4594.54	34.15	3 062.91
19915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	47.56	6398.72	47.56	4 265.66
19920	Nuclear medicine study - Infection localisation planar, static	18.04	2427.10	18.04	1 618.01
19925	Nuclear medicine study - Infection localisation planar, static, multiple studies	31.45	4231.28	31.45	2 820.75
19930	Nuclear medicine study - Infection localisation planar, static and SPECT	31.45	4231.28	31.45	2 820.75
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	44.86	6035.46	44.86	4 023.49
Neck					
Code 20120 (laryngography) includes fluoroscopy (00140 may not be added).					
Code 20130 (speech) includes tomography and cinematography (00140 may not be added).					
Code 20450 (MR Angiography) may be combined with 10410 (MR brain).					
20100	X-ray of soft tissue of the neck	2.74	368.64	2.74	245.75
20110	X-ray of the larynx including tomography	9.39	1263.33	9.39	842.19
20120	X-ray laryngography	8.28	1113.99	8.28	742.63
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	8.3	1116.68	8.30	744.43
20200	Ultrasound of the thyroid	6.56	882.58	6.56	588.37
20210	Ultrasound of soft tissue of the neck	6.56	882.58	6.56	588.37
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	15	2018.10	15.00	1 345.35
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	21.84	2938.35	21.84	1 958.83
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	10.8	1453.03	10.80	968.65
20300	CT of the soft tissues of the neck			18.25	1 636.84
20310	CT of the soft tissues of the neck, with contrast			38.15	3 421.67
20320	CT of the soft tissues of the neck, pre and post contrast			43.81	3 929.32
20330	CT angiography of the extracranial vessels in the neck			79.36	7 117.80

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
20340	intracranial vessels of the brain			107.50	9 641.68
	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain			124.43	11 160.13
20400	Mr of the soft tissue of the neck			63.60	5 704.28
20410	MR of the soft tissue of the neck, pre and post contrast			102.04	9 151.97
20420	MR of the soft tissue of the neck and uncontrasted angiography			92.60	8 305.29
20430	MR angiography of the extracranial vessels in the neck, without contrast			59.60	5 345.52
20440	MR angiography of the extracranial vessels in the neck, with contrast			74.02	6 638.85
20450	MR angiography of the extra and intracranial vessels with contrast			116.05	10 408.52
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast			135.17	12 123.40
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast			156.05	13 996.12
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	44.43	5977.61	44.43	3 984.93
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	50.73	6825.21	50.73	4 549.97
20520	Arteriography of cervical vessels: carotid and vertebral	77.63	10444.34	77.63	6 962.63
20530	Arteriography of aortic arch and cervical vessels	91.97	12373.64	91.97	8 248.79
20540	Arteriography of aortic arch, cervical and intracranial vessels	108.87	14647.37	108.87	9 764.55
20550	Venography of jugular and vertebral veins	48.95	6585.73	48.95	4 390.33
	Thyroid (Nuclear Medicine)				
21900	Nuclear Medicine study - Thyroid, single uptake	9.68	1302.35	9.68	868.20
21910	Nuclear medicine study - Thyroid, multiple uptake	14.69	1976.39	14.69	1 317.55
21920	Nuclear medicine study - Thyroid imaging with uptake	17.72	2384.05	17.72	1 589.31
21930	Nuclear medicine study - Thyroid imaging	12.72	1711.35	12.72	1 140.86
21940	Nuclear medicine study - Thyroid imaging with vascular flow	18.74	2521.28	18.74	1 680.79
21950	Nuclear medicine study - Thyroid suppression/stimulation	12.72	1711.35	12.72	1 140.86
	Parathyroid (Nuclear Medicine)				
22900	Nuclear Medicine study - Parathyroid, planar, static	16.52	2222.60	16.52	1 481.68
22910	Nuclear medicine study - Parathyroid, planar, static, multiple	28.91	3889.55	28.91	2 592.94
22920	technique	21.88	2943.74	21.88	1 962.42
22930	Nuclear medicine study - Parathyroid SPECT	13.41	1804.18	13.41	1 202.74
	Soft Tissue				
29900	Nuclear Medicine study - Tumour localisation planar, static	20.74	2790.36	20.74	1 860.17
29905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	35.17	4731.77	35.17	3 154.40
29910	Nuclear medicine study - Tumour localisation planar, static and SPECT	34.15	4594.54	34.15	3 062.91
29915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	47.56	6398.72	47.56	4 265.66
29920	Nuclear medicine study - Tumour localisation planar, static	18.04	2427.10	18.04	1 618.01
29925	Nuclear medicine study - Infection localisation planar, static, multiple studies	31.45	4231.28	31.45	2 820.75
29930	Nuclear medicine study - Infection localisation planar, static and SPECT	31.45	4231.28	31.45	2 820.75
29935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	44.86	6035.46	44.86	4 023.49
29940	Nuclear medicine study - Regional lymph node mapping, static, planar	24.1	3242.41	24.10	2 161.53
29945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	36.49	4909.36	36.49	3 272.79
29950	Nuclear medicine study - Lymph node localisation with gamma probe	12.39	1666.95	12.39	1 111.26
29961	PET/CT scan of the soft tissue of the neck uncontrasted	105.87	14243.75	105.87	9 495.48
29962	PET/CT scan of the soft tissue of the neck contrasted	111.69	15026.77	111.69	10 017.48
	Thorax				
	Chest wall, pleura, lungs and mediastinum				

	Other specialist / General Practitioner		Specialist / Spesialis	
	U/E	R	U/E	
Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet). Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined. Code 30180 (sternum) and 30185 (tomography) may be combined.				
Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required. Code 30350 (high resolution) is a stand alone study. Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis). Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).				
30100 X-ray of the chest, single view	3.04	409.00	3.04	272.66
30110 X-ray of the chest two views, PA and lateral	3.84	516.63	3.84	344.41
30120 X-ray of the chest complete with additional views	4.24	570.45	4.24	380.29
30130 X-ray of the chest complete including fluoroscopy	4.48	602.74	4.48	401.81
30140 X-ray tomography of the chest	4.3	578.52	4.30	385.67
30150 X-ray of the ribs	4.79	644.45	4.79	429.62
30155 X-ray of the chest and ribs	6.42	863.75	6.42	575.81
30160 X-ray of the thoracic inlet	2.56	344.42	2.56	229.61
30170 X-ray of the sterno-clavicular joints	4.21	566.41	4.21	377.59
30175 X-ray tomography of the sterno-clavicular joint	4.3	578.52	4.30	385.67
30180 X-ray of the sternum	4.21	566.41	4.21	377.59
30185 X-ray tomography of the sternum	4.3	578.52	4.30	385.67
30200 Ultrasound of the chest wall, any region	6.56	882.58	6.56	588.37
30210 Ultrasound of the pleural space	6.56	882.58	6.56	588.37
30220 Ultrasound of the mediastinal structures	6.56	882.58	6.56	588.37
30300 CT of the chest, limited study			9.50	852.06
30310 CT of the chest uncontrasted			26.60	2 385.75
30320 CT of the chest contrasted			42.43	3 805.55
30330 CT of the chest, pre and post contrast			45.70	4 098.83
30340 CT of the chest, limited high resolution study			11.20	1 004.53
30350 CT of the chest, complete high resolution study			24.01	2 153.46
30355 prone and expiratory studies			33.30	2 986.68
30360 CT of the chest for pulmonary embolism			57.12	5 123.09
30370 CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs			80.28	7 200.31
30400 MR of the chest			63.60	5 704.28
30410 MR of the chest with uncontrasted angiography			92.60	8 305.29
30420 MR of the chest, pre and post contrast			102.04	9 151.97
30900 Nuclear Medicine study - Lung perfusion	21.54	2897.99	21.54	1 931.92
30910 Nuclear Medicine study - Lung ventilation, aerosol	21.5	2892.61	21.50	1 928.34
30920 Nuclear Medicine study - Lung perfusion and ventilation	42.03	5654.72	42.03	3 769.67
30930 Nuclear Medicine study - Lung ventilation using radio-active gas	14.17	1906.43	14.17	1 270.91
30940 Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	34.69	4667.19	34.69	3 111.35
30950 Nuclear medicine study - Muco-ciliary clearance study dynamic	26.51	3566.66	26.51	2 377.68
30960 Nuclear medicine study - alveolar permeability Stand alone code. Not to be combined with 30910.	26.51	3566.66	26.51	2 377.68
30970 Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation Stand alone code. Not to be combined with 30920.	6.02	809.93	6.02	539.93
30981 PET/CT scan of the chest uncontrasted	111.44	14993.14	111.44	9 995.05
30982 PET/CT scan of the chest contrasted	117.42	15797.69	117.42	10 531.40
30983 PET/CT scan of the chest pre and post contrast	148.32	19954.97	148.32	13 302.82
Oesophagus				

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	may not be added).				
31100	X-ray barium swallow	6.6	887.96	6.60	591.95
31105	Xray 3 phase dynamic contrasted swallow	12.6	1695.20	12.60	1 130.09
31110	X-ray barium swallow, double contrast	7.92	1065.56	7.92	710.34
31120	X-ray barium swallow with cinematography	10.07	1354.82	10.07	903.18
	Aorta and large vessels				
	Codes 32210 and 32220 (Ivus) may be combined				
32200	intervention, once per complete procedure	4.2	565.07	4.20	376.70
32210	Ultrasound intravascular (IVUS) first vessel	8.44	1135.52	8.44	756.98
32220	Ultrasound intravascular (IVUS) subsequent vessels	5.3	713.06	5.30	475.36
32300	CT angiography of the aorta and branches			79.08	7 092.69
32305	CT angiography of the thoracic and abdominal aorta and branches			105.50	9 462.30
32310	CT angiography of the pulmonary vasculature			79.08	7 092.69
32400	MR angiography of the aorta and branches			78.50	7 040.67
32410	MR angiography of the pulmonary vasculature			105.27	9 441.67
32500	Arteriography of thoracic aorta	28.26	3802.10	28.26	2 534.64
32510	Arteriography of bronchial intercostal vessels alone	50.15	6747.18	50.15	4 497.95
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	67.43	9072.03	67.43	6 047.80
32530	Arteriography of pulmonary vessels	63.27	8512.35	63.27	5 674.69
32540	Arteriography of heart chambers, coronary arteries	44.27	5956.09	44.27	3 970.58
32550	Venography of thoracic vena cava	28.38	3818.25	28.38	2 545.40
32560	Venography of vena cava, azygos system	56.31	7575.95	56.31	5 050.44
32570	Venography patency of A-port or other central line	19.64	2642.37	19.64	1 761.51
	Heart				
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.				
	Ultrasound study of the heart for foetal or paediatric cases including doppler				
33205	or 33210. This code is intended for paediatric and foetal cases only	12.3	1654.84	12.30	1 103.19
33200	Ultrasound study of the heart, including Doppler	8.2	1103.23	8.20	735.46
33210	Ultrasound study of the heart trans-oesophageal	10.52	1415.36	10.52	943.54
	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel				
33220		5.2	699.61	5.20	466.39
33300	CT anatomical/functional study of the heart			34.61	3 104.17
33310	CT angiography of heart vessels			81.28	7 290.00
33400	MR of the heart, anatomical study			62.20	5 578.72
33410	MR of the heart, anatomical and functional study			69.00	6 188.61
33420	MR of the heart, pre and post contrast			103.04	9 241.66
33430	MR angiography of the heart vessels			70.71	6 341.98
33440	MR of the heart, anatomical, functional and coronary angiography			106.84	9 582.48
33900	Nuclear Medicine study - Cardiac shunt detection	21.5	2892.61	21.50	1 928.34
	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study				
33905		26.51	3566.66	26.51	2 377.68
	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies				
33910		34.92	4698.14	34.92	3 131.97
	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT				
33915		13.41	1804.18	13.41	1 202.74
	Nuclear medicine study - Cardiac blood pool imaging, first pass technique				
33920		26.51	3566.66	26.51	2 377.68
	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated				
33925		16.52	2222.60	16.52	1 481.68
	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated				
33930		16.52	2222.60	16.52	1 481.68
	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)				
33935		16.52	2222.60	16.52	1 481.68
	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated				
33940		16.52	2222.60	16.52	1 481.68
	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)				
33945		28.91	3889.55	28.91	2 592.94
	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)				
33950		28.91	3889.55	28.91	2 592.94

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
33955	Nuclear medicine study - Plus wall movement and ejection fraction, SPECT	6.02	809.93	6.02	539.93
33960	Nuclear medicine study - Cardiac hot spot imaging (infarction) planar	21.5	2892.61	21.50	1 928.34
33965	Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT	13.41	1804.18	13.41	1 202.74
33970	Nuclear Medicine study - Multi stage treadmill ECG test	6.66	896.04	6.66	597.34
33981	PET/CT scan of the heart?	153.14	20603.46	153.14	13 735.13
	Mamma				
	Codes 34110 (localization), 34120 (stereo-tactic localization) and 34130 (stereo-tactic biopsy) may not be combined. Code 34130 (stereo-tactic biopsy). Add procedural code 80610 (cutting needle) or 34150 (mammotome) Code 34205 (U/S FNA) includes the procedural code (may not be combined with 34150).				
34100	X-ray mammography including ultrasound	10.44	1404.60	10.44	936.36
34101	X-Ray mammography unilateral, including ultrasound Code 34100 may not be combined with 34205 when these two procedures are done in the same sitting. Code 34100 includes ultrasound. In this situation use code 80605 (fine needle aspiration) with 34100	8.352	1123.68	8.35	749.09
34105	X-ray mammography galactography Once off fee per visit. May be added to 34100	9.4	1264.68	9.40	843.09
34110	X-ray mammography study for localisation	7.24	974.07	7.24	649.36
34120	X-ray stereotactic mammography – localisation	10.4	1399.22	10.40	932.78
34130	X-ray stereotactic mammography – biopsy	11.6	1560.66	11.60	1 040.40
34140	X-ray of biopsy specimen of the mamma	2.74	368.64	2.74	245.75
34150	X-ray Mammotome hand held biopsy apparatus	9.8	1318.49	9.80	878.96
34200	Ultrasound study of the breast	7.9	1062.87	7.90	708.55
34205	Ultrasound guided aspiration FNA/localisation of the breast	12.1	1627.93	12.10	1 085.25
34300	Computer assisted diagnosis for mammography			1.40	125.57
34400	MR study of the breast			62.60	5 614.59
34410	MR study of the breast pre and post contrast Soft Tissue			100.84	9 044.34
39900	Nuclear medicine study - Tumour localisation planar, static	20.74	2790.36	20.74	1 860.17
39905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	35.17	4731.77	35.17	3 154.40
39910	Nuclear medicine study - Tumour localisation planar, static and SPECT	34.15	4594.54	34.15	3 062.91
39915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	47.56	6398.72	47.56	4 265.66
39920	Nuclear medicine study - Infection localisation planar, static	18.04	2427.10	18.04	1 618.01
39925	Nuclear medicine study - Infection localisation planar, static, multiple studies	31.45	4231.28	31.45	2 820.75
39930	Nuclear medicine study - Infection localisation planar, static and SPECT	31.45	4231.28	31.45	2 820.75
39935	Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT	44.86	6035.46	44.86	4 023.49
39940	Nuclear medicine study - Regional lymph node mapping, static, planar	24.1	3242.41	24.10	2 161.53
39945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	36.49	4909.36	36.49	3 272.79
39950	Nuclear medicine study – Lymph node localisation with gamma probe	12.39	1666.95	12.39	1 111.26
	Abdomen and Pelvis				
	Abdomen/stomach/bowel				
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen). Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).				
40100	X-ray of the abdomen	3.32	446.67	3.32	297.77

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
40105	X-ray of the abdomen supine and erect, or decubitus	5.36	721.13	5.36	480.74
40110	X-ray of the abdomen multiple views including chest	8.1	1089.77	8.10	726.49
40120	X-ray tomography of the abdomen	4.3	578.52	4.30	385.67
40140	X-ray barium meal single contrast	8.87	1193.37	8.87	795.55
40143	X-ray barium meal double contrast	11.99	1613.13	11.99	1 075.38
40147	X-ray barium meal double contrast with follow through	15.8	2125.73	15.80	1 417.10
40150	X-ray small bowel enteroclysis (meal intubation) may be added.	25.45	3424.04	25.45	2 282.61
40153	X-ray small bowel meal follow through single contrast	19.55	2630.26	19.55	1 753.44
40157	X-ray small bowel meal with pneumocolon	25.63	3448.26	25.63	2 298.75
40160	X-ray large bowel enema single contrast	12.97	1744.98	12.97	1 163.28
40165	X-ray large bowel enema double contrast	19.63	2641.02	19.63	1 760.61
40170	X-ray guided gastro oesophageal intubation	1.6	215.26	1.60	143.50
40175	X-ray guided duodenal intubation	2.8	376.71	2.80	251.13
40180	X-ray defaecogram	12.97	1744.98	12.97	1 163.28
40190	X-ray guided reduction of intussusception	16.27	2188.97	16.27	1 459.26
40200	Ultrasound study of the abdominal wall	5.54	745.35	5.54	496.88
40210	Ultrasound study of the whole abdomen including the pelvis	8.24	1108.61	8.24	739.05
40300	CT study of the abdomen			26.41	2 368.71
40310	CT study of the abdomen with contrast			44.82	4 019.91
40313	CT study of the abdomen pre and post contrast			52.99	4 752.67
40320	CT of the pelvis			26.13	2 343.60
40323	CT of the pelvis with contrast			47.48	4 258.48
40327	CT of the pelvis pre and post contrast			53.87	4 831.60
40330	CT of the abdomen and pelvis			38.50	3 453.07
40333	CT of the abdomen and pelvis with contrast			62.17	5 576.03
40337	CT of the abdomen and pelvis pre and post contrast			67.43	6 047.80
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast			74.11	6 646.93
40345	CT of the chest, abdomen and pelvis without contrast			70.12	6 289.06
40350	CT of the chest, abdomen and pelvis with contrast			88.35	7 924.11
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast			93.05	8 345.65
40360	CT of the base of skull to symphysis pubis with contrast			102.73	9 213.85
40365	CT colonoscopy Stand alone study, may not be added to any code between 40300 and 40360			34.78	3 119.42
40400	MR of the abdomen			64.58	5 792.18
40410	MR of the abdomen pre and post contrast			100.84	9 044.34
40420	MR of the pelvis, soft tissue			64.58	5 792.18
40430	MR of the pelvis, soft tissue, pre and post contrast			102.04	9 151.97
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	21.5	2892.61	21.50	1 928.34
40905	Nuclear Medicine study - Gastro intestinal protein loss Nuclear Medicine study - Gastro intestinal protein loss multiple studies	34.92	4698.14	34.92	3 131.97
40910	Nuclear Medicine study - Acute GIT bleed static/dynamic	21.5	2892.61	21.50	1 928.34
40915	Nuclear medicine study - Acute GIT bleed multiple studies	34.92	4698.14	34.92	3 131.97
40920	Nuclear medicine study - Meckel's localisation	20.77	2794.40	20.77	1 862.86
40925	Nuclear medicine study - Gastric mucosa imaging	20.77	2794.40	20.77	1 862.86
40930	Nuclear medicine study - colonic transit multiple studies Stand alone code	44.86	6035.46	44.86	4 023.49
40951	PET/CT scan of the abdomen and pelvis uncontrasted	119.53	16081.57	119.53	10 720.65
40952	PET/CT scan of the abdomen and pelvis contrasted	129.31	17397.37	129.31	11 597.81
40953	PET/CT scan of the abdomen and pelvis pre and post contrast Liver, spleen, gall bladder and pancreas	140.5	18902.87	140.50	12 601.45
41100	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added). X-ray ERCP including screening	18.9	2542.81	18.90	1 695.14

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
41105	X-ray ERCP reporting on images done in theatre	2.4	322.90	2.40	215.26
41110	X-ray cholangiography intra-operative	8.45	1136.86	8.45	757.88
41120	X-ray T-tube cholangiography post operative	14.05	1890.29	14.05	1 260.14
41130	X-ray transhepatic percutaneous cholangiography	32.34	4351.02	32.34	2 900.57
41200	Ultrasound study of the upper abdomen Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	7	941.78	7.00	627.83
41210	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	9.8	1318.49	9.80	878.96
41300	CT of the abdomen triphasic study – liver			54.90	4 923.98
41400	MR study of the liver/pancreas			64.78	5 810.12
41410	MR study of the liver/pancreas pre and post contrast			100.84	9 044.34
41420	MRCP			49.20	4 412.75
41430	MR study of the abdomen with MRCP			92.98	8 339.38
41440	MR study of the abdomen pre and post contrast with MRCP			133.60	11 982.58
41900	Nuclear Medicine study - Liver and spleen, planar views only	21.5	2892.61	21.50	1 928.34
41905	Nuclear Medicine study - Liver and spleen, with flow study	27.53	3703.89	27.53	2 469.17
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	34.92	4698.14	34.92	3 131.97
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	40.94	5508.07	40.94	3 671.91
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	21.5	2892.61	21.50	1 928.34
41925	Nuclear Medicine study – hepatobiliary tract including flow	26.51	3566.66	26.51	2 377.68
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	34.92	4698.14	34.92	3 131.97
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	39.92	5370.84	39.92	3 580.42
41940	Nuclear medicine study - Gall bladder ejection fraction	6.02	809.93	6.02	539.93
41945	Nuclear medicine study – Biliary gastric reflux study	20.77	2794.40	20.77	1 862.86
	Renal tract				
42100	X-ray tomography of the renal tract	4.3	578.52	4.30	385.67
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethrography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).				
42110	X-ray excretory urogram including tomography	24.86	3344.66	24.86	2 229.69
42115	X-ray excretory urogram including tomography with micturating study	32.86	4420.98	32.86	2 947.21
42120	X-ray cystography	15.05	2024.83	15.05	1 349.83
42130	X-ray urethrography	15.37	2067.88	15.37	1 378.54
42140	X-ray micturating cysto-urethrography	19.3	2596.62	19.30	1 731.02
42150	X-ray retrograde/prograde pyelography	12.53	1685.79	12.53	1 123.82
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	2.41	324.24	2.41	216.15
42160	X-ray prograde pyelogram – percutaneous	32.67	4395.42	32.67	2 930.17
42200	Ultrasound study of the renal tract including bladder	7.42	998.29	7.42	665.50
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	3.8	511.25	3.80	340.82
	Code 42205 is a stand alone study and may not be added to 42200				
42210	Ultrasound study of the renal arteries including Doppler	10.6	1426.12	10.60	950.71
42300	CT of the renal tract for a stone			25.15	2 255.70
42400	MR of the renal tract for obstruction			47.00	4 215.43
42410	MR of the kidneys without contrast			64.58	5 792.18
42420	MR of the kidneys pre and post contrast			102.24	9 169.91
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	21.94	2951.81	21.94	1 967.80
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	27.96	3761.74	27.96	2 507.73
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	35.35	4755.99	35.35	3 170.54

