Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes	06.04				16.000	181.60 (159.30)	16.000	181.60 (159.30)
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes	06.04				16.000	181.60 (159.30)	16.000	181.60 (159.30)
I.f	**Prenatal visits and new born attendance**								
0107	New born attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)	06.02		33.000	374.50 (328.50)	33.000	374.50 (328.50)		
	Item 0107 can be used once only for given confinement	04.00							
0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)	06.02		45.000	510.70 (448.00)	45.000	510.70 (448.00)		
I.g	**Consultative services: Miscellaneous**								
0130	Telephone consultation (all hours)							04.00	
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)							04.00	
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent							04.00	
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent							04.00	

Practice Type	0130	0132	0133	0199
Anaesthesiology	136.20 (119.50)			
Cardiology	204.30 (179.20)			
Cardiothoracic Surgery	192.90 (169.20)			
Dermatology	136.20 (119.50)			
Gastroenterology	204.30 (179.20)			
General Medical Practice	136.20 (119.50)	56.70 (49.70)	102.10 (89.60)	243.20 (213.30)
Medical Oncology	204.30 (179.20)			
Medicine (Specialist Physician)	204.30 (179.20)			
Neurology	204.30 (179.20)			
Neurosurgery	204.30 (179.20)			
Nuclear Medicine	204.30 (179.20)			
Obstetrics and Gynaecology	136.20 (119.50)			
Opthalmology	136.20 (119.50)			
Orthopaedics	136.20 (119.50)			
Otorhinolaryngology	136.20 (119.50)			
Paediatric Cardiology	204.30 (179.20)			
Paediatrics	204.30 (179.20)			
Pathology (Anatomical)	136.20 (119.50)			
Pathology (Clinical)	136.20 (119.50)			
Physical Medicine	204.30 (179.20)			
Plastic and Reconstructive Surgery	136.20 (119.50)			
Psychiatry	162.40 (142.50)	67.70 (59.40)	135.40 (118.80)	

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
Pulmonology	204.30 (179.20)								
Radiation Oncology	136.20 (119.50)								
Radiology	136.20 (119.50)								
Rheumatology	204.30 (179.20)								
Specialists	56.70 (49.70)				102.10 (89.60)				243.20 (213.30)
Surgery	136.20 (119.50)								
Urology	136.20 (119.50)								
II.	**Medicine, material, supplies and use of own equipment**								
II.a	**Medicine codes**								
II.a.1	**Dispensing of medicine by licensed dispensing medical practitioners**								
0197	Licenced dispensing medical practitioners: Dispensing cost - R16.00 for medicine with a cost of R100,00 or more (VAT inclusive), or 16% for medicine costing less than R100,00 (VAT inclusive). Add to each Nappi code to provide for the dispensing cost.	06.02							
II.a.2	**Once-off administration of medicine used during a consultation**								
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS R16,00 for medicine with a cost of R100,00 or more, or 16% for medicine costing less than R100,00 PLUS VAT on the 16%/R16,00. (Where applicable, VAT should be added to the 16%/R 16,00 only and not to the SEP, since the SEP is VAT inclusive). [According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiring preparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment.	06.02							
II.a.3	**Cost of chemotherapy drugs**								
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.	06.02							
II.b	**Material codes**								
II.b.1	**Prosthesis and/or internal fixation**								
0200	Prosthesis and/or internal fixation: This item provides for a charge for prosthesis and/or internal fixation. Charge for prosthesis and/or internal fixation at cost price PLUS 26% (up to a maximum of R 26,00). (Where applicable, VAT should be added to the above). The appropriate Nappi code(s), where applicable, for the prosthesis and/or internal fixation used, must be provided.	06.02							
II.b.2	**Material used during a consultation**								
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.	06.02							
II.c	**Setting of sterile tray**								
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201, as appropriate	05.06		10.000	70.30 (61.70)	10.000	70.30 (61.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
II.d	**Own equipment used in treatment**								
5930	Surgical laser apparatus: Hire fee for own equipment	04.00		109.000	766.10 (672.00)	109.000	766.10 (672.00)		
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)	04.00							
III.	**PROCEDURES**								
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999	05.03							
GENERAL MODIFIERS GOVERNING THIS SECTION									
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								06.04
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								04.00
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff								04.00
MODIFIERS GOVERNING SECTION 1									
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								04.00
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	05.06		7.500	85.12 (74.67)	7.500	85.12 (74.67)		
1	**General**								
1.1	**Injections, Infusions and Inhalation Sedation Treatment**								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
0204	Inhalation sedation: Per additional quarter-hour or part thereof	04.00		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
0209	Umbilical artery cannulation at birth	04.00		18.000	126.50 (111.00)	18.000	126.50 (111.00)		
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	04.00		3.250	22.80 (20.00)	3.250	22.80 (20.00)		
0211	Exchange transfusion: First and subsequent (including after-care)	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)	04.00							
1.2	**Chemotherapy treatment (not in chemotherapy facilities)**								
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)		
1.3	**Oncology related services in non-oncology facilties**								
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	06.06		394.860	2775.10 (2434.30) Z	315.890	2220.10 (1947.50) Z		
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	06.02		262.410	1844.20 (1617.70) Z	209.930	1475.40 (1294.20) Z		
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. The cost of materials is not included	06.02		77.810	546.80 (479.60) Z	77.810	546.80 (479.60) Z		
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	06.02		42.650	299.70 (262.90) Z	42.650	299.70 (262.90) Z		
MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS									
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.								06.06
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448								06.04
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.								06.05
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.								06.05
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist/anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								06.05
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units								06.04
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute								06.06

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic								06.04
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute								06.06
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time								06.04
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								06.04
0033	Participating in general care of patients: When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by general practitioners.								06.05
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								06.04
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).								06.05
0036	Anaesthetic administered by general practitioners: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a general practitioner lasting one hour or less, shall be the same as that for an anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus time [refer to modifier 0023] plus the appropriate modifiers) applicable to an anaesthesiologist. Please note that the 4/5 (80%) principle will be applied to all anaesthetics administered by general practitioners with the proviso that no anaesthetic with a total number of units higher than 11.00 will be reduced to less than 11,00 units in total. The monetary value of the unit is the same for both an anaesthesiologist/anaesthetist.								06.05
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units	06.04						3.000	132.33 (116.08)
0038	Peri-operative blood salvage: Add 4,00 anaesthetic units for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage								06.04
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof								06.04
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units								06.04
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units	06.04						3.000	132.33 (116.08)
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units	06.04						3.000	132.33 (116.08)
0043	Patients under one year of age: For all cases where the patient is under one year of age – 3,00 anaesthetic units to be added	06.04						3.000	132.33 (116.08)
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age	06.04						3.000	132.33 (116.08)
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable.								06.06
	Modifiers 5441 to 5448 Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)								06.04
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448	06.04						1.000	44.11 (38.69)
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and tempero-mandibular joint: Add two (2,00) anaesthetic units	06.04						2.000	88.22 (77.39)
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units	06.04						3.000	132.33 (116.08)
5444	Shaft of femur: Add four (4,00) anaesthetic units	06.04						4.000	176.44 (154.77)

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units	06.04						5.000	220.55 (193.46)
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units	06.04						8.000	352.88 (309.54)
POST-OPERATIVE ALLEVIATION OF PAIN									
0045	Post-operative alleviation of pain: (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility. (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)								06.04
2	**Integumentary System**								
2.1	**Allergy**								
0217	Allergy: Patch tests: First patch	04.00		4.000	28.10 (24.60)	4.000	28.10 (24.60)		
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	04.00		2.800	19.70 (17.30)	2.800	19.70 (17.30)		
0219	Allergy: Patch tests: Each additional patch	04.00		2.000	14.10 (12.40)	2.000	14.10 (12.40)		
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	04.00		1.900	13.40 (11.80)	1.900	13.40 (11.80)		
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	04.00		2.800	19.70 (17.30)	2.800	19.70 (17.30)		
2.2	**Skin (general)**								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	04.00		4.000	28.10 (24.60)	4.000	28.10 (24.60)		
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
0225	Epilation: Per session	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)	4.000	176.40 (154.70) T
0228	PUVA Treatment: Maximum of 21 treatments	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
0229	PUVA: Follow-up or maintenance therapy once a week	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
0230	UVR-Treatment	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	04.00		5.500	38.70 (33.90)	5.500	38.70 (33.90)		
0233	Biopsy without suturing: First lesion	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)	3.000	132.30 (116.10) T
0234	Biopsy without suturing: Subsequent lesions (each)	04.00		3.000	21.10 (18.50)	3.000	21.10 (18.50)	3.000	132.30 (116.10) T
0235	Biopsy without suturing: Maximum for multiple additional lesions	04.00		18.000	126.50 (111.00)	18.000	126.50 (111.00)	3.000	132.30 (116.10) T
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)	3.000	132.30 (116.10) T
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	04.00		3.000	21.10 (18.50)	3.000	21.10 (18.50)	3.000	132.30 (116.10) T
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	04.00		42.000	295.20 (258.90)	42.000	295.20 (258.90)	3.000	132.30 (116.10) T
0244	Repair of nail bed	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10) T
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)	3.000	132.30 (116.10) T
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10) T
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10) T
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
0257	Drainage of major hand or foot infection: Drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus	04.00		87.000	611.40 (536.30)	87.000	611.40 (536.30)	3.000	132.30 (116.10) T
0259	Removal of foreign body superficial to deep fascia (except hands)	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
0261	Removal of foreign body deep to deep fascia (except hands)	04.00		31.000	217.90 (191.10)	31.000	217.90 (191.10)	3.000	132.30 (116.10) T
0271	Kurtin planing for acne scarring: Whole face	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
0273	Kurtin planing for acne scarring: Extensive	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)	4.000	176.40 (154.70) T
0275	Kurtin planing for acne scarring: Limited	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	4.000	176.40 (154.70) T
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	04.00		103.000	723.90 (635.00)	103.000	723.90 (635.00)	4.000	176.40 (154.70) T
0279	Surgical treatment for axillary hyperhidrosis	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	4.000	176.40 (154.70) T
0280	Laser treatment for small skin lesions: First lesion	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)	3.000	132.30 (116.10) T
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	04.00		56.000	393.60 (345.30)	56.000	393.60 (345.30)	3.000	132.30 (116.10) T
0283	Laser treatment for large skin lesions: Limited area	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	4.000	176.40 (154.70) T
0284	Laser treatment for large skin lesions: Extensive area	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)	4.000	176.40 (154.70) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	04.00		56.630	398.00 (349.10) Z	56.630	398.00 (349.10) Z		
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	04.00		43.440	305.30 (267.80) Z	43.440	305.30 (267.80) Z		
2.3	**Major plastic repair**								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	04.00		234.000	1644.60 (1442.60)	187.200	1315.60 (1154.00)	4.000	176.40 (154.70) T
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	04.00		410.000	2881.50 (2527.60)	328.000	2305.20 (2022.10)	4.000	176.40 (154.70) T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	04.00		800.000	5622.40 (4931.90)	640.000	4497.90 (3945.50)	4.000	176.40 (154.70) T
0292	Distant flaps: First stage	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
0293	Contour grafts (excluding cost of material)	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	04.11		1200.000	8433.60 (7397.90)	960.000	6746.90 (5918.30)	6.000	264.70 (232.20) T
0295	Local skin flaps (large, complicated)	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
0296	Other procedures of major technical nature	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
0297	Subsequent major procedures for repair of same lesion	04.00		104.000	730.90 (641.10)	104.000	730.90 (641.10)	4.000	176.40 (154.70) T
0298	Lower abdominal dermo-lipectomy	04.00		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	5.000	220.60 (193.50) T
0299	Major abdominal lipectomy with repositioning of umbilicus	04.00		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	5.000	220.60 (193.50) T
2.4	**Lacerations, scars, tumours, cysts and other skin lesions**								
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)	3.000	132.30 (116.10) T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	4.000	176.40 (154.70) T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
0304	Major debridement of wound, sloughectomy or secondary suture	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10) T
0305	Needle biopsy - soft tissue	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10) T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0308	Each additional small procedure done at the same time	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T
0310	Radical excision of nailbed	04.00		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10) T
