Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4653	Rapid automated antibiotic susceptibility per organism	04.00		17.000	138.10 (121.10)	11.330	92.10 (80.80)		
4654	Rapid automated MIC per organism per antibiotic	04.00		17.000	138.10 (121.10)	11.330	92.10 (80.80)		
4655	Mycobacteria: MIC determination - E Test	05.03		16.500	134.10 (117.60) Z	11.000	89.40 (78.40) Z		
4656	Mycobacteria: Identification HPLC	05.03		35.000	284.40 (249.50) Z	23.330	189.60 (166.30) Z		
4657	Mycobacteria: Liquefied, consentrated, fluorochrome stain	05.03		9.900	80.40 (70.50) Z	6.600	53.60 (47.00) Z		
21.4	**Serology**								
3958	Anti Gad/Ia2 Ab	04.00		67.950	552.10 (484.30)	45.300	368.10 (322.90)		
3959	Rose Waaler agglutination test	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3960	Gonococcal, listeria or echinococcus agglutination	04.00		9.500	77.20 (67.70)	6.300	51.20 (44.90)		
3961	Slide agglutination test	04.00		2.630	21.40 (18.80)	1.750	14.20 (12.50)		
3962	Rebuck skin window	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
3963	Serum complement level: Each component	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3965	Anti Ia2 Antibodies	04.00		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
3966	Anti Gad Antibodies	04.00		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
3967	Auto-antibody: Sensitized erythrocytes	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3968	Herpes virus typing: Monoclonal immunological	04.00		20.690	168.10 (147.50)	13.790	112.00 (98.20)		
3969	Western blot technique	04.00		74.000	601.30 (527.50)	49.000	398.10 (349.20)		
3970	Epstein-Barr virus antibody titer	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	04.00		14.100	114.60 (100.50)	9.400	76.40 (67.00)		
3933	IgE: Total: EMIT or ELISA	04.00		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
3934	Auto antibodies by labelled antibodies	04.00		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3935	Sperm antibodies	04.00		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3936	Virus neutralisation test: First antibody	04.00		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
3937	Virus neutralisation test: Each additional antibody	04.00		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
3938	Precipitation test per antigen	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3939	Agglutination test per antigen	04.00		5.500	44.70 (39.20)	3.670	29.80 (26.10)		
3940	Haemagglutination test: Per antigen	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3941	Modified Coombs' test for brucellosis	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3942	Hepatitis Rapid Viral Ab	04.00		12.240	99.50 (87.30)	8.160	66.30 (58.20)		

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3943	Antibody titer to bacterial exotoxin	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
3945	Complement fixation test	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	04.00		14.050	114.20 (100.20)	9.370	76.10 (66.80)		
3947	C-reactive protein	04.00		10.840	88.10 (77.30)	7.227	58.70 (51.50)		
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	04.00		12.950	105.20 (92.30)	8.630	70.10 (61.50)		
3949	Qualitative Kahn, VDRL or other flocculation	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3950	Neutrophil phagocytosis	04.00		25.200	204.80 (179.60)	16.800	136.50 (119.70)		
3951	Quantitative Kahn, VDRL or other flocculation	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3952	Neutrophil chemotaxis	04.00		67.950	552.10 (484.30)	45.300	368.10 (322.90)		
3953	Tube agglutination test	04.00		4.150	33.70 (29.60)	2.760	22.40 (19.60)		
3955	Paul Bunnell: Presumptive	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	04.00		8.500	69.10 (60.60)	5.670	46.10 (40.40)		
3957	Paul Bunnell: Absorption	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3971	Immuno-diffusion test: Per antigen	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3972	Respiratory syncytial virus (ELISA technique)	04.00		35.000	284.40 (249.50)	23.000	186.90 (163.90)		
3973	Immuno electrophoresis: Per immune serum	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
3974	Polymerase chain reaction	04.00		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	04.00		12.000	97.50 (85.50)	8.000	65.00 (57.00)		
3977	Counter immuno-electrophoresis	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
3978	Lymphocyte transformation	04.00		51.700	420.10 (368.50)	34.500	280.30 (245.90)		
3980	Bilharzia Ag Serum/Urine	04.00		14.500	117.80 (103.30)	9.670	78.60 (68.90)		
3982	Histone Ab	04.00		16.000	130.00 (114.00)	10.670	86.70 (76.10)		
4600	Anti-CCP	05.03		17.460	141.90 (124.50) Z	11.640	94.60 (83.00) Z		
4601	Panel typing: Antibody detection: Class I	04.00		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
4602	Panel typing: Antibody detection: Class II	04.00		44.000	357.50 (313.60)	29.300	238.10 (208.90)		
4603	HLA test for specific locus/antigen - serology	04.00		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4604	HLA typing: Class I - serology	04.00		52.000	422.50 (370.60)	34.700	281.90 (247.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4605	HLA typing: Class II - serology	04.00		52.000	422.50 (370.60)	34.700	281.90 (247.30)		
4606	HLA typing: Class I & II - serology	04.00		90.000	731.30 (641.50)	60.000	487.50 (427.60)		
4607	Cross matching T-cells (per tray)	04.00		18.000	146.30 (128.30)	12.000	97.50 (85.50)		
4608	Cross matching B-cells	04.00		38.000	308.80 (270.90)	25.300	205.60 (180.40)		
4609	Cross matching T- & B-cells	04.00		48.000	390.00 (342.10)	32.000	260.00 (228.10)		
4610	Helicobacter: Pylori antigen test	04.00		34.600	281.10 (246.60)	23.070	187.40 (164.40)		
4611	Erythropoietin	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4612	HTLV I/II	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4613	Anti-Gm1 Antibody Assay	04.00		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
4614	HIV Ab - Rapid Test	04.00		12.000	97.50 (85.50)	8.000	65.00 (57.00)		
21.5	**Skin tests**								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section								04.00
21.6	**Biochemical tests: Blood**								
3991	Abnormal pigments: Qualitative	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3993	Abnormal pigments: Quantitative	04.00		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
3995	Acid phosphate	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
3996	Serum Amyloid A	04.00		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
3997	Acid phosphatase fractionation	04.00		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3998	Amino acids Quantitative (Post derivatisation HPLC)	04.00		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
3999	Albumin	04.00		4.800	39.00 (34.20)	3.200	26.00 (22.80)		
4000	Alcohol	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4001	Alkaline phosphatase	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4002	Alkaline phosphatase-iso-enzymes	04.00		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4003	Ammonia: Enzymatic	04.00		7.710	62.60 (54.90)	5.140	41.80 (36.70)		
4004	Ammonia: Monitor	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4005	Alpha-1-antitrypsin: Total	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4006	Amylase	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4007	Arsenic in blood, hair or nails	04.00		36.250	294.50 (258.30)	24.170	196.40 (172.30)		
4008	Bilirubin - Reflectance	04.00		4.770	38.80 (34.00)	3.180	25.80 (22.60)		
4009	Bilirubin: Total	04.00		4.770	38.80 (34.00)	3.180	25.80 (22.60)		
4010	Bilirubin: Conjugated	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4011	Breath Hydrogen Test	04.00		21.560	175.20 (153.70)	14.370	116.80 (102.50)		
4012	CSF Nicotinic Acid	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4013	CSF Glutamine	04.00		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4014	Cadmium: Atomic absorption	04.00		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4016	Calcium: Ionized	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4017	Calcium: Spectrophotometric	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4018	Calcium: Atomic absorption	04.00		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4019	Carotene	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4020	Carnitine (Total or free) in biological fluid: Each	04.00		11.690	95.00 (83.30)	7.790	63.30 (55.50)		
4021	Carnitine (Total or free) in muscle: Each	04.00		23.380	190.00 (166.70)	15.590	126.70 (111.10)		
4022	Acyl Carnitine	04.00		23.380	190.00 (166.70)	15.590	126.70 (111.10)		
4023	Chloride	04.00		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4025	Chol/HDL/LDL/Trig	04.00		27.070	219.90 (192.90)	18.050	146.70 (128.70)		
4026	LDL cholesterol (chemical determination)	04.00		6.900	56.10 (49.20)	4.600	37.40 (32.80)		
4027	Cholesterol total	04.00		5.340	43.40 (38.10)	3.560	28.90 (25.40)		
4028	HDL cholesterol	04.00		6.900	56.10 (49.20)	4.600	37.40 (32.80)		
4029	Cholinesterase: Serum or erythrocyte: Each	04.00		7.480	60.80 (53.30)	4.990	40.50 (35.50)		
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	04.00		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4031	Total CO2	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4032	Creatinine	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4033	CSF-Immunoglobulin G	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4034	C1-Esterase Inhibitor	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4035	CSF-Albumin	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4036	CSF-IgG Index	04.00		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4038	Glutamic acid	04.00		29.060	236.10 (207.10)	19.370	157.40 (138.10)		
4040	Homocysteine (random)	04.00		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4041	Homocysteine (after Methionine load)	04.00		18.100	147.10 (129.00)	12.060	98.00 (86.00)		
4042	D-Xylose absorption test: Two hours	04.00		13.150	106.80 (93.70)	8.750	71.10 (62.40)		
4045	Fibrinogen: Quantitative	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4047	Hollander test	04.00		24.750	201.10 (176.40)	16.500	134.10 (117.60)		
4049	Glucose tolerance test (2 specimens)	04.00		8.970	72.90 (63.90)	5.980	48.60 (42.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4050	Glucose strip-test with photometric reading	04.00		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
4051	Galactose	04.00		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4052	Glucose tolerance test (3 specimens)	04.00		13.170	107.00 (93.90)	8.780	71.30 (62.50)		
4053	Glucose tolerance test (4 specimens)	04.00		17.370	141.10 (123.80)	11.580	94.10 (82.50)		
4057	Glucose: Quantitative	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4061	Glucose tolerance test (5 specimens)	04.00		21.560	175.20 (153.70)	14.370	116.80 (102.50)		
4062	Galactose-1-phosphate uridyl transferase	04.00		16.000	130.00 (114.00)	10.700	86.90 (76.20)		
4063	Fructosamine	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4064	HbA1C	06.04		14.250	115.80 (101.60)	9.500	77.20 (67.70)		
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.00		46.880	380.90 (334.10)	31.250	253.90 (222.70)		
4067	Lithium: Flame ionisation	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4068	Lithium: Atomic absorption	04.00		7.480	60.80 (53.30)	4.990	40.50 (35.50)		
4071	Iron	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4073	Iron-binding capacity	04.00		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	04.00		19.100	155.20 (136.10)	12.730	103.40 (90.70)		
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	04.11		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4079	Ketones in plasma: Qualitative	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4081	Drug level-biological fluid: Quantitative	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4082	Tacrolimus assay	04.00		20.100	163.30 (143.20)	13.400	108.90 (95.50)		
4083	Lysosomal enzyme assay	04.00		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4084	Thymidine kinase	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4085	Lipase	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4086	Lactate	04.00		16.000	130.00 (114.00)	10.670	86.70 (76.10)		
4091	Lipoprotein electrophoresis	04.00		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4092	Orosmucoid	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4093	Osmolality: Serum or urine	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4094	Magnesium: Spectrophotometric	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4095	Magnesium: Atomic absorption	04.00		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4096	Mercury: Atomic absorption	04.00		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4098	Copper: Atomic absorption	04.00		18.120	147.20 (129.10)	12.080	98.20 (86.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4105	Protein electrophoresis	04.00		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	04.00		20.000	162.50 (142.50)	13.200	107.30 (94.10)		
4109	Phosphate	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4111	Phospholipids	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4113	Potassium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4114	Sodium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4117	Protein: Total	04.00		3.110	25.30 (22.20)	2.070	16.80 (14.70)		
4121	pH, pCO2 or pO2: Each	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4123	Pyruvic acid	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4125	Salicylates	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4126	Secretin-pancreozymin response	04.00		26.100	212.10 (186.10)	17.400	141.40 (124.00)		
4127	Caeruloplasmin	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4128	Phenylalanine: Quantitative	04.00		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4129	Glutamate dehydrogenase (GDH)	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4130	Aspartate aminotransferase (AST)	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4131	Alanine aminotransferase (ALT)	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4132	Creatine kinase (CK)	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4133	Lactate dehidrogenase (LD)	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4134	Gamma glutamyl transferase (GGT)	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4135	Aldolase	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4136	Angiotensin converting enzyme (ACE)	04.00		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4137	Lactate dehydrogenase isoenzyme	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4138	CK-MB: Immunoinhibition/precipitation	04.11		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4139	Adenosine deaminase	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4142	Red cell enzymes: Each	04.00		7.800	63.40 (55.60)	5.200	42.30 (37.10)		
4143	Serum/plasma enzymes	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4144	Transferrin	04.00		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4146	Lead: Atomic absorption	04.00		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4147	Triglyceride	04.00		7.930	64.40 (56.50)	5.290	43.00 (37.70)		
4148	Tay - Sachs Study	04.00		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4149	Red cell magnesium	04.00		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4151	Urea	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4152	CK-MB: Mass determination: Quantitative (Automated)	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4153	CK-MB: Mass determination: Quantitative (Not automated)	04.00		17.470	141.90 (124.50)	11.650	94.70 (83.10)		
4154	Myoglobin quantitative: Monoclonal immunological	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4155	Uric acid	04.00		3.780	30.70 (26.90)	2.520	20.50 (18.00)		
4156	Vitamin D3	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4157	Vitamin A-saturation test	04.00		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4158	Vitamin E (tocopherol)	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4159	Vitamin A	04.00		6.300	51.20 (44.90)	4.200	34.10 (29.90)		
4160	Vitamin C (ascorbic acid)	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4161	Troponin isoforms: Each	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4163	Apoprotein AI: Turbidometric method	04.00		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
4165	Apoprotein AII: Turbidometric method	04.00		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
4167	Apoprotein B: Turbidometric method	04.00		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
4170	Lipoprotein (a)(Lp(a)) assay	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4171	Sodium + potassium + chloride + CO2 + urea	04.00		15.840	128.70 (112.90)	10.560	85.80 (75.30)		
4172	ELISA/EMIT technique	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4173	Sirolimus Assay	04.00		78.000	633.80 (556.00)	52.000	422.50 (370.60)		
4181	Quantitative protein estimation: Mancini method	04.00		7.760	63.10 (55.40)	5.170	42.00 (36.80)		
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	04.00		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
4183	Quantitative protein estimation: Labelled antibody	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4184	C-reactive protein (Ultra sensitive)	04.00		11.680	94.90 (83.20)	7.790	63.30 (55.50)		
4185	Lactose	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4186	Vitamin B6	04.00		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4187	Zinc: Atomic absorption	04.00		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
21.7	**Biochemical tests: Urine**								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	04.00		1.500	12.20 (10.70)	1.000	8.13 (7.13)		
4189	Abnormal pigments	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4193	Alkapton test: Homogentisic acid	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4194	Amino acids: Quantitative (Post derivatisation HPLC)	04.00		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
4195	Amino laevulinic acid	04.00		18.000	146.30 (128.30)	12.000	97.50 (85.50)		
4197	Amylase	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4198	Arsenic	04.00		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4199	Ascorbic acid	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4201	Bence-Jones protein	04.00		2.700	21.90 (19.20)	1.800	14.60 (12.80)		
4203	Phenol	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4204	Calcium: Atomic absorption	04.00		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4205	Calcium: Spectrophotometric	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4206	Calcium: Absorption and excretion studies	04.00		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
4209	Lead: Atomic absorption	04.00		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4210	Urine collagen telopeptides	04.00		36.500	296.60 (260.20)	24.330	197.70 (173.40)		
4211	Bile pigments: Qualitative	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4213	Protein: Quantitative	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4216	Mucopolysaccharides: Qualitative	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4217	Oxalate	04.00		9.380	76.20 (66.80)	6.250	50.80 (44.60)		
4218	Glucose: Quantitative	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4219	Steroids: Chromatography (each)	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4220	Klinolab Newborn Screen	04.00		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4221	Creatinine	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4223	Creatinine clearance	04.00		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4227	Electrophoresis: Qualitative	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4228	Fetal Lung Maturity	04.00		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4229	Uric acid clearance	04.00		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4230	Urine/Fluid - Specific Gravity	04.00		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	304.70 (267.30) Z	25.000	203.10 (178.20) Z		
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	380.30 (333.60) Z	31.200	253.50 (222.40) Z		
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	05.03		37.500	304.70 (267.30) Z	25.000	203.10 (178.20) Z		
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	05.03		46.800	380.30 (333.60) Z	31.200	253.50 (222.40) Z		
4237	5-Hydroxy-indole-acetic acid: Screen test	04.00		2.700	21.90 (19.20)	1.800	14.60 (12.80)		
4238	5HIAA (Hplc)	04.00		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
4239	5-Hydroxy-indole-acetic acid: Quantitative	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4247	Ketones: Excluding dip-stick method	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4248	Reducing substances	04.00		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
4251	Metanephrines: Column chromatography	04.00		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4252	Metanephrine (Hplc)	04.00		78.120	634.70 (556.80)	52.080	423.20 (371.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	04.00		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4254	Nitrosonaphtol test for tyrosine	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4255	Orotic Acid - Urine	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4256	Very long Chain Fatty Acids	04.00		129.380	1051.20 (922.10)	86.250	700.80 (614.70)		
4261	Micro Albumin: Quantitative	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4262	Micro Albumin: Qualitative	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4263	pH: Excluding dip-stick method	04.00		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4265	Thin layer chromatography: One way	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4266	Thin layer chromatography: Two way	04.00		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4267	Total organic matter screen: Infrared	04.00		31.250	253.90 (222.70)	20.830	169.20 (148.40)		
4268	Organic acids: Quantitative: GCMS	04.00		109.380	888.70 (779.60)	72.920	592.50 (519.70)		
4269	Phenylpyruvic acid: Ferric chloride	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4270	Chromium Total Urine	04.00		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4271	Phosphate excretion index	04.00		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4272	Porphobilinogen qualitative screen: Urine	04.00		5.000	40.60 (35.60)	3.330	27.10 (23.80)		
4273	Porphobilinogen/ALA: Quantitative each	04.00		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4283	Magnesium: Spectrophotometric	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4284	Magnesium: Atomic absorption	04.00		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4285	Identification of carbohydrate	04.00		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4287	Identification of drug: Qualitative	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4288	Identification of drug: Quantitative	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4293	Urea clearance	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4297	Copper: Spectrophotometric	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4298	Copper: Atomic absorption	04.00		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4300	Indican or indole: Qualitative	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4301	Chloride	04.00		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4307	Ammonium chloride loading test	04.00		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4309	Urobilinogen: Quantitative	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4313	Phosphates	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4315	Potassium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4316	Sodium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4319	Urea	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4321	Uric acid	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4322	Fluoride	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4323	Total protein and protein electrophoresis	04.00		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4325	VMA: Quantitative	04.00		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4326	Catecholamines (HPLC)	04.00		76.120	634.70 (556.80)	52.080	423.20 (371.20)		
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	04.11		46.880	380.90 (334.10)	31.250	253.90 (222.70)		
4328	Immunoglobulin D	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4335	Cystine: Quantitative	04.00		12.600	102.40 (89.80)	8.400	68.30 (59.90)		
4336	Dinitrophenol hydrazine test: Ketoacids	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4337	Hydroxyproline: Quantitative	04.00		18.900	153.60 (134.70)	12.600	102.40 (89.80)		
21.8	**Biochemical tests: Faeces**								
4339	Chloride	04.00		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4343	Fat: Qualitative	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4345	Fat: Quantitative	04.00		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4347	Ph	04.00		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4351	Occult blood: Chemical test	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4352	Occult blood: Monoclonal antibodies	04.00		10.000	81.30 (71.30)	6.670	54.20 (47.50)		
4357	Potassium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4358	Sodium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4359	Secretory IgA	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4361	Stercobilin	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4362	Elastase quantitative ELISA	04.00		47.000	381.90 (335.00)	31.330	254.60 (223.30)		
4363	Stercobilinogen: Quantitative	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4364	Chymotrypsin determination: Enzymatic	04.00		7.470	60.70 (53.20)	4.980	40.50 (35.50)		
21.9	**Biochemical tests: Miscellaneous**								
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	04.00		5.000	40.60 (35.60)	3.330	27.10 (23.80)		
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	04.00		30.000	243.80 (213.90)	20.000	162.50 (142.50)		
4370	Drug level in biological fluid: Monoclonal immunological	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4371	Amylase in exudate	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4372	Fluoride in biological fluids and water	04.00		15.620	126.90 (111.30)	10.410	84.60 (74.20)		
4373	Breast milk analysis	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		