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	41.37	5565.92	41.37	3 710.48
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	26.51	3566.66	26.51	2 377.68
42930	Nuclear Medicine study – Renovascular study, baseline	26.51	3566.66	26.51	2 377.68
42940	Nuclear Medicine study – Renovascular study, with intervention	26.51	3566.66	26.51	2 377.68
42950	Nuclear medicine study - indirect voiding cystogram	6.02	809.93	6.02	539.93
	Reproductive system				
	Codes 43120 and 43130 (hystero-salpingography) include fluoroscopy (00140 may not be added). Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedure codes.				
	Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedures and may not be combined with 00230 (ultrasound guidance) or 80605 (fine needle aspiration). Code 43240 may be combined with 43260 (second trimester), 43270 (third trimester) and 43273 (third trimester follow up)				
43100	X-ray pelvimetry single	4	538.16	4.00	358.76
43110	X-ray pelvimetry multiple views	5.8	780.33	5.80	520.20
43120	X-ray hystero-salpingography	10.03	1349.44	10.03	899.59
43130	X-ray hystero-salpingography with introduction of contrast	13.53	1820.33	13.53	1 213.51
43200	Ultrasound study of the pelvis transabdominal	5.7	766.88	5.70	511.23
43205	Ultrasound study of the female pelvis transvaginal	7.21	970.03	7.21	646.66
43210	Ultrasound study of the prostate transrectal	7.38	992.91	7.38	661.91
43215	Ultrasound transrectal prostate volume for brachytherapy	10.4	1399.22	10.40	932.78
43220	Ultrasound study of the testes	7.38	992.91	7.38	661.91
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200	15	2018.10	15.00	1 345.35
43230	Ultrasound guided transvaginal aspiration for ova	13.5	1816.29	13.50	1 210.82
43240	Ultrasound guided amniocentesis	5.84	785.71	5.84	523.79
43250	Ultrasound study of the pregnant uterus, first trimester	4.2	565.07	4.20	376.70
43260	Ultrasound study of the pregnant uterus, second trimester	6.36	855.67	6.36	570.43
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	6.36	855.67	6.36	570.43
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	4.2	565.07	4.20	376.70
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	8.17	1099.19	8.17	732.77
43280	Ultrasound doppler of the umbilical cord for resistive index Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277	3.8	511.25	3.80	340.82
43300	CT pelvimetry – Topogram			6.58	590.16
43400	MR study of pelvic reproductive organs - limited study			47.60	4 269.24
43405	MR study for pelvimetry			20.00	1 793.80
43410	MR study of pelvic reproductive organs - complete – uncontrasted			64.58	5 792.18
43420	MR study of pelvic reproductive organs - complete – pre and post contrast			102.24	9 169.91
43950	Nuclear medicine study - Radio pharmaceutical voiding cystogram	21.5	2892.61	21.50	1 928.34
43960	Nuclear medicine study - Testicular imaging	26.51	3566.66	26.51	2 377.68
43970	Nuclear medicine study - hystero-salpingography	26.51	3566.66	26.51	2 377.68
	Aorta and vessels				
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).				
44200	Ultrasound study of abdominal aorta and branches including doppler	18.32	2464.77	18.32	1 643.12
44205	Ultrasound study of the IVC and pelvic veins including Doppler This is a stand alone code and may not be added to 44200.	14	1883.56	14.00	1 255.66
44300	CT angiography of abdominal aorta and branches			76.72	6 881.02

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen			94.32	8 459.56
44310	CT angiography of the pelvis			78.64	7 053.22
44320	CT angiography of the abdominal aorta and pelvis			89.54	8 030.84
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis			119.15	10 686.56
44330	CT portogram			74.40	6 672.94
44400	MR angiography of abdominal aorta and branches			76.64	6 873.84
44500	Arteriography of abdominal aorta alone	28.12	3783.26	28.12	2 522.08
44503	Arteriography of aorta plus coeliac, mesenteric branches	75.63	10175.26	75.63	6 783.25
44505	Arteriography of aorta plus renal, adrenal branches	63.01	8477.37	63.01	5 651.37
44507	Arteriography of aorta plus non-visceral branches	60.79	8178.69	60.79	5 452.26
44510	Arteriography of coeliac, mesenteric vessels alone	64.35	8657.65	64.35	5 771.55
44515	Arteriography of renal, adrenal vessels alone	49.49	6658.38	49.49	4 438.76
44517	Arteriography of non-visceral abdominal vessels alone	54.91	7387.59	54.91	4 924.88
44520	Arteriography of internal and external iliac vessels alone	56.72	7631.11	56.72	5 087.22
44525	Venography of internal and external iliac veins alone	62.11	8356.28	62.11	5 570.65
44530	Corpora cavernosography	25.06	3371.57	25.06	2 247.63
44535	Vasography, vesiculography	29.19	3927.22	29.19	2 618.05
44540	Venography of inferior vena cava	26.12	3514.18	26.12	2 342.70
44543	Venography of hepatic veins alone	53.77	7234.22	53.77	4 822.63
44545	Venography of inferior vena cava and hepatic veins	68.91	9271.15	68.91	6 180.54
44550	Venography of lumbar azygos system alone	43.89	5904.96	43.89	3 936.49
44555	Venography of inferior vena cava and lumbar azygos veins	65.46	8806.99	65.46	5 871.11
44560	Venography of renal, adrenal veins alone	43.99	5918.41	43.99	3 945.46
44565	Venography of inferior vena cava and renal/adrenal veins	68.39	9201.19	68.39	6 133.90
44570	Venography of spermatic, ovarian veins alone	40.39	5434.07	40.39	3 622.58
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	73.99	9954.61	73.99	6 636.16
44580	Venography indirect splenoportogram	48.67	6548.06	48.67	4 365.21
44583	Venography direct splenoportogram	31.59	4250.12	31.59	2 833.31
44587	Venography transhepatic portogram	66.75	8980.55	66.75	5 986.81
	Soft Tissue				
49900	Nuclear Medicine study – Tumour localisation planar, static	20.74	2790.36	20.74	1 860.17
49905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	35.17	4731.77	35.17	3 154.40
49910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	34.15	4594.54	34.15	3 062.91
49915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	47.56	6398.72	47.56	4 265.66
49920	Nuclear medicine study – Infection localisation planar, static	18.04	2427.10	18.04	1 618.01
49930	Nuclear medicine study – Infection localisation planar, static, multiple studies	31.45	4231.28	31.45	2 820.75
49940	Nuclear medicine study – Infection localisation planar, static and SPECT	31.45	4231.28	31.45	2 820.75
49950	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	44.86	6035.46	44.86	4 023.49
49960	Nuclear medicine study – Regional lymph node mapping dynamic	5.01	674.05	5.01	449.35
49965	Nuclear medicine study – Regional lymph node mapping, static, planar	24.1	3242.41	24.10	2 161.53
49970	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	37.51	5046.60	37.51	3 364.27
49975	Nuclear medicine study – Regional lymph node mapping SPECT	13.41	1804.18	13.41	1 202.74
49980	Nuclear medicine study – Lymph node localisation with gamma probe	13.41	1804.18	13.41	1 202.74
	Spine, Pelvis and Hips				
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160				
	General				

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).				
50100	X-ray of the spine scoliosis view AP only	7	941.78	7.00	627.83
50105	X-ray of the spine scoliosis view AP and lateral	12	1614.48	12.00	1 076.28
50110	X-ray of the spine scoliosis view AP and lateral including stress views	18.54	2494.37	18.54	1 662.85
50120	X-ray bone densitometry	11.52	1549.90	11.52	1 033.23
50130	X-ray guided lumbar puncture	4.8	645.79	4.80	430.51
50140	X-ray guided cisternal puncture cisternogram	22.98	3091.73	22.98	2 061.08
50300	CT quantitative bone mineral density			11.83	1 061.03
50500	Arteriogram of the spinal column and cord, all vessels	127.23	17117.52	127.23	11 411.26
50510	Venography of the spinal, paraspinal veins	58.45	7863.86	58.45	5 242.38
	Cervical				
	Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography). Code 51140 (tomography) may be combined with 51110 or 51120 (spine). Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 51300 (CT) limited - limited to a single cervical vertebral body. Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 51320 (CT) complete study - an extensive study of the cervical spine. Code 51340 (CT myelography) – post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).				
51100	X-ray of the cervical spine, stress views only	4.14	557.00	4.14	371.32
51110	X-ray of the cervical spine, one or two views	3.01	404.97	3.01	269.97
51120	X-ray of the cervical spine, more than two views	4.28	575.83	4.28	383.87
51130	X-ray of the cervical spine, more than two views including stress views	7.58	1019.81	7.58	679.85
51140	X-ray Tomography cervical spine	4.3	578.52	4.30	385.67
51160	X-ray myelography of the cervical spine	27.46	3694.47	27.46	2 462.89
51170	X-ray discography cervical spine per level	25.17	3386.37	25.17	2 257.50
51300	CT of the cervical spine limited study			9.50	852.06
51310	CT of the cervical spine – regional study			13.91	1 247.59
51320	CT of the cervical spine – complete study			37.13	3 330.19
51330	CT of the cervical spine pre and post contrast			58.85	5 278.26
51340	CT myelography of the cervical spine			47.19	4 232.47
51350	CT myelography of the cervical spine following myelogram			21.69	1 945.38
51400	MR of the cervical spine, limited study			44.40	3 982.24
51410	MR of the cervical spine and cranio-cervical junction			64.82	5 813.71
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast			102.14	9 160.94
51900	Nuclear Medicine study – Bone regional cervical	21.5	2892.61	21.50	1 928.34
51910	Nuclear Medicine study – Bone tomography regional cervical	13.41	1804.18	13.41	1 202.74
51920	Nuclear Medicine study – with flow	6.02	809.93	6.02	539.93
	Thoracic				

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Code 52120 (tomography) may be combined with 52100 or 52110 (spine). Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 52300 (CT) limited study – limited to a single thoracic vertebral body. Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 52310 (CT) complete study - an extensive study of the thoracic spine. Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).				
52100	X-ray of the thoracic spine, one or two views	3.21	431.87	3.21	287.90
52110	X-ray of the thoracic spine, more than two views	4	538.16	4.00	358.76
52120	X-ray tomography thoracic spine	4.3	578.52	4.30	385.67
	X-ray of the thoracic spine, more that two views including stress views				
52140	X-ray of the thoracic spine, more that two views including stress views	6.64	893.35	6.64	595.54
52150	X-ray myelography of the thoracic spine	18.62	2505.13	18.62	1 670.03
52300	CT of the thoracic spine limited study			9.50	852.06
52305	CT of the thoracic spine – regional study			13.91	1 247.59
52310	CT of the thoracic spine complete study			35.78	3 209.11
52320	CT of the thoracic spine pre and post contrast			58.85	5 278.26
52330	CT myelography of the thoracic spine			48.09	4 313.19
52340	CT myelography of the thoracic spine following myelogram			20.37	1 826.99
52400	MR of the thoracic spine, limited study			46.60	4 179.55
52410	MR of the thoracic spine			64.34	5 770.65
52420	MR of the thoracic spine pre and post contrast			101.42	9 096.36
52900	Nuclear Medicine study – Bone regional dorsal	21.5	2892.61	21.50	1 928.34
52910	Nuclear Medicine study – Bone tomography regional dorsal	13.41	1804.18	13.41	1 202.74
52920	Nuclear Medicine study – with flow	6.02	809.93	6.02	539.93
	Lumbar				
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography). Code 53140 (tomography) may be combined with 53110 or 53120 (spine). Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 53300 (CT) limited study – limited to a single lumbar vertebral body. Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 53320 (CT) complete study - an extensive study of the lumbar spine. Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).				
53100	X-ray of the lumbar spine – stress study only	4.14	557.00	4.14	371.32
53110	X-ray of the lumbar spine, one or two views	3.56	478.96	3.56	319.30
53120	X-ray of the lumbar spine, more than two views	4.46	600.05	4.46	400.02
	X-ray of the lumbar spine, more that two views including stress views				
53130	X-ray of the lumbar spine, more that two views including stress views	7.52	1011.74	7.52	674.47
53140	X-ray tomography lumbar spine	4.3	578.52	4.30	385.67
53160	X-ray myelography of the lumbar spine	23.94	3220.89	23.94	2 147.18
53170	X-ray discography lumbar spine per level	25.17	3386.37	25.17	2 257.50
53300	CT of the lumbar spine limited study			9.50	852.06
53310	CT of the lumbar spine – regional study			13.91	1 247.59
53320	Ct of the lumbar spine complete study			37.64	3 375.93
53330	CT of the lumbar spine pre and post contrast			58.85	5 278.26
53340	CT myelography of the lumbar spine			49.11	4 404.68
53350	CT myelography of the lumbar spine following myelogram			23.46	2 104.13
53400	MR of the lumbar spine, limited study			46.20	4 143.68

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
53410	MR of the lumbar spine			64.32	5 768.86
53420	MR of the lumbar spine pre and post contrast			103.29	9 264.08
53900	Nuclear medicine study – Bone regional lumbar	21.5	2892.61	21.50	1 928.34
53910	Nuclear medicine study – Bone tomography regional lumbar	13.41	1804.18	13.41	1 202.74
53920	Nuclear medicine study – with flow	6.02	809.93	6.02	539.93
Sacrum					
Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints). Code 54300 (CT) limited study - limited to single sacral vertebral body. Code 54310 (CT) complete study - an extensive study of the sacral spine.					
54100	X-ray of the sacrum and coccyx	3.58	481.65	3.58	321.09
54110	X-ray of the sacro-iliac joints	4.1	551.61	4.10	367.73
54120	X-ray tomography – sacrum and/or coccyx	4.3	578.52	4.30	385.67
54300	CT of the sacrum – limited study			7.60	681.64
54310	CT of the sacrum – complete study – uncontrasted			25.61	2 296.96
54320	CT of the sacrum with contrast			46.93	4 209.15
54330	CT of the sacrum pre and post contrast			52.97	4 750.88
54400	MR of the sacrum			65.00	5 829.85
54410	MR of the sacrum pre and post contrast			101.04	9 062.28
Pelvis					
Codes 55110 (tomography) and 55100 (pelvis) may be combined. Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.					
55100	X-ray of the pelvis	3.66	492.42	3.66	328.27
55110	X-ray tomography – pelvis	4.3	578.52	4.30	385.67
55300	CT of the bony pelvis limited			9.50	852.06
55310	CT of the bony pelvis complete uncontrasted			25.61	2 296.96
55320	CT of the bony pelvis complete 3D recon			37.47	3 360.68
55330	CT of the bony pelvis with contrast			46.93	4 209.15
55340	CT of the bony pelvis – pre and post contrast			52.97	4 750.88
55400	MR of the bony pelvis			65.00	5 829.85
55410	MR of the bony pelvis pre and post contrast			102.24	9 169.91
55900	Nuclear medicine study – Bone regional pelvis	21.5	2892.61	21.50	1 928.34
55910	Nuclear medicine study – Bone tomography regional pelvis	13.41	1804.18	13.41	1 202.74
55920	Nuclear medicine study – with flow	6.02	809.93	6.02	539.93
Hips					
Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip). Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. Code 56300 (CT) study limited to small region of interest eg part of femur head.					
56100	X-ray of the left hip	3.18	427.84	3.18	285.21
56110	X-ray of the right hip	3.18	427.84	3.18	285.21
56120	X-ray pelvis and hips	6.02	809.93	6.02	539.93
56130	X-ray tomography – hip	4.3	578.52	4.30	385.67
56140	X-ray of the hip/s – stress study	4.38	589.29	4.38	392.84
56150	X-ray arthrography of the hip joint including introduction contrast	15.75	2119.01	15.75	1 412.62
56160	X-ray guidance and introduction of contrast into hip joint only	7.41	996.94	7.41	664.60
56200	Ultrasound of the hip joints	6.5	874.51	6.50	582.99
56300	CT of hip – limited			9.50	852.06
56310	CT of hip – complete			27.37	2 454.82

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
56320	CT of hip – complete with 3D recon			39.78	3 567.87
56330	CT of hip with contrast			43.26	3 879.99
56340	CT of hip pre and post contrast			47.88	4 294.36
56400	MR of the hip joint/s, limited study			44.90	4 027.08
56410	MR of the hip joint/s			64.10	5 749.13
56420	MR of the hip joint/s, pre and post contrast			101.64	9 116.09
56900	Nuclear medicine study – Bone regional pelvis	21.5	2892.61	21.50	1 928.34
56910	Nuclear medicine study – Bone limited static plus flow	27.53	3703.89	27.53	2 469.17
56920	Nuclear medicine study – Bone tomography regional	13.41	1804.18	13.41	1 202.74
	Upper limbs				
	General				
	Code 60100 (stress only) is a stand alone study and may not be combined with other codes.				
	Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit.				
	Code 60200 (U/S) may only be used once per visit.				
	Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head.				
	Code 60400 (MR limited) may only be used once per visit.				
60100	X-ray upper limbs - any region - stress studies only	4.52	608.12	4.52	405.40
60110	X-ray upper limbs - any region – tomography	4.3	578.52	4.30	385.67
60200	Ultrasound upper limb – soft tissue - any region	7.38	992.91	7.38	661.91
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	13.64	1835.13	13.64	1 223.37
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	13.64	1835.13	13.64	1 223.37
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	12.54	1687.13	12.54	1 124.71
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	17.26	2322.16	17.26	1 548.05
60300	CT of the upper limbs limited study			9.50	852.06
60310	CT angiography of the upper limb			78.28	7 020.93
60400	MR of the upper limbs limited study, any region			44.80	4 018.11
60410	MR angiography of the upper limb			74.66	6 696.26
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	45.67	6144.44	45.67	4 096.14
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	82.67	11122.42	82.67	7 414.67
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	56.75	7635.15	56.75	5 089.91
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	88.11	11854.32	88.11	7 902.59
60540	Venography, antegrade of upper limb veins, unilateral	26.12	3514.18	26.12	2 342.70
60550	Venography, antegrade of upper limb veins, bilateral	49.43	6650.31	49.43	4 433.38
60560	Venography, retrograde of upper limb veins, unilateral	31.01	4172.09	31.01	2 781.29
60570	Venography, retrograde of upper limb veins, bilateral	54.81	7374.14	54.81	4 915.91
60580	Venography, shuntogram, dialysis access shunt	23.79	3200.71	23.79	2 133.73
60900	Nuclear medicine study – Venogram upper limb	37.12	4994.12	37.12	3 329.29
	Shoulder				
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.				
61100	X-ray of the left clavicle	3.04	409.00	3.04	272.66
61105	X-ray of the right clavicle	3.04	409.00	3.04	272.66
61110	X-ray of the left scapula	3.04	409.00	3.04	272.66
61115	X-ray of the right scapula	3.04	409.00	3.04	272.66
61120	X-ray of the left acromio-clavicular joint	3.14	422.46	3.14	281.63
61125	X-ray of the right acromio-clavicular joint	3.14	422.46	3.14	281.63
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	7.68	1033.27	7.68	688.82
61130	X-ray of the left shoulder	3.48	468.20	3.48	312.12
61135	X-ray of the right shoulder	3.48	468.20	3.48	312.12