0311	Excision of large benign tumour (more than 5 cm)	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)	3.000	132.30 (116.10) T
0313	Extensive resection for malignant soft tissue tumour including muscle	04.00		283.900	1995.20 (1750.20)	227.120	1596.20 (1400.20)	4.000	176.40 (154.70) T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	04.00		104.000	730.90 (641.10)	104.000	730.90 (641.10)	4.000	176.40 (154.70) T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)	3.000	132.30 (116.10) T
2.6	**Breasts**								
0316	Fine needle aspiration for soft tissue (all areas)	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
0317	Aspiration of cyst or tumour	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10) T
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	04.00		42.000	295.20 (258.90)	42.000	295.20 (258.90)	3.000	132.30 (116.10) T
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	04.00		94.200	662.00 (580.70)	94.200	662.00 (580.70)	3.000	132.30 (116.10) T
0323	Subareolar cone excision of ducts of wedge excision of breast	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10) T
0324	Wedge excision of breast and axillary dissection	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	5.000	220.60 (193.50) T
0325	Total mastectomy	04.00		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	5.000	220.60 (193.50) T
0327	Total mastectomy with axillary gland biopsy	04.00		185.000	1300.20 (1140.50)	148.000	1040.10 (912.40)	5.000	220.60 (193.50) T
0329	Total mastectomy with axillary gland dissection	04.00		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	5.000	220.60 (193.50) T
0330	Nipple and areola reconstruction	04.00		95.000	667.70 (585.70)	95.000	667.70 (585.70)	4.000	176.40 (154.70) T
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	04.00		234.000	1644.60 (1442.60)	187.200	1315.60 (1154.00)	4.000	176.40 (154.70) T
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	04.00		410.000	2881.50 (2527.60)	328.000	2305.20 (2022.10)	4.000	176.40 (154.70) T
0334	Removal of breast implant by means of capsulectomy: Per breast	04.00		234.000	1644.60 (1442.60)	187.200	1315.60 (1154.00)	4.000	176.40 (154.70) T
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	04.00		234.000	1644.60 (1442.60)	187.200	1315.60 (1154.00)	5.000	220.60 (193.50) T
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	04.00		410.000	2881.50 (2527.60)	328.000	2305.20 (2022.10)	5.000	220.60 (193.50) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0341	Gynaecomastia: Unilateral	04.00		92.000	646.60 (567.20)	92.000	646.60 (567.20)	3.000	132.30 (116.10) T
0343	Gynaecomastia: Bilateral	04.00		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	3.000	132.30 (116.10) T
2.6	**Burns**								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	04.00		276.000	1939.70 (1701.50)	220.800	1551.80 (1361.20)	5.000	220.60 (193.50) T
0353	Tangential excision and grafting: Small	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	5.000	220.60 (193.50) T
0354	Tangential excision and grafting: Large	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	5.000	220.60 (193.50) T
2.7	**Hands (skin)**								
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flag e.g. Cutler	04.00		147.400	1035.90 (908.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
0357	Small skin graft in acute hand injury	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) T
0361	Z-plasty	04.00		220.100	1546.90 (1356.90)	176.080	1237.50 (1085.50)	3.000	132.30 (116.10) T
0363	Local flap and skin graft	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0365	Cross finger flap (all stages)	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) T
0367	Palmar flap (all stages)	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) T
0369	Distant flap: First stage	04.00		158.000	1110.40 (974.00)	126.400	888.30 (779.20)	3.000	132.30 (116.10) T
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) T
0373	Transfer neurovascular island flap	04.00		230.500	1620.00 (1421.10)	184.400	1296.00 (1136.80)	3.000	132.30 (116.10) T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	04.00		242.400	1703.60 (1494.40)	193.920	1362.90 (1195.50)	3.000	132.30 (116.10) T
0375	Dupuytren's contracture: Fasciotomy	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) T
0376	Dupuytren's contracture: Fasciectomy	04.00		218.000	1532.10 (1343.90)	174.400	1225.70 (1075.20)	3.000	132.30 (116.10) T
2.8	**Acupuncture**								
	Please note: General Rule M not applicable to section 2.8 of this price list								04.00
0377	Standard acupuncture	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
0378	Laser acupuncture using more than 6 points	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)		
0379	Electro-acupuncture	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)		
0380	Scalp acupuncture	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0381	Micro-acupuncture (ear, hand)	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
RULES GOVERNING THE SECTION ACUPUNCTURE									
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								04.00
3	**Musculo-skeletal System**								
MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS									
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								04.00
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	04.00		27.000	189.76 (166.46)	27.000	189.76 (166.46)		
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	04.11		77.000	541.16 (474.70)	77.000	541.16 (474.70)		
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	04.00		115.500	811.73 (712.04)	115.500	811.73 (712.04)		
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	04.11		77.000	541.16 (474.70)	77.000	541.16 (474.70)		
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	04.00		32.000	224.90 (197.28)	32.000	224.90 (197.28)		
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	04.11		77.000	541.16 (474.70)	77.000	541.16 (474.70)		
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								04.00
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								04.00
3.1	**Bones**								
3.1.1	**Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)**								
0383	Fracture (reduction under general anaesthetic): Scapula	04.00		-	- v	-	- v	3.000	132.30 (116.10) TM
0387	Fracture (reduction under general anaesthetic): Clavicle	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) TM
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	04.00		175.700	1234.80 (1083.20)	140.560	987.90 (866.60)	3.000	132.30 (116.10) TM
0389	Fracture (reduction under general anaesthetic): Humerus	04.00		111.600	784.30 (688.00)	111.600	784.30 (688.00)	3.000	132.30 (116.10) TM
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) TM
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	3.000	132.30 (116.10) TM
0402	Fracture (reduction under general anaesthetic): Carpal bone	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10) TM

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) TM
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	04.00		118.300	831.40 (729.30)	118.300	831.40 (729.30)	3.000	132.30 (116.10) TM
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	04.00		-	- ß	-	- ß	3.000	132.30 (116.10) TM
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	04.00		52.000	365.50 (320.60)	52.000	365.50 (320.60)	3.000	132.30 (116.10) TM
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	04.00		48.000	337.30 (295.90)	48.000	337.30 (295.90)	3.000	132.30 (116.10) T
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	04.00		102.000	716.90 (628.90)	102.000	716.90 (628.90)	3.000	132.30 (116.10) TM
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	04.00		-	- ß	-	- ß	3.000	132.30 (116.10) T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10) TM
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	04.00		237.000	1665.60 (1461.10)	189.600	1332.50 (1168.90)	3.000	132.30 (116.10) TM
0425	Fracture (reduction under general anaesthetic): Patella	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) TM
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0433	Fracture (reduction under general anaesthetic): Fibula shaft	04.00		-	- ß	-	- ß	3.000	132.30 (116.10) TM
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	04.00		58.000	407.60 (357.50)	58.000	407.60 (357.50)	3.000	132.30 (116.10) TM
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	04.00		198.700	1396.50 (1225.00)	158.960	1117.20 (980.00)	3.000	132.30 (116.10) TM
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10) TM
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	04.00		403.500	2835.80 (2487.50)	322.500	2266.50 (1988.20)	3.000	132.30 (116.10) TM
0441	Fracture (reduction under general anaesthetic): Metatarsal	04.00		41.800	293.80 (257.70)	41.800	293.80 (257.70)	3.000	132.30 (116.10) TM
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	04.00		-	- ß	-	- ß	3.000	132.30 (116.10) T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)	3.000	132.30 (116.10) TM
0447	Fracture (reduction under general anaesthetic): Other: Simple	04.00		26.000	182.70 (160.30)	26.000	182.70 (160.30)	3.000	132.30 (116.10) T
0449	Fracture (reduction under general anaesthetic): Other: Compound	04.00		52.000	365.50 (320.60)	52.000	365.50 (320.60)	3.000	132.30 (116.10) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	04.00		-	- ß	-	- ß	3.000	132.30 (116.10) T
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	04.00		230.000	1616.40 (1417.90)	184.000	1293.20 (1134.40)	3.000	132.30 (116.10) TM
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	04.00		-	- ß	-	- ß	3.000	132.30 (116.10) TM
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	04.00		-	- ß	-	- ß	3.000	132.30 (116.10) TM
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	04.00		-	- v	-	- v	3.000	132.30 (116.10) TM
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	04.00		-	- v	-	- v	3.000	132.30 (116.10) TM
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	04.00		-	- v	-	- v	3.000	132.30 (116.10) TM
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	04.00		-	- v	-	- v	3.000	132.30 (116.10) TM
3.1.1.1	**Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures**								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	04.00		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	3.000	132.30 (116.10) TM
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	04.00		43.000	302.20 (265.10)	43.000	302.20 (265.10)	3.000	132.30 (116.10) T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	04.00		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10) TM
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	04.00		154.000	1082.30 (949.40)	123.200	865.80 (759.50)	3.000	132.30 (116.10) TM
3.1.2	**Bony operations**								
3.1.2.1	**Bony operations: Bone grafting**								
0497	Resection of bone or tumour with or without grafting (benign)	04.00		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10) TM
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	04.00		340.000	2389.50 (2096.10)	272.000	1911.60 (1676.80)	3.000	132.30 (116.10) TM
0499	Grafts to cysts: Large bones	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) TM
0501	Grafts to cysts: Small bones	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0503	Grafts to cysts: Cartilage graft	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	3.000	132.30 (116.10) TM
0505	Grafts to cysts: Inter-metacarpal bone graft	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10) TM
3.1.2.2	**Bony operations: Acute or chronic osteomyelitis**								
0509	Acute or chronic osteomyelitis: Conservative treatment	04.00		-	- v	-	- v		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care	04.00							
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
3.1.2.3	**Bony operations: Osteotomy**								
0514	Osteotomy: Sternum: Repair of pectus excavatum	04.00		330.000	2319.20 (2034.40)	264.000	1855.40 (1627.50)	3.000	132.30 (116.10) TM
0515	Osteotomy: Sternum: Repair of pectus carinatum	04.00		330.000	2319.20 (2034.40)	264.000	1855.40 (1627.50)	3.000	132.30 (116.10) TM
0516	Osteotomy: Pelvic	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10) TM
0521	Osteotomy: Femoral: Proximal	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10) TM
0527	Osteotomy: Knee region	04.11		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10) TM
0528	Osteotomy: Os Calcis (Dwyer operation)	04.00		115.000	808.20 (708.90)	115.000	808.20 (708.90)	3.000	132.30 (116.10) TM
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	04.00		278.900	1960.10 (1719.40)	223.120	1568.10 (1375.50)	3.000	132.30 (116.10) TM
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0533	Osteotomy: Single metatarsal	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10) TM
0534	Osteotomy: Multiple metatarsal osteotomies	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
3.1.2.4	**Bony operations: Exostosis**								
0535	Exostosis: Excision: Readily accessible sites	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10) TM
0537	Exostosis: Excision: Less accessible sites	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) TM
3.1.2.5	**Bony operations: Biopsy**								
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)	4.000	176.40 (154.70) T
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)		
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3.2	**Joints**								
3.2.1	**Joints: Dislocations**								
0547	Joint: Dislocation: Clavicle either end	04.00		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10) TM
0549	Joint: Dislocation: Shoulder	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) TM
0551	Joint: Dislocation: Elbow	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) TM
0552	Joint: Dislocation: Wrist	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) TM
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	04.00		130.000	913.60 (801.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0555	Joint: Dislocation: Lunate	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) TM
0556	Joint: Dislocation: Carpo-metacarpo dislocation	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) TM
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	04.00		26.000	182.70 (160.30)	26.000	182.70 (160.30)	3.000	132.30 (116.10) TM
0559	Joint: Dislocation: Hip	04.00		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10) TM
0561	Joint: Dislocation: Knee	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) TM
0563	Joint: Dislocation: Patella	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)	3.000	132.30 (116.10) TM
0565	Joint: Dislocation: Ankle	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10) TM
0567	Joint: Dislocation: Sub-Talar dislocation	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10) TM
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) TM
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) TM
0573	Joint: Dislocation: Spine with or without paralysis	04.00		-	- v	-	- v		
3.2.2	**Joints: Operations for dislocations**								
0578	Operations for dislocations: Recurrent dislocation of shoulder	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	3.000	132.30 (116.10) TM
0579	Operations for dislocations: Recurrent dislocation of all other joints	04.00		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	3.000	132.30 (116.10) TM
3.2.3	**Joints: Capsular operations**								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) TM
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) TM

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0585	Capsulectomy digital joint	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10) TM
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10) TM
0587	Release of digital joint contracture	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
3.2.4	**Joints: Synovectomy**								
0589	Synovectomy: Digital joint	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) TM
0592	Synovectomy: Large joint	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0593	Tendon synovectomy	04.00		203.700	1431.60 (1255.80)	162.960	1145.30 (1004.60)	3.000	132.30 (116.10) TM
3.2.5	**Joints: Arthrodesis**								