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				RVU	Fee	RVU	Fee	RVU	Fee
4374	Trace metals in biological fluid: Atomic absorption	04.00		18.130	147.30 (129.20)	12.090	98.20 (86.10)		
4375	Calcium in fluid: Spectrophotometric	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4376	Calcium in fluid: Atomic absorption	04.00		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	04.11		21.880	177.80 (156.00)	14.590	118.50 (103.90)		
4378	Urea breath test	04.00		58.000	471.30 (413.40)	38.670	314.20 (275.60)		
4380	Lecithin in amniotic fluid: L/S ratio	04.00		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4381	Lamellar body count in amniotic fluid	04.00		10.000	81.30 (71.30)	6.700	54.40 (47.70)		
4382	Bilirubin in amniotic fluid: Spectrophotometric essay	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4386	Oestrogen/Progesterone receptors: Fluorescent method	04.00		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
4387	Oestrogen/Progesterone receptors: Cytosol radio-isotope technique	04.00		230.000	1868.80 (1639.30)	153.000	1243.10 (1090.40)		
4388	Gastric contents: Maximal stimulation test	04.00		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4389	Gastric fluid: Total acid per specimen	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4390	Foam test: Amniotic fluid	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4391	Renal calculus: Chemistry	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4392	Renal calculus: Crystallography	04.00		16.250	132.00 (115.80)	10.800	87.80 (77.00)		
4393	Saliva: Potassium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4394	Saliva: Sodium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4395	Sweat: Sodium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4396	Sweat: Potassium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4397	Sweat: Chloride	04.00		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4399	Sweat collection by iontophoresis (excluding collection material)	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4400	Tryptophane loading test	04.00		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
21.10	**Cerebrospinal fluid**								
4401	Cell count	04.00		3.450	28.00 (24.60)	2.300	18.70 (16.40)		
4407	Cell count, protein, glucose and chloride	04.00		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4409	Chloride	04.00		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4415	Potassium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4416	Sodium	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4417	Protein: Qualitative	04.00		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4419	Protein: Quantitative	04.00		3.110	25.30 (22.20)	2.070	16.80 (14.70)		
4421	Glucose	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4423	Urea	04.00		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4425	Protein electrophoresis	04.00		12.600	102.40 (89.80)	8.400	68.30 (59.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
21.11	**RNA/DNA based tests and andrology**								
21.11.1	**RNA/DNA based tests and andrology: RNA/DNA based tests**								
4424	HLA test for specific allele DNA-PCR	04.00		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
4426	HLA typing low resolution Class I DNA-PCR per locus	04.00		100.000	812.50 (712.70)	67.000	544.40 (477.50)		
4427	HLA typing low resolution Class II DNA-PCR per locus	04.00		74.000	601.30 (527.50)	49.300	400.60 (351.40)		
4428	HLA typing high resolution Class I or II DNA-PCR per locus	04.00		66.000	536.30 (470.40)	44.000	357.50 (313.60)		
4429	Quantitative PCR (DNA/RNA)	04.00		84.300	684.90 (600.80)	56.200	456.60 (400.50)		
4430	Recombinant DNA technique	04.00		25.000	203.10 (178.20)	16.670	135.40 (118.80)		
4431	Ribosomal RNA targeting for bacteriological identification	04.00		35.000	284.40 (249.50)	23.330	189.60 (166.30)		
4432	Ribosomal RNA amplification for bacteriological identification	04.00		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
4433	Bacteriological DNA identification (LCR)	04.00		25.000	203.10 (178.20)	16.670	135.40 (118.80)		
4434	Bacteriological DNA identification (PCR)	04.00		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	05.03		150.000	1218.80 (1069.10) Z	100.000	812.50 (712.70) Z		
21.11.2	**RNA/DNA based tests and andrology: Andrology**								
4435	Mixed antiglobulin reaction: Semen	04.00		6.600	53.60 (47.00)	4.400	35.80 (31.40)		
4436	Friberg test: Semen	04.00		14.500	117.80 (103.30)	9.670	78.60 (68.90)		
4437	Kremer test: Semen	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4440	Semen analysis: Cell count	04.00		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4441	Semen analysis: Cytology	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4442	Semen analysis: Viability + motility - 6 hours	04.00		6.000	48.80 (42.80)	4.000	32.50 (28.50)		
4443	Semen analysis: Supravital stain	04.00		5.440	44.20 (38.80)	3.630	29.50 (25.90)		
4445	Seminal fluid: Alpha glucosidase	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4446	Seminal fluid fructose	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4447	Seminal fluid: Acid phosphatase	04.00		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
21.12	**Immunology**								
4448	HCG: Latex agglutination: Qualitative (side room)	04.00		4.000	32.50 (28.50)	2.670	21.70 (19.00)		
4449	HCG: Latex agglutination: Semi-quantitative (side room)	04.00		9.310	75.60 (66.30)	6.210	50.50 (44.30)		
4450	HCG: Monoclonal immunological: Qualitative	04.00		10.000	81.30 (71.30)	6.670	54.20 (47.50)		
4451	HCG: Monoclonal immunological: Quantitative	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4452	Bone Specific Alk Phosphatase	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4455	Anti IgE receptor antibody test (10 samples and dilution)	04.00		161.560	1312.70 (1151.50)	107.710	875.10 (767.60)		
4456	Eosinophil cationic protein	04.00		27.810	226.00 (198.20)	18.540	150.60 (132.10)		
4457	Mast cell tryptase	04.00		96.870	787.10 (690.40)	64.580	524.70 (460.30)		
4458	Micro-albuminuria: Radio-isotope method	04.00		12.420	100.90 (88.50)	8.300	67.40 (59.10)		
4459	Acetyl choline receptor antibody	04.00		158.120	1284.70 (1126.90)	105.410	856.50 (751.30)		
4460	CA-199 tumour marker	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4461	Nuclear Matrix Protein 22	04.00		35.000	284.40 (249.50)	23.330	189.60 (166.30)		
4462	CA-125 tumour marker	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4463	C6 complement functional essay	04.00		45.000	365.60 (320.70)	30.000	243.80 (213.90)		
4464	House dust mite antigen ELIZA	04.00		20.310	165.00 (144.70)	13.540	110.00 (96.50)		
4466	Beta-2-microglobulin	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4467	Chromograqnin A	04.00		47.000	381.90 (335.00)	31.330	254.60 (223.30)		
4468	CA-549	04.00		20.000	162.50 (142.50)	13.300	108.10 (94.80)		
4469	Tumour markers: Monoclonal immunological (each)	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4470	CA-195 tumour marker	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4471	Carcino-embryonic antigen	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4472	MCA antigen tumour marker	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4473	TSH Receptor Ab	04.00		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4474	Cast Per Allergen	04.00		27.810	226.00 (198.20)	18.540	150.60 (132.10)		
4475	CA-724	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4476	Neopterin	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4477	Neuron specific enolase	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4478	Osteocalcin	04.00		31.400	255.10 (223.80)	20.930	170.10 (149.20)		
4479	Vitamin B12-absorption: Shilling test	04.00		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4480	Serotonin	04.00		18.750	152.30 (133.60)	12.500	101.60 (89.10)		
4482	Free thyroxine (FT4)	04.00		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	04.00		37.080	301.30 (264.30)	24.720	200.90 (176.20)		
4485	Insulin	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4486	C-Peptide	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4487	Calcitonin	04.00		18.900	153.60 (134.70)	12.600	102.40 (89.80)		
4488	B-Type Natriuretic Peptide	04.00		47.040	382.20 (335.30)	31.360	254.80 (223.50)		
4490	Releasing hormone response	04.00		50.000	406.30 (356.40)	33.350	271.00 (237.70)		
4491	Vitamin B12	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4492	Vitamin D3: Calcitroil (RIA)	04.00		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
4493	Drug concentration: Quantitative	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4494	Free hormone assay	04.00		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4495	Growth hormone	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4496	Hormone concentration: Quantitative	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4497	Carbohydrate deficient transferrin	04.00		29.060	236.10 (207.10)	19.370	157.40 (138.10)		
4499	Cortisol	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4500	DHEA sulphate	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4501	Testosterone	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4502	Free testosterone	04.00		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4503	Oestradiol	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4505	Oestriol	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4506	Multiple antigen specific IgE screening test for Atopy	04.00		37.260	302.70 (265.50)	24.800	201.50 (176.80)		
4507	Thyrotropin (TSH)	04.00		19.600	159.30 (139.70)	13.070	106.20 (93.20)		
4508	Combined antigen specific IgE	04.00		24.480	198.90 (174.50)	16.600	134.90 (118.30)		
4509	Free tri-iodothyronine (FT3)	04.00		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4511	Renin activity	04.00		18.900	153.60 (134.70)	12.600	102.40 (89.80)		
4512	Parathormone	04.00		17.080	138.80 (121.80)	11.390	92.50 (81.10)		
4513	IgE: Total	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4514	Antigen specific IgE	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4515	Aldosterone	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4516	Follitropin (FSH)	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4517	Lutropin (LH)	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4518	Soluble transferrin receptor	04.00		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4519	Prostate specific antigen	04.00		14.490	117.70 (103.20)	9.660	78.50 (68.90)		
4520	17 Hydroxy progesterone	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4521	Progesterone	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4522	Alpha-feto protein	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4523	ACTH	04.00		21.740	176.60 (154.90)	14.490	117.70 (103.20)		
4524	Free PSA	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4526	Sex hormone binding globulin	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4527	Gastrin	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4528	Ferritin	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4529	Anti-DNA antibodies	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4530	Antiplatelet antibodies	04.00		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4531	Hepatitis: Per antigen or antibody	04.00		14.490	117.70 (103.20)	9.660	78.50 (68.90)		
4532	Transcobalamine	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4533	Folic acid	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4534	Prostatic acid phosphatase	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4536	Erythrocyte folate	04.00		17.480	142.00 (124.60)	11.650	94.70 (83.10)		
4537	Prolactin	04.00		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4538	Procalcitonin: Semi-quantitative	04.00		32.000	260.00 (228.10)	21.330	173.30 (152.00)		
4539	Procalcitonin: Quantitative	04.00		46.000	373.80 (327.90)	30.670	249.20 (218.60)		
4540	HCG: Quantitative as used for Down's screen	04.00		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4546	First trimester Downs screen	04.00		53.500	434.70 (381.30)	35.670	289.80 (254.20)		
4552	Second Trimester Down's screen	04.00		33.620	273.20 (239.60)	22.410	182.10 (159.70)		
4553	Thyroglubulin	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4554	SCC marker	04.00		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
21.13	**Clinical pathology: Miscellaneous**								
4544	Attendance in theatre	04.00		27.000	219.40 (192.50)				
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.	04.00							
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)	04.00							
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately	04.00							
22	**Anatomical Pathology**								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
22.1	**Exfoliative cytology**								
4561	Sputum, all body fluids and tumour aspirates: First unit	04.00		13.400	125.60 (110.20)	8.900	83.40 (73.20)		
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	04.00		7.800	73.10 (64.10)	5.200	48.70 (42.70)		
4564	Performance of fine-needle aspiration for cytology	04.00		15.000	140.60 (123.30)				
4565	Examination of fine needle aspiration in theatre	04.00		90.000	843.30 (739.70)	60.000	562.20 (493.20)		
4566	Vaginal or cervical smears, each	04.00		11.000	103.10 (90.40)	7.000	65.60 (57.50)		
22.2	**Histology**								
4567	Histology per sample	04.00		20.000	177.40 (155.60)	13.300	118.00 (103.50)		
4571	Histology per additional block, each	04.00		11.600	102.90 (90.30)	7.700	68.30 (59.90)		
4575	Histology and frozen section in laboratory	04.00		22.700	201.30 (176.60)	15.100	133.90 (117.50)		
4577	Histology and frozen section in theatre	04.00		90.000	798.30 (700.30)	60.000	532.20 (466.80)		
4578	Second and subsequent frozen sections, each	04.00		20.000	177.40 (155.60)	13.400	118.90 (104.30)		
4579	Attendance in theatre - no frozen section performed	04.00		45.000	399.20 (350.20)	30.000	266.10 (233.40)		
4582	Serial step sections (including item 4567)	04.00		23.300	206.70 (181.30)	15.600	138.40 (121.40)		
4584	Serial step sections per additional block, each	04.00		13.500	119.70 (105.00)	9.000	79.80 (70.00)		
4587	Histology consultation	04.00		10.100	89.60 (78.60)	6.700	59.40 (52.10)		
4589	Special stains	04.00		6.700	59.40 (52.10)	4.500	39.90 (35.00)		
4591	Immunofluorescence studies	04.00		20.700	183.60 (161.10)	13.800	122.40 (107.40)		
4592	Immunoperoxidase studies	04.00		40.000	354.80 (311.20)	26.670	236.60 (207.50)		
4593	Electron microscopy	04.00		94.000	833.80 (731.40)	63.000	558.80 (490.20)		
4595	Foetal autopsy excluding histology	04.00		73.000	647.50 (568.00)	48.670	431.70 (378.70)		
23	**Human Genetics**								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								04.00
23.1	**Cytogenitc**								
4750	Cell culture: Lymphocytes, cord blood	04.00		15.000	124.80 (109.50)	15.000	124.80 (109.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	04.00		45.000	374.50 (328.50)	45.000	374.50 (328.50)		
4752	Cell culture: Chorionic villi	04.00		60.000	499.30 (438.00)	60.000	499.30 (438.00)		
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	04.00		135.000	1123.50 (985.50)	135.000	1123.50 (985.50)		
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukamia bloods: Idiograms, karyotyping, one straining technique	04.00		270.000	2246.90 (1971.00)	270.000	2246.90 (1971.00)		
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	04.00		70.000	582.50 (511.00)	70.000	582.50 (511.00)		
4760	FISH procedure, including cell culture	04.00		115.000	957.00 (839.50)	115.000	957.00 (839.50)		
4761	FISH analysis per probe system	04.00		35.000	291.30 (255.50)	35.000	291.30 (255.50)		
23.2	**DNA-testing**								
4763	Blood: DNA extraction	04.00		45.000	374.50 (328.50)	45.000	374.50 (328.50)		
4764	Blood: Genotype per person: Southern blotting	04.00		89.000	740.70 (649.70)	89.000	740.70 (649.70)		
4765	Blood: Genotype per person: PCR	04.00		60.000	499.30 (438.00)	60.000	499.30 (438.00)		
4766	HIV Drug Resistance Testing	04.00		513.000	4269.20 (3744.90)	342.000	2846.10 (2496.60)		
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	04.00		90.000	749.00 (657.00)	90.000	749.00 (657.00)		
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	04.00		188.000	1564.50 (1372.40)	188.000	1564.50 (1372.40)		
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	04.00		120.000	998.60 (876.00)	120.000	998.60 (876.00)		
IV.	**Travelling Expenses**								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								04.00
5003	R6,67 for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 19-16=3 X R6,67 = R20,01	04.00							
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	04.00		18.000	126.50 (111.00)				
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	04.00				18.000	126.50 (111.00)		
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
V.	**LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED**								
	Modifier 0004 is not applicable to the following sections: All anaesthetic services Section 19: Radiology Section 20: Radiation Oncology Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied) Section 22: Anatomical Pathology Section 23: Human Genetic Please note : This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.								04.00
II	REMUNERATION FOR SUPPLIES, MATERIALS AND SPECIAL MEDICINE USED IN TREATMENT								
0202	Setting of sterile tray								
1.	INJECTIONS, INFUSIONS AND INHALATION SEDATION								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof								
0204	Inhalation sedation: Per additional quarter-hour or part thereof								
0206	Intravenous infusions (push-in), patients over two years: Insertion of cannula. Chargeable once per 24 hours								
0208	Therapeutic venesection (not to be used when blood is drawn for the purpose of laboratory investigations)								
0213	Chemotherapy: Intramuscular or subcutaneous: Per injection								
0214	Chemotherapy: Intravenous bolus technique: Per injection								
0215	Chemotherapy: Intravenous infusion technique: Per injection								
2.	INTEGUMENTARY SYSTEM								
0217	Allergy: First patch								
0219	Allergy: Each additional patch								
0222	Skin: Intralesional Injection: Single								
0223	Skin: Intralesional injection: Multiple								
0225	Skin: Epilation: per session								
0227	Skin: Special treatment of severe acne cases, including draining of cysts, expressing of comedomes and/or steaming, abrasive cleaning of skin and UVR per session								
0228	Skin: PUVA treatment: Maximum of 21 treatments								
0229	Skin: PUVA: Follow-up or maintenance once a week								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	0230	Skin: UVR treatment								
	0231	Skin: UVR follow-up: For use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp								
	0233	Skin: Biopsy without suturing: First lesion								
	0234	Skin: Biopsy without suturing: Subsequent lesions								
	0235	Skin: Biopsy without suturing: Maximum for multiple additional lesions								
	0237	Skin: Deep skin biopsy by surgical incision with local anaesthetic and suturing								
	0241	Skin: Treatment of benign skin lesion by chemo-cryotherapy: First lesion								
	0242	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesion								
	0243	Skin: Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions								
	0244	Skin: Repair of nail bed								
	0245	Skin: Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesio								
	0246	Skin: Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent lesion								
	0251	Skin: Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: First lesion								
	0252	Skin: Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery: Subsequent lesion								
	0255	Skin: Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail								
	0259	Skin: Removal of foreign body superficial to deep fascia (except hands)								
	0280	Skin: Laser treatment for small skin lesions: First lesion								
	0281	Skin: Laser treatment for small skin lesions: Second lesion								
	0282	Skin: Laser treatment for small skin lesions: Maximum for multiple additional lesions								
	0283	Skin: Laser treatment for large skin lesions: Limited area								
	0300	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Stitching of a wound (with or without local anaesthesia): Including normal after-care								
	0301	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Additional wounds stitched at same session (each)								
	0305	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Needle Biopsy: soft tissue								
	0307	Lacerations, Scars, Tumours, Cysts & other Skin Lesions: Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude								
	0308	Each additional small procedure done at the same time								
	0316	Breasts: Fine needle aspiration for soft tissue (all areas)								
	0317	Breasts: Aspiration of cyst or tumour								
	0377	Standard acupuncture								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	0378	Laser acupuncture using more than 6 points								
	0379	Electro-acupuncture								
	0380	Scalp acupuncture								
	0381	Micro-acupuncture (ear, hand)								
	3.	MUSCULO-SKELETAL SYSTEM								
	0547	Dislocation: Clavicle: either end								
	0549	Dislocation: Shoulder								
	0551	Dislocation: Elbow								
	0713	Electromyography								
	0715	Strength duration curve per session								
	0717	Electrical examination of single nerve or muscle								
	0721	Voltage integration during isometric contraction								
	0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral								
	0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral								
	0729	Tendon reflex time								
	0730	Limb-brain somatosensory studies (per limb)								
	0731	Visio and audio-sensory studies								
	0733	Motor nerve conduction studies (single nerve)								
	0735	Examinations of sensory nerve conduction by sweep averages (single nerve)								
	0740	Muscle fatigue studies								
	0759	Other single tendon								
	0887	Limb cast (modifier 0005 not applicable)								
	0922	Removal of foreign bodies requiring incision: Under local anaesthetic								
	4.	RESPIRATORY SYSTEM								
	1019	Nasendoscopy in rooms with either rigid or flexible endoscopy (may only be charged for together with a first consultation)								
	1031	Removal of single nasal polyp at rooms (at initial consultation only)								
	1037	Diathermy to nose or pharynx, exclusive of consultation fee, uni-or bilateral: Under local anaesthetic								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	1063	Removal of foreign body from nose at rooms								
	1067	Proof puncture at rooms (unilateral)								
	1071	Proetz treatment (consultation fee only to be charged for first treatment)								
	1077	Septum abscess, at rooms, including after-care								
	1107	Opening of quinsy, at rooms								
	1117	Laryngeal intubation								
	1123	Botulinum toxin injection for adductor disphonia (+ item 0201 + item 0202)								
	1136	Nebulisation (in rooms)								
	1143	Paracentesis chest: Diagnostic								
	1145	Paracentesis chest: Therapeutic								
	1186	Pulmonary Function Tests: Flow volume test: Inspiration/expiration								
	1188	Pulmonary Function Tests: Flow volume test: Inspiration/expiration, pre and post bronchodialator, (to be charged for only with first consultation - thereafter item 1186 applies)								
	1189	Forced expirogram only								
	1191	N2 single breath distribution								
	1192	Peak expiratory flow only								
	1193	Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method								
	1195	Thoracic gas volume								
	1196	Determination of resistance to airflow, oscillatory or plethysnographic methods								
	1197	Compliance and resistance using oesophageal balloon								
	1198	Prolonged postexposure evaluation of bronchospasm with multiple sirometric determinations after antigen, cold air, methacholine or other chemical agents with subsequent spirometrics								
	1199	Pulmonary stress testing; simple (eg. prolonged exercise test for bronchospasm with pre- and post-spirometry)								
	1200	Carbon monoxide diffusing capacity, any method								
	1201	Maximum inspiratory/expiratory pressure								
	6.	CARDIOVASCULAR SYSTEM								
	1228	General practitioner's fee for the taking of an ECG only: without effort (1/2 of item 1232)								
	1229	General practitioner's fee for the taking of an ECG only: without and with effort (1/2 of item 1233)								
	1230	Physician's fee for interpreting an ECG: without effort								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	1231	Physician's fee for interpreting an ECG: without and with effort								
	1232	Electrocardiogram: without effort								
	1233	Electrocardiogram: without and with effort								
	1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus								
	1235	Multi-stage treadmill test								
	1236	Electrocardiogram: without effort: Under 4 years								
	1237	24 hour ambulatory blood pressure: Hire fee								
	1238	24 hour ambulatory ECG monitoring (holter): Hire fee								
	1239	24 hour ambulatory ECG monitoring (holter): Interpretation								
	1240	Signal averaged electrocardiogram								
	1241	X-ray screening: Chest								
	1242	X-ray screening: Prosthetic valves								
	1243	2 week event triggered ambulatory ECG monitoring: Hire fee								
	1244	2 week event triggered ambulatory ECG monitoring: Interpretation								
	1268	Threshold testing: Own equipment								
	1312	Evaluation of coronary angiogram by cardiothoracic surgeon								
	1357	Response to reflex heating								
	1359	Response to reflex cooling								
	1361	Cold sensitivity test								
	1363	Oscillometry test								
	1365	Sweat test								
	1367	Doppler blood tests								
	5369	Doppler arterial pressures								
	5371	Doppler arterial pressures with exercise								
	5373	Doppler segmental pressures and wave forms								
	5375	Venous doppler examination (both limbs)								
	5377	Venous plethysmography								
	5379	Supra-orbital doppler test								