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
61140	X-ray of the left shoulder plus subacromial impingement views	5.92	796.48	5.92	530.96
61145	X-ray of the right shoulder plus subacromial impingement views	5.92	796.48	5.92	530.96
61150	X-ray of the left subacromial impingement views only	3.24	435.91	3.24	290.60
61155	X-ray of the right subacromial impingement views only	3.24	435.91	3.24	290.60
61160	X-ray arthrography shoulder joint including introduction of contrast	15.83	2129.77	15.83	1 419.79
61170	X-ray guidance and introduction of contrast into shoulder joint only	7.41	996.94	7.41	664.60
61200	Ultrasound of the left shoulder joint	6.5	874.51	6.50	582.99
61210	Ultrasound of the right shoulder joint	6.5	874.51	6.50	582.99
61300	CT of the left shoulder joint – uncontrasted			24.36	2 184.85
61305	CT of the right shoulder joint – uncontrasted			24.36	2 184.85
61310	CT of the left shoulder – complete with 3D recon			37.66	3 377.73
61315	CT of the right shoulder – complete with 3D recon			37.66	3 377.73
61320	CT of the left shoulder joint - pre and post contrast			48.63	4 361.62
61325	CT of the right shoulder joint - pre and post contrast			48.63	4 361.62
61400	MR of the left shoulder			64.64	5 797.56
61405	MR of the right shoulder			64.64	5 797.56
61410	MR of the left shoulder pre and post contrast			101.04	9 062.28
61415	MR of the right shoulder pre and post contrast			101.04	9 062.28
	Humerus				
62100	X-ray of the left humerus	2.94	395.55	2.94	263.69
62105	X-ray of the right humerus	2.94	395.55	2.94	263.69
62300	CT of the left upper arm			24.36	2 184.85
62305	CT of the right upper arm			24.36	2 184.85
62310	CT of the left upper arm contrasted			39.97	3 584.91
62315	CT of the right upper arm contrasted			39.97	3 584.91
62320	CT of the left upper arm pre and post contrast			48.58	4 357.14
62325	CT of the right upper arm pre and post contrast			48.58	4 357.14
62400	MR of the left upper arm			64.20	5 758.10
62405	MR of the right upper arm			64.20	5 758.10
62410	MR of the left upper arm pre and post contrast			102.04	9 151.97
62415	MR of the right upper arm pre and post contrast			102.04	9 151.97
62900	Nuclear medicine study – Bone limited/regional static	21.5	2892.61	21.50	1 928.34
62905	Nuclear medicine study – Bone limited static plus flow	27.53	3703.89	27.53	2 469.17
62910	Nuclear medicine study – Bone tomography regional	13.41	1804.18	13.41	1 202.74
	Elbow				
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.				
63100	X-ray of the left elbow	3.14	422.46	3.14	281.63
63105	X-ray of the right elbow	3.14	422.46	3.14	281.63
63110	X-ray of the left elbow with stress	4.34	583.90	4.34	389.25
63115	X-ray of the right elbow with stress	4.34	583.90	4.34	389.25
63120	X-ray arthrography elbow joint including introduction of contrast	15.89	2137.84	15.89	1 425.17
63130	X-ray guidance and introduction of contrast into elbow joint only	7.41	996.94	7.41	664.60
63200	Ultrasound of the left elbow joint	6.5	874.51	6.50	582.99
63205	Ultrasound of the right elbow joint	6.5	874.51	6.50	582.99
63300	CT of the left elbow			24.36	2 184.85
63305	CT of the right elbow			24.36	2 184.85
63310	CT of the left elbow – complete with 3D recon			37.66	3 377.73
63315	CT of the right elbow – complete with 3D recon			37.66	3 377.73
63320	CT of the left elbow contrasted			39.97	3 584.91
63325	CT of the right elbow contrasted			39.97	3 584.91

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
63330	CT of the left elbow pre and post contrast			48.63	4 361.62
63335	CT of the right elbow pre and post contrast			48.63	4 361.62
63400	MR of the left elbow			64.64	5 797.56
63405	MR of the right elbow			64.64	5 797.56
63410	MR of the left elbow pre and post contrast			101.04	9 062.28
63415	MR of the right elbow pre and post contrast			101.04	9 062.28
63905	Nuclear medicine study – Bone limited/regional static	21.5	2892.61	21.50	1 928.34
63910	Nuclear medicine study – Bone limited static plus flow	27.53	3703.89	27.53	2 469.17
63915	Nuclear medicine study – Bone tomography regional	13.41	1804.18	13.41	1 202.74
	Forearm				
64100	X-ray of the left forearm	2.94	395.55	2.94	263.69
64105	X-ray of the right forearm	2.94	395.55	2.94	263.69
64110	X-ray peripheral bone densitometry	1.96	263.70	1.96	175.79
64300	CT of the left forearm			24.36	2 184.85
64305	CT of the right forearm			24.36	2 184.85
64310	CT of the left forearm contrasted			39.97	3 584.91
64315	CT of the right forearm contrasted			39.97	3 584.91
64320	CT of the left forearm pre and post contrast			48.58	4 357.14
64325	CT of the right forearm pre and post contrast			48.58	4 357.14
64400	MR of the left forearm			64.20	5 758.10
64405	MR of the right forearm			64.20	5 758.10
64410	MR of the left forearm pre and post contrast			98.04	8 793.21
64415	MR of the right forearm pre and post contrast			98.04	8 793.21
64900	Nuclear medicine study – Bone limited/regional static	21.5	2892.61	21.50	1 928.34
64905	Nuclear medicine study – Bone limited static plus flow	27.53	3703.89	27.53	2 469.17
64910	Nuclear medicine study – Bone tomography regional	13.41	1804.18	13.41	1 202.74
	Hand and Wrist				
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands).				
	Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done.				
	Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added).				
	Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.				
65100	X-ray of the left hand	3.08	414.38	3.08	276.25
65105	X-ray of the right hand	3.08	414.38	3.08	276.25
65110	X-ray of the left hand – bone age	3.08	414.38	3.08	276.25
65120	X-ray of a finger	2.67	359.22	2.67	239.47
65130	X-ray of the left wrist	3.18	427.84	3.18	285.21
65135	X-ray of the right wrist	3.18	427.84	3.18	285.21
65140	X-ray of the left scaphoid	3.3	443.98	3.30	295.98
65145	X-ray of the right scaphoid	3.3	443.98	3.30	295.98
65150	X-ray of the left wrist, scaphoid and stress views	7.56	1017.12	7.56	678.06
65155	X-ray of the right wrist, scaphoid and stress views	7.56	1017.12	7.56	678.06
65160	X-ray arthrography wrist joint including introduction of contrast	15.93	2143.22	15.93	1 428.76
65170	X-ray guidance and introduction of contrast into wrist joint only	7.41	996.94	7.41	664.60
65200	Ultrasound of the left wrist	6.5	874.51	6.50	582.99
65210	Ultrasound of the right wrist	6.5	874.51	6.50	582.99
65300	CT of the left wrist and hand			24.36	2 184.85
65305	CT of the right wrist and hand			24.36	2 184.85
65310	CT of the left wrist and hand - complete with 3D recon			37.66	3 377.73
65315	CT of the right wrist and hand - complete with 3D recon			37.66	3 377.73
65320	CT of the left wrist and hand contrasted			39.97	3 584.91
65325	CT of the right wrist and hand contrasted			39.97	3 584.91
65330	CT of the left wrist and hand pre and post contrast			48.63	4 361.62

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
65335	CT of the right wrist and hand pre and post contrast			48.63	4 361.62
65400	MR of the left wrist and hand			64.64	5 797.56
65405	MR of the right wrist and hand			64.64	5 797.56
65410	MR of the left wrist and hand pre and post contrast			101.04	9 062.28
65415	MR of the right wrist and hand pre and post contrast			101.04	9 062.28
65900	Nuclear Medicine study – bone limited/regional static	21.5	2892.61	21.50	1 928.34
65905	Nuclear Medicine study – bone limited static plus flow	27.53	3703.89	27.53	2 469.17
65910	Nuclear Medicine study – bone tomography regional	13.41	1804.18	13.41	1 202.74
	Soft Tissue				
69900	Nuclear medicine study – Tumour localisation planar, static	20.74	2790.36	20.74	1 860.17
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	35.17	4731.77	35.17	3 154.40
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	34.15	4594.54	34.15	3 062.91
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	47.56	6398.72	47.56	4 265.66
69920	Nuclear medicine study – Infection localisation planar, static	18.04	2427.10	18.04	1 618.01
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	31.45	4231.28	31.45	2 820.75
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	31.45	4231.28	31.45	2 820.75
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	44.86	6035.46	44.86	4 023.49
69940	Nuclear medicine study – Regional lymph node mapping dynamic	6.02	809.93	6.02	539.93
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	24.1	3242.41	24.10	2 161.53
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	37.51	5046.60	37.51	3 364.27
69955	Nuclear medicine study – Regional lymph node mapping SPECT	13.41	1804.18	13.41	1 202.74
69960	Nuclear medicine study – Lymph node localisation with gamma probe	13.41	1804.18	13.41	1 202.74
	Lower Limbs				
	General				
	Code 70100 (stress) is a stand alone study and may not be combined with other codes.				
	Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit.				
	Code 70200 (U/S) may only be billed once per visit.				
	Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee.				
	Codes 70310 and 70320 (CT angiography) may not be combined.				
	Code 70400 (MR limited) may only be used once per visit.				
	Code 70410 and 70420 (MR angiography) may not be combined.				
70100	X-ray lower limbs - any region- stress studies only	4.52	608.12	4.52	405.40
70110	X-ray lower limbs - any region-tomography	4.3	578.52	4.30	385.67
70120	X-ray of the lower limbs full length study	6.46	869.13	6.46	579.40
70200	Ultrasound lower limb – soft tissue - any region	7.38	992.91	7.38	661.91
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	13.64	1835.13	13.64	1 223.37
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	13.64	1835.13	13.64	1 223.37
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	13.64	1835.13	13.64	1 223.37
	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	19.66	2645.06	19.66	1 763.31
70240					
70300	CT of the lower limbs limited study			9.50	852.06
70310	CT angiography of the lower limb			79.43	7 124.08
70320	CT angiography abdominal aorta and outflow lower limbs			98.34	8 820.11

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
70400	MR of the lower limbs limited study			46.40	4 161.62
70410	MR angiography of the lower limb			76.66	6 875.64
70420	MR angiography of the abdominal aorta and lower limbs			118.86	10 660.55
70500	Angiography of pelvic and lower limb arteries unilateral	40.59	5460.98	40.59	3 640.52
70505	Angiography of pelvic and lower limb arteries bilateral	75.92	10214.28	75.92	6 809.26
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	61.23	8237.88	61.23	5 491.72
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	85.66	11524.70	85.66	7 682.85
70520	Angiography translumbar aorta with full peripheral study	45.68	6145.79	45.68	4 097.04
70530	Venography, antegrade of lower limb veins, unilateral	25.46	3425.39	25.46	2 283.51
70535	Venography, antegrade of lower limb veins, bilateral	49.43	6650.31	49.43	4 433.38
70540	Venography, retrograde of lower limb veins, unilateral	31.17	4193.61	31.17	2 795.64
70545	Venography, retrograde of lower limb veins, bilateral	56.79	7640.53	56.79	5 093.50
70560	Lymphangiography, lower limb, unilateral	51.04	6866.92	51.04	4 577.78
70565	Lymphangiography, lower limb, bilateral	83.97	11297.32	83.97	7 531.27
70900	Nuclear medicine study – Venogram lower limb	37.12	4994.12	37.12	3 329.29
	Femur				
71100	X-ray of the left femur	2.94	395.55	2.94	263.69
71105	X-ray of the right femur	2.94	395.55	2.94	263.69
71300	CT of the left femur			24.52	2 199.20
71305	CT of the right femur			24.52	2 199.20
71310	CT of the left upper leg contrasted			41.83	3 751.73
71315	CT of the right upper leg contrasted			41.83	3 751.73
71320	CT of the left upper leg pre and post contrast			49.71	4 458.49
71325	CT of the right upper leg pre and post contrast			49.71	4 458.49
71400	MR of the left upper leg			64.80	5 811.91
71405	MR of the right upper leg			64.80	5 811.91
71410	MR of the left upper leg pre and post contrast			102.04	9 151.97
71415	MR of the right upper leg pre and post contrast			102.04	9 151.97
71900	Nuclear Medicine study – bone limited/regional static	21.5	2892.61	21.50	1 928.34
71905	Nuclear Medicine study – Bone limited static plus flow	27.53	3703.89	27.53	2 469.17
71910	Nuclear Medicine study – Bone tomography regional	13.41	1804.18	13.41	1 202.74
	Knee				
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views)				
	Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.				
72100	X-ray of the left knee one or two views	2.77	372.68	2.77	248.44
72105	X-ray of the right knee one or two views	2.77	372.68	2.77	248.44
72110	X-ray of the left knee, more than two views	3.32	446.67	3.32	297.77
72115	X-ray of the right knee, more than two views	3.32	446.67	3.32	297.77
72120	X-ray of the left knee including patella	4.62	621.57	4.62	414.37
72125	X-ray of the right knee including patella	4.62	621.57	4.62	414.37
72130	X-ray of the left knee with stress views	5.82	783.02	5.82	522.00
72135	X-ray of the right knee with stress views	5.82	783.02	5.82	522.00
72140	X-ray of left patella	2.77	372.68	2.77	248.44
72145	X-ray of right patella	2.77	372.68	2.77	248.44
72150	X-ray both knees standing – single view	2.8	376.71	2.80	251.13
72160	X-ray arthrography knee joint including introduction of contrast	15.81	2127.08	15.81	1 418.00
72170	X-ray guidance and introduction of contrast into knee joint only	7.41	996.94	7.41	664.60
72200	Ultrasound of the left knee joint	6.5	874.51	6.50	582.99
72205	Ultrasound of the right knee joint	6.5	874.51	6.50	582.99
72300	CT of the left knee			24.52	2 199.20
72305	CT of the right knee			24.52	2 199.20
72310	CT of the left knee complete study with 3D reconstructions			35.93	3 222.56

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
72315	CT of the right knee complete study with 3D reconstructions			35.93	3 222.56
72320	CT of the left knee contrasted			41.83	3 751.73
72325	CT of the right knee contrasted			41.83	3 751.73
72330	CT of the left knee pre and post contrast			49.76	4 462.97
72335	CT of the right knee pre and post contrast			49.76	4 462.97
72400	MR of the left knee			64.10	5 749.13
72405	MR of the right knee			64.10	5 749.13
72410	MR of the left knee pre and post contrast			100.84	9 044.34
72415	MR of the right knee pre and post contrast			100.84	9 044.34
72900	Nuclear Medicine study – Bone limited/regional static	21.5	2892.61	21.50	1 928.34
72905	Nuclear Medicine study – Bone limited static plus flow	27.53	3703.89	27.53	2 469.17
72910	Nuclear Medicine study – Bone tomography regional	13.41	1804.18	13.41	1 202.74
	Lower Leg				
73100	X-ray of the left lower leg	2.94	395.55	2.94	263.69
73105	X-ray of the right lower leg	2.94	395.55	2.94	263.69
73300	CT of the left lower leg			24.52	2 199.20
73305	CT of the right lower leg			24.52	2 199.20
73310	CT of the left lower leg contrasted			41.83	3 751.73
73315	CT of the right lower leg contrasted			41.83	3 751.73
73320	CT of the left lower leg pre and post contrast			49.71	4 458.49
73325	CT of the right lower leg pre and post contrast			49.71	4 458.49
73400	MR of the left lower leg			64.20	5 758.10
73405	MR of the right lower leg			64.20	5 758.10
73410	MR of the left lower leg pre and post contrast			102.04	9 151.97
73415	MR of the right lower leg pre and post contrast			102.04	9 151.97
73900	Nuclear Medicine study – bone limited/regional static	21.5	2892.61	21.50	1 928.34
73905	Nuclear Medicine study – bone limited static plus flow	27.53	3703.89	27.53	2 469.17
73910	Nuclear Medicine study – bone tomography regional	13.41	1804.18	13.41	1 202.74
	Ankle and Foot				
	Code /4145 (toe) may not be combined with /412U or /412b (foot).				
	Code 71450 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested.				
	Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested.				
	Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and				
74100	X-ray of the left ankle	3.32	446.67	3.32	297.77
74105	X-ray of the right ankle	3.32	446.67	3.32	297.77
74110	X-ray of the left ankle with stress views	4.52	608.12	4.52	405.40
74115	X-ray of the right ankle with stress views	4.52	608.12	4.52	405.40
74120	X-ray of the left foot	2.8	376.71	2.80	251.13
74125	X-ray of the right foot	2.8	376.71	2.80	251.13
74130	X-ray of the left calcaneus	2.74	368.64	2.74	245.75
74135	X-ray of the right calcaneus	2.74	368.64	2.74	245.75
74140	X-ray of both feet – standing – single view	2.8	376.71	2.80	251.13
74145	X-ray of a toe	2.67	359.22	2.67	239.47
74150	X-ray of the sesamoid bones one or both sides	2.8	376.71	2.80	251.13
74160	X-ray arthrography ankle joint including introduction of contrast	15.91	2140.53	15.91	1 426.97
74170	X-ray guidance and introduction of contrast into ankle joint	7.41	996.94	7.41	664.60
74210	Ultrasound of the left ankle	6.5	874.51	6.50	582.99
74215	Ultrasound of the right ankle	6.5	874.51	6.50	582.99
74220	Ultrasound of the left foot	6.5	874.51	6.50	582.99
74225	Ultrasound of the right foot	6.5	874.51	6.50	582.99
74290	Ultrasound bone densitometry	2.04	274.46	2.04	182.97
74300	CT of the left ankle/foot			24.52	2 199.20
74305	CT of the right ankle/foot			24.52	2 199.20
74310	CT of the left ankle/foot – complete with 3D recon			37.81	3 391.18

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
74315	CT of the right ankle/foot – complete with 3D recon			37.81	3 391.18
74320	CT of the left ankle/foot contrasted			41.83	3 751.73
74325	CT of the right ankle/foot contrasted			41.83	3 751.73
74330	CT of the left ankle/foot pre and post contrast			49.71	4 458.49
74335	CT of the right ankle/foot pre and post contrast			49.71	4 458.49
74400	MR of the left ankle			64.10	5 749.13
74405	MR of the right ankle			64.10	5 749.13
74410	MR of the left ankle pre and post contrast			100.64	9 026.40
74415	MR of the right ankle pre and post contrast			100.64	9 026.40
74420	MR of the left foot			64.20	5 758.10
74425	MR of the right foot			64.20	5 758.10
74430	MR of the left foot pre and post contrast			102.04	9 151.97
74435	MR of the right foot pre and post contrast			102.04	9 151.97
74900	Nuclear Medicine study – Bone limited/regional static	21.5	2892.61	21.50	1 928.34
74905	Nuclear Medicine study – Bone limited static plus flow	27.53	3703.89	27.53	2 469.17
74910	Nuclear Medicine study – Bone tomography regional Soft Tissue	13.41	1804.18	13.41	1 202.74
79900	Nuclear Medicine study – Tumour localisation planar, static	20.74	2790.36	20.74	1 860.17
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	35.17	4731.77	35.17	3 154.40
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	34.15	4594.54	34.15	3 062.91
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	47.56	6398.72	47.56	4 265.66
79920	Nuclear Medicine study – Infection localisation planar, static	18.43	2479.57	18.43	1 652.99
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	31.84	4283.75	31.84	2 855.73
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	31.84	4283.75	31.84	2 855.73
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	45.25	6087.94	45.25	4 058.47
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	6.02	809.93	6.02	539.93
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	24.1	3242.41	24.10	2 161.53
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	37.51	5046.60	37.51	3 364.27
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	13.41	1804.18	13.41	1 202.74
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	13.41	1804.18	13.41	1 202.74
	Intervention				
	General				
	Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.				
80600	Percutaneous abscess, cyst drainage, any region	9.37	1260.64	9.37	840.40
80605	Fine needle aspiration biopsy, any region	4.22	567.76	4.22	378.49
80610	Cutting needle, trochar biopsy, any region	6.36	855.67	6.36	570.43
80620	Tumour/cyst ablation chemical	25.37	3413.28	25.37	2 275.44
80630	Tumour ablation radio frequency, per lesion	21.21	2853.59	21.21	1 902.32
80640	Insertion of CVP line in radiology suite	8.99	1209.51	8.99	806.31