0597	Arthrodesis: Shoulder	04.00		224.000	1574.30 (1381.00)	179.200	1259.40 (1104.70)	3.000	132.30 (116.10) TM
0598	Arthrodesis: Elbow	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10) TM
0599	Arthrodesis: Wrist	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10) TM
0600	Arthrodesis: Digital joint	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0601	Arthrodesis: Hip	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10) TM
0602	Arthrodesis: Knee	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10) TM
0603	Arthrodesis: Ankle	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10) TM
0604	Arthrodesis: Sub-talar	04.00		130.000	913.60 (801.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10) TM
0607	Arthrodesis: Mid-tarsal wedge resection	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10) TM
3.2.6	**Joints: Arthroplasty**								
0614	Arthroplasty: Debridement large joints	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0615	Arthroplasty: Excision medial or lateral end of clavicle	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10) TM
0617	Shoulder: Acromioplasty	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) TM
0619	Shoulder: Partial replacement	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0620	Shoulder: Total replacement	04.00		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	5.000	220.60 (193.50) TM
0621	Elbow: Excision head of radius	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) TM
0622	Elbow: Excision	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) TM
0623	Elbow: Partial replacement	04.00		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	3.000	132.30 (116.10) TM
0624	Elbow: Total replacement	04.00		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10) TM
0625	Wrist: Excision distal end of ulna	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) TM
0626	Wrist: Excision single bone	04.00		110.000	773.10 (678.20)	110.000	773.10 (678.20)	3.000	132.30 (116.10) TM
0627	Wrist: Excision proximal row	04.00		166.000	1166.60 (1023.30)	132.800	933.30 (818.70)	3.000	132.30 (116.10) TM
0631	Wrist: Total replacement	04.00		249.000	1750.00 (1535.10)	199.200	1400.00 (1228.10)	3.000	132.30 (116.10) TM
0635	Digital Joint: Total replacement	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) TM
0637	Hip: Total replacement	04.00		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	3.000	132.30 (116.10) TM
0641	Hip: Prosthetic replacement of femoral head	04.00		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	3.000	132.30 (116.10) TM
0643	Hip: Girdlestone	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10) TM
0645	Knee: Partial replacement	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	3.000	132.30 (116.10) TM
0646	Knee: Total replacement	04.00		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	3.000	132.30 (116.10) TM
0649	Ankle: Total replacement	04.00		290.400	2040.90 (1790.30)	232.320	1632.70 (1432.20)	3.000	132.30 (116.10) TM
0650	Ankle: Astragalectomy	04.00		154.000	1082.30 (949.40)	123.200	865.80 (759.50)	3.000	132.30 (116.10) TM
3.2.7	**Joints: Miscellaneous (joints)**								
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10) T
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	04.00		7.500	52.70 (46.20)	7.500	52.70 (46.20)	3.000	132.30 (116.10) T
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	04.00		4.000	28.10 (24.60)	4.000	28.10 (24.60)	3.000	132.30 (116.10) T
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10) T
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0669a	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	05.01		14.000	98.40 (86.30)	14.000	98.40 (86.30)	4.000	176.40 (154.70) T
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic	06.04		-	- F	-	- F	3.000	132.30 (116.10) T
0670a	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	05.01		-	- F	-	- F	4.000	176.40 (154.70) T
0673	Meniscectomy or operation for other internal derangement of knee	04.00		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10) TM
3.2.8	**Joints: Joint ligament reconstruction or suture**								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0677	Joint ligament reconstruction or suture: Knee: Collateral	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0678	Joint ligament reconstruction or suture: Knee: Cruciate	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	3.000	132.30 (116.10) TM
0680	Joint ligament reconstruction or suture: Digital joint ligament	04.00		165.000	1159.60 (1017.20)	132.000	927.70 (813.80)	3.000	132.30 (116.10) TM
3.3	**Amputations**								
3.3.1	**Amputations: Specific Amputations**								
0682	Amputation: Fore-quarter amputation	04.00		294.000	2066.20 (1812.50)	235.200	1653.00 (1450.00)	9.000	397.00 (348.20) TM
0683	Amputation: Through shoulder	04.00		148.000	1040.10 (912.40)	120.000	843.40 (739.80)	5.000	220.60 (193.50) TM
0685	Amputation: Upper arm or fore-arm	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10) TM
0687	Partial amputation of the hand: One ray	04.00		102.000	716.90 (628.90)	102.000	716.90 (628.90)	3.000	132.30 (116.10) TM
0691	Amputation: Whole or part of finger	06.04		116.800	820.90 (720.10)	116.800	820.90 (720.10)	3.000	132.30 (116.10) TM
0693	Hindquarter amputation	04.00		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	6.000	264.70 (232.20) TM
0695	Amputation: Through hip joint region	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	6.000	264.70 (232.20) TM
0697	Amputation: Through thigh	04.00		205.000	1440.70 (1263.80)	164.000	1152.60 (1011.10)	6.000	264.70 (232.20) TM
0699	Amputation: Below knee, through knee or Syme	04.00		194.000	1363.40 (1196.00)	155.200	1090.70 (956.80)	5.000	220.60 (193.50) TM
0701	Amputation: Trans-metatarsal or trans-tarsal	04.00		142.000	998.00 (875.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0703	Amputation: Foot: One ray	04.00		97.000	681.70 (598.00)	97.000	681.70 (598.00)	3.000	132.30 (116.10) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0705	Amputation: Toe	04.00		66.000	463.80 (406.80)	66.000	463.80 (406.80)	3.000	132.30 (116.10) TM
3.3.2	**Amputations: Post-amputation reconstruction**								
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	3.000	132.30 (116.10) TM
0707	Post-amputation reconstruction: Krukenberg reconstruction	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	3.000	132.30 (116.10) TM
0709	Post-amputation reconstruction: Metacarpal transfer	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) TM
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	04.00		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10) TM
0712	Post-amputation reconstruction: Toe to thumb transfer	04.00		800.000	5622.40 (4931.90)	640.000	4497.90 (3945.50)	3.000	132.30 (116.10) TM
3.4	**Muscles, tendons and fasciae**								
3.4.1	**Muscles, tendons and fasciae: Investigations**								
0713	Electromyography	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	3.000	132.30 (116.10) T
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	06.04		57.000	400.60 (351.40)	57.000	400.60 (351.40)	3.000	132.30 (116.10) T
0715	Strength duration curve per session	04.00		10.500	73.80 (64.70)	10.500	73.80 (64.70)	3.000	132.30 (116.10) T
0717	Electrical examination of single nerve or muscle	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10) T
0718	Oxidative study for mitochondrial function	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)		
0721	Voltage integration during isometric contraction	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)	3.000	132.30 (116.10) T
0723	Tonometry with edrophonium	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)	3.000	132.30 (116.10) T
0725	Isometric tension studies with edrophonium	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)	3.000	132.30 (116.10) T
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T
0729	Tendon reflex time	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)	3.000	132.30 (116.10) T
0730	Limb brain somatosensory studies (per limb)	04.00		49.000	344.40 (302.10)	49.000	344.40 (302.10)		
0731	Vision and audio-sensory studies	04.00		49.000	344.40 (302.10)	49.000	344.40 (302.10)		
0733	Motor nerve conduction studies (single nerve)	04.00		26.000	182.70 (160.30)	26.000	182.70 (160.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)		
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)		
1240	Signal averaged electrocardiogram	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)		
1241	X-ray Screening: Chest	04.00		4.000	28.10 (24.60)	4.000	28.10 (24.60)		
1242	X-ray screening: Prosthetic valves	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)		
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)		
1245	Angiography cerebral: First two series	04.00		34.300	241.10 (211.50)	34.300	241.10 (211.50)	4.000	176.40 (154.70) T
1246	Angiography peripheral: Per limb	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70) T
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	6.000	264.70 (232.20) T
1248	Paracentesis of pericardium	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	9.000	397.00 (348.20) T
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)		
MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER									
0073	When item 1286 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								04.00
6.2	**Invasive Cardiology**								
6.2.1	**Invasive cardiology: Cardiac catheterisation**								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	04.00		140.000	983.90 (863.10)			9.000	397.00 (348.20) T
1250	Endomyocardial biopsy	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)	9.000	397.00 (348.20) T
1251	Transeptal puncture	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)	9.000	397.00 (348.20) T
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	04.00		140.000	983.90 (863.10)			9.000	397.00 (348.20) T
1253	Right heart catheterisation (with or without biopsy)	04.00		70.000	492.00 (431.60)			9.000	397.00 (348.20) T
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	9.000	397.00 (348.20) T
1255	Tilt test	04.00		31.300	220.00 (193.00)	31.300	220.00 (193.00)		
6.2.2	**Invasive cardiology: Electrophysiological study**								
1256	Ventricular stimulation study	04.00		160.000	1124.50 (986.40)			9.000	397.00 (348.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1257	Full electrophysiological study	04.00		300.000	2108.40 (1849.50)			9.000	397.00 (348.20) T
6.2.3	**Invasive cardiology: Pacemakers**								
1258	Pacemaker: Permanent - single chamber	04.00		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	9.000	397.00 (348.20) T
1259	Pacemaker: Permanent - dual chamber	04.00		230.000	1616.40 (1417.90)	184.000	1293.20 (1134.40)	9.000	397.00 (348.20) T
1260	AV nodal ablation	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	9.000	397.00 (348.20) T
1261	Accessory pathway ablation	04.00		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	9.000	397.00 (348.20) T
1262	Electrophysiological mapping	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)		
1263	Insertion transvenous implantable defibrillator	04.00		212.000	1489.90 (1306.90)	169.600	1191.90 (1045.50)	15.000	661.70 (580.40) T
1264	Test for implantable transvenous defibrillator	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	15.000	661.70 (580.40) T
1265	Renewal of pacemaker unit only, team fee	04.00		125.000	878.50 (770.60)	120.000	843.40 (739.80)	9.000	397.00 (348.20) T
1266	Resiting pacemaker generator	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)		
1267	Repositioning of catheter electrode	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	9.000	397.00 (348.20) T
1268	Threshold testing: Own equipment	04.00		15.000	105.40 (92.50)				
1269	Threshold testing: Hospital equipment	04.00		11.000	77.30 (67.80)				
1270	Programming of atrio-ventricular sequential pacemaker	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)		
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	9.000	397.00 (348.20) T
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	9.000	397.00 (348.20) T
6.2.4	**Invasive cardiology: Percutaneous translumical angioplasty**								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	04.00		260.000	1827.30 (1602.90)	208.000	1461.80 (1282.30)	13.000	573.40 (503.00) T
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	04.00		140.000	983.90 (863.10)	120.000	843.40 (739.80)	13.000	573.40 (503.00) T
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	13.000	573.40 (503.00) T
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	13.000	573.40 (503.00) T
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	13.000	573.40 (503.00) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	13.000	573.40 (503.00) T
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	04.00		260.000	1827.30 (1602.90)	208.000	1461.80 (1282.30)	15.000	661.70 (580.40) T
1283	Use of balloon procedure as in item 1282: Second cardiologist	04.00		140.000	983.90 (863.10)	120.000	843.40 (739.80)	15.000	661.70 (580.40) T
1284	Atherectomy: Single lesion: First cardiologist	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)		
1285	Atherectomy: Single lesion: Second cardiologist	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)		
1286	Insertion of intravascular stent: First cardiologist	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)		
1287	Insertion of intravascular stent: Second cardiologist	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)		
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	04.00		300.000	2108.40 (1849.50)			15.000	661.70 (580.40) T
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	04.00		160.000	1124.50 (986.40)			15.000	661.70 (580.40) T
6.2.5	**Invasive cardiology: Paediatric cardiac catheterisation**								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	12.000	529.30 (464.30) T
1289	Paediatric cardiac catheterisation: Infants below the age of one year	04.00		263.000	1848.40 (1621.40)	210.400	1478.70 (1297.10)	12.000	529.30 (464.30) T
6.3	**Cardiac surgery**								
1294	Patent ductus arteriosus	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	13.000	573.40 (503.00) T
1295	Pericardiectomy for constrictive pericarditis	04.00		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	15.000	661.70 (580.40) T
1297	Coarctation of aorta	04.00		425.000	2986.90 (2620.10)	340.000	2389.50 (2096.10)	15.000	661.70 (580.40) T
1299	Systemo-pulmonary anastomosis	04.00		425.000	2986.90 (2620.10)	340.000	2389.50 (2096.10)	15.000	661.70 (580.40) T
1301	Mitral valvotomy: Closed heart technique	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	15.000	661.70 (580.40) T
1302	Heart transplant	04.00		875.000	6149.50 (5394.30)	700.000	4919.60 (4315.40)	15.000	661.70 (580.40) T
1303	Harvesting donor heart	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	5.000	220.60 (193.50) T
1305	Operative implantation of cardiac pacemaker by thoracotomy	04.00		220.000	1546.20 (1356.30)	176.000	1236.90 (1085.00)	15.000	661.70 (580.40) T
1307	Re-exploration after cardiac surgery	04.00		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	15.000	661.70 (580.40) T
1308	Heart and lung transplant	04.00		1000.000	7028.00 (6164.90)	800.000	5622.40 (4931.90)	15.000	661.70 (580.40) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1309	Harvesting donor heart and lungs	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1311	Pericardial drainage	04.00		140.000	983.90 (863.10)	120.000	843.40 (739.80)	13.000	573.40 (503.00) T
6.3.1	**Cardiac surgery: Open heart surgery**								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	04.00		25.000	175.70 (154.10)				
1320	Repeat open heart surgery (additional fee above procedure fee)	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	15.000	661.70 (580.40) T
1321	Stand-by fee for coronary angioplasty	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90) ç
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	04.00		20.000	140.60 (123.30)				
6.3.1.1	**Cardiac surgery: Open heart surgery: Congenital conditions**								