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Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	5381	Carotid non-invasive complex tests								
	1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material)								
	1431	Phase II: Exercise rehabilitation: Per patient per 60 min session with a maximum of 5 patients per group								
	1432	Phase III: Exercise rehabilitation: Per patient per 60 min session with a maximum of 10 patients per group								
	8.	DIGESTIVE SYSTEM								
	1469	Local excision of mucosal lesion of oral cavity								
	1485	Local excision of benign lesion of lip								
	1499	Lip reconstruction following an injury: Direct repair								
	1507	Local excision of lesion of tongue								
	1547	Oesophageal acid perfusion test								
	1580	Oesophageal motility (6 channel + pneumograph + pH pull-through)								
	1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)								
	1587	Upper gastro-intestinal fibre-optic endoscopy: own equipment								
	1593	Augmented histamine test: Gastric intubation with x-ray screening								
	1632	H2 breath test (intestines)								
	1633	Complete test using lactose or lactulose								
	1678	Fibre-optic sigmoidoscopy, plus polypectomy								
	1681	Proctoscopy with removal of polyps: First time								
	1683	Proctoscopy with removal of polyps: Subsequent times								
	1719	Rubber band ligation of haemorrhoids: Per haemorrhoid								
	1721	Sclerosing injection for haemorroids: Per injection								
	1725	Drainage of external thrombosed pile								
	1729	Excision of anal skin tags								
	1748	Body composition measured by bio-electrical impedance								
	1780	Gastric and duodenal intubation								
	1797	Pneumo-peritoneum: First								
	1799	Pneumo-peritoneum: Repeat								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1801	Diagnostic paracentesis: Abdomen								
1803	Therapeutic paracentesis: Abdomen								
10.	URINARY SYSTEM								
1841	Renal biopsy (needle)								
1847	Haemodialysis: Per hour or part thereof								
1849	Haemodialysis: Maximum: Eight hours								
1851	Haemodialysis: Thereafter per week								
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy								
1945	Instillation of radio-opague material for cystography or urethrocystography								
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder								
1949	Cystoscopy								
1989	Cystometrogram								
1991	Flometric bladder studies with videocystograph								
1992	Flometric bladder studies without videocystograph								
1996	Bladder catheterisation: Male (not during operation)								
1997	Bladder catheterisation: Female (not during operation)								
11.	MALE GENITAL SYSTEM								
2154	Induction of artificial erection								
12.	FEMALE GENITAL SYSTEM								
2271	Removal of tag or polyp								
2272	Removal of small superficial benign lesions								
2312	Artificial insemination								
2314	Intra-uterine insemination								
2315	Simms Huhner test plus wet smear								
2339	Colpotomy: diagnostic								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	2389	Paracervical nerve block								
	2392	Cryo- or electro- cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting rooms								
	2399	Punch biopsy								
	2400	Biopsy during pregnancy								
	2415	Cervix encirclage: Removal items 2409 and 2411 without anaesthetic								
	2425	Removal of cervical polyps								
	2429	Colpomicroscopy								
	2434	Endometrial biopsy								
	2435	Hysterosalpingogram								
	2442	Insertion of IUCD								
	2506	Transcervical gamete/embryo intrafallopian tube transfer (TET/TEST)								
	2565	Implantation hormone pellets (excluding after-care)								
	13.	OBSTETRIC PROCEDURES								
	2603	External cephalic version								
	2605	Amniocentesis								
	2610	Tococardiography pre-natal and intrapartum: Including stress and non-stress test (own machine)								
	2611	Chorion villus biopsy								
	14.	NERVOUS SYSTEM								
	2681	Visual evoked potentials (VEP): Unilateral								
	2682	Visual evoked potentials (VEP): Bilateral								
	2683	Electroretinography (Ganzfeld method): Unilateral								
	2684	Electroretinography (Ganzfeld method): Bilateral								
	2685	Electro-oculography: Unilateral								
	2686	Electro-oculography: Bilateral								
	2687	VEP stable condition (photic drive): Unilateral								
	2689	VEP stable condition (photic drive): Bilateral								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and V.E.P.								
	2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial - or Lubosacral plexus, spinal cord and cortex.								
	2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain: Per treatment								
	2707	Full fee for complete neurological evoked potential evaluation, including neurological AEP, bilateral VEP and bilateral median and/or posterior tibial stimulation.								
	2708	Evaluation of cognitive evoked potential with visual or audiology stimulus								
	2709	Full spinogram including bilateral median and posterior-tibial studies								
	2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: intravenous infusion) (excluding injection material)								
	2711	Electro-encephalography: Taking of record								
	2712	Electro-encephalography: Interpretation								
	6001	Sleep electro-encephalography: infants that fit into a perambulator: taking of record								
	6002	Sleep electro-encephalography: infants that fit into a perambulator: interpretation								
	6003	Sleep electro-encephalography: adults and children over infant age: taking of record								
	6004	Sleep electro-encephalography: adults and children over infant age: interpretation								
	2717	Electromyography: First								
	2718	Electromyography: Subsequent								
	2725	Angiography carotis: Unilateral								
	2726	Angiography carotis: Bilateral								
	2727	Vertebral artery: Direct needling								
	2729	Vertebral catheterisation								
	2731	Air encephalography and posterior fossa tomography: injection of air (independent procedure)								
	2735	Posterior fossa tomography attendance by clinician								
	2737	Visual field charting on Bjerrum Screen								
	2739	Ventricular needling without burring: Tapping only								
	2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography								
	2743	Subdural tapping: First sitting								
	2745	Subdural tapping: Subsequent								
	2765	Nerve conduction studies (see item 0733 and 3285)								
	6005	Botulinum toxin injections: For blepharospasm (+ item 0201+ item 0202)								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6006	Botulinum toxin injections: For hemifacial spasm (+ item 0201 + item 0202)								
6007	Botulinum toxin injections: For adductor disphonia (+ item 0201 + item 0202)								
6008	Botulinum toxin injections: In extra-ocular muscles (+ item 0201 + item 0202)								
6009	Botulinum toxin injections: For spasmodic torticollis and/or cranial dystonia (+ item 0201 + item 0202)								
2789	Trigeminal: Injection of alcohol								
2791	Trigeminal: Injection of cortisone								
2793	Trigeminal: Coagulation through high frequency								
2800	Procedures for pain relief: Plexus nerve block								
2802	Procedures for pain relief: Peripheral nerve block								
2803	Alcohol injection in peripheral nerves for pain: Unilateral								
2805	Alcohol injection in peripheral nerves for pain: Bilateral								
2815	Interdigital								
2849	Sympathetic block: Other levels: Unilateral								
2851	Sympathetic block: Other levels: Bilateral								
2853	Sympathetic block: Other levels: Diagnostic								
2957	Individual psychotherapy (specific type): Including play therapy for children: Per short session (20 minutes)								
2974	Individual psychotherapy (specific type): Including play therapy for children: Per intermediate session (40 minutes)								
2975	Individual psychotherapy (specific type): Including play therapy for children: Per extended session (60 minutes)								
2958	Psychoanalytic therapy: Per 60-minute session								
2962	Directive therapy to family, parent(s), spouse: Per 20 minute session								
2963	Pairs, marriage or sex therapy: Per 20 minute session								
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40 minute session								
2977	Extended treatment where either items 2962 or 2963 are used: Per 60 minute session								
2968	Group therapy								
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)								
2971	Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours)								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per session								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	15.	ENDOCRINE SYSTEM								
	3001	Implantation of pellets (excluding cost of material)								
	16.	EYE								
	3002	Gonioscopy								
	3003	Fundus contact lens or 90 D lens examination								
	3004	Peripheral fundus examination with indirect opthalmoscope								
	3005	Endothelial cell count								
	3006	Keratometry								
	3007	Potential acuity measurement								
	3008	Contrast sensitivity test								
	3010	Orthoptic consultation								
	3011	Orthoptic subsequent sessions								
	3012	Pre-surgical retinal examination before retinal surgery								
	3013	Ocular motility assessment: Comprehensive examination								
	3014	Tonometry: Per test with maximum of 2 tests for provocative tonometry(one or both eyes)								
	3015	Charting of visual field with manual perimeter								
	3016	Retinal threshold test without storage facilities								
	3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs								
	3018	Retinal threshold trend evaluation (additional to item 3017)								
	3019	Ocular muscle function with Hess screen or perimeter								
	3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations								
	3022	Digital fluorescein video angiography								
	3023	Digital indocyanine video angiography								
	3025	Electronic tonography								
	3027	Fundus photography								
	3029	Anterior segment microphotography								
	3032	Eyelid and orbit photography								

Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	3033	Interpretation of item 3031 referred by other clinician								
	3034	Determination of lens implant power per eye								
	3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)								
	3060	Use of own surgical microscope for surgery or examination (not for slitlamp microscope) (for use by ophthalmologists only)								
	3074	Adjustment of sutures if not done at the time of operation (additional fee for sterile tray - see item 0202)								
	3089	Subconjunctival injection if not done at time of operation								
	3091	Retrobulbar injection if not done at time of operation								
	3092	External laser treatment for superficial								
	3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)								
	3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for 1 year								
	3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included								
	3117	Cornea: Removal of foreign body: On the basis of fee per consultation								
	3118	Curettage of cornea after removal of foreign body								
	3119	Cornea: Tattooing								
	3124	Removal of corneal stitches under microscope (maximum of 2 procedures) Additional fee for sterile tray (see item 0202)								
	3127	Cauterization of cornea (by chemical, thermal or cryotherapy methods)								
	3141	Sealing of punctum								
	3143	Three-snip operation								
	3163	Excision of superficial lid tumour								
	3167	Diathermy to wart on lid margin								
	3169	Electrolysis of any number of eyelashes								
	3171	Excision of meibomian cyst								
	3174	Botulinum toxin injection for blefarospasm								
	3177	Entropion or ectropion by: Cautery								
	3192	If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R11.10 per minute may be charged								
	3198	Excimer laser: Hire fee								
	3201	Laser apparatus: Hire fee for one or both eyes done in one sitting								
	3202	Phako emulsification apparatus: Hire fee								

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3203	Vitrectomy apparatus: Hire fee								
17.	EAR								
3204	External ear canal: Removal of foreign body at rooms								
3206	Microscopic examination of tympanic membrane including microsuction								
3210	Microscope instrument fee used in consulting rooms								
3260	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems								
3223	Percutaneous stimulation of the facial nerve								
3224	Electroneurography (ENOG)								
2693	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels: Unilateral								
2694	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels: Bilateral								
2695	Audiology 40Hz response: unilateral								
2696	Audiology 40Hz response: Bilateral								
2697	Mid- and long latency auditory evoked potentials: unilateral								
2698	Mid- and long latency auditory evoked potentials: Bilateral								
3250	Otoacoustic emission (high risk patients only)								
3251	Minimal caloric test (excluding consultation fee)								
3252	Bithermal Halpike caloric test (excluding consultation fee)								
3253	Electro-nystagmography for spontaneous and positional nystagmus								
3254	Video nystagmoscopy (monocular)								
3255	Caloric test done with electro-nystagmography								
3256	Video nystagmoscopy (binocular)								
3273	Pure tone audiometry (air conduction)								
3274	Pure tone audiometry (bone conduction)								
3275	Impedance audiometry (tympanometry)								
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.								
3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)								
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)								

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Code		Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
					RVU	Fee	RVU	Fee	RVU	Fee
	2691	Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral								
	2692	Bilateral.								
	18.	PHYSICAL TREATMENT								
	3279	Domiciliary or nursing/home treatment (only applicable where a patient is physically incapable of attending rooms, and equipment has to be transported to patient								
	3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)								
	3281	Ultrasonic therapy								
	3282	Shortwave diathermy								
	3284	Sensory nerve conduction studies								
	3285	Motor nerve conduction studies								
	3287	Spinal joint and ligament injection								
	3289	Multiple injections: First joint								
	3290	Multiple injections: Each additional joint								
	3291	Tendon or ligament injection								
	3292	Aspiration of joint or inter-articular injection								
	3293	Aspiration or injection of bursa or ganglion								
	3294	Paracervical nerve block								
	3295	Paravertebral root block: Unilateral								
	3296	Paravertebral root block: Bilateral								
	3297	Manipulation of spine performed by a specialist in Physical Medicine								
	3298	Spinal traction								
	3300	Manipulation of large joints without anaesthetic								
	3301	Muscle fatigue studies								
	3302	Strength duration curve per session								
	3303	Electromyography								
	3304	All other physical treatment: specify treatment								
	19.	RADIOLOGY								

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

Medical Practitioners 2008

				10000					11400					11		
	NATIONAL REFERENCE PRICE LIST FOR SERVICES BY MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2008	Version	Add	CF	Units	BF	Value	Flag	CF	Units	BF	Value	Flag	CF	Units	BF
	The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded	2006.06														
	RULES GOVERNING THE STRUCTURE															
A.	Consultations: Definitions: (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code.	2004.00														
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169)	2006.04														
C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicate	2005.02														

D.	Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged. In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be	2004.00																
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital	2004.00																
F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself	2004.00																
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding ONE month (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon, it shall be his/her own responsibility to arrange for this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions	2004.00																
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days	2004.00																
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. The use of this rule is not intended merely to increase the Medical Schemes Benefits.	2004.00																
K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's general practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists	2004.00																
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged	2004.00																
M.	Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion	2004.00																
N.	"Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention	2004.00																

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O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme	2004.00																
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner	2004.00																
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221, but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily	2006.05																
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)	2004.00																
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.	2004.00																
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring	2004.00																
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2814: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the	2004.00																

V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods	2004.00																
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used	2004.00																
Z.	No fee is subject to more than one reduction	2004.00																
AA.	Procedures to exclude cost of isotope	2004.00																
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes	2004.00																
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp	2004.00																
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3818 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter	2004.00																
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.	2004.00																
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years	2004.00																
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").	2004.00																

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XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic	2004.00																
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)	2004.00																
	MODIFIERS GOVERNING THE STRUCTURE																	
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere	2004.00																
0004	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). See Section V (Section G in SAMA's DBT) for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Only the medical practitioner who owns the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms	2006.05																
0005	Multiple therapeutic procedures/operations under the same anaesthetic: a) Unless otherwise identified in the tariff when multiple therapeutic procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures. b) In the case of multiple fractures and/or dislocations the above values shall prevail. c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, Modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) proc	2004.00																
0006	Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of after-care. The referring practitioner will then be entitled to subsequent hospital visits for after-care. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the after-care, must in such instances quote Modifier 0006 with the particular items which they use	2004.00																

0007	a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided. b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided.	2004.00		20	15.000	1.0	R 105.42		20	15.000	1.0	R 105.42				
0008	Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon	2004.00															
0009	Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units. The minimum fee payable may not be less than 36,00 clinical procedures units	2004.00															
0010	Local anaesthesic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a general practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography. (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.	2004.00															
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)	2006.04															
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged	2004.00															
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff	2004.00															
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions	2004.00															

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0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%	2004.00																
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed	2004.00																
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure	2004.00																
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts	2004.00																
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere	2004.00																
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee	2004.00																
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff)	2004.00																
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083	2004.00																
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thoracscope	2004.00		20	45.000	1.0	R	316.26		20	45.000	1.0	R	316.26				
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins	2004.00																
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%	2004.00																
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.	2004.00																
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	2004.00		20	21.000	1.0	R	147.59		20	21.000	1.0	R	147.59				
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)	2004.00																
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure	2004.00																
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)	2004.00																
0080	Multiple examinations: Full Fee	2004.00																
0081	Repeat examinations: No reduction	2004.00																

0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	2005.06		10	7.500	1.0	R	85.12		10	7.500	1.0	R	85.12				
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists	2004.00																
0019	Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists	2004.00																
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is applicable	2004.00																
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis	2004.00																
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	2004.00		20	27.000	1.0	R	189.76		20	27.000	1.0	R	189.76				
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	2004.11		20	77.000	1.0	R	541.16		20	77.000	1.0	R	541.16				
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	2004.00		20	115.500	1.0	R	811.73		20	115.500	1.0	R	811.73				
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	2004.11		20	77.000	1.0	R	541.16		20	77.000	1.0	R	541.16				
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	2004.00		20	32.000	1.0	R	224.90		20	32.000	1.0	R	224.90				
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	2004.11		20	77.000	1.0	R	541.16		20	77.000	1.0	R	541.16				
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot	2004.00																

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0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction	2004.00																
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used	2004.00																
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)	2004.00																
0085	Left Side' modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined	2004.00																
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations	2004.00																
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)	2004.00																
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)	2004.00																
0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)	2004.00																
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, will be supplied by the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0201 should not be used for these materials	2004.00																
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope	2004.00																
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee	2004.00																
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units	2004.00																
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	2004.00		60	6.000	1.0	R	40.19		60	6.000	1.0	R	40.19				
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%	2004.00																
6100	In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes	2004.00																

6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region	2004.00																
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee	2004.00																
6103	Post-contrast study: Bone tumour: 100% of the fee	2004.00																
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable	2004.00																
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items	2004.00																
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability	2004.00																
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability	2004.00																
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"	2004.00																
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain	2004.00																
6110	MRI spectroscopy: 50% of fee	2004.00																
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)	2004.00																
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)	2004.00																
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)	2004.00																
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure	2004.00																
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value	2004.00																
I.	Consultative Services																	
I.a	General Practitioner visits																	
I.b	Specialists tiered consultation structure																	
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only																	

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0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	2006.02																
0162	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	2006.02																
0163	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	2006.02																
0164	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)	2006.02																
0166	Psychiatry (22): First hospital consultation/visit with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient for between 10 and 20 minutes	2006.06																
0167	Psychiatry (22): First hospital consultation/visit with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient for between 21 and 35 minutes	2006.06																
0168	Psychiatry (22): First hospital consultation/visit with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient for between 36 and 45 minutes	2006.06																
0169	Psychiatry (22): First hospital consultation/visit with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient for between 46 and 60 minutes	2006.06																
I.c	General practitioner and specialist services																	
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure	2006.02							130	15.000	1.0	R	190.80		10	17.000	1.0	
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure	2006.02							130	15.000	1.0	R	190.80		10	17.000	1.0	

0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure	2006.02							130	15.000	1.0	R	190.80		10	17.000	1.0
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)	2006.02							130	15.000	1.0	R	190.80		10	17.000	1.0
0174	First hospital consultation/visit of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)	2006.02							130	15.000	1.0	R	190.80		10	17.000	1.0
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)	2006.02							130	15.000	1.0	R	190.80		10	17.000	1.0
0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)	2006.04		10	15.000	1.0	R	170.20	10	15.000	1.0	R	170.20				
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit	2006.04															
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes	2006.06	+	10	15.000	1.0	R	170.20	10	15.000	1.0	R	170.20				
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof	2006.04	+	10	6.000	1.0	R	68.10	10	6.000	1.0	R	68.10				
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof	2006.05	+	10	8.000	1.0	R	90.80	10	8.000	1.0	R	90.80				
0147	For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof	2006.05	+	10	14.000	1.0	R	158.90	10	14.000	1.0	R	158.90				

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0148	For elective after-hours services on request of the patient or family (non emergency) (refer to general rule B): ADD 50% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0146. Usage: This item is used when, for example, a patient or the family request the doctor for a non-emergency consultation/visit outside of the normal hours period as reflected in general rule B.	2006.05	+	10	-	1.0	R	-		10	-	1.0	R	-				
0149	After-hours bona fide emergency consultation/visit (21:00-6:00 daily): ADD 25% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0149. Note: The after-hour period applicable to this item is from Monday to Sunday 21:00-6:00	2006.05		10	-	1.0	R	-		10	-	1.0	R	-				
I.e	Pre-anaesthetic assessment																	
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes	2006.04								10	16.000	1.0	R	181.60		10	16.000	1.0
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes	2006.04								10	16.000	1.0	R	181.60		10	16.000	1.0
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes	2006.04								10	16.000	1.0	R	181.60		10	16.000	1.0
I.f	Prenatal visits and new born attendance																	
0107	New born attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)	2006.02		12	33.000	1.0	R	374.50		12	33.000	1.0	R	374.50				
	Item 0107 can be used once only for given confinement	2004.00																
0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)	2006.02		12	45.000	1.0	R	510.70		12	45.000	1.0	R	510.70				
I.g	Consultative services: Miscellaneous																	
0130	Telephone consultation (all hours)	2004.00								10	12.000	1.0	R	136.20		10	12.000	1.0
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)	2004.00		10	5.000	1.0	R	56.70		10	5.000	1.0	R	56.70				
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent	2004.00		10	9.000	1.0	R	102.10		10	9.000	1.0	R	102.10				
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent	2004.00		10	21.430	1.0	R	243.20		10	21.430	1.0	R	243.20				
II.	Medicine, material, supplies and use of own equipment																	
II.a	Medicine codes																	
II.a.1	Dispensing of medicine by licensed dispensing medical practitioners																	
0197	Licenced dispensing medical practitioners: Dispensing cost - R16.00 for medicine with a cost of R100,00 or more (VAT inclusive), or 16% for medicine costing less than R100,00 (VAT inclusive). Add to each Nappi code to provide for the dispensing cost.	2006.02																

II.a.2	Once-off administration of medicine used during a consultation																
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS R16,00 for medicine with a cost of R100,00 or more, or 16% for medicine costing less than R100,00 PLUS VAT on the 16%/R16,00. (Where applicable, VAT should be added to the 16%/R 16,00 only and not to the SEP, since the SEP is VAT inclusive). [According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiring preparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment.	2006.02															
II.a.3	Cost of chemotherapy drugs																
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.	2006.02															
II.b	Material codes																
II.b.1	Prosthesis and/or internal fixation																
0200	Prosthesis and/or internal fixation: This item provides for a charge for prosthesis and/or internal fixation. Charge for prosthesis and/or internal fixation at cost price PLUS 26% (up to a maximum of R 26,00). (Where applicable, VAT should be added to the above). The appropriate Nappi code(s), where applicable, for the prosthesis and/or internal fixation used, must be provided.	2006.02															
II.b.2	Material used during a consultation																
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.	2006.02															
II.c	Setting of sterile tray																
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201, as appropriate	2005.06		20	10.000	1.0	R	70.30		20	10.000	1.0	R	70.30			
II.d	Own equipment used in treatment																
5930	Surgical laser apparatus: Hire fee for own equipment	2004.00		20	109.000	1.0	R	766.10		20	109.000	1.0	R	766.10			
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)	2004.00															
III.	PROCEDURES																
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999	2005.03															
	GENERAL MODIFIERS GOVERNING THIS SECTION																

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0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)	2006.04																	
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged	2004.00																	
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff	2004.00																	
	MODIFIERS GOVERNING SECTION 1																		
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions	2004.00																	
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	2005.06		10	7.500	1.0	R	85.12		10	7.500	1.0	R	85.12					
1	General																		
1.1	Injections, Infusions and Inhalation Sedation Treatment																		
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	2004.00		20	6.000	1.0	R	42.20		20	6.000	1.0	R	42.20					
0204	Inhalation sedation: Per additional quarter-hour or part thereof	2004.00		20	3.000	1.0	R	21.10		20	3.000	1.0	R	21.10					
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	2004.00		20	12.000	1.0	R	84.30		20	12.000	1.0	R	84.30					
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	2004.00		20	6.000	1.0	R	42.20		20	6.000	1.0	R	42.20					
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	2004.00		20	8.000	1.0	R	56.20		20	8.000	1.0	R	56.20					
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	2004.00		20	6.000	1.0	R	42.20		20	6.000	1.0	R	42.20					
0209	Umbilical artery cannulation at birth	2004.00		20	18.000	1.0	R	126.50		20	18.000	1.0	R	126.50					
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	2004.00		20	3.250	1.0	R	22.80		20	3.250	1.0	R	22.80					
0211	Exchange transfusion: First and subsequent (including after-care)	2004.00		20	80.000	1.0	R	562.20		20	80.000	1.0	R	562.20					

	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS:□ Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)	2004.00																
1.2	Chemotherapy treatment (not in chemotherapy facilities)																	
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	2004.00		20	5.000	1.0	R	35.10		20	5.000	1.0	R	35.10				
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	2004.00		20	9.000	1.0	R	63.30		20	9.000	1.0	R	63.30				
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	2004.00		20	14.000	1.0	R	98.40		20	14.000	1.0	R	98.40				
1.3	Oncology related services in non-oncology facilties																	
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	2006.06		20	394.860	1.0	R	2 775.10	Z	20	315.890	1.0	R	2 220.10	Z			
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	2006.02		20	262.410	1.0	R	1 844.20	Z	20	209.930	1.0	R	1 475.40	Z			
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. The cost of materials is not included	2006.02		20	77.810	1.0	R	546.80	Z	20	77.810	1.0	R	546.80	Z			
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	2006.02		20	42.650	1.0	R	299.70	Z	20	42.650	1.0	R	299.70	Z			
	MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS																	
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.	2006.06																
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448	2006.04																