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
80645	Peripheral central venous line insertion	12.12	1630.62	12.12	1 087.04
80650	Infiltration of a peripheral joint, any region May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.	6.4	861.06	6.40	574.02
	Neuro intervention				
81600	Intracranial aneurysm occlusion, direct	214.52	28861.52	214.52	19 240.30
81605	Intracranial arteriovenous shunt occlusion	254.82	34283.48	254.82	22 854.81
81610	Dural sinus arteriovenous shunt occlusion	264.33	35562.96	264.33	23 707.76
81615	Extracranial arteriovenous shunt occlusion	157.28	21160.45	157.28	14 106.44
81620	Extracranial arterial embolisation (head and neck)	163.12	21946.16	163.12	14 630.23
81625	Carotidocavernous fistula occlusion	192.29	25870.70	192.29	17 246.49
81630	Intracranial angioplasty for stenosis, vasospasm	126.92	17075.82	126.92	11 383.45
81632	Intracranial stent placement (including PTA)	133.72	17990.69	133.72	11 993.35
81635	Temporary balloon occlusion test Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	83.42	11223.33	83.42	7 481.94
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	178.18	23972.34	178.18	15 980.96
81645	Intracranial aneurysm occlusion with balloon remodelling	216.35	29107.73	216.35	19 404.43
81650	Intracranial aneurysm occlusion with stent assistance	230.45	31004.74	230.45	20 669.06
81655	Intracranial thrombolysis, catheter directed Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	58.94	7929.79	58.94	5 286.33
81660	Nerve block, head and neck, per level	7.66	1030.58	7.66	687.03
81665	Neurolysis, head and neck, per level	20.14	2709.64	20.14	1 806.36
81670	Nerve block, head and neck, radio frequency, per level	19.04	2561.64	19.04	1 707.70
81680	Nerve block, coeliac plexus or other regions, per level	9.28	1248.53	9.28	832.32
	Thorax				
82600	Chest drain insertion	8.82	1186.64	8.82	791.07
82605	Trachial, bronchial stent insertion	30.36	4084.63	30.36	2 722.99
	Gastrointestinal				
83600	Oesophageal stent insertion	31.22	4200.34	31.22	2 800.12
83605	GIT balloon dilation	24.36	3277.39	24.36	2 184.85
83610	GIT stent insertion (non-oesophageal)	32.02	4307.97	32.02	2 871.87
83615	Percutaneous gastrostomy, jejunostomy	25.36	3411.93	25.36	2 274.54
	Hepatobiliary				
84600	Percutaneous biliary drainage, external	33.98	4571.67	33.98	3 047.67
84605	Percutaneous external/internal biliary drainage	37.21	5006.23	37.21	3 337.36
84610	Permanent biliary stent insertion	51.22	6891.14	51.22	4 593.92
84615	Drainage tube replacement	20.22	2720.40	20.22	1 813.53
84620	Percutaneous bile duct stone or foreign object removal	49.98	6724.31	49.98	4 482.71
84625	Percutaneous gall bladder drainage	29.58	3979.69	29.58	2 653.03
84630	Percutaneous gallstone removal, including drainage	69.25	9316.90	69.25	6 211.03
84635	Transjugular liver biopsy	24.93	3354.08	24.93	2 235.97
84640	Transjugular intrahepatic Portosystemic shunt Transhepatic Portogram including venous sampling, pressure studies	119.47	16073.49	119.47	10 715.26
84645	Transhepatic Portogram with embolisation of varices	81.89	11017.48	81.89	7 344.71
84650	Percutaneous hepatic tumour ablation	100.81	13562.98	100.81	9 041.65
84655	Percutaneous hepatic abscess, cyst drainage	15.68	2109.59	15.68	1 406.34
84660	Hepatic chemoembolisation	13.2	1775.93	13.20	1 183.91
84665	Hepatic arterial infusion catheter placement	59.44	7997.06	59.44	5 331.17
84670	Hepatic arterial infusion catheter placement	60.3	8112.76	60.30	5 408.31
	Urogenital				
85600	Percutaneous nephrostomy, external drainage	29.97	4032.16	29.97	2 688.01
85605	Percutaneous double J stent insertion including access	40.82	5491.92	40.82	3 661.15
85610	Percutaneous renal stone, foreign body removal including access	66.79	8985.93	66.79	5 990.40
85615	Percutaneous nephrostomy tract establishment	29.27	3937.99	29.27	2 625.23

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
85620	Change of nephrostomy tube	15.9	2139.19	15.90	1 426.07
85625	Percutaneous cystostomy	16.52	2222.60	16.52	1 481.68
85630	Urethral balloon dilatation	14.24	1915.85	14.24	1 277.19
85635	Urethral stent insertion	31.22	4200.34	31.22	2 800.12
85640	Renal cyst ablation	11.92	1603.72	11.92	1 069.10
85645	Renal abscess, cyst drainage	15.16	2039.63	15.16	1 359.70
85655	Fallopian tube recanalisation	45.06	6062.37	45.06	4 041.43
	Spinal				
86600	Spinal vascular malformation embolisation	275.16	37020.03	275.16	24 679.10
86605	Vertebroplasty per level	22.3	3000.24	22.30	2 000.09
86610	Facet joint block per level, uni- or bilateral Code 86610 may only be billed once per level, and not per left and right side per level	9.54	1283.51	9.54	855.64
86615	Spinal nerve block per level, uni- or bilateral	8.16	1097.85	8.16	731.87
86620	Epidural block	9.42	1267.37	9.42	844.88
86625	Chemoneurolysis, including discogram	18.32	2464.77	18.32	1 643.12
86630	Spinal nerve ablation per level	11.6	1560.66	11.60	1 040.40
	Vascular				
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more than one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.				
87600	Percutaneous transluminal angioplasty: aorta, IVC	56.56	7609.58	56.56	5 072.87
87601	Percutaneous transluminal angioplasty: iliac	55.76	7501.95	55.76	5 001.11
87602	Percutaneous transluminal angioplasty: femoropopliteal	60.16	8093.93	60.16	5 395.75
87603	Percutaneous transluminal angioplasty: subpopliteal	73.34	9867.16	73.34	6 577.86
87604	Percutaneous transluminal angioplasty: brachiocephalic	67.12	9030.32	67.12	6 019.99
87605	Percutaneous transluminal angioplasty: subclavian, axillary	60.16	8093.93	60.16	5 395.75
87606	Percutaneous transluminal angioplasty: extracranial carotid	71.62	9635.75	71.62	6 423.60
87607	Percutaneous transluminal angioplasty: extracranial vertebral	73.3	9861.78	73.30	6 574.28
87608	Percutaneous transluminal angioplasty: renal	87.69	11797.81	87.69	7 864.92
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	87.69	11797.81	87.69	7 864.92
87620	Aorta stent-graft placement	120.75	16245.71	120.75	10 830.07
87621	Stent insertion (including PTA): aorta, IVC	73.87	9938.47	73.87	6 625.40
87622	Stent insertion (including PTA): iliac	76.37	10274.82	76.37	6 849.63
87623	Stent insertion (including PTA): femoropopliteal	77.97	10490.08	77.97	6 993.13
87624	Stent insertion (including PTA): subpopliteal	84.55	11375.36	84.55	7 583.29
87625	Stent insertion (including PTA): brachiocephalic	98.47	13248.15	98.47	8 831.77
87626	Stent insertion (including PTA): subclavian, axillary	86.69	11663.27	86.69	7 775.23
87627	Stent insertion (including PTA): extracranial carotid	106.99	14394.43	106.99	9 595.93
87628	Stent insertion (including PTA): extracranial vertebral	100.55	13528.00	100.55	9 018.33
87629	Stent insertion (including PTA): renal	98.59	13264.30	98.59	8 842.54
87630	Stent insertion (including PTA): coeliac, mesenteric	98.59	13264.30	98.59	8 842.54
87631	Stent-graft placement: iliac	76.37	10274.82	76.37	6 849.63
87632	Stent-graft placement: femoropopliteal	77.97	10490.08	77.97	6 993.13
87633	Stent-graft placement: brachiocephalic	98.47	13248.15	98.47	8 831.77
87634	Stent-graft placement: subclavian, axillary	82.77	11135.88	82.77	7 423.64
87635	Stent-graft placement: extracranial carotid	120.43	16202.65	120.43	10 801.37
87636	Stent-graft placement: extracranial vertebral	114.73	15435.77	114.73	10 290.13
87637	Stent-graft placement: renal	98.59	13264.30	98.59	8 842.54
87638	Stent-graft placement: coeliac, mesenteric	98.59	13264.30	98.59	8 842.54
87650	Thrombolysis in angiography suite, per 24 hours	45.82	6164.62	45.82	4 109.60

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540, 32500, 32530, 44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.				
87651	Aspiration, rheolytic thrombectomy	77.67	10449.72	77.67	6 966.22
87652	Atherectomy, per vessel	91.89	12362.88	91.89	8 241.61
87653	or other line insertion	28.15	3787.30	28.15	2 524.77
87654	Thrombolysis follow-up	23.57	3171.11	23.57	2 113.99
87655	Percutaneous sclerotherapy, vascular malformation	21.1	2838.79	21.10	1 892.46
87660	Embolisation, mesenteric	100.43	13511.85	100.43	9 007.57
87661	Embolisation, renal	99.36	13367.89	99.36	8 911.60
87662	Embolisation, bronchial, intercostal	108.34	14576.06	108.34	9 717.01
87663	Embolisation, pulmonary arteriovenous shunt	103.22	13887.22	103.22	9 257.80
87664	Embolisation, abdominal, other vessels	101.44	13647.74	101.44	9 098.15
87665	Embolisation, thoracic, other vessels	97.6	13131.10	97.60	8 753.74
87666	Embolisation, upper limb	90.92	12232.38	90.92	8 154.61
87667	Embolisation, lower limb	92.14	12396.52	92.14	8 264.04
87668	Embolisation, pelvis, non-uterine	117.12	15757.32	117.12	10 504.49
87669	Embolisation, uterus	113.88	15321.42	113.88	10 213.90
87670	Embolisation, spermatic, ovaria veins	85.82	11546.22	85.82	7 697.20
87680	Inferior vena cava filter placement	61.84	8319.95	61.84	5 546.43
87681	Intravascular foreign body removal	85.03	11439.94	85.03	7 626.34
87682	Revision of access port (tunnelled or implantable)	14.12	1899.70	14.12	1 266.42
87683	Removal of access port (tunnelled or implantable)	11.12	1496.08	11.12	997.35
87690	Superior petrosal venous sampling	73.01	9822.77	73.01	6 548.27
87691	Pancreatic stimulation test	89.79	12080.35	89.79	8 053.27
87692	Transportal venous sampling	76.95	10352.85	76.95	6 901.65
87693	Adrenal venous sampling	55.01	7401.05	55.01	4 933.85
87694	Parathyroid venous sampling	86.66	11659.24	86.66	7 772.54
87695	Renal venous sampling	55.01	7401.05	55.01	4 933.85

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGSONKOLOGIE The amounts in this section are calculated according to the Radiation Oncology unit values (unless otherwise specified) ● Die bedrae in hierdie afdeling word volgens die Stralingsonkologie eenheidswaardes bereken (tensy anders gespresifiseer)							
20.10 Chemotherapy ● Chemoterapie Note: When patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790-5795 ● Let wel: Indien pasiënte nie in chemoterapie fasiliteite behandel word nie, word items 0213, 0214 en 0215 gebruik in plaas van items 5790-5795. The amounts in this section are calculated according to the Clinical Procedure unit values ● Die bedrae in hierdie afdeling word volgens die Kliniese Prosedure eenheidswaardes bereken							
5790 Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy or hormonal therapy (per cycle), intramuscular (IM), subcutaneous, intrathecal or bolus chemotherapy or oncology related drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) ● Nie Infusionele Chemoterapie: Globale Foon vir die bestuur van en vir dienste gelewer in die behandeling van kanker met orale chemo- of hormonale terapie (per siklus), binnespiëse, subkutane, intratekale of bolus chemoterapie of onkologie verwante middel toedienings per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding (konsultasies moet afsonderlik gehef word)	42.95	932.02	42.95	932.02			
5791 Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IM), subcutaneous, intrathecal or bolus chemotherapy, 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) - only one of the parties are to charge this fee ● Nie Infusionele Chemoterapie fasiliteitsfoon: 'n Fasiliteit waar onkologie medisyne voorsien of voorgeskryf word vir orale chemoterapie, binnespiëse, subkutane, intratekale of bolus chemoterapie, per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5790) - slegs een van die partye mag die foon hef.	24.49	531.43	24.49	531.43			
5792 Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy or hormonal therapy (per cycle), intramuscular (IM), subcutaneous, intrathecal or bolus chemotherapy 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. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee ●	30.61	664.24	30.61	664.24			

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGSONKOLOGIE Nie Infusionele Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, verkoop en geresepteer word tydens orale chemo- of hormonale terapie (per siklus), binnespiers, subkutane, intratekale of bolus chemoterapie per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5790) - slegs een van die partye mag die foor hef							
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) ● Infusie Chemoterapie: Globale foor vir dienste gelewer tydens chemoterapie per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding wat in erkende chemoterapie fasiliteite werksaam is (konsultasies moet afsonderlik gehef word)	159.47	3 460.50	127.58	2 768.49			
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 ● Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne verskaf, gestoor, vermeng en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die foor hef	90.03	1 953.65	90.03	1 953.65			
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. These 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 ● Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, gestoor, vermeng, geresepteer en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die foor hef.	112.54	2 442.12	112.54	2 442.12			

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog	Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose				
		U/E	R	U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGSONKOLOGIE								
20.11 Radiation Therapy ● Radioterapie								
20.11.1 Manual Radiotherapy Planning Procedures ● Manuele Bestralings Beplanningsprosedures								
5801 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	42.56	923.55						
5601 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT	99.32	2 155.24						
5802 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	56.18	1 219.11						
5602 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	131.10	2 844.87						
5803 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT	76.62	1 662.65						
5603 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIESE KOMPONENT	178.77	3 879.31						
20.11.2 Conventional Radiotherapy Planning Procedures ● Konvensionele Radioterapie Beplanningsprosedures								
5808 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	170.26	3 694.64						
5608 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT	397.27	8 620.76						
5809 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	238.36	5 172.41						
5609 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	556.18	12 069.11						
5810 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT	297.95	6 465.52						

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog	Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose				
		U/E	R	U/E	R	U/E	R	T/M
20. 5610 RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIESE KOMPONENT	695.22	15 086.27						
20.11.3 Three Dimensional Radiotherapy Planning Procedures ● Drie Dimensionele Radioterapie Beplanningsprosedures								
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) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	240.23	5 212.99						
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) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	977.20	21 205.24						
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) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	407.75	8 848.18						
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) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 368.07	29 687.12						
5822 Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	554.33	12 028.96						
5622 Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, special technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 710.09	37 108.95						
20.11.4 Intensity Modulated Radiotherapy Planning Procedures ● Intensiteits gemoduleerde bestraling								

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20. 5823	RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	642.92	13 951.36					
5823	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, radical course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 916.81	41 594.78					
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) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	232.18	5 038.31					
5825	Intensity modulated radiotherapy (IMRT) 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) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	958.40	20 797.28					
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) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	753.35	16 347.70					
5826	Intensity modulated radiotherapy (IMRT) 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) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Rekenaar Skandering met Magnetiese Resonansie of ander gelyksoortige Beeldfusie Tegnieke - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	2 174.48	47 186.22					
20.11.5	Kilovolt Radiation Treatment ● Kilovolt Bestralingsterapie							
5834	Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT ● Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - PROFESSIONELE KOMPONENT	49.08	1 065.04					

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGSONKOLOGIE 5634 Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT ● Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - TEGNIESE KOMPONENT	114.52	2 485.08					

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE							
20.11.6 Short course radiation treatment ● Kort kursus bestralingsterapie							
5835 Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT ● Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - PROFESSIONELE KOMPONENT							
5635 Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT ● Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - TEGNIESE KOMPONENT	246.73	5 354.04					
5836 Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT ● Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	148.04	3 212.47					
5636 Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT ● Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	345.41	7 495.40					
5837 Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT ● Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - PROFESSIONELE KOMPONENT	190.33	4 130.16					
5637 Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT ● Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - TEGNIESE KOMPONENT	444.11	9 637.19					
20.11.7 Weekly radiation treatment sessions ● Weeklikse Bestralingsbehandelingsessies							
20.11.7.1 Conventional Techniques ● Konvensionele tegnieke							
5839 Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	193.86	4 206.76					
5639 Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - TEGNIESE KOMPONENT	452.33	9 815.56					
5840 Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	246.73	5 354.04					
5640 Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	575.69	12 492.47					
5841 Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - PROFESSIONELE KOMPONENT	317.22	6 883.67					

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog	Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose				
		U/E	R	U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGSONKOLOGIE								
5641 Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - TEGNIESE KOMPONENT	740.18	16 061.91						
20.11.7.2 Advanced Techniques ● Gevorderde tegnieke								
5849 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	236.24	5 126.41						
5649 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - TEGNIESE KOMPONENT	551.21	11 961.26						
5850 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	330.73	7 176.84						
5650 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestralingssessies - Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	771.71	16 746.11						
5851 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - PROFESSIONELE KOMPONENT	425.23	9 227.49						
5651 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - TEGNIESE KOMPONENT	992.19	21 530.52						
5854 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	348.87	7 570.48						
5654 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	814.03	17 664.45						
5855 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heelligaam Bestraling of Soortgelyk - PROFESSIONELE KOMPONENT	826.83	17 942.21						

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog	Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGSONKOLOGIE						
5655 Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapieessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heelligaam Bestraling of Soortgelyk - TEGNIESE KOMPONENT	1 929.26	41 864.94				
20.11.8 Stereotactic Radiation ● Stereotaktiese Bestraling						
5860 Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel of tot 4 (vier) Fraksies, Globale Fooi - PROFESSIONELE KOMPONENT	3 719.34	80 709.68				
5660 Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel Fraksie Behandeling, Globale Fooi - TEGNIESE KOMPONENT	8 678.46	188 322.58				
5861 Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, 5 (vyf) of meer Fraksies, Volle Kursus, Globale Fooi - PROFESSIONELE KOMPONENT	4 277.24	92 816.11				
5661 Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Gefraksioneerd, Volle Kursus, Globale Fooi - TEGNIESE KOMPONENT	9 980.23	216 570.99				
20.12 Brachytherapy ● Bragiterapie						
20.12.1 Isotope/Applicator Therapy ● Isotope/ Toedienenterapie						
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 ● Isotope-/Toedienenterapie: Isotope - Lae kompleksiteit, toediening van lae dosis orale isotope of gebruik van oppervlakte toedieners, per vyf toedienings. Tipies buite pasiënt prosedure. Die koste van isotope en materiale is uitgesluit.	108.40	2 352.28				
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 ● Isotope-/Toedienenterapie: Isotope - Intermediêre kompleksiteit, toediening van isotope deur intervensionele tegnieke, soos intraveneuse, intrakavitêre of intra-artikulêre radio- aktiewe isotope. Tipies buite pasiënt prosedure of toelating en monitering <48 uur. Die koste van isotope en materiale is uitgesluit.	216.80	4 704.56				
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 ● Isotope-/Toedienenterapie: Isotope - Hoë kompleksiteit, oppervlakte toedienings met veelvuldige sade wat dosimetriese beoordeling benodig en/of hoë dosis radio-aktiewe isotope wat toelating en monitering benodig. Regverdig tipies toelating en monitering vir >48 uur. Die koste van isotope en materiale is uitgesluit	601.16	13 045.17				
20.12.2 Brachytherapy Implants ● Bragiterapie Implanterings						

	Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY ● STRALINGSONKOLOGIE						
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 ● Bragiterapie Implanterings: Implanterings - Lae kompleksiteit, implasing van enkel gidsbuis vir bragiterapie met <8 bron posisies. Die koste van materiale is uitgesluit.						
	216.80	4 704.56					
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 ● Bragiterapie Implanterings: Implanterings - Intermediêre kompleksiteit, planare implanterings met > 1 gidsbuis vir bragiterapie, of die gebruik van >8 bron posisies in 'n enkel gidsbuis, of enige prosedure met < 8 bron posisies maar wat algemene narkose benodig. Die koste van materiale is uitgesluit.						
	786.80	17 073.56					
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 ● Bragiterapie Implanterings: Implanterings - Hoë Kompleksiteit implantering wat komplekse volumetriese studies benodig. Inklusiewe fooi vir implantering onder lokale of algemene narkose. Die koste van materiale is uitgesluit.						
	1 049.07	22 764.82					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY ● STRALINGSONKOLOGIE							
20.12.3	Brachytherapy Treatment ● Bragiterapie Behandeling							
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 ● Bragiterapie Behandeling: Globale Fooi vir Manuele Nalading - fooi sluit in berging, hantering, kalibrasie, beplanning (manueel of gerekenariseerd), manuele nalading, daaglikse behandeling, monitering, verwydering en wegruiming van isotope. Die koste van isotope en materiale is uitgesluit.	613.04	13 302.97					
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 ● Bragiterapie Behandeling: Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na afloop van behandeling. Die koste van isotope en materiale is uitgesluit - PROFESSIONELE KOMPONENT	415.96	9 026.33					
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 ● Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na afloop van behandeling. Die koste van isotope en materiale is uitgesluit - TEGNIESE KOMPONENT	970.56	21 061.15					
20.12.4	Brachytherapy Imaging ● Bragiterapie Beelding							
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 ● Bragiterapie Beelding: Bragiterapie: Spesiale Beelding waar benodig en indien gebruik, ongewoon om te gebruik saam met 'n kode ander dan items 5883 of 5885	156.77	3 401.93					

	Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
	U/E	R	U/E	R
21. PATHOLOGY ● PATOLOGIE				
Notes: For fees for Histology and Cytology refer to items 4561 to 4595 under section 22: Anatomical Pathology ● Opmerkings: Vir Histologiese- en Sitologiese tariewe verwys na items 4561 tot 4595 onder Afdeling 22: Anatomiese Patologie				
The amounts in this section are calculated according to the Clinical Pathology unit values ● Die bedrae in hierdie afdeling word volgens die Kliniese Patologie eenheidswaardes bereken				
21.1 Haematology ● Hematologie				
3705 Alkali resistant haemoglobin ● Alkaliebestande hemoglobien	4.5	92.39	3	61.59
3709 Antiglobulin test (Coombs' or trypsinized red cells) ● Antiglobulientoets (Coombsmetode of getripsineerde rooiselle)	3.65	74.93	2.45	50.30
3710 Antibody titration ● Antiliggam-titrasie	7.2	147.82	4.8	98.54
3711 Arneth count ● Arneth-telling	2.25	46.19	1.5	30.80
3712 Antibody identification ● Antiliggam identifikasie	8.45	173.48	5.65	115.99
3713 Bleeding time (does not include the cost of the simplate device) ● Bloeytyd (sluit nie die koste van simplateapparaat in nie)	6.94	142.48	4.63	95.05
3715 Buffy Layer examination ● "Buffy" laag ondersoek	19.9	408.55	13.27	272.43
3716 Mean Cell Volume ● Gemiddelde Selvolume	2.25	46.19	1.5	30.80
3717 Bone marrow cytological examination only ● Beenmurg sitologiese ondersoek alleen	19.9	408.55	13.27	272.43
3719 Bone marrow: Aspiration ● Beenmurg: Aspirasie	8.4	172.45	5.6	114.97
3720 Bone marrow trephine biopsy ● Beenmurg trefien biopsie	32.6	669.28	21.7	445.50
3721 Bone marrow aspiration and trephine biopsy (excluding histological examination) ● Beenmurg aspirasie en trefien biopsie (sluit nie histologiese ondersoek in nie)	36.8	755.50	24.5	502.99
3722 Capillary fragility: Hess ● Kapillêre breekbaarheid: Hess	2.02	41.47	1.35	27.72
3723 Circulating anticoagulants ● Sirkulerende antistolmiddel	5.85	120.10	3.9	80.07
3724 Coagulation factor inhibitor assay ● Koagulasiefaktor-inhibeerdersias	57.56	1 181.71	38.37	787.74
3726 Activated protein C resistance ● Geaktiveerde proteïen C-weerstandigheid	26	533.78	17.3	355.17
3727 Coagulation time ● Stollingstyd	3.16	64.87	2.11	43.32
3728 Anti-factor Xa Activity ● Anti-faktor Xa aktiwiteit	53.6	1 100.41	35.73	733.54
3729 Cold agglutinins ● Koue agglutiniene	3.6	73.91	2.4	49.27
3730 Protein S: Functional ● Proteïen S: Funksioneel	37.5	769.88	25	513.25
3731 Compatability for blood transfusion ● Verenigingbaarheid vir bloedtransfusie	3.6	73.91	2.4	49.27
3734 Protein C (chromogenic) ● Proteïen C (chromogenies)	30.29	621.85	20.19	414.50
3739 Erythrocyte count ● Eritrosietelling	2.25	46.19	1.5	30.80
3740 Factors V and VII: Qualitative ● Faktore V en VII: Kwalitatief	7.2	147.82	4.8	98.54
3741 Coagulation factor assay: functional ● stollingsfaktor-essai: funksioneel	9.45	194.01	6.3	129.34
3742 Coagulation factor assay: Immunological ● Stollings faktor-essais: Immunologies	4.5	92.39	3	61.59
3743 Erythrocyte sedimentation rate ● Eritrosiet-besinkingsnelheid	2.5	51.33	1.67	34.29
3744 Fibrin stabilising factor (urea test) ● Fibrin-Stabiliserende faktor (ureum oplosbaarheidstoets)	4.5	92.39	3	61.59
3746 Fibrin monomers ● Fibrin monomere	2.7	55.43	1.8	36.95
3748 Plasminogen Activator Inhibitor (PAI-I) ● Plasminogeen aktiwator inhibitor (PAI-I)	65.95	1 353.95	43.97	902.70
3750 Tissue Plasminogen Activator (tPA) ● Weefsel plasminogeen aktiwator (tPA)	67.79	1 391.73	45.19	927.75
3751 Osmotic fragility (screen) ● Osmotiese breekbaarheid (sifting)	2.25	46.19	1.5	30.80
3753 Osmotic fragility (before and after incubation) ● Osmotiese breekbaarheidstoets (voor en na inkubasie)	18	369.54	12	246.36

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
3754	ABO Reverse Group ● ABO Terugwaartse groep	5.5	112.92	3.67	75.35
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791) ● Volbloedtelting (insluitende items 3739, 3762, 3783, 3785, 3791)	10.5	215.57	7	143.71
3756	Full cross match ● Volledige kruisverenigbaarheid	7.2	147.82	4.8	98.54
3757	Coagulation factors (quantitative) ● Stollingsfaktore (kwantitatief)	32.2	661.07	21.47	440.78
3758	Factor VIII related antigen ● Faktor VIII verwante antigeen	60.46	1 241.24	40.31	827.56
3759	Coagulation factor correction study ● Stollingsfaktor-korreksiestudies	11.72	240.61	7.81	160.34
3761	Factor XIII related antigen ● Faktor XIII verwante antigeen	61.11	1 254.59	40.74	836.39
3762	Haemoglobin estimation ● Hemoglobienbepaling	1.8	36.95	1.2	24.64
3763	Contact activated product essay ● Kontakgeaktiveerde produk-essai	16.2	332.59	10.8	221.72
3764	Grouping: A-, B- and O-antigens ● Groepering: A-, B- en O-antigene	3.6	73.91	2.4	49.27
3765	Grouping; Rh antigens ● Groepering: Rh antigene	3.6	73.91	2.4	49.27
3766	PIVKA ● PIVKA	43.49	892.85	28.99	595.16
3767	Euglobulin lysis time ● Euglobulinisetyd	25.58	525.16	17.05	350.04
3768	Haemoglobin A2 (column chromatography) ● Hemoglobien A2 (kolom chromatografie)	15	307.95	10	205.30
3769	HB Electrophoresis ● Hemoglobien elektroforese	26.82	550.61	17.88	367.08
3770	Haemoglobin-S (solubility test) ● Hemoglobien-S (oplosbaarheidstoets)	3.6	73.91	2.4	49.27
3773	Ham's acidified serum test ● Ham se aangesuurde serumtoets	8	164.24	5.33	109.42
3775	Heinz bodies ● Heinz-liggaampies	8	164.24	5.33	109.42
3776	Haemosiderin in urinary sediment ● Haemosiderien in uriensediment	2.25	46.19	1.5	30.80
3777	DELETED 2009: Heparin estimation ● GESKRAP 2009: Heparienbepaling				
3781	Heparin tolerance ● Heparien toleransie	7.2	147.82	4.8	98.54
3783	Leucocyte differential count ● Leukosiet differensiële telling	6.2	127.29	4.15	85.20
3785	Leucocytes: total count ● Leukosiet: totale telling	1.8	36.95	1.2	24.64
3786	QBC malaria concentration and fluorescent staining ● QBC malaria konsentraat en fluoressensie kleuring	25	513.25	16.7	342.85
3787	LE-cells ● LE-selle	8.3	170.40	5.55	113.94
3789	Neutrophil alkaline phosphatase ● Neutrofiel alkaliese fosfatase	28	574.84	18.7	383.91
3791	Packed cell volume: Haematocrit ● Gepakte selvolume: Hematokrit	1.8	36.95	1.2	24.64
3792	Plasmodium falciparum: Monoclonal immunological identification ● Plasmodium flaciparum: Monoklonaal immunologiese identifikasie	9	184.77	6	123.18
3793	Plasma haemoglobin ● Plasma-hemoglobien	6.75	138.58	4.5	92.39
3794	Platelet Sensitivities ● Plaatjie sensitiviteit	18.64	382.68	12.43	255.19
3795	Platelet aggregation per aggregant ● Plaatjieklomping per klomp	12.14	249.23	8.09	166.09
3796	Platelet antibodies: agglutination ● Plaatjie-antiligggame: agglutinasie	5.4	110.86	3.6	73.91
3797	Platelet count ● Plaatjietelling	2.25	46.19	1.5	30.80
3799	Platelet adhesiveness ● Plaatjieklewerigheid	4.5	92.39	3	61.59
3801	Prothrombin consumption ● Protrombienverbruik	5.85	120.10	3.9	80.07
3803	Prothrombin determination (two stages) ● Protrombienbepaling (twee stadia)	5.85	120.10	3.9	80.07
3805	Prothrombin index ● Protrombienindeks	6	123.18	4	82.12
3806	Therapeutic drug level: Dosage ● Geneesmiddelvlak: Dosering	4.5	92.39	3	61.59
3807	Recalcification time ● Herkalsifiseringtyd	2.25	46.19	1.5	30.80
3809	Reticulocyte count ● Retikulosietelling	3	61.59	2	41.06
3811	Sickling test ● Sekelseltoets	2.25	46.19	1.5	30.80
3814	Sucrose lysis test for PNH ● Sukrose-lisetoets vir PNH	3.6	73.91	2.4	49.27

	Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste		
	U/E	R	U/E	R	
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts) ● T en B-selle EAC-merkers (beperk tot EEN merker alleen vir CD4/8 tellings)	21.1	433.18	14.07	288.86
3820	Thrombo-Elastogram ● Trombo-Elastogram	26	533.78	17.33	355.78
3825	Fibrinogen titre ● Fibrinogeen-titer	3.6	73.91	2.4	49.27
3829	Glucose 6-phosphate-dehydrogenase: Qualitative ● Glukose 6-fosfaat-dehydrogenase: Kwalitatief	8	164.24	5.33	109.42
3830	Glucose 6-phosphate-dehydrogenase: quantitative ● Glukose 6-fosfaat-dehydrogenase: kwantitatief.	16	328.48	10.7	219.67
3832	Red cell pyruvate kinase: quantitative ● Rooisel piruvaat kinase: kwantitatief	16	328.48	10.7	219.67
3834	Red cell Rhesus phenotype ● Rooisel Rhesus fenotipe	9.9	203.25	6.6	135.50
3835	Haemoglobin F in blood smear ● Hemoglobien F in bloedsmeer	5.85	120.10	3.9	80.07
3837	Partial thromboplastin time ● Gedeeltelike tromboplastientyd	5.85	120.10	3.9	80.07
3841	Thrombin time (screen) ● Trombientyd (sifting)	5.85	120.10	3.9	80.07
3843	Thrombin time (serial) ● Trombientyd (reeks)	7.65	157.05	5.1	104.70
3847	Haemoglobin H ● Hemoglobien H	2.25	46.19	1.5	30.80
3851	Fibrin degeneration products (diffusion plate) ● Fibrin degenerasieprodukte (diffusieplaat)	10.35	212.49	6.9	141.66
3853	Fibrin degeneration products (latex slide) ● Fibrin degenerasie produkte (latex plaatjie)	4.5	92.39	3	61.59
3854	XDP (Dimer test or equivalent latex slide test) ● XDP (Dimer-toets of ekwivalente latex-plaatjietoets)	8.5	174.51	5.67	116.41
3856	D-Dimer ● D-Dimer	27.52	564.99	18.35	376.73
3855	Hemagglutination inhibition ● Hemagglutinasie inhibisie	9.9	203.25	6.6	135.50
3858	Heparin Removal ● Heparin verwydering	28.88	592.91	19.25	395.20
21.2	Microscopic examinations ● Mikroskopiese ondersoeke				
3863	Autogenous vaccine ● Outogene vaksien	12.6	258.68	8.4	172.45
3864	Entomological examination ● Entomologiese ondersoek	20.7	424.97	13.8	283.31
3865	Parasites in blood smear ● Parasiete in bloedsmeer	5.6	114.97	3.73	76.58
3867	Miscellaneous (body fluids, urine, exudate, fungi, Pusscrappings, etc.) ● Diverse (liggaamsvog, urien, eksudaat, Skimmels, etterskrappings, ens)	4.9	100.60	3.3	67.75
3868	Fungus identification ● Fungus identifikasie	8.3	170.40	5.5	112.92
3869	Faeces (including parasites) ● Fekalieë (parasiete ingesluit)	4.9	100.60	3.27	67.13
3872	Automated urine microscopy	8.72	179.02	5.81	119.28
3873	Transmission electron microscopy ● Transmissie elektronmikroskopie	85	1 745.05	57	1 170.21
3874	Scanning electron microscopy ● Skanderings-elektronmikroskopie	100	2 053.00	67	1 375.51
3875	Inclusion bodies ● Insluitingsliggaampie	4.5	92.39	3	61.59
3878	Crystal identification polarised light microscopy ● Kristal identifikasie gepolariseerde ligmikroskopie	4.5	92.39	3	61.59
3879	Campylobacter in stool: fastidious culture ● Campylobacter in feces: puntenerige kweking	9.9	203.25	6.6	135.50
3880	Antigen detection with polyclonal antibodies ● Antigeen bespeuring met poliklonale antiliggame	4.5	92.39	3	61.59
3881	Mycobacteria ● Mikobakterie	3	61.59	2	41.06
3882	Antigen detection with monoclonal antibodies ● Antigeenbespeuring met monoklonale antiliggame	10.8	221.72	7.2	147.82
3883	Concentration techniques for parasites ● Konsentrasie tegnieke vir parasiete	3	61.59	2	41.06
3884	Dark field, Phase- or interference contrast microscopy, Nomarski or Fontana ● Donkerveld, Fase- of interferensie-kontrasmikroskopie, Nomarski of Fontana	6.3	129.34	4.2	86.23
3885	Cytochemical stain ● Sitochemiese kleuring	5.45	111.89	3.65	74.93
21.3	Bacteriology (culture and biological examination ● Bakteriologie (kweking en biologiese ondersoek)				
3886	DELETED 2009: Antibiotic MIC per organism per antibiotic ● GESKRAP 2009: Antibiotikum MIK per organisme per antibiotikum				
3887	Antibiotic susceptibility test, per organism ● Antibiotikum gevoeligheidstoets per organisme	8	164.24	5.33	109.42

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
3889	Clostridium difficile toxin: Monoclonal immunological ● Clostridium difficile toksien: Monoklonaal immunologies.	12.4	254.57	8.27	169.78
3890	Antibiotic assay of tissues and fluids ● Antibiotikum-essai vir weefsels en vloeistof	13.9	285.37	9.27	190.31
3891	Blood culture: aerobic ● Bloedkweking: aerobies	5.85	120.10	3.9	80.07
3892	Blood culture: anaerobic ● Bloedkweking: anaerobies	5.85	120.10	3.9	80.07
3893	Bacteriological culture: miscellaneous ● Bakteriologiese kweking: diverse	6.3	129.34	4.2	86.23
3894	Radiometric blood culture ● Radiometriese bloedkweking	10.8	221.72	7.2	147.82
3895	Bacteriological culture: fastidious organisms ● Bakteriologiese kweking: puntenerige organisme	9.9	203.25	6.6	135.50
3896	In vivo culture: bacteria ● In vivo kweking: bakterie	16	328.48	10.65	218.64
3897	In vivo culture: virus ● In vivo kweking: virus	16	328.48	10.65	218.64
3898	Bacterial exotoxin production (in vitro assay) ● Bakteriële eksotoksien produksie (in vitro essai)	4.5	92.39	3	61.59
3899	Bacterial exotoxin production (in vivo assay) ● Bakteriële eksotoksien produksie (in vivo essai)	20.7	424.97	13.8	283.31
3901	Fungal culture ● Fungus-kweking	4.5	92.39	3	61.59
3903	Antibiotic level: biological fluids ● Antibiotikum vlak: biologiese vog	11.7	240.20	7.8	160.13
3905	Identification of virus or rickettsia ● Identifikasie van virus of rickettsia	20.7	424.97	13.8	283.31
3906	Identification: chlamydia ● Identifikasie: chlamidia	16	328.48	10.65	218.64
3907	Culture for staphylococcus aureus ● Kweking vir stafilokokkus aureus	2.25	46.19	1.5	30.80
3908	Anaerobic culture: comprehensive ● Anaerobiese kweking: omvattend	9.9	203.25	6.6	135.50
3909	Anaerobic culture: limited procedure ● Anaerobiese kweking: beperkte prosedure	4.5	92.39	3	61.59
3911	B-Lactamase ● B-Laktamase	4.5	92.39	3	61.59
3915	Mycobacterium culture ● Mikobakterie kweking	4.5	92.39	3	61.59
3917	Mycoplasma culture: limited ● Mikoplasma kweking beperk	2.25	46.19	1.5	30.80
3918	Mycoplasma culture: comprehensive ● Mikoplasma kweking: omvattend	9.9	203.25	6.6	135.50
3919	Identification of mycobacterium ● Identifikasie van mikobakterie	9.9	203.25	6.6	135.50
3920	Mycobacterium: antibiotic sensitivity ● Mikobakterie: antibiotikumsensitieweheid	9.9	203.25	6.6	135.50
3921	Antibiotic synergistic study ● Ondersoek vir sinergisme van antibiotiese middels	20.7	424.97	13.8	283.31
3922	Viable cell count ● Lewendeseltelling	1.35	27.72	0.9	18.48
3923	Staph ID Abr (Yeast ID) ● Staph ID Abr (Suurdeeg ID)	3.15	64.67	2.1	43.11
3924	Biochemical ident of bacterium: extended ● Biologiese ident van bakterie: omvattend	12.5	256.63	8.33	171.01
3925	Serological ident of bacterium: abridged ● Serologiese ident van bakterie: verkort	3.15	64.67	2.1	43.11
3926	Serological ident of bacterium: extended ● Serologiese ident van bakterie: omvattend	10.2	209.41	6.8	139.60
3927	Grouping of streptococci ● Streptokokkus groepering	7.3	149.87	4.85	99.57
3928	Antimicrobial substances ● Antimikrobiese substansies	3.8	78.01	2.5	51.33
3929	Radiometric mycobacterium identification ● Radiometriese mikobakterie identifikasie	14	287.42	9.3	190.93
3930	Radiometric mycobacterium antibiotic sensitivity ● Radiometriese mikobakterie antibiotiese sensitieweheid	25	513.25	16.7	342.85

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4652	Rapid automated bacterial identification per organism ● Vinnige geoutomatiseerde bakteriële identifikasie per organisme	15	307.95	10	205.30
4653	Rapid automated antibiotic susceptibility per organism ● Vinnige geoutomatiseerde antibiotikum gevoeligheid per organisme	17	349.01	11.33	232.60
4654	Rapid automated MIC per organism per antibiotic ● Vinnige geoutomatiseerde MIK per organisme per antibiotikum	17	349.01	11.33	232.60
4655	Mycobacteria: MIC determination - E Test ● Mikobakterie: MIK bepaling - E Toets	16.50	338.75	11.00	225.83
4656	Mycobacteria: Identification HPLC ● Mikobakterie: Identifikasie HPLC	35.00	718.55	23.33	478.96
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain ● Mikobakterie: Vervloeiende, gekonsentreerde fluochromiese kleuring	9.90	203.25	6.60	135.50
21.4	Serology ● Serologie				
3932	HIV Elisa Type I and II (Screening tests only) ● HIV Elisa Tipe I en II (Slegs siftingstoets)	14.1	289.47	9.4	192.98
3933	IgE: Total; EMIT or ELISA ● IgE: Totaal; EMIT of ELISA	11.7	240.20	7.8	160.13
3934	Auto antibodies by labelled antibodies ● Outo-antiliggame deur gemerkte antiliggame	16	328.48	10.65	218.64
3938	Precipitin test per antigen ● Presipitasie toets per antigeen	4.5	92.39	3	61.59
3939	Agglutination test per antigen ● Agglutinasietoets per antigeen	5.5	112.92	3.67	75.35
3940	Haemagglutination test: per antigen ● Haemagglutinasietoets: per antigeen	9.9	203.25	6.6	135.50
3941	Modified Coombs' test for brucellosis ● Gewysigde Coombs-toets vir brucellose	4.5	92.39	3	61.59
3942	Hepatitis Rapid Viral Ab ● Hepatitis Virus AI - spoedmetode	12.24	251.29	8.16	167.52
3943	Antibody titer to bacterial exotoxin ● Antiliggaam titer teen bakteriese eksotoksien	3.6	73.91	2.4	49.27
3944	IgE: Specific antibody titer: ELISA/EMIT: per Ag ● IgE: spesifieke antiliggaam titer: ELISA/EMIT: per Ag	12.4	254.57	8.27	169.78
3945	Complement fixation test ● Komplementbindingstoets	5.85	120.10	3.9	80.07
3946	IgM: Specific antibody titer: ELISA or EMIT: per Ag ● IgM: Spesifieke antiliggaam titer: ELISA/EMIT: per Ag	14.05	288.45	9.37	192.37
3947	C-reactive protein ● C-reaktiewe proteïen	3.6	73.91	2.4	49.27
3948	IgG: Specific antibody titer: ELISA/EMIT: per Ag ● IgG: Spesifieke antiliggaam titer: ELISA/EMIT: per Ag	12.95	265.86	8.63	177.17
3949	Qualitative Kahn. VDRL or other flocculation ● Kwalitatiewe Kahn. VDRL of ander flokkulasie	2.25	46.19	1.5	30.80
3950	Neutrophil phagocytosis ● Neutrofiel-fagositose	25.2	517.36	16.8	344.90
3951	Quantitative Kahn. VDRL or other flocculation ● Kwantitatiewe Kahn. VDRL of ander flokkulasie	3.6	73.91	2.4	49.27
3952	Neutrophil chemotaxis ● Neutrofiel-chemotakse	67.95	1 395.01	45.3	930.01
3953	Tube agglutination test ● Buise agglutinasietoets	4.15	85.20	2.76	56.66
3955	Paul Bunnell: presumptive ● Paul Bunnell: vermoedelik	2.25	46.19	1.5	30.80
3956	Infectious Mononucleosis latex slide test (Monospot or equivalent) ● Infektiewe Mononukleose latex-plaatjetoets (Monospot of ekwivalent)	8.5	174.51	5.67	116.41
3957	Paul Bunnell: Absorption ● Paul Bunnell: Absorpsie	4.5	92.39	3	61.59
4601	Panel typing: Antibody detection: Class I ● Paneeltjering: Antiliggaam opsporing: Klas I	36	739.08	24	492.72
4602	Panel typing: Antibody detection: Class II ● Paneeltjering: Antiliggaam opsporing: Klas II	44	903.32	29.3	601.53
4607	Cross matching T-cells (per tray) ● Kruispassing T-selle (per blad)	18	369.54	12	246.36
4608	Cross matching B-cells ● Kruispassing B-selle	38	780.14	25.3	519.41
4609	Cross matching T- & B-cells ● Kruispassing T- & B-selle	48	985.44	32	656.96
4610	Helicobacter pylori antigen test ● Helikobakter pylori stoegang antigeen	34.6	710.34	23.07	473.63
4613	Anti-Gm1 Antibody Assay ● Anti Gm1 AI bepaling	75	1 539.75	50	1 026.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4614	HIV Ab - Rapid Test ● MIV Al - spoedmetode	12	246.36	8	164.24
3959	Rose Waaler Agglutination test ● Rose Waaler agglutinasietoets	4.5	92.39	3	61.59
3961	Slide agglutination test ● Voorwerpglas-agglutinasietoets	2.63	53.99	1.75	35.93
3962	Rebuck skin window ● Rebuck-huidvenster	5.4	110.86	3.6	73.91
3963	Serum complement level: each component ● Serum komplement vlak: per komponent	3.15	64.67	2.1	43.11
3967	Auto-antibody: Sensitised erythrocytes ● Outo-antiligggame: Gesensitiseerde rooiselle	4.5	92.39	3	61.59
3969	Western blot technique ● Western klad tegniek	74	1 519.22	49	1 005.97
3970	DELETED 2009: Epstein-Barr virus antibody titer ● GESKRAP 2009: Epstein-Barr virus antiligaam titer				
3971	Immuno-diffusion test: per antigen ● Immuno-diffusie toets: per antigeen	3.15	64.67	2.1	43.11
3973	Immuno electrophoresis: per immune serum ● Immuno-elektroforese: per immuunserum	9.45	194.01	6.3	129.34
3975	Indirect immuno-fluorescence test (Bacterial, viral, parasitic) ● Indirekte immuno fluoressensietoets (Bakterieel, viraal, parasitêr)	12	246.36	8	164.24
3977	Counter immuno-electrophoresis ● Kontra immuno-elektroferese	6.75	138.58	4.5	92.39
3978	Lymphocyte transformation ● Limfosien-transformasie	51.7	1 061.40	34.5	708.29
3980	Bilharzia Ag Serum/Urine ● Bilharzia Ag Serum/Urine	14.5	297.69	9.67	198.53
21.5	Skin tests ● Huidtoetse For skin-prick allergy tests, please refer to items 0218 to 0221 in the Integumentary Section ● Vir vingerprik allergietoetse, verwys na items 0218 tot 0221 in die Velafdeling				
21.6	Biochemical tests: Blood ● Biochemiese toetse: Bloed				
3991	Abnormal pigments: qualitative ● Abnormale pigmente: kwalitatief	4.5	92.39	3	61.59
3993	Abnormal pigments: quantitative ● Abnormale pigmente: kwantitatief	9	184.77	6	123.18
3995	Acid phosphatase ● Suurfosfatase	5.18	106.35	3.45	70.83
3996	Serum Amyloid A ● Serum Amiloïed A	8.28	169.99	5.52	113.33
3997	Acid phosphatase fractionation ● Suurfosfatase fraksionasie	1.8	36.95	1.2	24.64
3998	Amino acids: Quantitative (Post derivatisation HPLC) ● Aminosure: Kwantitatief (Post derivatisering HDVC)	78.12	1 603.80	52.08	1 069.20
3999	Albumin ● Albumien	4.8	98.54	3.2	65.70
4000	Alcohol ● Alkohol	12.4	254.57	8.27	169.78
4001	Alkaline phosphatase ● Alkaliese fosfatase	5.18	106.35	3.45	70.83
4002	Alkaline Phosphatase-iso-enzymes ● Alkaliese fosfatase-iso-ensieme	11.7	240.20	7.8	160.13
4003	Ammonia: enzymatic ● Ammoniak: ensiematies	7.71	158.29	5.14	105.52
4004	Ammonia: monitor ● Ammoniak: monitor	4.5	92.39	3	61.59
4005	Alpha-1-antitrypsin ● Alfa-1-antitripsien	7.2	147.82	4.8	98.54
4006	Amylase ● Amilase	5.18	106.35	3.45	70.83
4007	Arsenic in blood, hair or nails ● Arseen in bloed, hare of naels	36.25	744.21	24.17	496.21
4008	Bilirubin – Reflectance ● Bilirubien reflektansie	4.77	97.93	3.18	65.29
4009	Bilirubin: total ● Bilirubien: totaal	4.77	97.93	3.18	65.29
4010	Bilirubin: conjugated ● Bilirubien: gekonjugeerd	3.62	74.32	2.41	49.48
4014	Cadmium: atomic absorp ● Kadmium: atoomabsorpsie	18.12	372.00	12.08	248.00
4016	Calcium: Ionized ● Kalsium: Geïoniseerd	6.75	138.58	4.5	92.39
4017	Calcium: spectrophotometric ● Kalsium spektrofotometrie	3.62	74.32	2.41	49.48
4018	Calcium: atomic absorption ● Kalsium: atoomabsorpsie	7.25	148.84	4.83	99.16
4019	Carotene ● Karoteen	2.25	46.19	1.5	30.80
4023	Chloride ● Chloried	2.59	53.17	1.73	35.52
4026	LDL cholesterol (chemical determination) ● LDL cholesterol (chemiese determinasie)	6.9	141.66	4.6	94.44
4027	Cholesterol total ● Cholesterol totaal	5.34	109.63	3.56	73.09