1323	Atrial septal defect: Osteum secundum	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	15.000	661.70 (580.40) T
1325	Atrial septal defect: Sinus venosus or osteum primum	04.00		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40) T
1327	Atrial septal defect: Ventricular septal defect	04.00		603.800	4243.50 (3722.40)	483.040	3394.80 (2977.90)	15.000	661.70 (580.40) T
1329	Atrial septal defect: Fallot's tetralogy	04.00		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40) T
1330	Atrial septal defect: Pulmonary stenosis	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	15.000	661.70 (580.40) T
1331	Transposition of large vessels (venous repair)	04.00		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40) T
1332	Transposition of great arteries (arterial repair)	04.00		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40) T
1333	Ebstein's Anomaly	04.00		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40) T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	04.00		548.800	3857.00 (3383.30)	439.040	3085.60 (2706.70)	20.000	882.20 (773.90) T
1335	Total anomalous venous drainage	04.00		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40) T
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	04.00		658.900	4630.70 (4062.00)	527.120	3704.60 (3249.60)	20.000	882.20 (773.90) T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	15.000	661.70 (580.40) T
1338	Fontan type repair	04.00		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40) T
6.3.1.2	**Cardiac surgery: Open heart surgery: Acquired conditions**								
1339	Mitral valve replacement	04.00		657.000	4617.40 (4050.40)	525.600	3693.90 (3240.30)	15.000	661.70 (580.40) T

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				RVU	Fee	RVU	Fee	RVU	Fee
1340	Mitral valvuloplasty	04.00		688.000	4835.30 (4241.50)	550.400	3868.20 (3393.20)	15.000	661.70 (580.40) T
1341	Aortic valve replacement	04.00		623.800	4384.10 (3845.70)	499.040	3507.30 (3076.60)	15.000	661.70 (580.40) T
1342	Tricuspid annulo plasty	04.00		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	15.000	661.70 (580.40) T
1343	Double valve replacement	04.00		968.900	6809.40 (5973.20)	775.120	5447.50 (4778.50)	15.000	661.70 (580.40) T
1344	Acute dissecting aneurysm repair	04.00		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40) T
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	04.00		1000.000	7028.00 (6164.90)	800.000	5622.40 (4931.90)	15.000	661.70 (580.40) T
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)		
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	04.00		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	04.00		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40) T
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	04.00		781.000	5488.90 (4814.80)	624.800	4391.10 (3851.80)	15.000	661.70 (580.40) T
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	04.00		813.000	5713.80 (5012.10)	650.400	4571.00 (4009.60)	15.000	661.70 (580.40) T
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	04.00		875.000	6149.50 (5394.30)	700.000	4919.60 (4315.40)	15.000	661.70 (580.40) T
1352	Cardiac aneurysm	04.00		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40) T
1353	Ascending/descending thoracic aortic aneurysm repair	04.00		625.000	4392.50 (3853.10)	500.000	3514.00 (3082.50)	15.000	661.70 (580.40) T
1354	Arrhythmia surgery	04.00		688.000	4835.30 (4241.50)	550.400	3868.20 (3393.20)	15.000	661.70 (580.40) T
1355	Cardiac tumour	04.00		625.000	4392.50 (3853.10)	500.000	3514.00 (3082.50)	15.000	661.70 (580.40) T
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	04.00		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	15.000	661.70 (580.40) T
1358	Harvesting of radial artery	04.00		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)		
6.4	**Peripheral vascular system**								
MODIFIER GOVERNING THIS SECTION									
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								04.00
6.4.1	**Peripheral vascular system: Investigations**								
1357	Skin temperature test: Response to reflex heating	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
1359	Skin temperature test: Response to reflex cooling	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1381	Cold sensitivity test	04.00		17.000	119.50 (104.80)	17.000	119.50 (104.80)		
1363	Oscillometry test	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
1365	Sweating test	04.00		17.000	119.50 (104.80)	17.000	119.50 (104.80)		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	04.00		26.300	184.80 (162.10)	26.300	184.80 (162.10)		
1367	Doppler blood tests	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
5369	Doppler arterial pressures	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
5371	Doppler arterial pressures with exercise	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
5373	Doppler segmental pressures and wave forms	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
5375	Venous doppler examination (both limbs)	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
5377	Venous plethysmography	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
5379	Supra-orbital doppler test	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
5381	Carotid non-invasive complex tests	04.00		39.000	274.10 (240.40)	39.000	274.10 (240.40)		
6.4.2	**Peripheral vascular system: Arterio-venous abnormalities**								
1369	Fistula or aneurysm (as for grafting of various arteries)	04.00							
6.4.3	**Arteries**								
6.4.3.1	**Peripheral vascular system: Arteries: Aorta-iliac and major branches**								
1372	Abdominal aorta and iliac artery: Unruptured	04.00		540.000	3795.10 (3329.00)	432.000	3036.10 (2663.20)	15.000	661.70 (580.40) T
1373	Abdominal aorta and iliac artery: Ruptured	04.00		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	15.000	661.70 (580.40) T
1375	Grafting and/or thrombo-endarterectomy for thrombosis	04.00		444.000	3120.40 (2737.20)	355.200	2496.30 (2189.70)	15.000	661.70 (580.40) T
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	04.00		594.000	4174.60 (3661.90)	475.200	3339.70 (2929.60)	15.000	661.70 (580.40) T
6.4.3.2	**Peripheral vascular system: Arteries: Iliac artery**								
1379	Prosthetic grafting and/or thrombo-endarterectomy	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	13.000	573.40 (503.00) T
6.4.3.3	**Peripheral vascular system: Arteries: Peripheral**								
1385	Prosthetic grafting	04.00		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50) T
1387	Grafting vein: Vein grafting proximal to knee joint	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	5.000	220.60 (193.50) T
1388	Grafting vein: Distal to knee joint	04.00		444.000	3120.40 (2737.20)	355.200	2496.30 (2189.70)	5.000	220.60 (193.50) T
1389	Grafting vein: Endarterectomy when not part of another specified procedure	04.00		264.000	1855.40 (1627.50)	211.200	1484.30 (1302.00)	5.000	220.60 (193.50) T
1390	Grafting vein: Carotid endarterectomy	04.00		321.000	2256.00 (1978.90)	256.800	1804.80 (1583.20)	15.000	661.70 (580.40) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1393	Embolectomy: Peripheral embolectomy transfemoral	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	5.000	220.60 (193.50) T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	04.00		125.000	878.50 (770.60)	100.000	702.80 (616.50)	5.000	220.60 (193.50) T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	04.00		264.000	1855.40 (1627.50)	211.200	1484.30 (1302.00)	15.000	661.70 (580.40) T
1397	Profundoplasty	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50) T
1399	Distal tibial (ankle region)	04.00		456.000	3204.80 (2811.20)	364.800	2563.80 (2248.90)	5.000	220.60 (193.50) T
1401	Femoro-femoral	04.00		254.000	1785.10 (1565.90)	203.200	1428.10 (1252.70)	5.000	220.60 (193.50) T
1402	Carotid-subclavian	04.00		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	8.000	352.90 (309.60) T
1403	Axillo-femoral: (Bifemoral + 50%)	04.00		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	8.000	352.90 (309.60) T
6.4.4	**Peripheral vascular system: Veins**								
1407	Ligation of saphenous vein	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10) T
1408	Placement of Hickman catheter or similar	04.00		91.000	639.50 (561.00)	91.000	639.50 (561.00)	4.000	176.40 (154.70) T
1410	Litigation of inferior vena cava: Abdominal	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	8.000	352.90 (309.60) T
1412	Umbrella operation on inferior vena cava: Abdominal	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	8.000	352.90 (309.60) T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	04.00		141.000	990.90 (869.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	04.00		247.000	1735.90 (1522.70)	197.600	1388.70 (1218.20)	3.000	132.30 (116.10) T
1417	Extensive sub-fascial ligation of perforating veins	04.00		125.000	878.50 (770.60)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
1419	Lesser varicose vein procedures	04.00		31.000	217.90 (191.10)	31.000	217.90 (191.10)	3.000	132.30 (116.10) T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	11.000	485.20 (425.60) T
1427	Thrombectomy: Illio-femoral	04.00		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	6.000	264.70 (232.20) T
6.4.5	**Peripheral vascular system: Portal hypertension**								
1429	Porto-caval shunt	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	11.000	485.20 (425.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6.6	**Cardiac rehabilitation**								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
	Please note : a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.	04.00							
7	**Lympho Reticular System**								
7.1	**Spleen**								
1435	Splenectomy (in all cases)	04.00		221.300	1555.30 (1364.30)	177.040	1244.20 (1091.40)	9.000	397.00 (348.20) T
1436	Splenorrhaphy	04.00		231.800	1629.10 (1429.00)	185.440	1303.30 (1143.20)	9.000	397.00 (348.20) T
7.2	**Lymph nodes and lymphatic channels**								
1439	Excision of lymph node for biopsy: Neck or axilla	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	4.000	176.40 (154.70) T
1441	Excision of lymph node for biopsy: Groin	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	3.000	132.30 (116.10) T
1443	Simple excision of lymph nodes for tuberculosis	04.00		91.000	639.50 (561.00)	91.000	639.50 (561.00)	3.000	132.30 (116.10) T
1445	Radical excision of lymph nodes of neck: Total: Unilateral	04.00		315.000	2213.80 (1941.90)	252.000	1771.10 (1553.60)	5.000	220.60 (193.50) T
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	04.00		235.000	1651.60 (1448.80)	188.000	1321.30 (1159.00)	5.000	220.60 (193.50) T
1449	Radical excision of lymph nodes of axilla	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	4.000	176.40 (154.70) T
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	04.00		58.000	407.60 (357.50)	58.000	407.60 (357.50)	5.000	220.60 (193.50) T
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	04.00		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	4.000	176.40 (154.70) T
1453	Radical excision of lymph nodes of groin: Inguinal	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	04.00		39.000	274.10 (240.40)	39.000	274.10 (240.40)	5.000	220.60 (193.50) T
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	04.00		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	6.000	264.70 (232.20) T
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte phaeresis	04.00		42.000	295.20 (258.90)	42.000	295.20 (258.90)	5.000	220.60 (193.50) T
1457	Bone marrow biopsy: By trephine	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10) T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1459	Staging laparotomy for lymphoma (including splenectomy	04.00		245.000	1721.90 (1510.40)	196.000	1377.50 (1208.30)	7.000	308.80 (270.90) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
8	**Digestive System**								
MODIFIERS GOVERNING THIS SECTION									
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								04.00
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	04.00		21.000	147.59 (129.46)	21.000	147.59 (129.46)		
8.1	**Oral cavity**								
1461	All dental procedures	04.00						4.000	176.40 (154.70) T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70) T
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)	4.000	176.40 (154.70) T
1467	Drainage of intra-oral abscess	04.00		31.000	217.90 (191.10)	31.000	217.90 (191.10)	4.000	176.40 (154.70) T
1469	Local excision of mucosal lesion of oral cavity	04.00		23.000	161.60 (141.80)	23.000	161.60 (141.80)	4.000	176.40 (154.70) T
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	04.00		549.000	3858.40 (3384.60)	439.200	3086.70 (2707.60)	7.000	308.80 (270.90) T
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	04.00		-	- q	-	- q	7.000	308.80 (270.90) T
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	04.00		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	6.000	264.70 (232.20) T
1477	Cleft palate: Secondary repair	04.00		174.200	1224.30 (1073.90)	139.360	979.40 (859.10)	6.000	264.70 (232.20) T
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	6.000	264.70 (232.20) T
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	04.00		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	6.000	264.70 (232.20) T
1480	Repair of oronasal fistula (large) e.g. distant flap	04.00		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	6.000	264.70 (232.20) T
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1482	Repair of oronasal fistula (large): Second stage	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1483	Alveolar periosteal or other flaps for arch closure	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1486	Closure of anterior nasal floor	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
8.2	**Lips**								
1484	Cleft lip repair: Lip adhesion (cleft lip)	04.00		95.000	667.70 (585.70)	95.000	667.70 (585.70)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1485	Local excision of benign lesion of lip	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)	4.000	176.40 (154.70) T
1487	Resection for lip malignancy	04.00		91.000	639.50 (561.00)	91.000	639.50 (561.00)	4.000	176.40 (154.70) T
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	04.00		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	5.000	220.60 (193.50) T
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	04.00		251.600	1768.20 (1551.10)	201.280	1414.60 (1240.90)	5.000	220.60 (193.50) T
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	04.00		329.900	2318.50 (2033.80)	263.920	1854.80 (1627.00)	5.000	220.60 (193.50) T
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	04.00		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	5.000	220.60 (193.50) T
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	04.00		251.600	1768.20 (1551.10)	201.280	1414.60 (1240.90)	5.000	220.60 (193.50) T
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	04.00		91.000	639.50 (561.00)	91.000	639.50 (561.00)	5.000	220.60 (193.50) T
1495	Abbé or Estlander type flap (all stages included)	04.00		273.100	1919.30 (1683.60)	218.480	1535.50 (1346.90)	5.000	220.60 (193.50) T
1497	Vermilionectomy	04.00		94.900	667.00 (585.10)	94.900	667.00 (585.10)	4.000	176.40 (154.70) T
1499	Lip reconstruction following an injury: Direct repair	04.00		105.600	742.20 (651.10)	105.600	742.20 (651.10)	4.000	176.40 (154.70) T
1501	Lip reconstruction following an injury or tumour removal: Flap repair	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	04.00		104.000	730.90 (641.10)	104.000	730.90 (641.10)	4.000	176.40 (154.70) T
8.3	**Tongue**								
1505	Partial glossectomy	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20) T
1507	Local excision of lesion of tongue	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)	4.000	176.40 (154.70) T
8.4	**Palate, uvula and salivary glands**								
1509	Wide excision of lesion of palate	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	5.000	220.60 (193.50) T
1511	Radical resection of palate (including skin graft)	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	7.000	308.80 (270.90) T