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0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.	2006.05																
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.	2006.05																
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist/anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.	2006.05																
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units	2006.04																
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute	2006.06																
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic	2006.04																
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute	2006.06																
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time	2006.04																
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added	2006.04																

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0033	Participating in general care of patients: When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by general practitioners.	2006.05															
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added	2006.04															
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).	2006.05															
0036	Anaesthetic administered by general practitioners: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a general practitioner lasting one hour or less, shall be the same as that for an anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus time [refer to modifier 0023] plus the appropriate modifiers) applicable to an anaesthesiologist. Please note that the 4/5 (80%) principle will be applied to all anaesthetics administered by general practitioners with the proviso that no anaesthetic with a total number of units higher than 11.00 will be reduced to less than 11,00 units in total. The monetary value of the unit is the same for both an anaesthesiologist/anaesthetist.	2006.05															
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units	2006.04													30	3.000	1.0
0038	Peri-operative blood salvage: Add 4,00 anaesthetic units for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage	2006.04															
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof	2006.04															
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units	2006.04															
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units	2006.04													30	3.000	1.0
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	2006.04													30	3.000	1.0
0043	Patients under one year of age: For all cases where the patient is under one year of age – 3,00 anaesthetic units to be added	2006.04													30	3.000	1.0
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age	2006.04													30	3.000	1.0
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable.	2006.06															

	Modifiers 5441 to 5448□ □ 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)	2006.04																	
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448	2006.04															30	1.000	1.0
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and tempero-mandibular joint: Add two (2,00) anaesthetic units	2006.04															30	2.000	1.0
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	2006.04															30	3.000	1.0
5444	Shaft of femur: Add four (4,00) anaesthetic units	2006.04															30	4.000	1.0
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	2006.04															30	5.000	1.0
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units	2006.04															30	8.000	1.0
	POST-OPERATIVE ALLEVIATION OF PAIN																		
0045	Post-operative alleviation of pain: (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility. (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)	2006.04																	
2	Integumentary System																		
2.1	Allergy																		
0217	Allergy: Patch tests: First patch	2004.00		20	4.000	1.0	R	28.10		20	4.000	1.0	R	28.10					
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	2004.00		20	2.800	1.0	R	19.70		20	2.800	1.0	R	19.70					
0219	Allergy: Patch tests: Each additional patch	2004.00		20	2.000	1.0	R	14.10		20	2.000	1.0	R	14.10					
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	2004.00		20	1.900	1.0	R	13.40		20	1.900	1.0	R	13.40					
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	2004.00		20	2.800	1.0	R	19.70		20	2.800	1.0	R	19.70					
2.2	Skin (general)																		
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	2004.00		20	4.000	1.0	R	28.10		20	4.000	1.0	R	28.10					
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	2004.00		20	8.000	1.0	R	56.20		20	8.000	1.0	R	56.20					
0225	Epilation: Per session	2004.00		20	8.000	1.0	R	56.20		20	8.000	1.0	R	56.20					
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	2004.00		20	8.000	1.0	R	56.20		20	8.000	1.0	R	56.20		30	4.000	1.0	
0228	PUVA Treatment: Maximum of 21 treatments	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60					

0229	PUVA: Follow-up or maintenance therapy once a week	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60					
0230	UVR-Treatment	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60					
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	2004.00		20	5.500	1.0	R	38.70		20	5.500	1.0	R	38.70					
0233	Biopsy without suturing: First lesion	2004.00		20	6.000	1.0	R	42.20		20	6.000	1.0	R	42.20		30	3.000	1.0	
0234	Biopsy without suturing: Subsequent lesions (each)	2004.00		20	3.000	1.0	R	21.10		20	3.000	1.0	R	21.10		30	3.000	1.0	
0235	Biopsy without suturing: Maximum for multiple additional lesions	2004.00		20	18.000	1.0	R	126.50		20	18.000	1.0	R	126.50		30	3.000	1.0	
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	2004.00		20	12.000	1.0	R	84.30		20	12.000	1.0	R	84.30		30	3.000	1.0	
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	2004.00		20	6.000	1.0	R	42.20		20	6.000	1.0	R	42.20		30	3.000	1.0	
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	2004.00		20	3.000	1.0	R	21.10		20	3.000	1.0	R	21.10		30	3.000	1.0	
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	2004.00		20	42.000	1.0	R	295.20		20	42.000	1.0	R	295.20		30	3.000	1.0	
0244	Repair of nail bed	2004.00		20	30.000	1.0	R	210.80		20	30.000	1.0	R	210.80		30	3.000	1.0	
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	2004.00		20	14.000	1.0	R	98.40		20	14.000	1.0	R	98.40		30	3.000	1.0	
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	2004.00		20	7.000	1.0	R	49.20		20	7.000	1.0	R	49.20		30	3.000	1.0	
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	2004.00		20	30.000	1.0	R	210.80		20	30.000	1.0	R	210.80		30	3.000	1.0	
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	2004.00		20	15.000	1.0	R	105.40		20	15.000	1.0	R	105.40		30	3.000	1.0	
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60		30	3.000	1.0	
0257	Drainage of major hand or foot infection: Drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus	2004.00		20	87.000	1.0	R	611.40		20	87.000	1.0	R	611.40		30	3.000	1.0	
0259	Removal of foreign body superficial to deep fascia (except hands)	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60		30	3.000	1.0	
0261	Removal of foreign body deep to deep fascia (except hands)	2004.00		20	31.000	1.0	R	217.90		20	31.000	1.0	R	217.90		30	3.000	1.0	
0271	Kurtin planing for acne scarring: Whole face	2004.00		20	206.000	1.0	R	1 447.80		20	164.800	1.0	R	1 158.20		30	4.000	1.0	
0273	Kurtin planing for acne scarring: Extensive	2004.00		20	70.000	1.0	R	492.00		20	70.000	1.0	R	492.00		30	4.000	1.0	
0275	Kurtin planing for acne scarring: Limited	2004.00		20	30.000	1.0	R	210.80		20	30.000	1.0	R	210.80		30	4.000	1.0	
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	2004.00		20	103.000	1.0	R	723.90		20	103.000	1.0	R	723.90		30	4.000	1.0	
0279	Surgical treatment for axillary hyperhidrosis	2004.00		20	64.000	1.0	R	449.80		20	64.000	1.0	R	449.80		30	4.000	1.0	
0280	Laser treatment for small skin lesions: First lesion	2004.00		20	14.000	1.0	R	98.40		20	14.000	1.0	R	98.40		30	3.000	1.0	
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	2004.00		20	7.000	1.0	R	49.20		20	7.000	1.0	R	49.20		30	3.000	1.0	
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	2004.00		20	56.000	1.0	R	393.60		20	56.000	1.0	R	393.60		30	3.000	1.0	
0283	Laser treatment for large skin lesions: Limited area	2004.00		20	30.000	1.0	R	210.80		20	30.000	1.0	R	210.80		30	4.000	1.0	
0284	Laser treatment for large skin lesions: Extensive area	2004.00		20	70.000	1.0	R	492.00		20	70.000	1.0	R	492.00		30	4.000	1.0	
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	2004.00		20	206.000	1.0	R	1 447.80		20	164.800	1.0	R	1 158.20		30	4.000	1.0	
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	2004.00		20	56.630	1.0	R	398.00	Z	20	56.630	1.0	R	398.00	Z				
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	2004.00		20	43.440	1.0	R	305.30	Z	20	43.440	1.0	R	305.30	Z				
2.3	Major plastic repair																		
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	2004.00		20	234.000	1.0	R	1 644.60		20	187.200	1.0	R	1 315.60		30	4.000	1.0	
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	2004.00		20	410.000	1.0	R	2 881.50		20	328.000	1.0	R	2 305.20		30	4.000	1.0	
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	2004.00		20	800.000	1.0	R	5 622.40		20	640.000	1.0	R	4 497.90		30	4.000	1.0	
0292	Distant flaps: First stage	2004.00		20	206.000	1.0	R	1 447.80		20	164.800	1.0	R	1 158.20		30	4.000	1.0	
0293	Contour grafts (excluding cost of material)	2004.00		20	206.000	1.0	R	1 447.80		20	164.800	1.0	R	1 158.20		30	4.000	1.0	

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0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	2004.11		20	1200.000	1.0	R 8 433.60		20	960.000	1.0	R 6 746.90		30	6.000	1.0
0295	Local skin flaps (large, complicated)	2004.00		20	206.000	1.0	R 1 447.80		20	164.800	1.0	R 1 158.20		30	4.000	1.0
0296	Other procedures of major technical nature	2004.00		20	206.000	1.0	R 1 447.80		20	164.800	1.0	R 1 158.20		30	4.000	1.0
0297	Subsequent major procedures for repair of same lesion	2004.00		20	104.000	1.0	R 730.90		20	104.000	1.0	R 730.90		30	4.000	1.0
0298	Lower abdominal dermo-lipectomy	2004.00		20	170.000	1.0	R 1 194.80		20	136.000	1.0	R 955.80		30	5.000	1.0
0299	Major abdominal lipectomy with repositioning of umbilicus	2004.00		20	275.000	1.0	R 1 932.70		20	220.000	1.0	R 1 546.20		30	5.000	1.0
2.4	Lacerations, scars, tumours, cysts and other skin lesions															
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	2004.00		20	14.000	1.0	R 98.40		20	14.000	1.0	R 98.40		30	3.000	1.0
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	2004.00		20	7.000	1.0	R 49.20		20	7.000	1.0	R 49.20		30	3.000	1.0
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	2004.00		20	64.000	1.0	R 449.80		20	64.000	1.0	R 449.80		30	4.000	1.0
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	2004.00		20	128.000	1.0	R 899.60		20	120.000	1.0	R 843.40		30	4.000	1.0
0304	Major debridement of wound, sloughectomy or secondary suture	2004.00		20	50.000	1.0	R 351.40		20	50.000	1.0	R 351.40		30	3.000	1.0
0305	Needle biopsy - soft tissue	2004.00		20	25.000	1.0	R 175.70		20	25.000	1.0	R 175.70		30	3.000	1.0
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	2004.00		20	27.000	1.0	R 189.80		20	27.000	1.0	R 189.80		30	3.000	1.0
0308	Each additional small procedure done at the same time	2004.00		20	14.000	1.0	R 98.40		20	14.000	1.0	R 98.40		30	3.000	1.0
0310	Radical excision of nailbed	2004.00		20	38.000	1.0	R 267.10		20	38.000	1.0	R 267.10		30	3.000	1.0
0311	Excision of large benign tumour (more than 5 cm)	2004.00		20	55.000	1.0	R 386.50		20	55.000	1.0	R 386.50		30	3.000	1.0
0313	Extensive resection for malignant soft tissue tumour including muscle	2004.00		20	283.900	1.0	R 1 995.20		20	227.120	1.0	R 1 596.20		30	4.000	1.0
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	2004.00		20	104.000	1.0	R 730.90		20	104.000	1.0	R 730.90		30	4.000	1.0
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	2004.00		20	55.000	1.0	R 386.50		20	55.000	1.0	R 386.50		30	3.000	1.0
2.5	Breasts															
0316	Fine needle aspiration for soft tissue (all areas)	2004.00		20	15.000	1.0	R 105.40		20	15.000	1.0	R 105.40				
0317	Aspiration of cyst or tumour	2004.00		20	9.000	1.0	R 63.30		20	9.000	1.0	R 63.30		30	3.000	1.0
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	2004.00		20	42.000	1.0	R 295.20		20	42.000	1.0	R 295.20		30	3.000	1.0
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	2004.00		20	94.200	1.0	R 662.00		20	94.200	1.0	R 662.00		30	3.000	1.0
0323	Subareolar cone excision of ducts of wedge excision of breast	2004.00		20	90.000	1.0	R 632.50		20	90.000	1.0	R 632.50		30	3.000	1.0
0324	Wedge excision of breast and axillary dissection	2004.00		20	225.000	1.0	R 1 581.30		20	180.000	1.0	R 1 265.00		30	5.000	1.0
0325	Total mastectomy	2004.00		20	155.000	1.0	R 1 089.30		20	124.000	1.0	R 871.50		30	5.000	1.0
0327	Total mastectomy with axillary gland biopsy	2004.00		20	185.000	1.0	R 1 300.20		20	148.000	1.0	R 1 040.10		30	5.000	1.0
0329	Total mastectomy with axillary gland dissection	2004.00		20	275.000	1.0	R 1 932.70		20	220.000	1.0	R 1 546.20		30	5.000	1.0
0330	Nipple and areola reconstruction	2004.00		20	95.000	1.0	R 667.70		20	95.000	1.0	R 667.70		30	4.000	1.0
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	2004.00		20	234.000	1.0	R 1 644.60		20	187.200	1.0	R 1 315.60		30	4.000	1.0
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	2004.00		20	410.000	1.0	R 2 881.50		20	328.000	1.0	R 2 305.20		30	4.000	1.0
0334	Removal of breast implant by means of capsulectomy: Per breast	2004.00		20	234.000	1.0	R 1 644.60		20	187.200	1.0	R 1 315.60		30	4.000	1.0
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	2004.00		20	150.000	1.0	R 1 054.20		20	120.000	1.0	R 843.40		30	4.000	1.0
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	2004.00		20	234.000	1.0	R 1 644.60		20	187.200	1.0	R 1 315.60		30	5.000	1.0
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	2004.00		20	410.000	1.0	R 2 881.50		20	328.000	1.0	R 2 305.20		30	5.000	1.0
0341	Gynaecomastia: Unilateral	2004.00		20	92.000	1.0	R 646.60		20	92.000	1.0	R 646.60		30	3.000	1.0
0343	Gynaecomastia: Bilateral	2004.00		20	161.000	1.0	R 1 131.50		20	128.800	1.0	R 905.20		30	3.000	1.0
2.6	Burns															

0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	2004.00		20	276.000	1.0	R 1 939.70		20	220.800	1.0	R 1 551.80		30	5.000	1.0
0353	Tangential excision and grafting: Small	2004.00		20	100.000	1.0	R 702.80		20	100.000	1.0	R 702.80		30	5.000	1.0
0354	Tangential excision and grafting: Large	2004.00		20	200.000	1.0	R 1 405.60		20	160.000	1.0	R 1 124.50		30	5.000	1.0
2.7	Hands (skin)															
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flag e.g. Cutler	2004.00		20	147.400	1.0	R 1 035.90		20	120.000	1.0	R 843.40		30	4.000	1.0
0357	Small skin graft in acute hand injury	2004.00		20	45.000	1.0	R 316.30		20	45.000	1.0	R 316.30		30	3.000	1.0
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	2004.00		20	192.000	1.0	R 1 349.40		20	153.600	1.0	R 1 079.50		30	3.000	1.0
0361	Z-plasty	2004.00		20	220.100	1.0	R 1 546.90		20	176.080	1.0	R 1 237.50		30	3.000	1.0
0363	Local flap and skin graft	2004.00		20	150.000	1.0	R 1 054.20		20	120.000	1.0	R 843.40		30	3.000	1.0
0365	Cross finger flap (all stages)	2004.00		20	192.000	1.0	R 1 349.40		20	153.600	1.0	R 1 079.50		30	3.000	1.0
0367	Palmar flap (all stages)	2004.00		20	192.000	1.0	R 1 349.40		20	153.600	1.0	R 1 079.50		30	3.000	1.0
0369	Distant flap: First stage	2004.00		20	158.000	1.0	R 1 110.40		20	126.400	1.0	R 888.30		30	3.000	1.0
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	2004.00		20	77.000	1.0	R 541.20		20	77.000	1.0	R 541.20		30	3.000	1.0
0373	Transfer neurovascular island flap	2004.00		20	230.500	1.0	R 1 620.00		20	184.400	1.0	R 1 296.00		30	3.000	1.0
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	2004.00		20	242.400	1.0	R 1 703.60		20	193.920	1.0	R 1 362.90		30	3.000	1.0
0375	Dupuytren's contracture: Fasciotomy	2004.00		20	51.000	1.0	R 358.40		20	51.000	1.0	R 358.40		30	3.000	1.0
0376	Dupuytren's contracture: Fasciectomy	2004.00		20	218.000	1.0	R 1 532.10		20	174.400	1.0	R 1 225.70		30	3.000	1.0
2.8	Acupuncture															
	Please note: General Rule M not applicable to section 2.8 of this price list	2004.00														
0377	Standard acupuncture	2004.00		20	10.000	1.0	R 70.30		20	10.000	1.0	R 70.30				
0378	Laser acupuncture using more than 6 points	2004.00		20	14.000	1.0	R 98.40		20	14.000	1.0	R 98.40				
0379	Electro-acupuncture	2004.00		20	14.000	1.0	R 98.40		20	14.000	1.0	R 98.40				
0380	Scalp acupuncture	2004.00		20	10.000	1.0	R 70.30		20	10.000	1.0	R 70.30				
0381	Micro-acupuncture (ear, hand)	2004.00		20	10.000	1.0	R 70.30		20	10.000	1.0	R 70.30				
	RULES GOVERNING THE SECTION ACUPUNCTURE															
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp	2004.00														
3	Musculo-skeletal System															
	MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS															
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis	2004.00														
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	2004.00		20	27.000	1.0	R 189.76		20	27.000	1.0	R 189.76				
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	2004.11		20	77.000	1.0	R 541.16		20	77.000	1.0	R 541.16				