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4029	Cholinesterase: serum or erythrocyte: each ● Cholinesterase: serum of rooisel: elk	7.48	153.56	4.99	102.44
4030	Cholinesterase phenotype (Dibucaine or fluoride each) ● Cholinesterase fenotipe (Dibucaine of fluoried elk)	9	184.77	6	123.18
4031	Total CO ₂ ● Totale CO ₂	5.18	106.35	3.45	70.83
4032	Creatinine ● Kreatinien	3.62	74.32	2.41	49.48
4035	CSF-Albumin ● SSV Albumien	9.45	194.01	6.3	129.34
4036	CSF-IgG Index ● SSV IgG Indeks	22.05	452.69	14.7	301.79
4040	Homocysteine (random) ● Homosistein (lukraak)	15.3	314.11	10.2	209.41
4041	Homocysteine (after Methionine load) ● Homosistein (na Metionien-lading)	18.1	371.59	12.06	247.59
4042	D-Xylose absorption test: two hours ● D-Xylose absorpsietoets twee uur	13.15	269.97	8.75	179.64
4045	Fibrinogen: quantitative ● Fibrinogeen: kwantitatief	3.6	73.91	2.4	49.27
4047	Hollander test ● Hollander se toets	24.75	508.12	16.5	338.75
4049	Glucose tolerance test (2 specimens) ● Glukose toleransietoets (2 monsters)	8.97	184.15	5.98	122.77
4050	Glucose strip-test with photometric reading ● Glukose strokietoets met fotometriese lesing	1.8	36.95	1.2	24.64
4051	Galactose ● Galaktose	11.25	230.96	7.5	153.98
4052	Glucose tolerance test (3 specimens) ● Glukose toleransietoets (3 monsters)	13.17	270.38	8.78	180.25
4053	Glucose tolerance test (4 specimens) ● Glukose toleransietoets (4 monsters)	17.37	356.61	11.58	237.74
4057	Glucose Quantitative ● Glukose Kwantitatief	3.62	74.32	2.41	49.48
4061	Glucose tolerance test (5 specimens) ● Glukose toleransietoets (5 monsters)	21.56	442.63	14.37	295.02
4063	Fructosamine ● Fruktosamine	7.2	147.82	4.8	98.54
4064	Glycated haemoglobin: chromatography/HbA1C ● Geglikosileerde hemoglobien: chromatografie/HbA1C	14.25	292.55	9.5	195.04
4067	Lithium: flame ionisation ● Litium: vlam ionisasie	5.18	106.35	3.45	70.83
4068	Lithium: atomic absorption ● Litium: atoomabsorpsie	7.48	153.56	4.99	102.44
4071	Iron ● Yster	6.75	138.58	4.5	92.39
4073	Iron-binding capacity ● Ysterbindingsvermoë	7.65	157.05	5.1	104.70
4076	Carboxy haemoglobin (6x per 24 hrs) ● Karboksie hemoglobien (6 x per 24 uur periode)	19.1	392.12	12.73	261.35
4078	Oximetry analysis: MetHb, COHb, O ₂ Hb, RHb, SulfHb ● Oksimetriese analise: MetHb, COHb, O ₂ Hb, RHb, SulfHb	6.75	138.58	4.5	92.39
4079	Ketones in plasma: qualitative ● Ketone in plasma: kwalitatief	2.25	46.19	1.5	30.80
4081	Drug level-biological fluid: Quantitative ● Middel vlak-biologiese vog: kwantitatief	10.8	221.72	7.2	147.82
4086	Plasma Lactate ● Plasma Laktate				
4085	Lipase ● Lipase				
4091	Lipoprotein electrophoresis ● Lipoproteïen-elektroferese	9	184.77	6	123.18
4093	Osmolality: Serum or urine ● Osmolaliteit: Serum of urien	6.75	138.58	4.5	92.39
4094	Magnesium: Spectrophotometric ● Magnesium: Spektrofotometries	3.62	74.32	2.41	49.48
4095	Magnesium: Atomic absorption ● Magnesium: Atoomabsorpsie	7.25	148.84	4.83	99.16
4096	Mercury: Atomic absorption ● Kwik: Atoomabsorpsie	18.12	372.00	12.08	248.00
4098	Copper: Atomic absorption ● Koper: Atoomabsorpsie	18.12	372.00	12.08	248.00
4105	Protein electrophoresis ● Proteïen-elektroferese	9	184.77	6	123.18
4106	IgG sub-class 1.2. 3 or 4: Per sub-class ● IgG subklas 1.2. 3 of 4: Per subklas	20	410.60	13.2	271.00
4109	Phosphate ● Fosfaat	3.62	74.32	2.41	49.48

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4111	Phospholipids ● Fosfolipiede	3.15	64.67	2.1	43.11
4113	Potassium ● Kalium	3.62	74.32	2.41	49.48
4114	Sodium ● Natrium	3.62	74.32	2.41	49.48
4117	Protein: total ● Proteïen: totaal	3.11	63.85	2.07	42.50
4121	pH. pCO ₂ or pO ₂ each ● pH. pCO ₂ of pO ₂ : elk	6.75	138.58	4.5	92.39
4123	Pyruvic acid ● Pirodruiwesuur	4.5	92.39	3	61.59
4125	Salicylates ● Salisilate	4.5	92.39	3	61.59
4126	Secretin-pancreozymin responds ● Sekretien-pankreasimien-respons	26.1	535.83	17.4	357.22
4127	Caeruloplasmin ● Seruloplasmin	4.5	92.39	3	61.59
4128	Phenylalanine: Quantitative ● Fenielalanien: kwantitatief	11.25	230.96	7.5	153.98
4129	Glutamate dehydrogenase (GDH) ● Glutamaat dehydrogenase (GDH)	5.4	110.86	3.6	73.91
4130	Aspartate amino transferase (AST) ● Aspartaat amino transferase (AST)	5.4	110.86	3.6	73.91
4131	Alanine amino transferase (ALT) ● Alanien amino transferase (ALT)	5.4	110.86	3.6	73.91
4132	Cretine kinase (CK) ● Kreatien kinase (CK)	5.4	110.86	3.6	73.91
4133	Lactate dehydrogenase (LD) ● Laktaat dehidrogenase (LD)	5.4	110.86	3.6	73.91
4134	Gamma glutamyl transferase (GGT) ● Gamma glutamiel transferase (GGT)	5.4	110.86	3.6	73.91
4135	Aldolase ● Aldolase	5.4	110.86	3.6	73.91
4136	Angiotensin converting enzyme (ACE) ● Anglotensien omskakelingsensiem (ACE)	9	184.77	6	123.18
4137	Lactate dehydrogenase isoenzyme ● Laktaat dehidrogenase isoensiem	10.8	221.72	7.2	147.82
4138	CK-MB: immunoinhibition/precipitation ● CK-MB: immunoinhibisie/presipetasie	10.8	221.72	7.2	147.82
4139	Adenosine deaminase ● Adenosien deaminase	5.4	110.86	3.6	73.91
4142	Red cell enzymes: each ● Rooiselensieme: elk	7.8	160.13	5.2	106.76
4143	Serum/plasma enzymes: each ● Serum/plasma ensieme: elk	5.4	110.86	3.6	73.91
4144	Transferrin ● Transferrien	11.7	240.20	7.8	160.13
4146	Lead: atomic absorption ● Lood: atoomabsorpsie.	15	307.95	10	205.30
4151	Urea ● Ureum	3.62	74.32	2.41	49.48
4152	CK-MB ● CK-MB	12.4	254.57	8.27	169.78
4154	Myoglobin quantitative: Monoclonal immunological ● Mioglobien kwantitatief: Monoklonaal immunologies	12.4	254.57	8.27	169.78
4155	Uric acid ● Uriensuur	3.78	77.60	2.52	51.74
4157	Vitamin A-saturation test ● Vitamien A-versadigingstoets	15.3	314.11	10.2	209.41
4158	Vitamin E (tocopherol) ● Vitamien E (tokoferol)	3.6	73.91	2.4	49.27
4159	Vitamin A ● Vitamien A	6.3	129.34	4.2	86.23
4160	Vitamin C (ascorbic acid) ● Vitamien C (askorbiensuur)	2.25	46.19	1.5	30.80
4161	Trop T	20	410.60	13.33	273.66
4171	Sodium + potassium + chloride + CO ₂ + urea ● Natrium + kalium + chloried + CO ₂ + ureum	15.84	325.20	10.56	216.80
4172	ELIZA or EMIT technique ● ELIZA of EMIT tegniek	12.42	254.98	8.28	169.99
4181	Quantitative protein estimation: Mancini method ● Kwantitatiewe proteïen bepaling: Mancini metode	7.76	159.31	5.17	106.14
4182	Quantitative protein estimation: nephelometer ● Kwantitatiewe proteïen bepaling: nefelometer	8.28	169.99	5.52	113.33
4183	Quantitative protein estimation: labelled antibody ● Kwantitatiewe proteïen bepaling: gemerkte antilggaam	12.42	254.98	8.28	169.99
4185	Lactose ● Laktose	10.8	221.72	7.2	147.82
4187	Zinc: atomic absorption ● Sink: atoomabsorpsie	18.12	372.00	12.08	248.00

	Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
	U/E	R	U/E	R
21.7 Biochemical tests: Urine ● Biochemiese toets: uriene				
4188 Urine dipstick, per stick (irrespective of the number of tests on stick) ● Urin doopstrok, per strok (ongeg die aantal toets op die strok)	1.5	30.80	1	20.53
4189 Abnormal pigments ● Abnormale pigmente	4.5	92.39	3	61.59
4193 Alkapton test: homogentisic acid ● Alkapton toets: homogentisien-suur	4.5	92.39	3	61.59
4194 Amino acids: quantitative (Post derivatisation HPLC) ● Aminosure: kwantitatief (Post derivatisering HDVC)	78.12	1 603.80	52.08	1 069.20
4195 Amino laevulinic acid ● Aminolevulien-suur	18	369.54	12	246.36
4197 Amylase ● Amilase	5.18	106.35	3.45	70.83
4199 Ascorbic acid ● Askorbien-suur	2.25	46.19	1.5	30.80
4201 Bence-Jones protein ● Bence-Jones proteïen	2.7	55.43	1.8	36.95
4203 Phenol ● Fenol	3.6	73.91	2.4	49.27
4204 Calcium: atomic absorption ● Kalsium: atoomabsorpsie	7.25	148.84	4.83	99.16
4205 Calcium: spectrophotometric ● Kalsium: spektrofotometries	3.62	74.32	2.41	49.48
4206 Calcium: absorption and excretion studies ● Kalsium: absorpsie en ekskresie studies	25	513.25	16.7	342.85
4209 Lead: atomic absorption ● Lood: atoom absorpsie	15	307.95	10	205.30
4211 Bile pigments: qualitative ● Galpigmente: kwalitatief	2.25	46.19	1.5	30.80
4213 Protein: quantitative ● Proteïen: kwantitatief	2.25	46.19	1.5	30.80
4216 Mucopolysaccharides: qualitative ● Mukopolisakkariede: kwalitatief	3.6	73.91	2.4	49.27
4217 Oxalate/Citrate: enzymatic each ● Oksalaat/Sitraat: ensiematies elk	9.38	192.57	6.25	128.31
4218 Glucose: quantitative ● Glukose: kwantitatief	2.25	46.19	1.5	30.80
4219 Steroids: chromatography (each) ● Steroïede: chromatografie (elk)	7.2	147.82	4.8	98.54
4221 Creatinine ● Kreatinien	3.62	74.32	2.41	49.48
4223 Creatinine clearance ● Kreatinien-opruiming	7.65	157.05	5.1	104.70
4227 Electrophoreses: qualitative ● Elektroforese: kwalitatief	4.5	92.39	3	61.59
4229 Uric acid clearance ● uriensuuropruiming	7.65	157.05	5.1	104.70
4231 Metabolites HPLC (High Pressure Liquid Chromatography) ● Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	769.88	25.00	513.25
4232 Metabolites (Gaschromatography/Mass spectrophotometry) ● Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	960.80	31.20	640.54
4233 Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography) ● Farmakologiese/ Gewoontevormende middels: Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	769.88	25.00	513.25
4234 Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry) ● Farmakologiese/Gewoontevormende middels: Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	960.80	31.20	640.54
4237 5-Hydroxy-indole-acetic acid: screen test ● 5-Hidroksie-indolasynsuur: siftingstoets	2.7	55.43	1.8	36.95
4239 5-Hydroxy-indole-acetic acid: quantitative ● 5-Hidroksie-indolasynsuur: kwantitatief	6.75	138.58	4.5	92.39
4241 DELETED 2009: Indican or indole: qualitative ● GESKRAP 2009: Indikan of indool: kwalitatief				
4247 Ketones: excluding dip-stick method ● Ketone: dompelstrokiemetode uitgesluit	2.25	46.19	1.5	30.80
4248 Reducing substances ● Reduserende stowwe	1.8	36.95	1.2	24.64
4251 Metanephrines: column chromatography ● Metanefriene: kolom chromatografie	22.05	452.69	14.7	301.79
4253 Aromatic amines (gas chromatography/mass spectrophotometry) ● Aromatiese amiene (gas chromatografie/massaspektrofotometrie)	27	554.31	18	369.54
4254 Nitrosonaphthol test for tyrosine ● Nitrosonaftoltoets vir tirosien	2.25	46.19	1.5	30.80
4262 Micro Albumin-Qualitative ● Mikroalbumien Kwalitatief	4.5	92.39	3	61.59
4263 pH: Excluding dip-stick method ● pH: Dompelstrokiemetode uitgeslote	0.9	18.48	0.6	12.32
4265 Thin layer chromatography: one way ● Dunlaag chromatografie: enkelrigting	6.75	138.58	4.5	92.39
4266 Thin layer chromatography: two way ● Dunlaag chromatografie: tweerigting	11.25	230.96	7.5	153.98

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4267	Total organic matter screen: Infrared ● Totale organiese materiaal sifting: Infrarooi	31.25	641.56	20.83	427.64
4268	Organic acids: quantitative: GCMS ● Organiese sure: kwantitatief: GCMS	109.38	2 245.57	72.92	1 497.05
4269	Phenylpyruvic acid: ferric chloride ● Fenielpirodruiwesuur: ferrichloried	2.25	46.19	1.5	30.80
4271	Phosphate excretion index ● Fosfaat uitskeidings indeks	22.05	452.69	14.7	301.79
4272	Porphobilinogen qualitative screen: urine ● Porfobilinoëen kwalitatiewe sifting: urien	5	102.65	3.33	68.36
4273	Porphobilinogen/ALA: quantitative each ● Porfobilinoëen/ALS kwantitatief elk	15	307.95	10	205.30
4283	Magnesium: spectrophotometric ● Magnesium: spektrofotometries	3.62	74.32	2.41	49.48
4284	Magnesium: atomic absorption ● Magnesium: atoomabsorpsie	7.25	148.84	4.83	99.16
4285	Identification of carbohydrate ● Identifikasie van koolhidrate	7.65	157.05	5.1	104.70
4287	Identification of drug: qualitative ● Identifikasie van geneesmiddel: kwalitatief	4.5	92.39	3	61.59
4288	Identification of drug: quantitative ● Identifikasie van geneesmiddel: kwantitatief	10.8	221.72	7.2	147.82
4293	Urea clearance ● Ureum opruiming	5.4	110.86	3.6	73.91
4297	Copper: spectrophotometric ● Koper: spektrofotometries	3.62	74.32	2.41	49.48
4298	Copper: Atomic absorption ● Koper: atoomabsorpsie	18.12	372.00	12.08	248.00
4300	Indican or Indole: Qualitative ● Indikan of Indool: Kwalitatief	3.15	64.67	2.1	43.11
4301	Chloride ● Chloried	2.59	53.17	1.73	35.52
4307	Ammonium chloride loading test ● Ammoniumchloried-ladingstoets	22.05	452.69	14.7	301.79
4309	Urobilinogen: quantitative ● Urobilinoëen: kwantitatief	6.75	138.58	4.5	92.39
4313	Phosphates ● Fosfaat	3.62	74.32	2.41	49.48
4315	Potassium ● Kalium	3.62	74.32	2.41	49.48
4316	Sodium ● Natrium	3.62	74.32	2.41	49.48
4319	Urea ● Ureum	3.62	74.32	2.41	49.48
4321	Uric acid ● Uriensuur	3.62	74.32	2.41	49.48
4322	Fluoride ● Fluoried	5.18	106.35	3.45	70.83
4323	Total protein and protein electrophoreses ● Totale proteïene en proteïenelektroforese.	11.25	230.96	7.5	153.98
4325	VMA: quantitative ● VMA: kwantitatief	11.25	230.96	7.5	153.98
4327	Immunofixation: Total Protein, IgG, IgA, IgM, Kappa, Lambda ● Immunifikasie: Totale proteïene, IgG, IgA, IgM, Kappa, Lambda	46.88	962.45	31.25	641.56
4335	Cystine: quantitative ● Sistien: kwantitatief	12.6	258.68	8.4	172.45
4336	Dinitrophenal hydrazine test: ketoacids ● Dinitrofenol-hidrasientoets vir ketosure	2.25	46.19	1.5	30.80
4337	Hydroxyproline: quantitative ● Hidroksieprolien: kwantitatief	18.9	388.02	12.6	258.68

	Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
	U/E	R	U/E	R
21.8 Biochemical tests: Faeces ● Biochemiese toetse: Fekalieë				
4339 Chloride ● Chloried	2.59	53.17	1.73	35.52
4343 Fat: qualitative ● Vet: kwalitatief	3.15	64.67	2.1	43.11
4345 Fat: quantitative ● Vet: kwantitatief	22.05	452.69	14.7	301.79
4347 pH ● pH	0.9	18.48	0.6	12.32
4351 Occult blood: chemical test ● Okkulte bloed: chemiese toets	2.25	46.19	1.5	30.80
4352 Occult blood (monoclonal antibodies) ● Okkulte bloed (monoklonale antiliggame)	10	205.30	6.67	136.94
4357 Potassium ● Kalium	3.62	74.32	2.41	49.48
4358 Sodium ● Natrium	3.62	74.32	2.41	49.48
4361 Stercobilin ● Sterkobiliën	2.25	46.19	1.5	30.80
4363 Stercobilinogen: quantitative ● Sterkobilinoëen: kwantitatief	6.75	138.58	4.5	92.39
21.9 Biochemical tests: Miscellaneous ● Biochemiese toetse: Diverse				
4370 Vancomycin, Phenytoin, Theophylline ● Vancomycin, Phenytoin, Theophylline	12.4	254.57	8.27	169.78
4371 Amylase in exudate ● Amilase in eksudaat	5.18	106.35	3.45	70.83
4374 Trace metals in biological fluid: Atomic absorption ● Sporelemente in biologiese vog: atoomabsorpsie	18.13	372.21	12.08	248.00
4375 Calcium in fluid: Spectrophotometric ● Kalsium in vog: Spektrofotometries	3.62	74.32	2.41	49.48
4376 Calcium in fluid: Atomic absorption ● Kalsium in vog: Atoomabsorpsie	7.25	148.84	4.83	99.16
4388 Gastric contents: Maximal stimulation ● Maaginhoud: Maksimum stimulasietoets	27	554.31	18	369.54
4389 Gastric fluid: Total acid per specimen ● Maagsap: Totale suur per monster	2.25	46.19	1.5	30.80
4391 Renal calculus: Chemistry ● Niersteen: Chemiese ontleding	5.4	110.86	3.6	73.91
4392 Renal calculus: Crystallography ● Niersteen: Kristallografie	16.25	333.61	10.8	221.72
4393 Saliva: Potassium ● Speeksel: Kalium	3.62	74.32	2.41	49.48
4394 Saliva: Sodium ● Speeksel: Natrium	3.62	74.32	2.41	49.48
4395 Sweat: Sodium ● Sweet: Natrium	3.62	74.32	2.41	49.48
4396 Sweat: Potassium ● Sweet: Kalium	3.62	74.32	2.41	49.48
4397 Sweat: Chloride ● Sweet: Chloried	2.59	53.17	1.73	35.52
4399 Sweat collection by iontophoresis (excluding collection material) ● Sweetkolleksie deur iontoforese (kolleksie materiaal uitgesluit)	4.5	92.39	3	61.59
4400 Tryptophane loading test ● Triptofaanladingstoets	22.05	452.69	14.7	301.79
21.10 Cerebrospinal fluid ● Serebro spinale vog				
4401 Cell count ● Seltelling	3.45	70.83	2.3	47.22
4407 Cell count. protein, glucose and chloride ● Seltelling. proteïen, glukose en chloried	7.65	157.05	5.1	104.70
4409 Chloride ● Chloried	2.59	53.17	1.73	35.52
4415 Potassium ● Kalium	3.62	74.32	2.41	49.48
4416 Sodium ● Natrium	3.62	74.32	2.41	49.48
4417 Protein: Qualitative ● Proteïen: Kwalitatief	0.9	18.48	0.6	12.32
4419 Protein: Quantitative ● Proteïen: Kwantitatief	3.11	63.85	2.07	42.50
4421 Glucose ● Glukose	3.62	74.32	2.41	49.48
4423 Urea ● Ureum	3.62	74.32	2.41	49.48
4425 Protein electrophoresis ● Proteïenelektroforese	12.6	258.68	8.4	172.45
4434 Bacteriological DNA identification (PCR)	75	1 539.75	50	1 026.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
21.12	Isotopes ● Isotope				
4451	HCG: Monoclonal immunological: Quantitative ● HCG: Monoklonaal immunologies: Kwantitatief	12.4	254.57	8.27	169.78
4458	Micro-albuminuria: radio-isotope method ● Mikro-albuminurie: radio-isotoop metode	12.42	254.98	8.3	170.40
4459	Acetyl choline receptor antibody ● Asetielcholien reseptor antiliggzaam	158.12	3 246.20	105.41	2 164.07
4463	C6 complement functional essay ● C6 komplement funksionele bepaling	45	923.85	30	615.90
4466	Beta-2-microglobulin ● Beta-2-mikroglobulien	12.42	254.98	8.28	169.99
4469	S-S100 ● S-S100	20	410.60	13.33	273.66
4452	Bone-Specific Alk. Phosphatase ● Been alkaliese fosfatase	20	410.60	13.33	273.66
4479	Vitamin B12-absorption: Shilling test ● Vitamien B12-absorpsie: Shillingtoets	11.7	240.20	7.8	160.13
4480	Serotonin ● Serotonien	18.75	384.94	12.5	256.63
4482	Free thyroxine (FT4) ● Vry tirsien (FT4)	17.48	358.86	11.65	239.17
4484	Thyroid profile (only with special motivation) ● Tiroied profiel (slegs met spesiale motivering)	37.8	776.03	24.72	507.50
4485	Insulin ● Insulien	12.42	254.98	8.28	169.99
4488	NT Pro BNP ● NT Pro BNP	47.04	965.73	33.35	684.68
4491	Vitamin B12 ● Vitamien B12	12.42	254.98	8.28	169.99
4493	Drug concentration: quantitative ● Middelkonsentrasie: kwantitatief	12.42	254.98	8.28	169.99
4497	Carbohydrate deficient transferrin ● Koolwaterstof-gebrekige transferrien	29.06	596.60	19.37	397.67
4499	Cortisol ● Kortisol	12.42	254.98	8.28	169.99
4500	DHEA sulphate ● DHEA-sulfaat	12.42	254.98	8.28	169.99
4507	Thyrotropin (TSH) ● Tirotropien (TSH)	19.6	402.39	13.07	268.33
4509	Free tri-iodothyronine (FT3) ● Vry trijodotironien (FT3)	17.48	358.86	11.65	239.17
4511	Renin activity ● Renien aktiwiteit	18.9	388.02	12.6	258.68
4516	Follitropin (FSH) ● Follitropien (FSH)	12.42	254.98	8.28	169.99
4517	Lutropin (LH) ● Lutropien (LH)	12.42	254.98	8.28	169.99
4522	Alpha-Feto protein ● Alfa-fetoproteïen	12.42	254.98	8.28	169.99
4523	ACTH ● AKTH	21.74	446.32	14.49	297.48
4524	Free PSA ● Vry PSA	14.49	297.48	9.66	198.32
4527	Gastrin ● Gastrien	12.42	254.98	8.28	169.99
4528	Ferritin ● Ferritien	12.42	254.98	8.28	169.99
4530	Antiplatelet antibodies ● Antiplaatjie antiliggzaam	15.3	314.11	10.2	209.41
4531	Hepatitis: per antigen or antibody ● Hepatitis: per antigeen of antiliggzaam	14.49	297.48	9.66	198.32
4532	Transcobalamine ● Transkobalamien	12.42	254.98	8.28	169.99
4533	Folic acid ● Foliensuur	12.42	254.98	8.28	169.99
4536	Erythrocyte folate ● Rooisel foliensuur	17.48	358.86	11.65	239.17
4537	Prolactin ● Prolaktien	12.42	254.98	8.28	169.99
4538	Procalcitonin: Qualitative ● Procalcitonin: Kwalitatief	32	656.96	21.33	437.90
4539	Procalcitonin: Quantitative ● Procalcitonin: Kwantitatief	46	944.38	30.67	629.66
21.13	After hour service and travelling fees (applicable to pathologists only) ● Buite normale werksure en reisgelde (slegs van toepassing op patoloë)				
	Miscellaneous ● Diverse				
4544	Attendance in theatre ● Teenwoordigheid in teater	27	554.31	-	-
4547	After hour service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays ● Diens buite normale werksure (Maandag tot Vrydag) 17:00 tot 08:00, Saterdag 13:00 tot Maandag 08:00 en openbare vakansiedae	Tariff/Tarief + 50%	Tariff/Tarief + 50%		
4549	Minimum fee for after hour service ● Minimumgelde vir diens buite normale werk-ure	6.3	129.34	-	-
4551	Fees not detailed in the above Pathology Schedule (section 21) are obtainable from the National Pathology Group of the SAMA, and will be based on the fee for a comparable service in the Tariff of fees ● Gelde vir dienste nie vermeld in die voorafgaande Patologie skedule (afdeling 21), is verkrygbaar van die Nasionale Patologiesgroep van die SAMA en sal baseer word op die gelde van 'n vergelykbare diens in die Tarief		-		-

	Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
	U/E	R	U/E	R
22. ANATOMICAL PATHOLOGY ● ANATOMIESE PATOLOGIE				
The amounts in this section are calculated according to the Anatomical Pathology unit values ● Die bedrae in hierdie afdeling word volgens die Anatomiese Patologie eenheidswaardes bereken				
22.1 Exfoliative cytology ● Eksfoliatiewe sitologie				
4561 Sputum and all body fluids: First unit ● Sputum en alle liggaamsvog: Eerste eenheid	13.4	271.48	8.9	180.31
4563 Sputum and all body fluids: Each additional unit ● Sputum en alle liggaamsvog: Elke addisionele eenheid	7.8	158.03	5.2	105.35
4564 Performance of fine-needle aspiration for cytology ● Uitvoer van fynnaald aspirasie vir sitologie	15	303.90		
22.2 Histology ● Histologie				
4567 Histology per sample/specimen each ● Histologie per monster, elk	20	405.20	13.3	269.46
4571 Histology per additional block each ● Histologie per block, elk	11.6	235.02	7.7	156.00
4575 Histology and frozen section in laboratory ● Histologie en bevrore snit in laboratorium	22.7	459.90	15.1	305.93
4577 Histology and frozen section in theatre ● Histologie en bevrore snit in operasiesaal	90	1 823.40	60	1 215.60
4578 Second and subsequent frozen sections, each ● Tweede en daaropvolgende bevrore snitte, elk.	20	405.20	13.4	271.48
4579 Attendance in theatre - no frozen section performed ● Teenwoordigheid in teater - sonder dat bevrore snit uitgevoer is	26.3	532.84	17.5	354.55
4582 Serial step sections (including 4567) ● Seriesneë (ingeslote 4567)	23.3	472.06	15.6	316.06
4584 Serial step sections per additional block each ● Seriesneë, per bykomende blok elk	13.5	273.51	9	182.34
4587 Histology consultation ● Histologie konsultasie	10.1	204.63	6.7	135.74
4589 Special stains ● Spesiale kleuring	6.7	135.74	4.5	91.17
4591 Immuno-fluorescence/studies ● Immuno-fluoresiën/studies	20.7	419.38	13.8	279.59
4593 Electron microscopy ● Elektron-mikroskopiese ondersoek	94	1 904.44	63	1 276.38
4650 Autogenous vaccine ● Outogene vaksien	8	162.08	5.33	107.99
4651 Entomological examination ● Entomologiese ondersoeke	13.9	281.61	9.27	187.81

	Specialist Spesialis		General practitioner Algemene Praktisyn	
	U/E	R	U/E	R
IV. TRAVELLING EXPENSES ● REISKOSTE				
Refer to General Rule P ● Verwys na Algemene Reël P				
P. Travelling fees ● Reisgelde:				
(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 more than 16 kilometres in total had to be travelled ● Waar 'n praktisyn in noodgevalle vanaf sy huis of kamers na 'n pasiënt se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) indien meer as 16 kilometers in totaal gereis moes word.				
(b) If more than one patient are attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients ● Indien meer as een pasiënt tydens 'n reis aandag geniet, moet die volle reisgeld pro rata tussen die pasiënte verdeel word.				
(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms ● 'n Praktisyn is nie geregtig om fooie te hef vir enige reiskoste of reistyd na sy kamers nie.				
(d) Where a practitioner's residence is 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) ● Waar 'n praktisyn se woning meer as 8 kilometers vanaf 'n hospitaal geleë is, mag geen reisgelde gehef word vir dienste gelewer in sodanige hospitale nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste).				
(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) ● Waar 'n praktisyn 'n rondreispraktijk bedryf, is hy nie geregtig om reisgelde te hef nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste).				
When in cases of emergency (refer to general rule P), a doctor has to travel more than 16 kilometres in total to visit an employee, travelling costs can be charged and shall be calculated as follows ● Wanneer 'n praktisyn in noodgevalle (verwys na algemene reël P), meer as 16 kilometers in totaal moet reis om 'n werknemer te besoek, kan reiskoste gehef word en word dit soos volg bereken:				
Consultation, visit or surgical fee PLUS ● Konsultasie, besoek of chirurgiese gelde PLUS				
5001	Cost of public transport and travelling time or item 5003 ● Koste van openbare vervoer en reistyd of item 5003.			
5003	R5.00 per km for each kilometre in excess of 16 kilometres travelled in own car: 19 km total = 3 x R5.00 = R15.00 (no travelling time) ● R5.00 per km vir elke kilometer verder as 16 kilometer in totaal afgelê in eie motor: 19 km totaal = 3 x R5.00 = R15.00 (geen reistyd).			
Travelling time (Only applicable when public transport is used) ● Reistyd (Slegs van toepassing wanneer van openbare vervoer gebruik gemaak word.)				
5005	18	354.96		
5007			18	354.96
5009	27	532.44		
5011			27	532.44

	Specialist Spesialis		General practitioner Algemene Praktisyn	
	U/E	R	U/E	R
5013 Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them ● Reiskoste is nie betaalbaar indien 'n mediese praktisyn 'n afstand reis om as assistent behulpsaam te wees by 'n operasie op 'n pasient deur homself na die chirurg verwys nie				
5015 Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed ● Reiskoste kan vir reise van die mediese praktisyn se woonhuis of in antwoord op oproepe ontvang gedurende die nag of naweke geëis word, in gevalle waar reiskoste geëis mag word				

COIDA & RSSA INDICATIONS FOR MRI OF INJURY ON DUTY PATIENTS.

Select the appropriate injury, modality and indication to be used in conjunction with a MRI.

Annexure A ➡ MRI motivation form.

Annexure B ➡ COIDA & RSSA indication for MRI.

Annexure C ➡ Indications for plexus and peripheral nerve block.

Annexure D ➡ System format.

Annexure: A
The Department of Labour: Compensation Fund

MRI Motivation Form for Employee's Injured on Duty

Claim Number:

Employee's Name:

Employees ID No:

Name of Employer:

Date of Accident / Injury:

Type of Injury:

Brief description of how injury occurred:

Previous clinic / imaging investigations done, and dates:

Imaging investigation required:

Motivation / Clinical indications for the investigation:

Requesting Doctors Name:

Practice Number:

Date of Referral

This form should preferably be typed.

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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

ANNEXURE :B**COIDA & RSSA– Indications for MR Imaging of Injury on Duty Patients**

Select the appropriate injury, modality and indication. To be used in conjunction with a MRI / CT motivation. Refer also to the document "Guidelines for Imaging of MRI and other studies for Injury on Duty Patients"

 Head Injury - Acute (1) (Acute regarded as within first week of date of injury)

- | | |
|-----------------------------|---|
| <input type="checkbox"/> CT | <input type="checkbox"/> Reduced level of consciousness (1.i.a) |
| | <input type="checkbox"/> Seizures (1.i.b) |
| | <input type="checkbox"/> Neurological deficit (1.i.c) |
| | <input type="checkbox"/> Skull or facial bone fractures (1.i.d) |

 Head + Cervical Spine Injury – Acute (2)

- | | |
|---|---|
| <input type="checkbox"/> CT | <input type="checkbox"/> Head as above (2.i) |
| | <input type="checkbox"/> CT Spine (bone or joint injury) depending on result spine x-ray (2.ii) |
| <input type="checkbox"/> MRI – in selected cases following a CT (2.iii) | |

 Head Injury – Sub acute

- | | |
|------------------------------|---|
| <input type="checkbox"/> MRI | <input type="checkbox"/> Rotational axonal injury (2.d) |
| | <input type="checkbox"/> Chronic subdural haemorrhage |

 Head Injury - long term sequela (3)

- | | |
|------------------------------|--|
| <input type="checkbox"/> CT | <input type="checkbox"/> If convulsions present in semi acute phase, do CT first (3.b) |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Epilepsy (contrast and additional sequences often required) (3.a) |
| | <input type="checkbox"/> Long term structural changes (3.c) |

 Spine – Acute

- | | |
|------------------------------|---|
| <input type="checkbox"/> CT | <input type="checkbox"/> Bone or joint injury (4.i) |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Cord compression (5.i) |
| | <input type="checkbox"/> Neurological signs (nerve root) (5.ii) |
| | <input type="checkbox"/> Vertebral body fracture (selected cases) (5.iii) |

 Spine – sub acute and long term sequela

- | | |
|------------------------------|---|
| <input type="checkbox"/> MRI | <input type="checkbox"/> Cord injury (6.i) |
| | <input type="checkbox"/> Disc herniation (6.ii) |
| | <input type="checkbox"/> Post operative assessment (selected cases) (6.iii) |

 Chest / Body Injury (7)

- | | | | |
|-----------------------------|---|---|---|
| <input type="checkbox"/> CT | <input type="checkbox"/> Sternal fracture | <input type="checkbox"/> Vascular of lung | <input type="checkbox"/> Other organs / soft tissue |
|-----------------------------|---|---|---|

 Extremities

- | | |
|------------------------------|---|
| <input type="checkbox"/> CT | <input type="checkbox"/> Complicated fractures and dislocations (10) |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Muscle distal biceps insertion (9) |
| | <input type="checkbox"/> Cartilage, tendons, labrum, soft tissue of, joints (8.iii.a) |
| | <input type="checkbox"/> Planning repair of joints (8.iii.b) |
| | <input type="checkbox"/> Knee, elbow, ankle (usually no contrast) (8.iii.d) |
| | <input type="checkbox"/> Shoulder, wrist, hip (usually with contrast) (8.iii.c) |

The numbers after the indications refer to the document "Guidelines for Imaging of MRI and other studies for Injury on Duty Patients". The above indications are not exhaustive, and are merely a selection of the more common indications.

ANNEXURE: C

Item 2800 and 2802 as part of anaesthesia

2800 – Plexus nerve block

2802 – Peripheral nerve block

The motivation for the use of one of these codes in addition to that for the “normal” anaesthesia is that it controls post operative pain and minimises the use of pain injections / medication and encourages early mobilisation.

It is reasonable if the injury / surgery is of sufficient nature to expect much pain post operatively, such as in the fracture of a long bone that was surgically reduced and fixated.

It is however not reasonable in cases of a simple fracture to a hand bone / foot bone or uncomplicated amputation of a finger / toe or other simple procedures.

Examples of claims where I have found the use reasonable:

- open reduction / internal fixation of a femur / tibia – fibula / humerus / radius – ulna
- total knee replacement / total hip replacement

Examples where the use of the codes is not reasonable:

- one fracture in the hand / foot treated surgically
- amputation finger / toe or part of finger / toe
- arthroscopy of the ankle / knee / shoulder

I have seen one claim for a “crushed foot” where I accepted the use of the code because of many fractures and multiple procedures in one operation.

Item 2800 and 2802 as part of treatment

There also are instances where the use of the codes is part of the treatment (no surgery performed and is not part of general anaesthesia as such). This is why the codes were put into the tariff structure in the first place.

Multiple rib fractures are treated with a nerve block for pain management and that would be acceptable.



South African Private Ambulance
& Emergency Services Association

www.sapaesa.co.za

DOCTOR MOTIVATIONAL LETTER

PATIENT NAME: _____

DATE OF TRANSFER: _____

TRANSFER DESTINATION: _____

PATIENT CONDITION:

<input type="checkbox"/>	Bedridden
<input type="checkbox"/>	Septicemia
<input type="checkbox"/>	Post amputation
<input type="checkbox"/>	Wound Infection
<input type="checkbox"/>	Further treatment
<input type="checkbox"/>	Unstable vital signs
<input type="checkbox"/>	Post operative complication
<input type="checkbox"/>	Decreased level of consciousness
<input type="checkbox"/>	Radiology (X-Ray, CT Scan, MRI Scan, Ultrasound)
<input type="checkbox"/>	Treatment of burns
<input type="checkbox"/>	Patient has bedsores
<input type="checkbox"/>	Large plaster cast
<input type="checkbox"/>	Patient cannot sit in a car
<input type="checkbox"/>	Removal of internal fixation
<input type="checkbox"/>	Removal of external fixation
<input type="checkbox"/>	Public transport will compromise patient's treatment
<input type="checkbox"/>	Patient has severe muscular or ligament damage
<input type="checkbox"/>	Patient still has IV line in situ
<input type="checkbox"/>	Patient requires medical care during the journey

COMMENTS: _____

DOCTOR NAME: _____

DOCTOR HPCSA NUMBER: _____

DOCTOR SIGNATURE: _____

DATE: _____

South African Private Ambulance Emergency Services Association

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Executive: G Mills Executive: A Leicester CEO: O Wright

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ANAESTHESIA GUIDELINES TO BILLING 2015

Services involving administration of anaesthesia are reported by the use of the Doctors Guide to Billing codes plus modifier codes defined under Anaesthesia Modifiers.