1513	Excision of ranula	04.00		85.600	601.60 (527.70)	85.600	601.60 (527.70)	5.000	220.60 (193.50) T
1515	Excision of sublingual salivary gland	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1517	Excision of submandibular salivary gland	04.00		146.000	1026.10 (900.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1519	Excision of submandibular salivary gland with suprahyoid dissection	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1521	Excision of submandibular salivary gland: With radical neck dissection	04.00		352.000	2473.90 (2170.10)	281.600	1979.10 (1736.10)	6.000	264.70 (232.20) T
1523	Local resection of parotid tumour	04.00		169.600	1191.90 (1045.50)	135.680	953.60 (836.50)	5.000	220.60 (193.50) T
1525	Partial parotidectomy	04.00		310.000	2178.70 (1911.10)	248.000	1742.90 (1528.90)	5.000	220.60 (193.50) T
1526	Total parotidectomy with preservation of facial nerve	04.00		358.500	2519.50 (2210.10)	286.800	2015.60 (1768.10)	5.000	220.60 (193.50) T
1527	Total parotidectomy	04.00		358.500	2519.50 (2210.10)	286.800	2015.60 (1768.10)	5.000	220.60 (193.50) T
1529	Parotidectomy: Extracapsular	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	5.000	220.60 (193.50) T
1531	Drainage of parotid abscess	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70) T
1533	Closure of salivary fistula	04.00		91.000	639.50 (561.00)	91.000	639.50 (561.00)	4.000	176.40 (154.70) T
1535	Dilatation of salivary duct	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70) T
1537	Operative removal of salivary calculus	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)	4.000	176.40 (154.70) T
1539	Salivary duct: Meatotomy	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70) T
1541	Branchial cyst and/or fistula: Excision	04.00		140.000	983.90 (863.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1543	Excision of cystic hygroma	04.00		140.000	983.90 (863.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1544	Ludwig's Angina: Drainage	04.00		42.000	295.20 (258.90)	42.000	295.20 (258.90)	9.000	397.00 (348.20) T
8.5	**Oesophagus**								
1545	Oesophagoscopy with rigid instrument: First and subsequent	04.00		47.000	330.30 (289.70)	47.000	330.30 (289.70)	4.000	176.40 (154.70) T
1549	Oesophagoscopy with dilatation of stricture	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)	4.000	176.40 (154.70) T
1550	Oesophagoscopy with removal of foreign body	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)	4.000	176.40 (154.70) T
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70) T
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70) T
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	4.000	176.40 (154.70) T
1554	Per-oral small bowel biopsy	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	04.00		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	15.000	661.70 (580.40) T
1557	Oesophageal dilatation	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	4.000	176.40 (154.70) T
1559	Oesophagectomy: Two stage	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	11.000	485.20 (425.60) T
1560	Oesophagectomy: Three stage	04.00		550.000	3865.40 (3390.70)	440.000	3092.30 (2712.50)	11.000	485.20 (425.60) T
1561	Thoraco-abdominal oesophagogastrectomy	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	11.000	485.20 (425.60) T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	11.000	485.20 (425.60) T
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	11.000	485.20 (425.60) T
1566	Private fee: Gastroplasty	04.00		325.000	2284.10 (2003.60)	260.000	1827.30 (1602.90)	8.000	352.90 (309.60) T
1567	Bochdalek hernia repair in newborn	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	14.000	617.50 (541.70) T
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60) T
1569	Heller's operation	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	14.000	617.50 (541.70) T
1575	Insertion of indwelling oesophageal tube by laparotomy	04.00		142.000	998.00 (875.40)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
1578	Oesophageal motility (4 channel + pneumograph)	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	4.000	176.40 (154.70) T
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	04.00		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	11.000	485.20 (425.60) T
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	04.00		110.000	773.10 (678.20)	110.000	773.10 (678.20)	4.000	176.40 (154.70) T
1581	Removal of benign oesophageal tumours	04.00		285.000	2003.00 (1757.00)	228.000	1602.40 (1405.60)	11.000	485.20 (425.60) T
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1583	Excision of intrathoracic oesophageal diverticulum	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60) T
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)		
1585	24 Hour oesophageal pH studies: Interpretation	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)		
8.6	**Stomach**								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	04.00		48.750	342.60 (300.50) Z	48.750	342.60 (300.50) Z	4.000	176.40 (154.70) T
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	175.70 (154.10) Z	25.000	175.70 (154.10) Z	4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	04.00	+	34.000	239.00 (209.60)	34.000	239.00 (209.60)	6.000	264.70 (232.20) T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	175.70 (154.10) Z	25.000	175.70 (154.10) Z	4.000	176.40 (154.70) T
1593	Augmented histamine test: Gastric intubation with x-ray screening	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
1597	Gastrostomy or Gastrotomy	04.00		147.500	1036.60 (909.30)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
1598	Gastrotomy with suture repair of bleeding ulcer	05.03		251.200	1765.40 (1548.60) Z	200.960	1412.30 (1238.90) Z	6.000	264.70 (232.20) T
1599	Pyloromyotomy (Rammstedt)	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)	6.000	264.70 (232.20) T
1601	Local excision of ulcer or benign neoplasm	04.00		195.600	1374.70 (1205.90)	156.480	1099.70 (964.60)	6.000	264.70 (232.20) T
1603	Vagotomy: Abdominal	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
1604	Vagotomy: Thoracic	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	11.000	485.20 (425.60) T
1605	Truncal or selective with drainage procedures	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	6.000	264.70 (232.20) T
1607	Vagotomy and antrectomy	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	6.000	264.70 (232.20) T
1609	Highly selective vagotomy	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	6.000	264.70 (232.20) T
1611	Pyloroplasty	04.00		180.200	1266.40 (1110.90)	144.160	1013.20 (888.80)	6.000	264.70 (232.20) T
1613	Gastroenterostomy	04.00		203.600	1430.90 (1255.20)	162.880	1144.70 (1004.10)	6.000	264.70 (232.20) T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	7.000	308.80 (270.90) T
1617	Partial gastrectomy	04.00		328.300	2307.30 (2023.90)	262.640	1845.80 (1619.10)	7.000	308.80 (270.90) T
1619	Total gastrectomy	04.00		384.430	2701.80 (2370.00)	307.540	2161.40 (1896.00)	7.000	308.80 (270.90) T
1621	Revision of gastrectomy or gastro-enterostomy	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	7.000	308.80 (270.90) T
1625	Gastro-esophageal operation for portal hypertension (Tanner)	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60) T
8.7	**Duodenum**								
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
1627	Duodenal intubation (under X-ray screening)	04.00		8.000	56.20 (49.30)				
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	04.00		21.000	147.60 (129.50)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1631	Duodenal intubation: Under 3 years of age	06.04		15.000	105.40 (92.50)				
8.8	**Intestines**								
1632	H2 breath test (intestines)	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
1633	Complete test using lactose or lactulose	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)		
1634	Enterotomy or Enterostomy	04.11		202.600	1423.90 (1249.00)	162.080	1139.10 (999.20)	6.000	264.70 (232.20) T
1635	Intestinal obstruction of the newborn	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	7.000	308.80 (270.90) T
1637	Operation for relief of intestinal obstruction	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	7.000	308.80 (270.90) T
1639	Resection of small bowel with enterostomy or anastomosis	04.00		244.900	1721.20 (1509.80)	195.920	1376.90 (1207.80)	6.000	264.70 (232.20) T
1641	Entero-enterostomy or entero-colostomy for bypass	04.00		213.100	1497.70 (1313.80)	170.480	1198.10 (1051.00)	6.000	264.70 (232.20) T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	05.03		150.000	1054.20 (924.70) Z	120.000	843.40 (739.80) Z		
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	05.03		90.000	632.50 (554.80) Z	90.000	632.50 (554.80) Z		
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	04.00		185.200	1301.60 (1141.80)	148.160	1041.30 (913.40)	6.000	264.70 (232.20) T
1647	Closure of intestinal fistula	04.00		258.000	1813.20 (1590.50)	206.400	1450.60 (1272.50)	6.000	264.70 (232.20) T
1649	Excision of Meckel's diverticulum	04.00		179.800	1263.60 (1108.40)	143.840	1010.90 (886.80)	6.000	264.70 (232.20) T
1651	Excision of lesion of mesentery	04.00		171.600	1206.00 (1057.90)	137.280	964.80 (846.30)	4.000	176.40 (154.70) T
1652	Laparotomy for mesenteric thrombosis	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	8.000	352.90 (309.60) T
1653	Total colonoscopy: With hospital equipment (including biopsy)	04.00		90.000	632.50 (554.80) Z	90.000	632.50 (554.80) Z	4.000	176.40 (154.70) T
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	04.00	+	30.000	210.80 (184.90) Z	30.000	210.80 (184.90) Z	4.000	176.40 (154.70) T
1656	Left-sided colonoscopy	04.00		60.000	421.70 (369.90) Z	60.000	421.70 (369.90) Z	4.000	176.40 (154.70) T
1657	Right or left hemicolectomy or segmental colectomy	04.00		325.000	2284.10 (2003.60)	260.000	1827.30 (1602.90)	6.000	264.70 (232.20) T
1658	Reconstruction of colon after Hartman's procedure	04.00		359.400	2525.90 (2215.70)	287.520	2020.70 (1772.50)	6.000	264.70 (232.20) T
1661	Colotomy: Including removal of tumour or foreign body	04.00		205.700	1445.70 (1268.20)	164.560	1156.50 (1014.50)	6.000	264.70 (232.20) T
1663	Total colectomy	04.00		390.000	2740.90 (2404.30)	312.000	2192.70 (1923.40)	6.000	264.70 (232.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1665	Colostomy or ileostomy isolated procedure	04.00		233.800	1643.10 (1441.30)	187.040	1314.50 (1153.10)	6.000	264.70 (232.20) T
1666	Continent ileostomy pouch (all types)	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20) T
1667	Colostomy: Closure	04.00		179.100	1258.70 (1104.10)	143.280	1007.00 (883.30)	5.000	220.60 (193.50) T
1668	Revision of ileostomy pouch	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	6.000	264.70 (232.20) T
1669	Total proctocolectomy and ileostomy	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	7.000	308.80 (270.90) T
1670	Proctocolectomy, ileostomy and ileostomy pouch	04.00		540.000	3795.10 (3329.00)	432.000	3036.10 (2663.20)	7.000	308.80 (270.90) T
1671	Colomyotomy (Reilly operation)	04.00		185.000	1300.20 (1140.50)	148.000	1040.10 (912.40)	6.000	264.70 (232.20) T
8.9	**Appendix**								
1673	Drainage of appendix abscess	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1675	Appendicectomy	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	4.000	176.40 (154.70) T
8.10	**Rectum and anus**								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	04.00		48.750	342.60 (300.50) Z	48.750	342.60 (300.50) Z	3.000	132.30 (116.10) T
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10) T
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	04.00	+	25.000	175.70 (154.10) Z	25.000	175.70 (154.10) Z	3.000	132.30 (116.10) T
1679	Sigmoidoscopy with removal of polyps, first and subsequent	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10) T
1681	Proctoscopy with removal of polyps: First time	04.00		21.000	147.60 (129.50)	21.000	147.60 (129.50)	3.000	132.30 (116.10) T
1683	Proctoscopy with removal of polyps: Subsequent times	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10) T
1685	Endoscopic fulguration of tumour	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	04.00		381.300	2679.80 (2350.70)	305.040	2143.60 (1880.50)	6.000	264.70 (232.20) T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	04.00		445.000	3127.50 (2743.40)	356.000	2502.00 (2194.70)	8.000	352.90 (309.60) T
1689	Perineal resection of rectum	04.00		141.000	990.90 (869.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.	04.00							
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	04.00		409.300	2876.60 (2523.30)	327.440	2301.20 (2018.60)	7.000	308.80 (270.90) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1692	Abdomino-perineal resection of rectum: Perineal surgeon	04.00		158.500	1113.90 (977.10)	126.800	891.20 (781.80)		
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	4.000	176.40 (154.70) T
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	04.00		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	7.000	308.80 (270.90) T
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20) T
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	6.000	264.70 (232.20) T
1701	Repair of prolapsed rectum: Abdominal: Perineal	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70) T
1705	Incision and drainage of peri-anal abscess	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10) T
1707	Drainage of submucous abscess	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10) T
1709	Drainage of ischio-rectal abscess	04.00		87.000	611.40 (536.30)	87.000	611.40 (536.30)	3.000	132.30 (116.10) T
1711	Excision of pelvi-rectal fistula	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	5.000	220.60 (193.50) T
1713	Excision of fistula-in-ano	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	3.000	132.30 (116.10) T
1715	Operation for fissure-in-ano	04.00		66.800	469.50 (411.80)	66.800	469.50 (411.80)	3.000	132.30 (116.10) T
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
1721	Sclerosing injection for haemorrhoids: Per injection	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
1723	Haemorrhoidectomy	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
1725	Drainage of external thrombosed pile	04.00		12.500	87.90 (77.10)	12.500	87.90 (77.10)	3.000	132.30 (116.10) T
1727	Multiple procedures (haemorrhoids, fissure, etc.)	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10) T
1728	Biopsy of ano-rectal wall, for congenital megacolon	05.03		60.600	425.90 (373.60) Z	60.600	425.90 (373.60) Z	5.000	220.60 (193.50) T
1729	Excision of anal skin tags	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10) T
1731	Operation for low imperforate anus	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20) T
1733	Anoplasty: Y-V-plasty	04.00		41.000	288.10 (252.70)	41.000	288.10 (252.70)	3.000	132.30 (116.10) T
1735	Anal sphincteroplasty for incontinence	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1737	Dilation of ano-rectal stricture	04.00		12.500	87.90 (77.10)	12.500	87.90 (77.10)	3.000	132.30 (116.10) T
1739	Closure of recto-vesical fistula	04.00		241.000	1693.70 (1485.70)	192.800	1355.00 (1188.60)	5.000	220.60 (193.50) T
1741	Closure of recto-urethral fistula	04.00		241.000	1693.70 (1485.70)	192.800	1355.00 (1188.60)	5.000	220.60 (193.50) T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)		
8.11	**Liver**								
1743	Needle biopsy of liver	04.00		30.300	212.90 (186.80)	30.300	212.90 (186.80)	3.000	132.30 (116.10) T
1745	Biopsy of liver by laparotomy	04.00		125.000	878.50 (770.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1747	Drainage of liver abscess or cyst	04.00		179.100	1258.70 (1104.10)	143.280	1007.00 (883.30)	7.000	308.80 (270.90) T
1748	Body composition measured by bio-electrical impedance	04.00		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
1749	Hemi-hepatectomy: Right	04.00		564.000	3963.80 (3477.00)	451.200	3171.00 (2781.60)	9.000	397.00 (348.20) T
1751	Hemi-hepatectomy: Left	04.00		521.100	3662.30 (3212.50)	416.880	2929.80 (2570.00)	9.000	397.00 (348.20) T