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0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	2004.00		20	115.500	1.0	R	811.73		20	115.500	1.0	R	811.73				
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	2004.11		20	77.000	1.0	R	541.16		20	77.000	1.0	R	541.16				
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	2004.00		20	32.000	1.0	R	224.90		20	32.000	1.0	R	224.90				
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	2004.11		20	77.000	1.0	R	541.16		20	77.000	1.0	R	541.16				
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot	2004.00																
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%	2004.00																
3.1	Bones																	
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)																	
0383	Fracture (reduction under general anaesthetic): Scapula	2004.00		20	-	1.0	R	-	V	20	-	1.0	R	-	V	30	3.000	1.0
0387	Fracture (reduction under general anaesthetic): Clavicle	2004.00		20	77.000	1.0	R	541.20		20	77.000	1.0	R	541.20		30	3.000	1.0
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	2004.00		20	175.700	1.0	R	1 234.80		20	140.560	1.0	R	987.90		30	3.000	1.0
0389	Fracture (reduction under general anaesthetic): Humerus	2004.00		20	111.600	1.0	R	784.30		20	111.600	1.0	R	784.30		30	3.000	1.0
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	2004.00		20	77.000	1.0	R	541.20		20	77.000	1.0	R	541.20		30	3.000	1.0
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	2004.00		20	210.000	1.0	R	1 475.90		20	168.000	1.0	R	1 180.70		30	3.000	1.0
0402	Fracture (reduction under general anaesthetic): Carpal bone	2004.00		20	64.000	1.0	R	449.80		20	64.000	1.0	R	449.80		30	3.000	1.0
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	2004.00		20	51.000	1.0	R	358.40		20	51.000	1.0	R	358.40		30	3.000	1.0
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	2004.00		20	118.300	1.0	R	831.40		20	118.300	1.0	R	831.40		30	3.000	1.0
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	2004.00		20	-	1.0	R	-	ß	20	-	1.0	R	-	ß	30	3.000	1.0
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	2004.00		20	52.000	1.0	R	365.50		20	52.000	1.0	R	365.50		30	3.000	1.0
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	2004.00		20	48.000	1.0	R	337.30		20	48.000	1.0	R	337.30		30	3.000	1.0
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	2004.00		20	102.000	1.0	R	716.90		20	102.000	1.0	R	716.90		30	3.000	1.0
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	2004.00		20	-	0.0	R	-	ß	20	-	0.0	R	-	ß	30	3.000	1.0
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	2004.00		20	320.000	1.0	R	2 249.00		20	256.000	1.0	R	1 799.20		30	3.000	1.0
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	2004.00		20	237.000	1.0	R	1 665.60		20	189.600	1.0	R	1 332.50		30	3.000	1.0
0425	Fracture (reduction under general anaesthetic): Patella	2004.00		20	51.000	1.0	R	358.40		20	51.000	1.0	R	358.40		30	3.000	1.0
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	2004.00		20	128.000	1.0	R	899.60		20	120.000	1.0	R	843.40		30	3.000	1.0
0433	Fracture (reduction under general anaesthetic): Fibula shaft	2004.00		20	-	0.0	R	-	ß	20	-	0.0	R	-	ß	30	3.000	1.0
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	2004.00		20	58.000	1.0	R	407.60		20	58.000	1.0	R	407.60		30	3.000	1.0

0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	2004.00		20	128.000	1.0	R 899.60		20	120.000	1.0	R 843.40		30	3.000	1.0
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	2004.00		20	198.700	1.0	R 1 396.50		20	158.960	1.0	R 1 117.20		30	3.000	1.0
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	2004.00		20	64.000	1.0	R 449.80		20	64.000	1.0	R 449.80		30	3.000	1.0
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	2004.00		20	403.500	1.0	R 2 835.80		20	322.500	1.0	R 2 266.50		30	3.000	1.0
0441	Fracture (reduction under general anaesthetic): Metatarsal	2004.00		20	41.800	1.0	R 293.80		20	41.800	1.0	R 293.80		30	3.000	1.0
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	2004.00		20	-	0.0	R -	ß	20	-	0.0	R -	ß	30	3.000	1.0
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	2004.00		20	32.000	1.0	R 224.90		20	32.000	1.0	R 224.90		30	3.000	1.0
0447	Fracture (reduction under general anaesthetic): Other: Simple	2004.00		20	26.000	1.0	R 182.70		20	26.000	1.0	R 182.70		30	3.000	1.0
0449	Fracture (reduction under general anaesthetic): Other: Compound	2004.00		20	52.000	1.0	R 365.50		20	52.000	1.0	R 365.50		30	3.000	1.0
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	2004.00		20	-	0.0	R -	ß	20	-	0.0	R -	ß	30	3.000	1.0
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	2004.00		20	230.000	1.0	R 1 616.40		20	184.000	1.0	R 1 293.20		30	3.000	1.0
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	2004.00		20	-	0.0	R -	ß	20	-	0.0	R -	ß	30	3.000	1.0
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	2004.00		20	-	0.0	R -	ß	20	-	0.0	R -	ß	30	3.000	1.0
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	2004.00		20	-	0.0	R -	v	20	-	0.0	R -	v	30	3.000	1.0
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	2004.00		20	-	0.0	R -	v	20	-	0.0	R -	v	30	3.000	1.0
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	2004.00		20	-	0.0	R -	v	20	-	0.0	R -	v	30	3.000	1.0
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	2004.00		20	-	0.0	R -	v	20	-	0.0	R -	v	30	3.000	1.0
3.1.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures															
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	2004.00		20	288.000	1.0	R 2 024.10		20	230.400	1.0	R 1 619.30		30	3.000	1.0
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	2004.00		20	43.000	1.0	R 302.20		20	43.000	1.0	R 302.20		30	3.000	1.0
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	2004.00		20	282.000	1.0	R 1 981.90		20	225.600	1.0	R 1 585.50		30	3.000	1.0
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	2004.00		20	154.000	1.0	R 1 082.30		20	123.200	1.0	R 865.80		30	3.000	1.0
3.1.2	Bony operations															
3.1.2.1	Bony operations: Bone grafting															
0497	Resection of bone or tumour with or without grafting (benign)	2004.00		20	282.000	1.0	R 1 981.90		20	225.600	1.0	R 1 585.50		30	3.000	1.0
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	2004.00		20	340.000	1.0	R 2 389.50		20	272.000	1.0	R 1 911.60		30	3.000	1.0
0499	Grafts to cysts: Large bones	2004.00		20	192.000	1.0	R 1 349.40		20	153.600	1.0	R 1 079.50		30	3.000	1.0
0501	Grafts to cysts: Small bones	2004.00		20	128.000	1.0	R 899.60		20	120.000	1.0	R 843.40		30	3.000	1.0
0503	Grafts to cysts: Cartilage graft	2004.00		20	206.000	1.0	R 1 447.80		20	164.800	1.0	R 1 158.20		30	3.000	1.0
0505	Grafts to cysts: Inter-metacarpal bone graft	2004.00		20	147.000	1.0	R 1 033.10		20	120.000	1.0	R 843.40		30	3.000	1.0
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	2004.00		20	50.000	1.0	R 351.40		20	50.000	1.0	R 351.40		30	3.000	1.0
3.1.2.2	Bony operations: Acute or chronic osteomyelitis															
0509	Acute or chronic osteomyelitis: Conservative treatment	2004.00		20	-	1.0	R -	v	20	-	1.0	R -	v			
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care	2004.00														
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	2004.00		20	128.000	1.0	R 899.60		20	120.000	1.0	R 843.40		30	3.000	1.0
3.1.2.3	Bony operations: Osteotomy															

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0514	Osteotomy: Sternum: Repair of pectus excavatum	2004.00		20	330.000	1.0	R 2 319.20		20	264.000	1.0	R 1 855.40		30	3.000	1.0
0515	Osteotomy: Sternum: Repair of pectus carinatum	2004.00		20	330.000	1.0	R 2 319.20		20	264.000	1.0	R 1 855.40		30	3.000	1.0
0516	Osteotomy: Pelvic	2004.00		20	320.000	1.0	R 2 249.00		20	256.000	1.0	R 1 799.20		30	3.000	1.0
0521	Osteotomy: Femoral: Proximal	2004.00		20	320.000	1.0	R 2 249.00		20	256.000	1.0	R 1 799.20		30	3.000	1.0
0527	Osteotomy: Knee region	2004.11		20	320.000	1.0	R 2 249.00		20	256.000	1.0	R 1 799.20		30	3.000	1.0
0528	Osteotomy: Os Calcis (Dwyer operation)	2004.00		20	115.000	1.0	R 808.20		20	115.000	1.0	R 808.20		30	3.000	1.0
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	2004.00		20	120.000	1.0	R 843.40		20	120.000	1.0	R 843.40		30	3.000	1.0
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	2004.00		20	278.900	1.0	R 1 960.10		20	223.120	1.0	R 1 568.10		30	3.000	1.0
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	2004.00		20	160.000	1.0	R 1 124.50		20	128.000	1.0	R 899.60		30	3.000	1.0
0533	Osteotomy: Single metatarsal	2004.00		20	60.000	1.0	R 421.70		20	60.000	1.0	R 421.70		30	3.000	1.0
0534	Osteotomy: Multiple metatarsal osteotomies	2004.00		20	150.000	1.0	R 1 054.20		20	120.000	1.0	R 843.40		30	3.000	1.0
3.1.2.4	Bony operations: Exostosis															
0535	Exostosis: Excision: Readily accessible sites	2004.00		20	60.000	1.0	R 421.70		20	60.000	1.0	R 421.70		30	3.000	1.0
0537	Exostosis: Excision: Less accessible sites	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70		30	3.000	1.0
3.1.2.5	Bony operations: Biopsy															
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	2004.00		20	50.000	1.0	R 351.40		20	50.000	1.0	R 351.40		30	4.000	1.0
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	2004.00		20	32.000	1.0	R 224.90		20	32.000	1.0	R 224.90		30	4.000	1.0
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	2004.00		20	64.000	1.0	R 449.80		20	64.000	1.0	R 449.80				
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70				
3.2	Joints															
3.2.1	Joints: Dislocations															
0547	Joint: Dislocation: Clavicle either end	2004.00		20	38.000	1.0	R 267.10		20	38.000	1.0	R 267.10		30	3.000	1.0
0549	Joint: Dislocation: Shoulder	2004.00		20	51.000	1.0	R 358.40		20	51.000	1.0	R 358.40		30	3.000	1.0
0551	Joint: Dislocation: Elbow	2004.00		20	51.000	1.0	R 358.40		20	51.000	1.0	R 358.40		30	3.000	1.0
0552	Joint: Dislocation: Wrist	2004.00		20	77.000	1.0	R 541.20		20	77.000	1.0	R 541.20		30	3.000	1.0
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	2004.00		20	130.000	1.0	R 913.60		20	120.000	1.0	R 843.40		30	3.000	1.0
0555	Joint: Dislocation: Lunate	2004.00		20	77.000	1.0	R 541.20		20	77.000	1.0	R 541.20		30	3.000	1.0
0556	Joint: Dislocation: Carpo-metacarpo dislocation	2004.00		20	51.000	1.0	R 358.40		20	51.000	1.0	R 358.40		30	3.000	1.0
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	2004.00		20	26.000	1.0	R 182.70		20	26.000	1.0	R 182.70		30	3.000	1.0
0559	Joint: Dislocation: Hip	2004.00		20	109.000	1.0	R 766.10		20	109.000	1.0	R 766.10		30	3.000	1.0
0561	Joint: Dislocation: Knee	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70		30	3.000	1.0
0563	Joint: Dislocation: Patella	2004.00		20	32.000	1.0	R 224.90		20	32.000	1.0	R 224.90		30	3.000	1.0
0565	Joint: Dislocation: Ankle	2004.00		20	90.000	1.0	R 632.50		20	90.000	1.0	R 632.50		30	3.000	1.0
0567	Joint: Dislocation: Sub-Talar dislocation	2004.00		20	90.000	1.0	R 632.50		20	90.000	1.0	R 632.50		30	3.000	1.0
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	2004.00		20	77.000	1.0	R 541.20		20	77.000	1.0	R 541.20		30	3.000	1.0
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	2004.00		20	14.000	1.0	R 98.40		20	14.000	1.0	R 98.40		30	3.000	1.0
0573	Joint: Dislocation: Spine with or without paralysis	2004.00		20	-	0.0	R -	v	20	-	0.0	R -	v			
3.2.2	Joints: Operations for dislocations															
0578	Operations for dislocations: Recurrent dislocation of shoulder	2004.00		20	200.000	1.0	R 1 405.60		20	160.000	1.0	R 1 124.50		30	3.000	1.0
0579	Operations for dislocations: Recurrent dislocation of all other joints	2004.00		20	161.000	1.0	R 1 131.50		20	128.800	1.0	R 905.20		30	3.000	1.0
3.2.3	Joints: Capsular operations															
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	2004.00		20	51.000	1.0	R 358.40		20	51.000	1.0	R 358.40		30	3.000	1.0
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70		30	3.000	1.0

0585	Capsulectomy digital joint	2004.00		20	64.000	1.0	R	449.80		20	64.000	1.0	R	449.80		30	3.000	1.0
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	2004.00		20	90.000	1.0	R	632.50		20	90.000	1.0	R	632.50		30	3.000	1.0
0587	Release of digital joint contracture	2004.00		20	128.000	1.0	R	899.60		20	120.000	1.0	R	843.40		30	3.000	1.0
3.2.4	Joints: Synovectomy																	
0589	Synovectomy: Digital joint	2004.00		20	77.000	1.0	R	541.20		20	77.000	1.0	R	541.20		30	3.000	1.0
0592	Synovectomy: Large joint	2004.00		20	160.000	1.0	R	1 124.50		20	128.000	1.0	R	899.60		30	3.000	1.0
0593	Tendon synovectomy	2004.00		20	203.700	1.0	R	1 431.60		20	162.960	1.0	R	1 145.30		30	3.000	1.0
3.2.5	Joints: Arthrodesis																	
0597	Arthrodesis: Shoulder	2004.00		20	224.000	1.0	R	1 574.30		20	179.200	1.0	R	1 259.40		30	3.000	1.0
0598	Arthrodesis: Elbow	2004.00		20	180.000	1.0	R	1 265.00		20	144.000	1.0	R	1 012.00		30	3.000	1.0
0599	Arthrodesis: Wrist	2004.00		20	180.000	1.0	R	1 265.00		20	144.000	1.0	R	1 012.00		30	3.000	1.0
0600	Arthrodesis: Digital joint	2004.00		20	128.000	1.0	R	899.60		20	120.000	1.0	R	843.40		30	3.000	1.0
0601	Arthrodesis: Hip	2004.00		20	320.000	1.0	R	2 249.00		20	256.000	1.0	R	1 799.20		30	3.000	1.0
0602	Arthrodesis: Knee	2004.00		20	180.000	1.0	R	1 265.00		20	144.000	1.0	R	1 012.00		30	3.000	1.0
0603	Arthrodesis: Ankle	2004.00		20	180.000	1.0	R	1 265.00		20	144.000	1.0	R	1 012.00		30	3.000	1.0
0604	Arthrodesis: Sub-talar	2004.00		20	130.000	1.0	R	913.60		20	120.000	1.0	R	843.40		30	3.000	1.0
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	2004.00		20	180.000	1.0	R	1 265.00		20	144.000	1.0	R	1 012.00		30	3.000	1.0
0607	Arthrodesis: Mid-tarsal wedge resection	2004.00		20	180.000	1.0	R	1 265.00		20	144.000	1.0	R	1 012.00		30	3.000	1.0
3.2.6	Joints: Arthroplasty																	
0614	Arthroplasty: Debridement large joints	2004.00		20	160.000	1.0	R	1 124.50		20	128.000	1.0	R	899.60		30	3.000	1.0
0615	Arthroplasty: Excision medial or lateral end of clavicle	2004.00		20	116.000	1.0	R	815.20		20	116.000	1.0	R	815.20		30	3.000	1.0
0617	Shoulder: Acromioplasty	2004.00		20	192.000	1.0	R	1 349.40		20	153.600	1.0	R	1 079.50		30	3.000	1.0
0619	Shoulder: Partial replacement	2004.00		20	277.000	1.0	R	1 946.80		20	221.600	1.0	R	1 557.40		30	5.000	1.0
0620	Shoulder: Total replacement	2004.00		20	416.000	1.0	R	2 923.60		20	332.800	1.0	R	2 338.90		30	5.000	1.0
0621	Elbow: Excision head of radius	2004.00		20	96.000	1.0	R	674.70		20	96.000	1.0	R	674.70		30	3.000	1.0
0622	Elbow: Excision	2004.00		20	192.000	1.0	R	1 349.40		20	153.600	1.0	R	1 079.50		30	3.000	1.0
0623	Elbow: Partial replacement	2004.00		20	188.000	1.0	R	1 321.30		20	150.400	1.0	R	1 057.00		30	3.000	1.0
0624	Elbow: Total replacement	2004.00		20	282.000	1.0	R	1 981.90		20	225.600	1.0	R	1 585.50		30	3.000	1.0
0625	Wrist: Excision distal end of ulna	2004.00		20	96.000	1.0	R	674.70		20	96.000	1.0	R	674.70		30	3.000	1.0
0626	Wrist: Excision single bone	2004.00		20	110.000	1.0	R	773.10		20	110.000	1.0	R	773.10		30	3.000	1.0
0627	Wrist: Excision proximal row	2004.00		20	166.000	1.0	R	1 166.60		20	132.800	1.0	R	933.30		30	3.000	1.0
0631	Wrist: Total replacement	2004.00		20	249.000	1.0	R	1 750.00		20	199.200	1.0	R	1 400.00		30	3.000	1.0
0635	Digital Joint: Total replacement	2004.00		20	192.000	1.0	R	1 349.40		20	153.600	1.0	R	1 079.50		30	3.000	1.0
0637	Hip: Total replacement	2004.00		20	416.000	1.0	R	2 923.60		20	332.800	1.0	R	2 338.90		30	3.000	1.0
0641	Hip: Prosthetic replacement of femoral head	2004.00		20	288.000	1.0	R	2 024.10		20	230.400	1.0	R	1 619.30		30	3.000	1.0
0643	Hip: Girdlestone	2004.00		20	320.000	1.0	R	2 249.00		20	256.000	1.0	R	1 799.20		30	3.000	1.0
0645	Knee: Partial replacement	2004.00		20	277.000	1.0	R	1 946.80		20	221.600	1.0	R	1 557.40		30	3.000	1.0
0646	Knee: Total replacement	2004.00		20	416.000	1.0	R	2 923.60		20	332.800	1.0	R	2 338.90		30	3.000	1.0
0649	Ankle: Total replacement	2004.00		20	290.400	1.0	R	2 040.90		20	232.320	1.0	R	1 632.70		30	3.000	1.0
0650	Ankle: Astragalectomy	2004.00		20	154.000	1.0	R	1 082.30		20	123.200	1.0	R	865.80		30	3.000	1.0
3.2.7	Joints: Miscellaneous (joints)																	
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	2004.00		20	9.000	1.0	R	63.30		20	9.000	1.0	R	63.30		30	3.000	1.0
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	2004.00		20	7.500	1.0	R	52.70		20	7.500	1.0	R	52.70		30	3.000	1.0