1. To report regional or general anaesthesia provided by a medical practitioner also performing the services for which the anaesthesia is being provided, it should be noted that a doctor should usually perform either the role of the operating surgeon or the anaesthesiologist, but not both. When the anaesthesiologist, other than the medical practitioner performing the procedure, provides anaesthesia services as specified in these guidelines (conscious sedation or otherwise), the anaesthesia codes should be reported.

2. These services may include but are not limited to general, regional, supplementation of local anaesthesia, or other supportive services to afford the patient the anaesthesia care deemed optimal by the anaesthesiologist during any procedure. Monitored anaesthesia care is included in the service and the reporting of any professional anaesthesia services is reported as if a general anaesthetic was administered.

3. These services include the anaesthesia care during the procedure, the administration of fluids and/or blood and the usual monitoring services (e.g. ECG, temperature, blood pressure, oximetry, and capnography). Unusual forms of monitoring (e.g. intra-arterial, central venous and Swan-Ganz) are not included.

4. The use of special equipment, if owned by the practitioner, namely nerve stimulators, fiberoptic bronchoscopes, ultrasound machines - for placement of CVP/nerve blocks, PCA devices and syringe pumps, is not included and billed in addition.

5. Complications and sensitivity encountered by the patient during a procedure:

- o An anaesthesiologist / anaesthetist is obliged to report back in writing to the patient, the referring practitioner and the surgeon who performed the procedure, of any complications and reactions encountered during anaesthesia
- o A copy of such report should be kept by the anaesthesiologist / anaesthetist for future reference.

The Evaluation / Management consultation services are in addition to the above services. 2

EVALUATION / MANAGEMENT CONSULTATION SERVICES

These include:

Pre-operative assessment (codes 0151-0153). This is face-to-face time spent with the patient, assessing prior medical and surgical history, medication and allergic history, prior anaesthetics, examination and discussion of anaesthetic techniques and risk, ordering of appropriate investigations and ordering of any pre-operative medication. This assessment may also be done in the theatre admission area, and whilst this is not ideal, it is understood that due to late admissions on the day of surgery and other explanations it is not always possible to see the patient in the ward.

If the pre-operative assessment is not followed by an operation, it would be regarded as a Consultation and items 0173-0175 for In-hospital Consultations and items 0190-0192 for Consultations in own rooms, will apply (see modifier 0024)

Unscheduled emergency consultation service, without travel (code 0146) and with travel (code 0147). Only one of these items may be used as an add-on to the consultation service (codes 0151-0153, 0173-0175) if the procedure is unbooked/unscheduled (i.e. not booked on a scheduled slate, or booked as an add-on to an elective slate after the theatre slates have been finalised by the theatre booking secretary) and surgery is of an emergency diagnosis (i.e. failure to treat within a restricted time-period of 24hrs may well result in loss of life, limb or significant complications).

Post-operative assessments (code 0109). Anaesthesiology does not have a global fee component and therefore if cardio-respiratory, pain or any other assessment or intervention is necessary, this code will apply.

Consultation services provided at own consultation rooms (including pain clinic consultations) done prior to the anaesthetic to assess fitness for anaesthesia and to improve physical status prior to an anaesthetic, codes 0190-0193, will apply.

REPORTING OF ANAESTHESIA SERVICES

All anaesthesia values are determined by adding a Basic Unit Value, which is related to the complexity of the service, plus Time Units, plus Modifying Units (if any).

Basic value or base unit: the basic value, also referred to as the base unit or relative value, is listed for anaesthetic management of most surgical procedures. This includes the value of all usual anaesthesia services except for the time actually spent in anaesthesia care and any modifiers.

The basic value units have two components:

One component reflects all usual services included in the anaesthesia service. Usual services include: administration of fluids and/or blood products incidental to the procedure and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry and capnography).

The second component reflects the relative work or cost of the specific anaesthesia service. Cost in this context refers to the medical practitioner's expertise/training/ risk. For example, the basic value for the anaesthesia service related to a closed reduction of a radius fracture might be 3,00 anaesthetic units, as it has a relatively low level of work or cost. The basic value for an anaesthesia service associated with an intrathoracic coronary artery bypass graft procedure might be 15,00 anaesthetic units, reflecting a high level of work or cost.

Two exceptions to using the basic value are listed, namely:

A minimum basic value of 4,00 anaesthetic units are allowed for all procedures of the head, neck or shoulder girdle, requiring field avoidance (code 0034).

In addition, any procedure performed in any position other than lithotomy or supine has a minimum basic value of 4,00 anaesthetic units (item 0032).

If the anaesthesia code associated with the surgical procedure carries a basic value greater than four, the higher basic value is reported. 3

Excluded from the Basic Unit Value are:

Unusual forms of monitoring e.g. placement of intra-arterial, central venous and pulmonary artery catheters,

Use of trans-oesophageal echocardiography (TEE)

Use of special equipment.

TIME (CODE 0023):

Anaesthetic time is the actual time spent providing the anaesthesia service. Time begins as the anaesthesiologist prepares the patient for anaesthesia care in the operating room or in an equivalent area. Time ends when the personal attendance of the anaesthesiologist is no longer required and the patient can be safely placed in post-anaesthesia recovery under the supervision of nursing or other trained personnel. Should a second patient receive an anaesthetic before the discharge of the first patient from the recovery unit, then the anaesthetic time for the first patient shall cease.

Time is reported in units based on defined time increments. For the first hour of anaesthesia 2,00 anaesthetic units are allocated to each 15 minute period or part thereof, thereafter 3,00 anaesthetic units are allocated per each 15 minute period or part thereof. On some anaesthesia services, time is not reported additionally. A '+' is designated after the base unit for procedures requiring time reported separately. Do not list time separately for procedures without this designation.

RAND CONVERSION FACTOR (RCF):

Anaesthesia charges must be calculated by means of a conversion factor since the charges are not based on fixed amounts. The conversion factor is the Rand value associated with each unit of anaesthesia. The Rand conversion factor is multiplied by the total number of anaesthesia units (basic, time and modifiers, if applicable) for a given anaesthesia service, to arrive at the total charges for the anaesthesia service.

Standard formula: The total anaesthesia units for a given anaesthesia service are determined by using the total units multiplied by the Rand Conversion Factor (RCF). The total charge for a specific anaesthesia service is calculated by means of the following formula:

Basic value + Time units + Modifying units = Anaesthetic units

Additional Procedure units x RCF + Consult units x RCF + Anaesthetic units x RCF = Total fee for the procedure

MONITORED (STAND-BY) ANAESTHESIA

Monitored anaesthesia care is defined as instances where an anaesthesiologist has been requested to provide specific services to a patient undergoing a planned procedure. The patient receives either local anaesthesia or no anaesthesia. However, the anaesthesiologist is required to provide pre-operative assessment, to remain in attendance during the procedure to monitor the patient and to administer additional anaesthetics should it be required and to provide post-operative services as required.

Monitored care, as described above, is any other anaesthesia procedure. The procedure should be assigned the applicable anaesthesia code with time and modifying units being added as for general anaesthesia.

When an anaesthesiologist is requested by the attending medical practitioner to be present in the operating room to monitor vital signs and manage the patient on an anaesthesia level, even though the actual surgery is being done under local anaesthesia, calculations will be the same as if general anaesthesia had been administered (time + base value).

Stand-by anaesthesia is generally accepted without motivating documents for the following:

Vaginal deliveries

Subdural haematomas

Vascular imaging and interventional procedures e.g. angioplasty, stents, embolectomy and filters

Interventional radiology

4

Patients with physical status ASA 3 or ASA 4

Insertion of a cardiac pacemaker, cardiac catheterizations and coronary angiograms and coronary stents

Cataract extraction and/or lens implant

MORE THAN ONE ANAESTHESIOLOGIST – MODIFIER 0029

When it is necessary to have a second anaesthesiologist it is recommended that the remuneration for the second anaesthesiologist shall be calculated at the same rate for the first hour and thereafter at 80% of the principal specialist rate, and the time charged is for the actual time in attendance.

Pre-operative assessment is not chargeable and may also not charge for the modifiers 0037 to 0044 or the orthopaedic modifiers 5441 to 5448.

Either the principal anaesthesiologist or the assistant anaesthesiologist may charge for the placement of the invasive monitoring lines, namely codes 1215 to 1218.

The monetary value of modifier 0029 will not be less than 7,00 anaesthetic units (refer to modifier 0035).

CONSCIOUS SEDATION – MODIFIER 0020

Conscious sedation (CS) is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or by light tactile stimulation. A distinction is also made between light sedation and deep sedation (conscious sedation).

In light sedation, the patient responds to verbal or tactile stimuli, no airway intervention is required, spontaneous ventilation is adequate and the cardio-vascular function is usually maintained.

In deep sedation (conscious sedation) purposeful response is only after repeated or painful stimuli, airway intervention may be required, spontaneous ventilation may be inadequate and cardio-vascular function is maintained.

Conscious sedation is therefore seen as an anaesthetic technique. According to a HPCSA Ruling (April 1987 Vol 6 p 295) a medical practitioner 'was not permitted to perform procedures and simultaneously administer the anaesthetic'. If deep sedation (conscious sedation as per the definition above) was provided, a second practitioner had to be present to monitor the patient during the sedation period.

The following will apply to conscious sedation cases:

1. Conscious sedation performed by the operator: No additional fee may be charged for the conscious sedation if it is performed by the operator, except to remunerate him/her for the medicine used during the treatment if it is supplied by the operator. The conscious sedation in this scenario is included in the fee for the procedure performed.
2. Conscious sedation performed by the operator with a second person (anaesthesiologist) participating in the general care of a patient during a surgical procedure: The anaesthesiologist is remunerated at the usual anaesthetic rates. Thus the operator under the "supervision of a second person" performs the conscious sedation in this scenario. No fee is charged by the operator for performing the conscious sedation. However, the anaesthesiologist on stand-by charges for a general anaesthetic as appropriate.
3. Conscious sedation performed by an anaesthesiologist (not the operator): The account is rendered as for general anaesthesia. Conscious sedation is an anaesthetic technique that should be handled in the same way as for example an epidural anaesthetic.
4. This code may need to be used to indicate on the anaesthetic account that the procedure was performed in an unattached theatre suite as there may often not be an associated hospital theatre account.

EMERGENCY SURGERY FOR THEATRE PROCEDURES (MODIFIER 0011)

Any bona fide, justifiable emergency procedure (all hours), undertaken in an operating theatre, will attract an additional 12,00 clinical units per half-hour or part thereof of the operating time for all members of the surgical team. The conditions as outlined in the use of codes 0146 or 0147 applies 5

Item 0147 is appropriate for anaesthesiologists/anaesthetists during after-hour periods only where the Compensation Fund is responsible for the account in cases of emergency which may or may not necessitate an anaesthetic (refer to Rule B).

PAIN MANAGEMENT

Normal post-operative pain management includes oral, intramuscular or intravenous medications. Normal post-operative pain management provided by the surgeon and/or anaesthesiologist is included in the global fee for the surgical procedure.

Some procedures and/or patients require more than the usual type of post-operative pain management and this is frequently provided or supervised by an anaesthesiologist. These services are additional procedures and are reported as follows:

An Intrathecal or spinal injection for pain management is reported with code 2799.

Epidural or sub-arachnoid (code 2801) pain management is reported with the appropriate procedure codes for the placement of an epidural or caudal block.

Plexus nerve block (Code 2800) is reported for the following more complex blocks - Brachial plexus block, Cervical plexus block, Axillary nerve block, Multiple ipsilateral intercostal nerve blocks, Sciatic nerve block, Femoral nerve block, Paravertebral block, Psoas compartment block, Celiac plexus block, Phrenic nerve block, Vagus nerve block, Facial nerve block, Trigeminal nerve block, Stellate ganglion block, Superior hypogastric plexus, Sphenopalatine ganglion.

Inserting an indwelling nerve catheter (code 2804) is reported if a catheter is inserted with a spinal (code 2799), plexus block (code 2800) or an epidural (code 2801).

Patient-controlled analgesia (PCA) is reported with code 1220 plus 1221 if appropriate on a per-day basis. Code 0201 is appropriate for the cost of material used in treatment and is also applicable for disposable PCA devices purchased and provided by practitioners.

Indications for use of PCA (intravenous or epidural):

- o Intrathoracic cases

- o Major vascular cases (aortic, carotid, iliac, femoral, brachial arteries)

- o Intra-abdominal procedures (gastric and bowel procedures, renal, hysterectomy, prostatectomy)

- o Major orthopaedic procedures (joint replacements, spinal surgery, internal fixation of long-bones)

- o Major head and neck procedures (neck dissections)

- o Major plastic or soft tissue procedures (mastectomy, extensive skin graft, burns, abdominoplasty)

- o Labour and post-caesarian section

- o Acute herpes zoster

- o Sickle cell crisis

Post-operative pain management services are not calculated based on time. These services are reported as a single, daily charge.

Procedures for chronic pain management (example epidural for pain) is only charged as a consultation service (0173-0175 or 0190-0192) plus the procedure code 2801 plus 2804 if appropriate – note there is no fee for anaesthetic time.

6

Epidurals and Spinals

- If used as the anaesthetic technique then the placement of the epidural (code 2801) or spinal (code 2799) is not charged and the fee should be as a general anaesthetic.
- If inserted during a general anaesthetic then code 2801 and if appropriate 2804 can be charged.
- If an epidural is repeated at a different level due to a CSF leak at the time of initial insertion, it is considered as only one procedure.
- If it is resited at a different occasion, it becomes a separate and additional procedure.
- Code 2801 is appropriate for epidural blood patches that are performed on the second or subsequent day after the inadvertent spinal tap.

ANAESTHETIC OBSTETRIC GUIDELINES TO BILLING:

Epidural insertion for labour

Pre-anaesthetic consultation (0151) charged plus 0146 or 0147 (as appropriate) unless elective induction of labour.

Time charged using modifier 0023 of actual time spent attending to the patient, usually between 45-60 minutes (8 time units).

Epidural PCA is a routine norm for a labouring parturient and procedure code 1220 plus 1221 (if equipment owned by practitioner) is appropriate.

When epidural analgesia is administered, an anaesthesiologist may attend to more than one patient. The anaesthesiologist may insert the epidural catheter, start the continuous anaesthetic and leave the patient's bedside. The anaesthesiologist periodically returns to check on the patient or to increase the amount of anaesthetic while attending to other patients who are also receiving epidurals for vaginal deliveries.

Once an anaesthesiologist has committed to providing epidural pain relief during labour they are committed to remain available to manage any obstetric emergency.

Epidural labour patients progressing to caesarean

- If the same operator who inserted the epidural is involved in the caesarean section then:

No additional pre-anaesthetic consultation fee (0151) but 0146 or 0147 as appropriate.

Additional top-up times may be charged for the time spent with the patient prior to admission to the theatre.

Thereafter standard general anaesthetic reimbursement as if a separate procedure.

- If another anaesthesiologist is used for the caesarean, then:

Another consultation service is charged plus 0146 or 0147 as appropriate.

There-after standard general anaesthetic reimbursement as if a separate procedure.

MODIFIERS TO BE USED IN ANAESTHETICS

All anaesthesia services are reported by use of the procedure codes plus the use of other optional modifiers as may be appropriate.

1. Code **0018** - Surgical modifier for persons with a BMI of 35> (calculated according to kg/m²):

A 50% increase in anaesthetic time units for anaesthesiologists

2. Code **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):

A 50% increase in anaesthetic time units for anaesthesiologists

3. Code **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

4. Code **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

5. Code **0037** - Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units

6. Code **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

Peri-operative blood salvage is appropriate for the collection of autologous blood intra-operatively and for the administering of salvaged blood (either from cell-saver or re-infusion drains) in the post-operative period.

7. Code **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. This modifier code is used for:

Improved surgical exposure (mastoidectomy, tympanoplasty, spinal surgery, major neck dissections, endoscopic sinus drainage, mandibular or maxillary osteotomy, total hip replacement, shoulder surgery).

Maintain perfusion pressures (cardiac surgery, craniotomy for tumour/aneurysm, major vascular surgery, carotid endarterectomy, major plastic free flaps, vasoactive tumours – phaemochromoctoma/carcinoid syndromes, pre-eclamptic or eclamptic patients, and shocked trauma cases on inotropic support).

Invasive monitoring is not regarded as mandatory for the appropriate use of this code.

8. Code **0040** - Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units

9. Code **0041** - Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units

10. Code **0042** - Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units

11. Code **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

12. Code **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

13. Modifiers used for musculo-skeletal procedures (code **5441-5448**):

If anaesthetic is administered for procedures on more than one category of bone, the modifier for the highest category of bone concerned is applicable.

5441 Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448

5442 Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporomandibular joint: Add two (2,00) anaesthetic units

5443 Maxillary and orbital bones: Add three (3,00) anaesthetic units

5444 Shaft of femur: Add four (4,00) anaesthetic units

5445 Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units

5448 Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units. Not appropriate for anaesthetic on open heart procedures. 8

CHRONIC PAIN MANAGEMENT SERVICES

Chronic pain management services are not anaesthesia services. These are distinct services frequently performed by anaesthesiologists who have additional training in pain management procedures. Pain management services are reported following the same rules as those for surgical procedures. Pain management services include consultative services, trigger point injections, spine and spinal cord injections and nerve blocks. Each code for pain management services should have a specific fee selected from the appropriate codes for the services or procedures rendered. In other words, no adjustments are made based on time, physical status or qualifying circumstances. These codes may be the same as those used for nerve blocks during anaesthesia.

ANAESTHESIOLOGISTS AS CLINICIANS

It is appropriate for anaesthesiologists acting as clinicians, to charge the appropriate consultation or procedure item when rendering a service not related to the administration of an anaesthetic.

Examples are:

- o Placement of intercostal drains (code 1141)
- o Performing of percutaneous tracheostomy (code 1127)
- o Nerve ablation procedures
- o Bronchoscopy (code 1132)
- o Trans-oesophageal echocardiography (code 3636, 3637, 5115)
- o Pulmonary stress testing: For determination of VO₂ max (code 1199)
- o Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus (code 1234)
- o Ownership of specialised equipment, namely ultrasound (code 5103) and blood-gas analyser machines, (code 4068)

SPECIFIC CODES

Code 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.

Appropriate as a once-off charge if the anaesthesiologists is in total control of the pump from insertion to removal. A daily charge is not appropriate.

Code 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).

The specialist fee is appropriate for anaesthesiologists.

Code 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.

Code 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.

Chargeable by an anaesthesiologist provided it is not inserted in a theatre environment, i.e. ward, casualty or ICU/Highcare areas.

Code 0206 Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours.

Chargeable by an anaesthesiologist if they are not the attending doctor either in the ICU/Highcare or involved in the pre- and intraoperative management of the patient, as this fee is included in the pre-operative consult and the fee for critical care services. 9

Code 1321 Stand-by fee for coronary angioplasty.

Anaesthesiologist need not be present during the procedure, but must be available for resuscitation or emergency CABG surgery.

Code 1132 Bronchoscopy: Diagnostic bronchoscopy.

This code is chargeable by an anaesthesiologist if a diagnostic bronchoscopy is performed or for the confirmation of the correct placement of a double-lumen tube.

Code 1356 Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)

This code can only be charged by either the surgeon or the anaesthesiologist. The person actually inserting and removing the IABP can charge the code.

Code 1780 Gastric and duodenal intubation

Appropriate to be charged by the anaesthesiologist if they have inserted the naso-gastric tube.

Code 2799 Procedures for pain relief: Intrathecal injections for pain

Code 2800 Procedures for pain relief: Plexus nerve block

The following more complex nerve blocks will be billable under this code: Brachial plexus block, Cervical plexus block, Axillary nerve block, Multiple ipsilateral intercostal nerve blocks, Sciatic nerve block, Femoral nerve block, Paravertebral block, Psoas compartment block, Celiac plexus block, Phrenic nerve block, Vagus nerve block, Facial nerve block, Trigeminal nerve block, Stellate ganglion block, Superior hypogastric plexus, Sphenopalatine ganglion.

Code 2801 Procedures for pain relief: Epidural injection for pain

Code 2802 Procedures for pain relief: Peripheral nerve block

All other peripheral nerve blocks not mentioned in code 2800.

Code 3636 Trans-oesophageal echocardiography including passing the device

Specialist anaesthesiologists with demonstrated skill and experience may charge this code for recognized intra-operative decision making or diagnostic indications when surgery is not necessarily part of the treatment. In both cases this assumes that problem orientated or a complete study is done and advanced decision making is required.

Code 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)

Code 5103 Ultrasound soft tissue, any region

Ultrasound used for the placement of central venous access, arterial lines and nerve blocks can be charged by the anaesthesiologist if he performed the ultrasound.

Please note Rule 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.

Code 5115 Intra-operative ultrasound study

This code is to be used when anaesthesia or monitored anaesthesia care is required for an ultrasound study to be done.



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UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha

25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha
35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

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