1752	Extended right or left hepatectomy	04.00		570.900	4012.30 (3519.60)	456.720	3209.80 (2815.60)	9.000	397.00 (348.20) T
1753	Partial or segmental hepatectomy	04.00		378.000	2656.60 (2330.40)	302.400	2125.30 (1864.30)	9.000	397.00 (348.20) T
1754	Hepatico-jejunostomy	04.00		369.200	2594.70 (2276.10)	295.360	2075.80 (1820.90)	9.000	397.00 (348.20) T
1755	Liver transplant	04.00		1400.80 0	9844.80 (8635.80)	1120.64 0	7875.90 (6908.70)	15.000	661.70 (580.40) T
1756	Harvesting donor hepatectomy	04.00		616.200	4330.70 (3798.90)	492.960	3464.50 (3039.00)	5.000	220.60 (193.50) T
1757	Suture of liver wound or injury	04.00		214.200	1505.40 (1320.50)	171.360	1204.30 (1056.40)	9.000	397.00 (348.20) T
8.12	**Biliary tract**								
1759	Cholecystostomy	04.00		171.600	1206.00 (1057.90)	137.280	964.80 (846.30)	6.000	264.70 (232.20) T
1761	Cholecystectomy	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20) T
1762	Cholecystectomy and operative cholangiogram	04.00		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	6.000	264.70 (232.20) T
1763	With exploration of common bile duct	04.00		264.500	1858.90 (1630.60)	211.600	1487.10 (1304.50)	6.000	264.70 (232.20) T
1765	Exploration of common bile duct: Secondary operation	04.00		327.700	2303.10 (2020.30)	262.160	1842.50 (1616.20)	6.000	264.70 (232.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1767	Reconstruction of common bile duct	04.00		371.700	2612.30 (2291.50)	297.360	2089.80 (1833.20)	6.000	264.70 (232.20) T
1768	Resection bile duct tumour with reconstruction	04.00		327.700	2303.10 (2020.30)	262.160	1842.50 (1616.20)	6.000	264.70 (232.20) T
1769	Cholecysto-enterostomy or gastrostomy	04.00		236.300	1660.70 (1456.80)	189.040	1328.60 (1165.40)	6.000	264.70 (232.20) T
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	06.04	+	25.600	179.90 (157.80)	25.600	179.90 (157.80)	6.000	264.70 (232.20) T
1773	Transduodenal sphincteroplasty	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20) T
1774	Balloon dilatation of common bile duct strictures	04.00		125.000	878.50 (770.60)	100.000	702.80 (616.50)	6.000	264.70 (232.20) T
1775	Excision choledochal cyst with reconstruction	04.00		327.700	2303.10 (2020.30)	262.160	1842.50 (1616.20)	6.000	264.70 (232.20) T
1777	Porto-enterostomy for biliary atresia	04.00		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	11.000	485.20 (425.60) T
8.13	**Pancreas**								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	04.00		105.900	744.30 (652.90)	105.900	744.30 (652.90)	4.000	176.40 (154.70) T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	04.00	+	15.820	111.20 (97.50)	15.820	111.20 (97.50)	4.000	176.40 (154.70) T
1780	Gastric and duodenal intubation	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1781	Procedure (excluding laboratory tests)	04.00		21.000	147.60 (129.50)	21.000	147.60 (129.50)		
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	04.00	+	30.000	210.80 (184.90)	30.000	210.80 (184.90)	4.000	176.40 (154.70) T
1783	Drainage of pancreatic abscess	04.00		239.300	1681.80 (1475.30)	191.440	1345.40 (1180.20)	6.000	264.70 (232.20) T
1784	Debridement pancreatic necrosis	04.00		348.400	2448.60 (2147.90)	278.720	1958.80 (1718.20)	6.000	264.70 (232.20) T
1785	Internal drainage of pancreatic cyst	04.00		250.600	1761.20 (1544.90)	200.480	1409.00 (1236.00)	6.000	264.70 (232.20) T
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	04.00	+	30.000	210.80 (184.90)	30.000	210.80 (184.90)	6.000	264.70 (232.20) T
1786	Internal drainage of pancreatic cyst with Roux-Y	04.00		306.800	2156.20 (1891.40)	245.440	1725.00 (1513.20)	6.000	264.70 (232.20) T
1787	Operative pancreatogram: ADD	04.00	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)		
1788	Biopsy of pancreas	04.00		177.700	1248.90 (1095.50)	142.160	999.10 (876.40)	6.000	264.70 (232.20) T
1789	Pancreatico-duodenectomy	04.00		704.800	4953.30 (4345.00)	563.840	3962.70 (3476.10)	8.000	352.90 (309.60) T
1791	Local, partial or subtotal pancreatectomy	04.00		351.300	2468.90 (2165.70)	281.040	1975.10 (1732.50)	8.000	352.90 (309.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1793	Distal pancreatectomy with internal drainage	04.00		377.400	2652.40 (2326.70)	301.920	2121.90 (1861.30)	8.000	352.90 (309.60) T
8.14	**Peritoneal cavity**								
1797	Pneumo-peritoneum: First	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)	4.000	176.40 (154.70) T
1799	Pneumo-peritoneum: Repeat	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)	4.000	176.40 (154.70) T
1800	Peritoneal lavage	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
1801	Diagnostic paracentesis: Abdomen	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1803	Therapeutic paracentesis: Abdomen	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)		
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	04.00	+	45.000	316.30 (277.50)	45.000	316.30 (277.50)	5.000	220.60 (193.50) T
1809	Laparotomy	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70) T
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	7.000	308.80 (270.90) T
1811	Suture of burst abdomen	04.00		188.300	1323.40 (1160.90)	150.640	1058.70 (928.70)	7.000	308.80 (270.90) T
1812	Laparotomy for control of surgical haemorrhage	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	9.000	397.00 (348.20) T
1813	Drainage of sub-phrenic abscess	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	7.000	308.80 (270.90) T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	04.00		248.400	1745.80 (1531.40)	198.720	1396.60 (1225.10)	5.000	220.60 (193.50) T
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	4.000	176.40 (154.70) T
9	**Herniae**								
1819	Inguinal or femoral hernia: Adult	04.00		125.000	878.50 (770.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1821	Inguinal or femoral hernia: Child under 14 years	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	4.000	176.40 (154.70) T
1823	Inguinal hernia: Infant under one year	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	4.000	176.40 (154.70) T
1825	Recurrent inguinal or femoral hernia	04.00		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	4.000	176.40 (154.70) T
1827	Strangulated hernia or femoral hernia	04.00		238.000	1672.70 (1467.30)	190.400	1338.10 (1173.80)	7.000	308.80 (270.90) T
1829	Epigastric hernia	04.00		93.300	655.70 (575.20)	93.300	655.70 (575.20)	4.000	176.40 (154.70) T
1831	Umbilical hernia: Adult	04.00		140.000	983.90 (863.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1833	Umbilical hernia: Child under 14 years	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1835	Incisional hernia	04.00		166.800	1172.30 (1028.30)	133.440	937.80 (822.60)	4.000	176.40 (154.70) T
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	04.00	+	77.000	541.20 (474.70)	77.000	541.20 (474.70)	4.000	176.40 (154.70) T
1837	Repair of omphalocele in new-born (one or more procedures)	04.00		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	7.000	308.80 (270.90) T
10	**Urinary System**								
RULES GOVERNING THE SECTION URINARY SYSTEM									
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.	04.00							
10.1	**Kidney**								
1839	Renal biopsy: Per kidney: Open	04.00		71.000	499.00 (437.70)	71.000	499.00 (437.70)	5.000	220.60 (193.50) T
1841	Renal biopsy: Needle	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10) T
1843	Peritoneal dialysis: First day	04.00		33.000	231.90 (203.40)	33.000	231.90 (203.40)		
1845	Peritoneal dialysis: Every subsequent day	04.00		33.000	231.90 (203.40)	33.000	231.90 (203.40)		
1847	Haemodialysis: Per hour or part thereof	04.00		21.000	147.60 (129.50)	21.000	147.60 (129.50)		
1849	Haemodialysis: Maximum: Eight hours	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)		
1851	Haemodialysis: Thereafter per week	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)		
1852	Continuous haemodiafiltration per day in intensive or high care unit	04.00		33.000	231.90 (203.40)	33.000	231.90 (203.40)		
1853	Nephrectomy: Primary nephrectomy	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	5.000	220.60 (193.50) T
1855	Nephrectomy: Secondary nephrectomy	04.00		267.000	1876.50 (1646.10)	213.600	1501.20 (1316.80)	5.000	220.60 (193.50) T
1857	Radical with regional lymph adenectomy for tumour	04.11		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	6.000	264.70 (232.20) T
1859	Nephrectomy: Partial	04.00		267.000	1876.50 (1646.10)	213.600	1501.20 (1316.80)	5.000	220.60 (193.50) T
1861	Symphysiotomy for horse-shoe kidney	04.00		287.000	2017.00 (1769.30)	229.600	1613.60 (1415.40)	6.000	264.70 (232.20) T
1863	Nephro-ureterectomy	04.00		305.000	2143.50 (1880.30)	244.000	1714.80 (1504.20)	5.000	220.60 (193.50) T
1865	Nephrotomy with drainage nephrostomy	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	6.000	264.70 (232.20) T
1869	Nephrolithotomy	04.00		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	04.00		31.000	217.90 (191.10)	31.000	217.90 (191.10)	3.000	132.30 (116.10) T
0737	Biopsy for motor nerve terminals and end plates	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	04.00		34.000	239.00 (209.60)	34.000	239.00 (209.60)	8.000	352.90 (309.60) T
0740	Muscle fatigue studies	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
0741	Muscle biopsy	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	8.000	352.90 (309.60) T
0742	Global fee for all muscle studies, including histochemical studies	04.00		262.000	1841.30 (1615.20)				
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	04.00		20.250	142.30 (124.80)				
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	04.00		33.300	234.00 (205.30)				
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	04.00		5.700	40.10 (35.20)				
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	04.00		1.600	11.20 (9.82)				
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	04.00		9.900	69.60 (61.10)				
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	04.00		13.700	96.30 (84.50)				
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	04.00		25.900	182.00 (159.60)				
4715	Biochemical estimations on muscle biopsy specimens: Enolase	04.00		32.700	229.80 (201.60)				
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	04.00		37.700	265.00 (232.50)				
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	04.00		15.750	110.70 (97.10)				
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	04.00		11.060	77.70 (68.20)				
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	04.00		34.700	243.90 (213.90)				
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	04.00		40.300	283.20 (248.40)				
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	04.00		28.800	202.40 (177.50)				
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	04.00		43.000	302.20 (265.10)				
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	04.00		14.000	98.40 (86.30)				
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	04.00		20.000	140.60 (123.30)				
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	04.00		71.000	499.00 (437.70)				
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	04.00		69.000	484.90 (425.40)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	04.00		82.000	576.30 (505.50)				
4744	Biochemical estimations on muscle biopsy specimens: Tension/caffeine/halothane procedure in malignant hyperthermia	04.00		143.000	1005.00 (881.60)				
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	04.00		75.000	527.10 (462.40)				
3.4.2	**Muscles, tendons and fasciae: Decompression Operations**								
0743	Major compartmental decompression	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0744	Decompression operation: Fasciotomy only	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10) T
3.4.3	**Muscles, tendons and fasciae: Muscle and tendon repair**								
0745	Muscle and tendon repair: Biceps humeri	04.00		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10) T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) TM
0747	Muscle and tendon repair: Rotator cuff	04.00		134.000	941.80 (826.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
0748	Muscle and tendon repair: Debridement rotator cuff	04.00		139.700	981.80 (861.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	04.00		271.900	1910.90 (1676.20)	217.520	1528.70 (1341.00)	4.000	176.40 (154.70) T
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0757	Muscle and tendon repair: Achilles tendon repair	04.00		197.600	1388.70 (1218.20)	158.080	1111.00 (974.60)	4.000	176.40 (154.70) T
0759	Muscle and tendon repair: Other single tendon	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10) T
0763	Muscle and tendon repair: Tendon or ligament injection	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10) T
0767	Hand: Flexor tendon suture: Primary (per tendon)	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0769	Hand: Flexor tendon suture: Secondary (per tendon)	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) T
0771	Extensor tendon suture: Primary (per tendon)	04.00		129.700	911.50 (799.60)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0773	Extensor tendon suture: Secondary (per tendon)	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10) T
0774	Repair of Boutonniere deformity or Mallet finger with graft	04.00		183.700	1291.00 (1132.50)	146.960	1032.80 (906.00)	3.000	132.30 (116.10) T
3.4.4	**Muscles, tendons and fasciae: Tendon graft**								
0775	Free tendon graft	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0776	Reconstruction of pulley for flexor tendon	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10) T
0777	Tendon graft: Finger: Flexor	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) T
0779	Tendon graft: Finger: Extensor	04.00		122.000	857.40 (752.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0780	Two stage flexor tendon graft using silastic rod	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	3.000	132.30 (116.10) T
3.4.5	**Muscles, tendons and fasciae: Tendolysis**								
0781	Tendon freeing operation, except where specified elsewhere	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10) T
0782	Carpal tunnel syndrome	04.00		98.700	693.70 (608.50)	98.700	693.70 (608.50)	3.000	132.30 (116.10) T
0783	Tenolysis: De Quervain	04.00		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10) T
0784	Trigger finger	04.00		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10) T
0785	Flexor tendon freeing operation following free tendon graft or suture	04.00		186.800	1312.80 (1151.60)	149.440	1050.30 (921.30)	3.000	132.30 (116.10) T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	04.00		180.900	1271.40 (1115.30)	144.720	1017.10 (892.20)	3.000	132.30 (116.10) T
0788	Intrinsic tendon release per finger	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10) T
0789	Central tendon tenotomy for Boutonniere deformity	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10) T
3.4.6	**Muscles, tendons and fasciae: Tenodesis**								
0790	Tenodesis: Digital joint	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10) T
3.4.7	**Muscles, tendons and fasciae: Muscle tendon and facia transfer**								
0791	Single tendon transfer	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) T
0792	Multiple tendon transfer	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0793	Hamstring to quadriceps transfer	04.00		141.000	990.90 (869.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	5.000	220.60 (193.50) T
0795	Tendon transfer at elbow	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10) T
0802	Radial club hand repair - stand alone procedure	04.00		360.300	2532.20 (2221.20)	288.240	2025.80 (1777.00)	3.000	132.30 (116.10) T
0803	Hand tendons: Single tendon transfer (first)	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0809	Hand tendons: Substitution for intrinsic paralysis of hand	04.00		224.000	1574.30 (1381.00)	179.200	1259.40 (1104.70)	3.000	132.30 (116.10) T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	04.00		220.600	1550.40 (1360.00)	176.480	1240.30 (1088.00)	3.000	132.30 (116.10) T