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0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	2004.00		20	4.000	1.0	R	28.10		20	4.000	1.0	R	28.10		30	3.000	1.0
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	2004.00		20	60.000	1.0	R	421.70		20	60.000	1.0	R	421.70		30	3.000	1.0
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	2004.00		20	14.000	1.0	R	98.40		20	14.000	1.0	R	98.40		30	3.000	1.0
0669a	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	2005.01		20	14.000	1.0	R	98.40		20	14.000	1.0	R	98.40		30	4.000	1.0
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic	2006.04		20	-	0.0	R	-	F	20	-	0.0	R	-	F	30	3.000	1.0
0670a	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	2005.01		20	-	0.0	R	-	F	20	-	0.0	R	-	F	30	4.000	1.0
0673	Meniscectomy or operation for other internal derangement of knee	2004.00		20	109.000	1.0	R	766.10		20	109.000	1.0	R	766.10		30	3.000	1.0
3.2.8	Joints: Joint ligament reconstruction or suture																	
0675	Joint ligament reconstruction or suture: Ankle: Collateral	2004.00		20	160.000	1.0	R	1 124.50		20	128.000	1.0	R	899.60		30	3.000	1.0
0677	Joint ligament reconstruction or suture: Knee: Collateral	2004.00		20	160.000	1.0	R	1 124.50		20	128.000	1.0	R	899.60		30	3.000	1.0
0678	Joint ligament reconstruction or suture: Knee: Cruciate	2004.00		20	160.000	1.0	R	1 124.50		20	128.000	1.0	R	899.60		30	3.000	1.0
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	2004.00		20	280.000	1.0	R	1 967.80		20	224.000	1.0	R	1 574.30		30	3.000	1.0
0680	Joint ligament reconstruction or suture: Digital joint ligament	2004.00		20	165.000	1.0	R	1 159.60		20	132.000	1.0	R	927.70		30	3.000	1.0
3.3	Amputations																	
3.3.1	Amputations: Specific Amputations																	
0682	Amputation: Fore-quarter amputation	2004.00		20	294.000	1.0	R	2 066.20		20	235.200	1.0	R	1 653.00		30	9.000	1.0
0683	Amputation: Through shoulder	2004.00		20	148.000	1.0	R	1 040.10		20	120.000	1.0	R	843.40		30	5.000	1.0
0685	Amputation: Upper arm or fore-arm	2004.00		20	116.000	1.0	R	815.20		20	116.000	1.0	R	815.20		30	3.000	1.0
0687	Partial amputation of the hand: One ray	2004.00		20	102.000	1.0	R	716.90		20	102.000	1.0	R	716.90		30	3.000	1.0
0691	Amputation: Whole or part of finger	2006.04		20	116.800	1.0	R	820.90		20	116.800	1.0	R	820.90		30	3.000	1.0
0693	Hindquarter amputation	2004.00		20	420.000	1.0	R	2 951.80		20	336.000	1.0	R	2 361.40		30	6.000	1.0
0695	Amputation: Through hip joint region	2004.00		20	192.000	1.0	R	1 349.40		20	153.600	1.0	R	1 079.50		30	6.000	1.0
0697	Amputation: Through thigh	2004.00		20	205.000	1.0	R	1 440.70		20	164.000	1.0	R	1 152.60		30	6.000	1.0
0699	Amputation: Below knee, through knee or Syme	2004.00		20	194.000	1.0	R	1 363.40		20	155.200	1.0	R	1 090.70		30	5.000	1.0
0701	Amputation: Trans-metatarsal or trans-tarsal	2004.00		20	142.000	1.0	R	998.00		20	120.000	1.0	R	843.40		30	3.000	1.0
0703	Amputation: Foot: One ray	2004.00		20	97.000	1.0	R	681.70		20	97.000	1.0	R	681.70		30	3.000	1.0
0705	Amputation: Toe	2004.00		20	66.000	1.0	R	463.80		20	66.000	1.0	R	463.80		30	3.000	1.0
3.3.2	Amputations: Post-amputation reconstruction																	
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	2004.00		20	75.000	1.0	R	527.10		20	75.000	1.0	R	527.10		30	3.000	1.0
0707	Post-amputation reconstruction: Krukenberg reconstruction	2004.00		20	206.000	1.0	R	1 447.80		20	164.800	1.0	R	1 158.20		30	3.000	1.0
0709	Post-amputation reconstruction: Metacarpal transfer	2004.00		20	192.000	1.0	R	1 349.40		20	153.600	1.0	R	1 079.50		30	3.000	1.0
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	2004.00		20	282.000	1.0	R	1 981.90		20	225.600	1.0	R	1 585.50		30	3.000	1.0
0712	Post-amputation reconstruction: Toe to thumb transfer	2004.00		20	800.000	1.0	R	5 622.40		20	640.000	1.0	R	4 497.90		30	3.000	1.0
3.4	Muscles, tendons and fasciae																	
3.4.1	Muscles, tendons and fasciae: Investigations																	
0713	Electromyography	2004.00		20	75.000	1.0	R	527.10		20	75.000	1.0	R	527.10		30	3.000	1.0
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	2006.04		20	57.000	1.0	R	400.60		20	57.000	1.0	R	400.60		30	3.000	1.0
0715	Strength duration curve per session	2004.00		20	10.500	1.0	R	73.80		20	10.500	1.0	R	73.80		30	3.000	1.0

0717	Electrical examination of single nerve or muscle	2004.00		20	9.000	1.0	R	63.30		20	9.000	1.0	R	63.30		30	3.000	1.0
0718	Oxidative study for mitochondrial function	2004.00		20	64.000	1.0	R	449.80		20	64.000	1.0	R	449.80				
0721	Voltage integration during isometric contraction	2004.00		20	12.000	1.0	R	84.30		20	12.000	1.0	R	84.30		30	3.000	1.0
0723	Tonometry with edrophonium	2004.00		20	8.000	1.0	R	56.20		20	8.000	1.0	R	56.20		30	3.000	1.0
0725	Isometric tension studies with edrophonium	2004.00		20	10.000	1.0	R	70.30		20	10.000	1.0	R	70.30		30	3.000	1.0
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	2004.00		20	8.000	1.0	R	56.20		20	8.000	1.0	R	56.20		30	3.000	1.0
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	2004.00		20	14.000	1.0	R	98.40		20	14.000	1.0	R	98.40		30	3.000	1.0
0729	Tendon reflex time	2004.00		20	7.000	1.0	R	49.20		20	7.000	1.0	R	49.20		30	3.000	1.0
0730	Limb brain somatosensory studies (per limb)	2004.00		20	49.000	1.0	R	344.40		20	49.000	1.0	R	344.40				
0731	Vision and audio-sensory studies	2004.00		20	49.000	1.0	R	344.40		20	49.000	1.0	R	344.40				
0733	Motor nerve conduction studies (single nerve)	2004.00		20	26.000	1.0	R	182.70		20	26.000	1.0	R	182.70				
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	2004.00		20	31.000	1.0	R	217.90		20	31.000	1.0	R	217.90		30	3.000	1.0
0737	Biopsy for motor nerve terminals and end plates	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60		30	3.000	1.0
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	2004.00		20	34.000	1.0	R	239.00		20	34.000	1.0	R	239.00		30	8.000	1.0
0740	Muscle fatigue studies	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60		30	3.000	1.0
0741	Muscle biopsy	2004.00		20	20.000	1.0	R	140.60		20	20.000	1.0	R	140.60		30	8.000	1.0
0742	Global fee for all muscle studies, including histochemical studies	2004.00		20	262.000	1.0	R	1 841.30										
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	2004.00		20	20.250	1.0	R	142.30										
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	2004.00		20	33.300	1.0	R	234.00										
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	2004.00		20	5.700	1.0	R	40.10										
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	2004.00		20	1.600	1.0	R	11.20										
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	2004.00		20	9.900	1.0	R	69.60										
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	2004.00		20	13.700	1.0	R	96.30										
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	2004.00		20	25.900	1.0	R	182.00										
4715	Biochemical estimations on muscle biopsy specimens: Enolase	2004.00		20	32.700	1.0	R	229.80										
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	2004.00		20	37.700	1.0	R	265.00										
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	2004.00		20	15.750	1.0	R	110.70										
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	2004.00		20	11.060	1.0	R	77.70										
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	2004.00		20	34.700	1.0	R	243.90										
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	2004.00		20	40.300	1.0	R	283.20										
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose isomerase	2004.00		20	28.800	1.0	R	202.40										
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	2004.00		20	43.000	1.0	R	302.20										
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	2004.00		20	14.000	1.0	R	98.40										
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	2004.00		20	20.000	1.0	R	140.60										
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	2004.00		20	71.000	1.0	R	499.00										
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	2004.00		20	69.000	1.0	R	484.90										
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	2004.00		20	82.000	1.0	R	576.30										
4744	Biochemical estimations on muscle biopsy specimens: Tension/caffeine/halothane procedure in malignant hyperthermia	2004.00		20	143.000	1.0	R	1 005.00										
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	2004.00		20	75.000	1.0	R	527.10										
3.4.2	Muscles, tendons and fasciae: Decompression Operations																	
0743	Major compartmental decompression	2004.00		20	132.000	1.0	R	927.70		20	120.000	1.0	R	843.40		30	3.000	1.0

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0744	Decompression operation: Fasciotomy only	2004.00		20	60.000	1.0	R 421.70		20	60.000	1.0	R 421.70		30	3.000	1.0
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair															
0745	Muscle and tendon repair: Biceps humeri	2004.00		20	109.000	1.0	R 766.10		20	109.000	1.0	R 766.10		30	3.000	1.0
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70		30	3.000	1.0
0747	Muscle and tendon repair: Rotator cuff	2004.00		20	134.000	1.0	R 941.80		20	120.000	1.0	R 843.40		30	4.000	1.0
0748	Muscle and tendon repair: Debridement rotator cuff	2004.00		20	139.700	1.0	R 981.80		20	120.000	1.0	R 843.40		30	4.000	1.0
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	2004.00		20	271.900	1.0	R 1 910.90		20	217.520	1.0	R 1 528.70		30	4.000	1.0
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	2004.00		20	128.000	1.0	R 899.60		20	120.000	1.0	R 843.40		30	3.000	1.0
0757	Muscle and tendon repair: Achilles tendon repair	2004.00		20	197.600	1.0	R 1 388.70		20	158.080	1.0	R 1 111.00		30	4.000	1.0
0759	Muscle and tendon repair: Other single tendon	2004.00		20	77.000	1.0	R 541.20		20	77.000	1.0	R 541.20		30	3.000	1.0
0763	Muscle and tendon repair: Tendon or ligament injection	2004.00		20	9.000	1.0	R 63.30		20	9.000	1.0	R 63.30		30	3.000	1.0
0767	Hand: Flexor tendon suture: Primary (per tendon)	2004.00		20	128.000	1.0	R 899.60		20	120.000	1.0	R 843.40		30	3.000	1.0
0769	Hand: Flexor tendon suture: Secondary (per tendon)	2004.00		20	160.000	1.0	R 1 124.50		20	128.000	1.0	R 899.60		30	3.000	1.0
0771	Extensor tendon suture: Primary (per tendon)	2004.00		20	129.700	1.0	R 911.50		20	120.000	1.0	R 843.40		30	3.000	1.0
0773	Extensor tendon suture: Secondary (per tendon)	2004.00		20	80.000	1.0	R 562.20		20	80.000	1.0	R 562.20		30	3.000	1.0
0774	Repair of Boutonniere deformity or Mallet finger with graft	2004.00		20	183.700	1.0	R 1 291.00		20	146.960	1.0	R 1 032.80		30	3.000	1.0
3.4.4	Muscles, tendons and fasciae: Tendon graft															
0775	Free tendon graft	2004.00		20	160.000	1.0	R 1 124.50		20	128.000	1.0	R 899.60		30	3.000	1.0
0776	Reconstruction of pulley for flexor tendon	2004.00		20	50.000	1.0	R 351.40		20	50.000	1.0	R 351.40		30	3.000	1.0
0777	Tendon graft: Finger: Flexor	2004.00		20	192.000	1.0	R 1 349.40		20	153.600	1.0	R 1 079.50		30	3.000	1.0
0779	Tendon graft: Finger: Extensor	2004.00		20	122.000	1.0	R 857.40		20	120.000	1.0	R 843.40		30	3.000	1.0
0780	Two stage flexor tendon graft using silastic rod	2004.00		20	240.000	1.0	R 1 686.70		20	192.000	1.0	R 1 349.40		30	3.000	1.0
3.4.5	Muscles, tendons and fasciae: Tendolysis															
0781	Tendon freeing operation, except where specified elsewhere	2004.00		20	64.000	1.0	R 449.80		20	64.000	1.0	R 449.80		30	3.000	1.0
0782	Carpal tunnel syndrome	2004.00		20	98.700	1.0	R 693.70		20	98.700	1.0	R 693.70		30	3.000	1.0
0783	Tenolysis: De Quervain	2004.00		20	38.000	1.0	R 267.10		20	38.000	1.0	R 267.10		30	3.000	1.0
0784	Trigger finger	2004.00		20	38.000	1.0	R 267.10		20	38.000	1.0	R 267.10		30	3.000	1.0
0785	Flexor tendon freeing operation following free tendon graft or suture	2004.00		20	186.800	1.0	R 1 312.80		20	149.440	1.0	R 1 050.30		30	3.000	1.0
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	2004.00		20	180.900	1.0	R 1 271.40		20	144.720	1.0	R 1 017.10		30	3.000	1.0
0788	Intrinsic tendon release per finger	2004.00		20	64.000	1.0	R 449.80		20	64.000	1.0	R 449.80		30	3.000	1.0
0789	Central tendon tenotomy for Boutonniere deformity	2004.00		20	64.000	1.0	R 449.80		20	64.000	1.0	R 449.80		30	3.000	1.0
3.4.6	Muscles, tendons and fasciae: Tenodesis															
0790	Tenodesis: Digital joint	2004.00		20	90.000	1.0	R 632.50		20	90.000	1.0	R 632.50		30	3.000	1.0
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer															
0791	Single tendon transfer	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70		30	3.000	1.0
0792	Multiple tendon transfer	2004.00		20	128.000	1.0	R 899.60		20	120.000	1.0	R 843.40		30	3.000	1.0
0793	Hamstring to quadriceps transfer	2004.00		20	141.000	1.0	R 990.90		20	120.000	1.0	R 843.40		30	3.000	1.0
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	2004.00		20	320.000	1.0	R 2 249.00		20	256.000	1.0	R 1 799.20		30	5.000	1.0
0795	Tendon transfer at elbow	2004.00		20	116.000	1.0	R 815.20		20	116.000	1.0	R 815.20		30	3.000	1.0
0802	Radial club hand repair - stand alone procedure	2004.00		20	360.300	1.0	R 2 532.20		20	288.240	1.0	R 2 025.80		30	3.000	1.0
0803	Hand tendons: Single tendon transfer (first)	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70		30	3.000	1.0
0809	Hand tendons: Substitution for intrinsic paralysis of hand	2004.00		20	224.000	1.0	R 1 574.30		20	179.200	1.0	R 1 259.40		30	3.000	1.0
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	2004.00		20	220.600	1.0	R 1 550.40		20	176.480	1.0	R 1 240.30		30	3.000	1.0
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening															