3.4.8	**Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening**								
0812	Percutaneous Tenotomy: All sites	04.00		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10) T
0813	Torticollis	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	5.000	220.60 (193.50) T
0815	Scalenotomy	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
0817	Scalenotomy with excision of first rib	04.00		190.000	1335.30 (1171.30)	152.000	1068.30 (937.10)	3.000	132.30 (116.10) TM
0821	Tennis elbow	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) T
0822	Open release elbow (Mitals) - stand alone procedure	04.00		278.200	1955.20 (1715.10)	222.560	1564.20 (1372.10)	3.000	132.30 (116.10) TM
0823	Excision or slide for Volkmann's Contracture	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) T
0825	Hip: Open muscle release	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)	7.000	308.80 (270.90) T
0829	Knee: Quadriceps plasty	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) T
0831	Knee: Open tenotomy	04.00		141.000	990.90 (869.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
0835	Calf	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	4.000	176.40 (154.70) T
0837	Open elongation tendon Achilles	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	4.000	176.40 (154.70) T
0838	Percutaneous "Hoke" elongation tendo Achilles	04.00		79.300	557.30 (488.90)	79.300	557.30 (488.90)	4.000	176.40 (154.70) T
0845	Foot: Plantar fasciotomy	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)	3.000	132.30 (116.10) T
0846	Foot: Postero-medial release for club-foot	04.00		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10) T
3.5	**Bursae and ganglia**								
0847	Excision: Semimembranosus	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	4.000	176.40 (154.70) T
0849	Excision: Prepatellar	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T
0851	Excision: Olecranon	04.00		81.800	574.90 (504.30)	81.800	574.90 (504.30)	3.000	132.30 (116.10) T
0853	Excision: Small bursa or ganglion	04.00		80.900	568.60 (498.80)	80.900	568.60 (498.80)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0855	Excision: Compound palmar ganglion or synovectomy	04.00		128.000	899.60 (789.10)	128.000	899.60 (789.10)	3.000	132.30 (116.10) T
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10) T
3.6	**Musculo-skeletal system: Miscellaneous**								
3.6.1	**Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet**								
0859	Leg equalisation and congenital hips and feet: Leg shortening	04.00		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10) TM
0861	Leg equalisation and congenital hips and feet: Leg lengthening	04.00		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	3.000	132.30 (116.10) TM
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10) TM
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	04.00		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10) TM
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	06.04		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0868	Open reduction of congenital dislocation of the hip	04.00		186.000	1307.20 (1146.70)	148.800	1045.80 (917.40)	3.000	132.30 (116.10) TM
0869	Subsequent plasters	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)		
0873	Congenital club foot: Manipulation and plaster: One foot	04.00		26.000	182.70 (160.30)	26.000	182.70 (160.30)	3.000	132.30 (116.10) T
0874	Ponseti technique assistant (medical practitioner)	05.03		13.000	91.40 (80.20) Z	13.000	91.40 (80.20) Z		
3.6.2	**Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis**								
0883	Removal of internal fixatives or prosthesis: Readily accessible	04.00		36.600	257.20 (225.60)	36.600	257.20 (225.60)		
0884	Removal of internal fixatives: Less accessible	04.00		75.500	530.60 (465.40)	75.500	530.60 (465.40)		
0885	Removal of prosthesis for infection soon after operation	04.00		128.000	899.60 (789.10)	120.000	843.40 (739.80)		
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint	04.00	+	64.000	449.80 (394.60)	64.000	449.80 (394.60)	6.000	264.70 (232.20) TM
3.7	**Plasters (exclusive of after-care)**								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	04.00		13.000	91.40 (80.20) ò	13.000	91.40 (80.20) ò	3.000	132.30 (116.10) T
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)	4.000	176.40 (154.70) T
0891	Turnbuckle cast for scoliosis (excluding after-care)	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	5.000	220.60 (193.50) T
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	04.00		19.000	133.50 (117.10)	19.000	133.50 (117.10)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3.8	**Musculo-skeletal system: Special areas**								
3.8.1	**Special areas: Foot and Ankle**								
0895	Club foot: Revision club foot release - stand alone procedure	04.00		302.700	2127.40 (1866.10)	242.160	1701.90 (1492.90)	3.000	132.30 (116.10) TM
0896	Club foot: Posterior release only - stand alone procedure	04.00		159.300	1119.60 (982.10)	127.440	895.60 (785.60)	3.000	132.30 (116.10) TM
0900	Excision tarsal coalition - stand alone procedure	04.00		141.500	994.50 (872.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0901	Tenotomy: Single tendon	04.00		63.300	444.90 (390.30)	63.300	444.90 (390.30)	3.000	132.30 (116.10) TM
0903	Hammer toe: One toe	04.00		99.500	699.30 (613.40)	99.500	699.30 (613.40)	3.000	132.30 (116.10) TM
0905	Filleting of toe or Ruiz-Mora procedure	04.00		99.500	699.30 (613.40)	99.500	699.30 (613.40)	3.000	132.30 (116.10) TM
0906	Arthrodesis Hallux	04.00		148.000	1040.10 (912.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0907	Silver bunionectomy or similar for Hallux Valgus	04.00		126.200	886.90 (778.00)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0909	Excision arthroplasty	04.00		145.200	1020.50 (895.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
0910	Cheilectomy or metatarsophangeal implant Hallux	04.00		183.000	1286.10 (1128.20)	146.400	1028.90 (902.50)	3.000	132.30 (116.10) TM
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	04.00		189.200	1329.70 (1166.40)	151.360	1063.80 (933.20)	3.000	132.30 (116.10) TM
5730	Hallux Valgus double osteotomy etc.	04.00		182.600	1283.30 (1125.70)	146.080	1026.70 (900.60)	3.000	132.30 (116.10) TM
5731	Distal soft tissue procedure for Hallux Valgus	04.00		173.600	1220.10 (1070.30)	138.880	976.00 (856.10)	3.000	132.30 (116.10) TM
5732	Aitkin procedure or similar	04.00		166.800	1172.30 (1028.30)	133.440	937.80 (822.60)	3.000	132.30 (116.10) T
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	04.00		91.000	639.50 (561.00)	91.000	639.50 (561.00)	3.000	132.30 (116.10) TM
5735	Repair angular deformity toe (lesser toes)	04.00		97.200	683.10 (599.20)	97.200	683.10 (599.20)	3.000	132.30 (116.10) TM
5736	Sesamoidectomy	04.00		97.800	687.30 (602.90)	97.800	687.30 (602.90)	3.000	132.30 (116.10) TM
5737	Repair major foot tendons e.g. Tib Post	04.00		147.300	1035.20 (908.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
5738	Repair of dislocating peroneal tendons	04.00		173.200	1217.20 (1067.70)	138.560	973.80 (854.20)	3.000	132.30 (116.10) T
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	04.00		202.300	1421.80 (1247.20)	161.840	1137.40 (997.70)	3.000	132.30 (116.10) TM
5740	Steindler strip - plantar fascia	04.00		97.200	683.10 (599.20)	97.200	683.10 (599.20)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5741	Kelikian syndactilly (one web space)	04.00		97.200	683.10 (599.20)	97.200	683.10 (599.20)	3.000	132.30 (116.10) T
5742	Tendon transfer foot	04.00		172.000	1208.80 (1060.40)	137.600	967.10 (848.30)	3.000	132.30 (116.10) T
5743	Capsulotomy metatarsophalangeal joints: Foot	04.00		86.800	610.00 (535.10)	86.800	610.00 (535.10)	3.000	132.30 (116.10) T
3.8.2	**Big toe (refer to section 3.8.1 for procedures on big toe)**								
3.8.3	**Special areas: Reimplantations**								
0912	Replantation of amputated upper limb proximal to wrist joint	04.00		730.000	5130.40 (4500.40)	584.000	4104.40 (3600.40)	3.000	132.30 (116.10) TM
0913	Replantation of thumb	04.00		670.000	4708.80 (4130.50)	536.000	3767.00 (3304.40)	3.000	132.30 (116.10) TM
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	04.00		580.000	4076.20 (3575.60)	464.000	3261.00 (2860.50)	3.000	132.30 (116.10) TM
0915	Replantation operation through the palm	04.00		1270.000	8925.60 (7829.50)	1016.000	7140.40 (6263.50)	3.000	132.30 (116.10) TM
3.8.4	**Special areas: Hands: (Note: Skin: See Integumentary System)**								
0919	Tumours: Epidermoid cysts	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) TM
0920	Tumours: Ganglion or fibroma	04.00		77.500	544.70 (477.80)	77.500	544.70 (477.80)	3.000	132.30 (116.10) TM
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	04.00		86.000	604.40 (530.20)	86.000	604.40 (530.20)	3.000	132.30 (116.10) TM
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	04.00		19.000	133.50 (117.10)	19.000	133.50 (117.10)	3.000	132.30 (116.10) TM
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)	3.000	132.30 (116.10) TM
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	05.01		37.000	260.00 (228.10)	37.000	260.00 (228.10)	3.000	132.30 (116.10) TM
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	04.00							
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)	3.000	132.30 (116.10) TM
3.8.5	**Special areas: Spine**								
	Please note the following with regard to section 3.8.5: Spine a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis. 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition. b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.	04.00							
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	04.00		207.000	1454.80 (1276.10)	165.600	1163.80 (1020.90)	3.000	132.30 (116.10) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	04.00	+	42.000	295.20 (258.90)	42.000	295.20 (258.90)	3.000	132.30 (116.10) TM
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	5.000	220.60 (193.50) TM
0930	Posterior osteotomy of spine: One vertebral segment	04.00		339.000	2382.50 (2089.90)	271.200	1906.00 (1671.90)	3.000	132.30 (116.10) TM
0931	Posterior spinal fusion: One level	04.00		385.000	2705.80 (2373.50)	308.000	2164.60 (1898.80)	3.000	132.30 (116.10) TM
0932	Posterior osteotomy of spine: Each additional vertebral segment	04.00	+	103.000	723.90 (635.00)	103.000	723.90 (635.00)	3.000	132.30 (116.10) TM
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	04.00		315.000	2213.80 (1941.90)	252.000	1771.10 (1553.60)	3.000	132.30 (116.10) TM
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	04.00	+	103.000	723.90 (635.00)	103.000	723.90 (635.00)	3.000	132.30 (116.10) TM
0938	Anterior fusion base of skull to C2	04.00		449.000	3155.60 (2768.10)	359.200	2524.50 (2214.50)	4.000	176.40 (154.70) TM
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10) TM
0941	Anterior interbody fusion: One level	04.00		360.000	2530.10 (2219.40)	288.000	2024.10 (1775.50)	3.000	132.30 (116.10) TM
0942	Anterior interbody fusion: Each additional level	04.00	+	102.000	716.90 (628.90)	102.000	716.90 (628.90)	3.000	132.30 (116.10) TM
0944	Posterior fusion: Occiput to C2	04.00		390.000	2740.90 (2404.30)	312.000	2192.70 (1923.40)	4.000	176.40 (154.70) TM
0946	Posterior spinal fusion: Each additional level	04.00	+	111.000	780.10 (684.30)	111.000	780.10 (684.30)	3.000	132.30 (116.10) TM
0948	Posterior interbody lumbar fusion: One level	04.00		364.000	2558.20 (2244.00)	291.200	2046.60 (1795.30)	3.000	132.30 (116.10) TM
0950	Posterior interbody lumbar fusion: Each additional interspace	04.00	+	95.000	667.70 (585.70)	95.000	667.70 (585.70)	3.000	132.30 (116.10) TM
0959	Excision of coccyx	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) TM
0961	Costo-transversectomy	04.00		198.000	1391.50 (1220.60)	158.400	1113.20 (976.50)	3.000	132.30 (116.10) TM
0963	Antero-lateral decompression of spinal cord or anterior debridement	04.00		326.000	2291.10 (2009.70)	260.800	1832.90 (1607.80)	3.000	132.30 (116.10) T
MODIFIER									
0081	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								04.00
3.8.6	**Special areas: Spinal deformities**								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).								04.00

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0952	Posterior fusion for spinal deformity: Up to 6 levels	04.00		359.000	2523.10 (2213.20)	287.200	2018.40 (1770.50)	3.000	132.30 (116.10) TM
0954	Posterior fusion for spinal deformity: 7 to 12 levels	04.00		547.000	3844.30 (3372.20)	437.600	3075.50 (2697.80)	3.000	132.30 (116.10) TM
0955	Posterior fusion for spinal deformity: 13 or more levels	04.00		593.000	4167.60 (3655.80)	474.400	3334.10 (2924.60)	3.000	132.30 (116.10) TM
0956	Anterior fusion for spinal deformity: 2 or 3 levels	04.00		410.000	2881.50 (2527.60)	328.000	2305.20 (2022.10)	3.000	132.30 (116.10) TM
0957	Anterior fusion for spinal deformity: 4 to 7 levels	04.00		444.000	3120.40 (2737.20)	355.200	2496.30 (2189.70)	3.000	132.30 (116.10) TM
0958	Anterior fusion for spinal deformity: 8 or more levels	04.00		539.000	3788.10 (3322.90)	431.200	3030.50 (2658.30)	3.000	132.30 (116.10) TM
MODIFIER									
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								04.00
3.8.7	**Special areas: All spinal problems**								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	3.000	132.30 (116.10) TM
0960	Posterior non-segmental instrumentation	04.00		167.000	1173.70 (1029.60)	133.600	938.90 (823.60)	5.000	220.60 (193.50) TM
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	04.00		176.000	1236.90 (1085.00)	140.800	989.50 (868.00)	5.000	220.60 (193.50) TM
0984	Posterior segmental instrumentation: 7 to 12 vertebrae	04.00		201.000	1412.60 (1239.10)	160.800	1130.10 (991.30)	5.000	220.60 (193.50) TM
0966	Posterior segmental instrumentation:13 or more vertebrae	04.00		245.000	1721.90 (1510.40)	196.000	1377.50 (1208.30)	5.000	220.60 (193.50) TM
0968	Anterior instrumentation: 2 to 3 vertebrae	04.00		159.000	1117.50 (980.30)	127.200	894.00 (784.20)	5.000	220.60 (193.50) TM
0969	Skull or skull-femoral traction including two weeks after-care	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)		
0970	Anterior instrumentation: 4 to 7 vertebrae	04.00		185.000	1300.20 (1140.50)	148.000	1040.10 (912.40)	5.000	220.60 (193.50) TM
0971	Halo-splint and POP jacket including two weeks after-care	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)		
0972	Anterior instrumentation: 8 or more vertebrae	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	5.000	220.60 (193.50) TM
0974	Additional pelvic fixation of instrumentation other than sacrum	04.00		108.000	759.00 (665.80)	108.000	759.00 (665.80)	5.000	220.60 (193.50) TM
5750	Reinsertion of instrumentation	04.00		276.000	1939.70 (1701.50)	220.800	1551.80 (1361.20)	6.000	264.70 (232.20) TM
5751	Removal of posterior non-segmental instrumentation	04.00		173.000	1215.80 (1066.50)	138.400	972.70 (853.20)	6.000	264.70 (232.20) TM
5752	Removal of posterior segmental instrumentation	04.00		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	6.000	264.70 (232.20) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5753	Removal of anterior instrumentation	04.00		204.000	1433.70 (1257.60)	163.200	1147.00 (1006.10)	6.000	264.70 (232.20) TM
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	04.00		295.000	2073.30 (1818.70)	236.000	1658.60 (1454.90)	3.000	132.30 (116.10) TM
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	04.00		304.000	2136.50 (1874.10)	243.200	1709.20 (1499.30)	3.000	132.30 (116.10) TM
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	04.00		321.000	2256.00 (1978.90)	256.800	1804.80 (1583.20)	3.000	132.30 (116.10) TM
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	04.00	+	63.000	442.80 (388.40)	63.000	442.80 (388.40)	3.000	132.30 (116.10) TM
5759	Laminectomy for decompression diskectomy, etc. revision operation	04.00		352.000	2473.90 (2170.10)	281.600	1979.10 (1736.10)	4.000	176.40 (154.70) TM
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	04.00		301.000	2115.40 (1855.60)	240.800	1692.30 (1484.50)	3.000	132.30 (116.10) TM