0812	Percutaneous Tenotomy: All sites	2004.00		20	38.000	1.0	R	267.10		20	38.000	1.0	R	267.10		30	3.000	1.0
0813	Torticollis	2004.00		20	96.000	1.0	R	674.70		20	96.000	1.0	R	674.70		30	5.000	1.0
0815	Scalenotomy	2004.00		20	132.000	1.0	R	927.70		20	120.000	1.0	R	843.40		30	5.000	1.0
0817	Scalenotomy with excision of first rib	2004.00		20	190.000	1.0	R	1 335.30		20	152.000	1.0	R	1 068.30		30	3.000	1.0
0821	Tennis elbow	2004.00		20	96.000	1.0	R	674.70		20	96.000	1.0	R	674.70		30	3.000	1.0
0822	Open release elbow (Mitals) - stand alone procedure	2004.00		20	278.200	1.0	R	1 955.20		20	222.560	1.0	R	1 564.20		30	3.000	1.0
0823	Excision or slide for Volkmann's Contracture	2004.00		20	192.000	1.0	R	1 349.40		20	153.600	1.0	R	1 079.50		30	3.000	1.0
0825	Hip: Open muscle release	2004.00		20	116.000	1.0	R	815.20		20	116.000	1.0	R	815.20		30	7.000	1.0
0829	Knee: Quadriceps plasty	2004.00		20	160.000	1.0	R	1 124.50		20	128.000	1.0	R	899.60		30	3.000	1.0
0831	Knee: Open tenotomy	2004.00		20	141.000	1.0	R	990.90		20	120.000	1.0	R	843.40		30	3.000	1.0
0835	Calf	2004.00		20	96.000	1.0	R	674.70		20	96.000	1.0	R	674.70		30	4.000	1.0
0837	Open elongation tendon Achilles	2004.00		20	96.000	1.0	R	674.70		20	96.000	1.0	R	674.70		30	4.000	1.0
0838	Percutaneous "Hoke" elongation tendo Achilles	2004.00		20	79.300	1.0	R	557.30		20	79.300	1.0	R	557.30		30	4.000	1.0
0845	Foot: Plantar fasciotomy	2004.00		20	70.000	1.0	R	492.00		20	70.000	1.0	R	492.00		30	3.000	1.0
0846	Foot: Postero-medial release for club-foot	2004.00		20	192.000	1.0	R	1 349.40		20	153.600	1.0	R	1 079.50		30	3.000	1.0
3.5	Bursae and ganglia																	
0847	Excision: Semimembranosus	2004.00		20	90.000	1.0	R	632.50		20	90.000	1.0	R	632.50		30	4.000	1.0
0849	Excision: Prepatellar	2004.00		20	45.000	1.0	R	316.30		20	45.000	1.0	R	316.30		30	3.000	1.0
0851	Excision: Olecranon	2004.00		20	81.800	1.0	R	574.90		20	81.800	1.0	R	574.90		30	3.000	1.0
0853	Excision: Small bursa or ganglion	2004.00		20	80.900	1.0	R	568.60		20	80.900	1.0	R	568.60		30	3.000	1.0
0855	Excision: Compound palmar ganglion or synovectomy	2004.00		20	128.000	1.0	R	899.60		20	128.000	1.0	R	899.60		30	3.000	1.0
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	2004.00		20	9.000	1.0	R	63.30		20	9.000	1.0	R	63.30		30	3.000	1.0
3.6	Musculo-skeletal system: Miscellaneous																	
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet																	
0859	Leg equalisation and congenital hips and feet: Leg shortening	2004.00		20	282.000	1.0	R	1 981.90		20	225.600	1.0	R	1 585.50		30	3.000	1.0
0861	Leg equalisation and congenital hips and feet: Leg lengthening	2004.00		20	416.000	1.0	R	2 923.60		20	332.800	1.0	R	2 338.90		30	3.000	1.0
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	2004.00		20	116.000	1.0	R	815.20		20	116.000	1.0	R	815.20		30	3.000	1.0
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	2004.00		20	109.000	1.0	R	766.10		20	109.000	1.0	R	766.10		30	3.000	1.0
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	2006.04		20	160.000	1.0	R	1 124.50		20	128.000	1.0	R	899.60		30	3.000	1.0
0868	Open reduction of congenital dislocation of the hip	2004.00		20	186.000	1.0	R	1 307.20		20	148.800	1.0	R	1 045.80		30	3.000	1.0
0869	Subsequent plasters	2004.00		20	32.000	1.0	R	224.90		20	32.000	1.0	R	224.90				
0873	Congenital club foot: Manipulation and plaster: One foot	2004.00		20	26.000	1.0	R	182.70		20	26.000	1.0	R	182.70		30	3.000	1.0
0874	Ponseti technique assistant (medical practitioner)	2005.03		20	13.000	1.0	R	91.40	Z	20	13.000	1.0	R	91.40	Z			
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis																	
0883	Removal of internal fixatives or prosthesis: Readily accessible	2004.00		20	36.600	1.0	R	257.20		20	36.600	1.0	R	257.20				
0884	Removal of internal fixatives: Less accessible	2004.00		20	75.500	1.0	R	530.60		20	75.500	1.0	R	530.60				
0885	Removal of prosthesis for infection soon after operation	2004.00		20	128.000	1.0	R	899.60		20	120.000	1.0	R	843.40				
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint	2004.00	+	20	64.000	1.0	R	449.80		20	64.000	1.0	R	449.80		30	6.000	1.0
3.7	Plasters (exclusive of after-care)																	
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	2004.00		20	13.000	1.0	R	91.40	ò	20	13.000	1.0	R	91.40	ò	30	3.000	1.0
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	2004.00		20	32.000	1.0	R	224.90		20	32.000	1.0	R	224.90		30	4.000	1.0
0891	Turnbuckle cast for scoliosis (excluding after-care)	2004.00		20	51.000	1.0	R	358.40		20	51.000	1.0	R	358.40		30	5.000	1.0

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0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	2004.00		20	19.000	1.0	R 133.50		20	19.000	1.0	R 133.50		30	5.000	1.0
3.8	Musculo-skeletal system: Special areas															
3.8.1	Special areas: Foot and Ankle															
0895	Club foot: Revision club foot release - stand alone procedure	2004.00		20	302.700	1.0	R 2 127.40		20	242.160	1.0	R 1 701.90		30	3.000	1.0
0896	Club foot: Posterior release only - stand alone procedure	2004.00		20	159.300	1.0	R 1 119.60		20	127.440	1.0	R 895.60		30	3.000	1.0
0900	Excision tarsal coalition - stand alone procedure	2004.00		20	141.500	1.0	R 994.50		20	120.000	1.0	R 843.40		30	3.000	1.0
0901	Tenotomy: Single tendon	2004.00		20	63.300	1.0	R 444.90		20	63.300	1.0	R 444.90		30	3.000	1.0
0903	Hammer toe: One toe	2004.00		20	99.500	1.0	R 699.30		20	99.500	1.0	R 699.30		30	3.000	1.0
0905	Filleting of toe or Ruiz-Mora procedure	2004.00		20	99.500	1.0	R 699.30		20	99.500	1.0	R 699.30		30	3.000	1.0
0906	Arthrodesis Hallux	2004.00		20	148.000	1.0	R 1 040.10		20	120.000	1.0	R 843.40		30	3.000	1.0
0907	Silver bunionectomy or similar for Hallux Valgus	2004.00		20	126.200	1.0	R 886.90		20	120.000	1.0	R 843.40		30	3.000	1.0
0909	Excision arthroplasty	2004.00		20	145.200	1.0	R 1 020.50		20	120.000	1.0	R 843.40		30	3.000	1.0
0910	Cheilectomy or metatarsophangeal implant Hallux	2004.00		20	183.000	1.0	R 1 286.10		20	146.400	1.0	R 1 028.90		30	3.000	1.0
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	2004.00		20	189.200	1.0	R 1 329.70		20	151.360	1.0	R 1 063.80		30	3.000	1.0
5730	Hallux Valgus double osteotomy etc.	2004.00		20	182.600	1.0	R 1 283.30		20	146.080	1.0	R 1 026.70		30	3.000	1.0
5731	Distal soft tissue procedure for Hallux Valgus	2004.00		20	173.600	1.0	R 1 220.10		20	138.880	1.0	R 976.00		30	3.000	1.0
5732	Aitkin procedure or similar	2004.00		20	166.800	1.0	R 1 172.30		20	133.440	1.0	R 937.80		30	3.000	1.0
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	2004.00		20	91.000	1.0	R 639.50		20	91.000	1.0	R 639.50		30	3.000	1.0
5735	Repair angular deformity toe (lesser toes)	2004.00		20	97.200	1.0	R 683.10		20	97.200	1.0	R 683.10		30	3.000	1.0
5736	Sesamoidectomy	2004.00		20	97.800	1.0	R 687.30		20	97.800	1.0	R 687.30		30	3.000	1.0
5737	Repair major foot tendons e.g. Tib Post	2004.00		20	147.300	1.0	R 1 035.20		20	120.000	1.0	R 843.40		30	3.000	1.0
5738	Repair of dislocating peroneal tendons	2004.00		20	173.200	1.0	R 1 217.20		20	138.560	1.0	R 973.80		30	3.000	1.0
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	2004.00		20	202.300	1.0	R 1 421.80		20	161.840	1.0	R 1 137.40		30	3.000	1.0
5740	Steindler strip - plantar fascia	2004.00		20	97.200	1.0	R 683.10		20	97.200	1.0	R 683.10		30	3.000	1.0
5741	Kelikian syndactilly (one web space)	2004.00		20	97.200	1.0	R 683.10		20	97.200	1.0	R 683.10		30	3.000	1.0
5742	Tendon transfer foot	2004.00		20	172.000	1.0	R 1 208.60		20	137.600	1.0	R 967.10		30	3.000	1.0
5743	Capsulotomy metatarsophalangeal joints: Foot	2004.00		20	86.800	1.0	R 610.00		20	86.800	1.0	R 610.00		30	3.000	1.0
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)															
3.8.3	Special areas: Reimplantations															
0912	Replantation of amputated upper limb proximal to wrist joint	2004.00		20	730.000	1.0	R 5 130.40		20	584.000	1.0	R 4 104.40		30	3.000	1.0
0913	Replantation of thumb	2004.00		20	670.000	1.0	R 4 708.80		20	536.000	1.0	R 3 767.00		30	3.000	1.0
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	2004.00		20	580.000	1.0	R 4 076.20		20	464.000	1.0	R 3 261.00		30	3.000	1.0
0915	Replantation operation through the palm	2004.00		20	1270.000	1.0	R 8 925.60		20	########	1.0	R 7 140.40		30	3.000	1.0
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)															
0919	Tumours: Epidermoid cysts	2004.00		20	35.000	1.0	R 246.00		20	35.000	1.0	R 246.00		30	3.000	1.0
0920	Tumours: Ganglion or fibroma	2004.00		20	77.500	1.0	R 544.70		20	77.500	1.0	R 544.70		30	3.000	1.0
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	2004.00		20	86.000	1.0	R 604.40		20	86.000	1.0	R 604.40		30	3.000	1.0
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	2004.00		20	19.000	1.0	R 133.50		20	19.000	1.0	R 133.50		30	3.000	1.0
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	2004.00		20	32.000	1.0	R 224.90		20	32.000	1.0	R 224.90		30	3.000	1.0
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	2005.01		20	37.000	1.0	R 260.00		20	37.000	1.0	R 260.00		30	3.000	1.0
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	2004.00														
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	2004.00		20	16.000	1.0	R 112.40		20	16.000	1.0	R 112.40		30	3.000	1.0
3.8.5	Special areas: Spine															

	Please note the following with regard to section 3.8.5: Spine□ □ a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together:□ □ 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis.□ □ 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition.□ □ b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Ostectomy, laminectomy.	2004.00															
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	2004.00		20	207.000	1.0	R 1 454.80		20	165.600	1.0	R 1 163.80		30	3.000	1.0
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	2004.00	+	20	42.000	1.0	R 295.20		20	42.000	1.0	R 295.20		30	3.000	1.0
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	2004.00		20	14.000	1.0	R 98.40		20	14.000	1.0	R 98.40		30	5.000	1.0
0930	Posterior osteotomy of spine: One vertebral segment	2004.00		20	339.000	1.0	R 2 382.50		20	271.200	1.0	R 1 906.00		30	3.000	1.0
0931	Posterior spinal fusion: One level	2004.00		20	385.000	1.0	R 2 705.80		20	308.000	1.0	R 2 164.60		30	3.000	1.0
0932	Posterior osteotomy of spine: Each additional vertebral segment	2004.00	+	20	103.000	1.0	R 723.90		20	103.000	1.0	R 723.90		30	3.000	1.0
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	2004.00		20	315.000	1.0	R 2 213.80		20	252.000	1.0	R 1 771.10		30	3.000	1.0
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	2004.00	+	20	103.000	1.0	R 723.90		20	103.000	1.0	R 723.90		30	3.000	1.0
0938	Anterior fusion base of skull to C2	2004.00		20	449.000	1.0	R 3 155.60		20	359.200	1.0	R 2 524.50		30	4.000	1.0
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	2004.00		20	160.000	1.0	R 1 124.50		20	128.000	1.0	R 899.60		30	3.000	1.0
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	2004.00		20	160.000	1.0	R 1 124.50		20	128.000	1.0	R 899.60		30	3.000	1.0
0941	Anterior interbody fusion: One level	2004.00		20	360.000	1.0	R 2 530.10		20	288.000	1.0	R 2 024.10		30	3.000	1.0
0942	Anterior interbody fusion: Each additional level	2004.00	+	20	102.000	1.0	R 716.90		20	102.000	1.0	R 716.90		30	3.000	1.0
0944	Posterior fusion: Occiput to C2	2004.00		20	390.000	1.0	R 2 740.90		20	312.000	1.0	R 2 192.70		30	4.000	1.0
0946	Posterior spinal fusion: Each additional level	2004.00	+	20	111.000	1.0	R 780.10		20	111.000	1.0	R 780.10		30	3.000	1.0
0948	Posterior interbody lumbar fusion: One level	2004.00		20	364.000	1.0	R 2 558.20		20	291.200	1.0	R 2 046.60		30	3.000	1.0
0950	Posterior interbody lumbar fusion: Each additional interspace	2004.00	+	20	95.000	1.0	R 667.70		20	95.000	1.0	R 667.70		30	3.000	1.0
0959	Excision of coccyx	2004.00		20	96.000	1.0	R 674.70		20	96.000	1.0	R 674.70		30	3.000	1.0
0961	Costo-transversectomy	2004.00		20	198.000	1.0	R 1 391.50		20	158.400	1.0	R 1 113.20		30	3.000	1.0
0963	Antero-lateral decompression of spinal cord or anterior debridement	2004.00		20	326.000	1.0	R 2 291.10		20	260.800	1.0	R 1 832.90		30	3.000	1.0
	MODIFIER																
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed	2004.00															
3.8.6	Special areas: Spinal deformities																
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).	2004.00															
0952	Posterior fusion for spinal deformity: Up to 6 levels	2004.00		20	359.000	1.0	R 2 523.10		20	287.200	1.0	R 2 018.40		30	3.000	1.0
0954	Posterior fusion for spinal deformity: 7 to 12 levels	2004.00		20	547.000	1.0	R 3 844.30		20	437.600	1.0	R 3 075.50		30	3.000	1.0
0955	Posterior fusion for spinal deformity: 13 or more levels	2004.00		20	593.000	1.0	R 4 167.60		20	474.400	1.0	R 3 334.10		30	3.000	1.0
0956	Anterior fusion for spinal deformity: 2 or 3 levels	2004.00		20	410.000	1.0	R 2 881.50		20	328.000	1.0	R 2 305.20		30	3.000	1.0

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