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	04.00	+	68.000	477.90 (419.20)	68.000	477.90 (419.20)	3.000	132.30 (116.10) TM
5763	Anterior disc removal and spinal decompression cervical: One level	04.00		344.000	2417.60 (2120.70)	275.200	1934.10 (1696.60)	3.000	132.30 (116.10) TM
5764	Anterior disc removal and spinal decompression cervical: Each additional level	04.00	+	81.000	569.30 (499.40)	81.000	569.30 (499.40)	3.000	132.30 (116.10) TM
5765	Vertebral corpectomy for spinal decompression: One level	04.00		466.000	3275.00 (2872.80)	372.800	2620.00 (2298.20)	3.000	132.30 (116.10) TM
5766	Vertebral corpectomy for spinal decompression: Each additional level	04.00		88.000	618.50 (542.50)	88.000	618.50 (542.50)	3.000	132.30 (116.10) TM
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	04.00		71.000	499.00 (437.70)	71.000	499.00 (437.70)		
3.9	**Facial bone procedures**								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								04.00
0987	Repair of orbital floor (blowout fracture)	04.00		184.600	1297.40 (1138.10)	147.680	1037.90 (910.40)	4.000	176.40 (154.70) TM
0988	Genioplasty	04.00		263.000	1848.40 (1621.40)	210.400	1478.70 (1297.10)	4.000	176.40 (154.70) TM
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	04.00		202.200	1421.10 (1246.60)	161.760	1136.80 (997.20)	4.000	176.40 (154.70) TM
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	04.00		302.000	2122.50 (1861.80)	241.600	1698.00 (1489.50)	4.000	176.40 (154.70) TM
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	04.00		433.000	3043.10 (2669.40)	346.400	2434.50 (2135.50)	4.000	176.40 (154.70) TM
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	04.00		970.000	6817.20 (5980.00)	776.000	5453.70 (4783.90)	4.000	176.40 (154.70) TM
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	04.00		302.000	2122.50 (1861.80)	241.600	1698.00 (1489.50)	4.000	176.40 (154.70) TM
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	04.00		1103.000	7751.90 (6799.90)	882.400	6201.50 (5439.90)	4.000	176.40 (154.70) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	04.00		1654.000	11624.30 (10196.80)	1323.200	9299.40 (8157.40)	4.000	176.40 (154.70) TM
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	04.00		-	- F	-	- F		
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	04.00		302.000	2122.50 (1861.80)	241.600	1698.00 (1489.50)	3.000	132.30 (116.10) TM
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	04.00		184.000	1293.20 (1134.40)	147.200	1034.50 (907.50)	3.000	132.30 (116.10) TM
1001	Temporo-mandibular joint: Reconstruction for dysfunction	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) TM
1003	Manipulation: Immobilisation and follow-up of fractured nose	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) TM
1005	Nasal fracture without manipulation	04.00		-	- F	-	- F		
1007	Mandibulectomy	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	5.000	220.60 (193.50) TM
1009	Maxillectomy	04.00		382.500	2688.20 (2358.10)	306.000	2150.60 (1886.50)	4.000	176.40 (154.70) TM
1011	Bone graft to mandible	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) TM
1012	Adjustment of occlusion by ramisection	04.00		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	4.000	176.40 (154.70) TM
1013	Fracture of arch of zygoma without displacement	04.00		-	- F	-	- F		
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	04.00		131.000	920.70 (807.60)	120.000	843.40 (739.80)	3.000	132.30 (116.10) TM
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	04.00		262.000	1841.30 (1615.20)	209.600	1473.10 (1292.20)	3.000	132.30 (116.10) TM
4	**Respiratory System**								
4.1	**Nose and sinuses**								
1018	Flexible nasopheryngolaryngoscope examination	04.00		51.940	365.00 (320.20)	51.940	365.00 (320.20)		
1019	ENT endoscopy in rooms with rigid endoscope	04.00		12.000	84.30 (73.90)				
1020	Repair of perforated septum: Any method	06.04		141.900	997.30 (874.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1022	Functional reconstruction of nasal septum	04.00		121.200	851.80 (747.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	4.000	176.40 (154.70) T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	06.04		64.600	454.00 (398.20)	64.600	454.00 (398.20)	4.000	176.40 (154.70) T
1027	Dacrocystorhinostomy	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50) T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	06.04		62.600	440.00 (386.00)	62.600	440.00 (386.00)	4.000	176.40 (154.70) T
1030	Endoscopic turbinectomy: Laser or microdebrider	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1031	Removal of single nasal polyp at rooms (at initial consultation only)	04.00		25.400	178.50 (156.60)	25.400	178.50 (156.60)		
1033	Removal of multiple polyps in hospital under general anaesthetic	04.00		81.800	574.90 (504.30)	81.800	574.90 (504.30)	4.000	176.40 (154.70) T
1034	Autogenous nasal bone transplant: Bone removal included	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	4.000	176.40 (154.70) T
1035	Functional endoscopic sinus surgery: Unilateral	04.00		140.000	983.90 (863.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1036	Functional endoscopic sinus surgery: Bilateral	04.00		245.000	1721.90 (1510.40)	196.000	1377.50 (1208.30)	4.000	176.40 (154.70) T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70) T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	6.000	264.70 (232.20) T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	6.000	264.70 (232.20) T
1045	Ligation anterior ethmoidal artery	04.00		135.400	951.60 (834.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
1047	Caldwell-Luc operation: Unilateral	04.00		137.300	964.90 (846.40)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1049	Ligation internal maxillary artery	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	6.000	264.70 (232.20) T
1050	Vidian neurectomy (transantral or transnasal)	04.00		113.000	794.20 (696.70)	113.000	794.20 (696.70)	4.000	176.40 (154.70) T
1051	Removal nasopharyngeal fibroma	04.00		285.000	2003.00 (1757.00)	228.000	1602.40 (1405.60)	6.000	264.70 (232.20) T
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
1053	Frontal sinus drainage, trephine operation	04.00		93.100	654.30 (573.90)	93.100	654.30 (573.90)	4.000	176.40 (154.70) T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	06.04		37.300	262.10 (229.90)				
1055	External frontal ethmoidectomy	04.00		190.700	1340.20 (1175.60)	152.560	1072.20 (940.50)	4.000	176.40 (154.70) T
1057	External ethmoidectomy and/or sphenoidectomy	04.00		199.400	1401.40 (1229.30)	159.520	1121.10 (983.40)	4.000	176.40 (154.70) T
1058	Sublabial transseptal sphenoidotomy	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
1059	Frontal osteomyelitis	04.00		194.000	1363.40 (1196.00)	155.200	1090.70 (956.80)	4.000	176.40 (154.70) T
1060	Obliteration of frontal sinus	04.00		291.100	2045.90 (1794.60)	232.880	1636.70 (1435.70)	4.000	176.40 (154.70) T
1061	Lateral rhinotomy	04.00		164.000	1152.60 (1011.10)	131.200	922.10 (808.90)	4.000	176.40 (154.70) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1062	Excision nasolabial cyst	04.00		186.100	1307.90 (1147.30)	148.880	1046.30 (917.80)	4.000	176.40 (154.70) T
1063	Removal of foreign bodies from nose: At rooms	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
1065	Removal of foreign body from nose: Under general anaesthetic	04.00		38.600	271.30 (238.00)	38.600	271.30 (238.00)	4.000	176.40 (154.70) T
1067	Proof puncture at rooms: Unilateral	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70) T
1069	Proof puncture, uni- or bilateral under general anaesthetic	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70) T
1071	Proetz treatment (consultation fee only to be charged for first treatment)	04.00		4.000	28.10 (24.60)	4.000	28.10 (24.60)		
1077	Septum abscess: At rooms, including after-care	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1079	Septum abscess: Under general anaesthetic	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70) T
1081	Oro-antral fistula (without Caldwell-Luc)	04.00		111.800	785.70 (689.20)	111.800	785.70 (689.20)	4.000	176.40 (154.70) T
1083	Choanal atresia: Intranasal approach	04.00		113.000	794.20 (696.70)	113.000	794.20 (696.70)	5.000	220.60 (193.50) T
1084	Choanal atresia: Transpalatal approach	04.00		194.000	1363.40 (1196.00)	155.200	1090.70 (956.80)	7.000	308.80 (270.90) T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	5.000	220.60 (193.50) T
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50) T
1089	Forehead rhinoplasty (all stages): Total	04.00		552.000	3879.50 (3403.10)	441.600	3103.60 (2722.50)	5.000	220.60 (193.50) T
1091	Forehead rhinoplasty (all stages): Partial	04.00		414.000	2909.60 (2552.30)	331.200	2327.70 (2041.80)	5.000	220.60 (193.50) T
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1095	Full nasal reconstruction for secondary cleft lip deformity	04.00		357.900	2515.30 (2206.40)	286.320	2012.30 (1765.20)	5.000	220.60 (193.50) T
1097	Partial nasal reconstruction for cleft lip deformity	04.00		199.700	1403.50 (1231.10)	159.760	1122.80 (984.90)	5.000	220.60 (193.50) T
1099	Columella reconstruction or lengthening	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
MODIFIERS GOVERNING NASAL OPERATIONS									
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								04.00
4.2	**Throat**								
1101	Tonsillectomy (dissection of the tonsils)	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	4.000	176.40 (154.70) T
1102	Laser tonsillectomy	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	6.000	264.70 (232.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1105	Removal of adenoids	04.11		40.000	281.10 (246.60)	40.000	281.10 (246.60)	4.000	176.40 (154.70) T
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	04.00		168.300	1182.80 (1037.50)	134.640	946.20 (830.00)	5.000	220.60 (193.50) T
1107	Opening of quinsy: At rooms	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)	6.000	264.70 (232.20) T
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	04.00		85.000	597.40 (524.00)	85.000	597.40 (524.00)	5.000	220.60 (193.50) T
1109	Opening of quinsy: Under general anaesthetic	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	6.000	264.70 (232.20) T
1110	Ludwig's Angina: Drainage	04.00		42.000	295.20 (258.90)	42.000	295.20 (258.90)	9.000	397.00 (348.20) T
1111	Post tonsillectomy or adenoidectomy haemorrhage	04.00		46.000	323.30 (283.60)	46.000	323.30 (283.60)	6.000	264.70 (232.20) T
1112	Pharyngeal pouch operation	04.11		231.800	1629.10 (1429.00)	185.440	1303.30 (1143.20)	5.000	220.60 (193.50) T
1113	Retropharyngeal abscess: Internal approach	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	6.000	264.70 (232.20) T
1115	Retropharyngeal abscess: External approach	04.00		85.000	597.40 (524.00)	85.000	597.40 (524.00)	6.000	264.70 (232.20) T
1116	Functional reconstruction of palate and uvula	04.00		168.300	1182.80 (1037.50)	134.640	946.20 (830.00)	5.000	220.60 (193.50) T
4.3	**Larynx**								
1117	Laryngeal intubation	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
1118	Laryngeal stroboscopy with video capture	04.00		39.000	274.10 (240.40)	39.000	274.10 (240.40)	6.000	264.70 (232.20) T
1119	Laryngectomy without block dissection of the neck	04.00		430.000	3022.00 (2650.90)	344.000	2417.60 (2120.70)	7.000	308.80 (270.90) T
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	04.00		35.000	246.00 (215.80)				
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	04.00		81.100	570.00 (500.00)	81.100	570.00 (500.00)	6.000	264.70 (232.20) T
1126	Post laryngectomy for voice restoration	04.00		139.500	980.40 (860.00)	120.000	843.40 (739.80)	9.000	397.00 (348.20) T
1127	Tracheotomy	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	9.000	397.00 (348.20) T
1128	Endolaryngeal operations	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	8.000	352.90 (309.60) T
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	04.00		294.400	2069.00 (1814.90)	235.520	1655.20 (1451.90)	8.000	352.90 (309.60) T
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	04.00		41.400	291.00 (255.30)	41.400	291.00 (255.30)	6.000	264.70 (232.20) T
1131	Direct laryngoscopy plus foreign body removal	04.00		64.600	454.00 (398.20)	64.600	454.00 (398.20)	6.000	264.70 (232.20) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
MODIFIERS									
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff)								04.00
4.4	**Bronchial procedures**								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								04.00
1132	Bronchoscopy: Diagnostic bronchoscopy	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	6.000	264.70 (232.20) T
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	8.000	352.90 (309.60) T
1134	Bronchoscopy: Bronchoscopy with laser	04.00		75.000	527.10 (462.40)			8.000	352.90 (309.60) T
1136	Nebulisation (in rooms)	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)	12.000	84.30 (73.90) ç
1137	Bronchial lavage	04.00						8.000	352.90 (309.60) T
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	12.000	529.30 (464.30) T
4.5	**Pleura**								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10) T
1141	Insertion of intercostal catheter (under water drainage)	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	6.000	264.70 (232.20) T
1142	Intra-pleural block	04.00		36.000	253.00 (221.90)	36.000	253.00 (221.90)	36.000	253.00 (221.90) ç
1143	Paracentesis chest: Diagnostic	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)	3.000	132.30 (116.10) T
1145	Paracentesis chest: Therapeutic	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10) T
1147	Pneumothorax: Induction (diagnostic)	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)		
1149	Pleurectomy	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60) T
1151	Decortication of lung	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	11.000	485.20 (425.60) T
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)	3.000	132.30 (116.10) T
4.6	**Pulmonary procedures**								
4.6.1	**Pulmonary procedures: Surgical**								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)	5.000	220.60 (193.50) T
1157	Pneumonectomy	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	11.000	485.20 (425.60) T
1159	Pulmonary lobectomy	04.00		389.500	2737.40 (2401.20)	311.600	2189.90 (1921.00)	11.000	485.20 (425.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1161	Segmental lobectomy	04.00		365.000	2565.20 (2250.20)	292.000	2052.20 (1800.20)	11.000	485.20 (425.60) T
1163	Excision tracheal stenosis: Cervical	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	8.000	352.90 (309.60) T
1164	Excision tracheal stenosis: Intra thoracic	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	12.000	529.30 (464.30) T
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	04.00		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	12.000	529.30 (464.30) T
1168	Thoracoplasty: Complete	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60) T
1169	Thoracoplasty: Limited (osteoplastic)	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	11.000	485.20 (425.60) T
1171	Drainage empyema (including six weeks after treatment)	04.00		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	11.000	485.20 (425.60) T
1173	Drainage of lung abscess (including six weeks after treatment)	04.00		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	11.000	485.20 (425.60) T
1175	Thoracotomy (limited): For lung or pleural biopsy	04.00		115.000	808.20 (708.90)	115.000	808.20 (708.90)	11.000	485.20 (425.60) T
1177	Major: Diagnostic, as for inoperable carcinoma	04.00		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	11.000	485.20 (425.60) T
1179	Thoracoscopy	04.00		89.000	625.50 (548.70)	89.000	625.50 (548.70)	11.000	485.20 (425.60) T
1181	Lung transplant: Unilateral	04.00		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	15.000	661.70 (580.40) T
1182	Harvesting donor lung: Unilateral	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1183	Excision or plication of emphysematous cyst: Unilateral	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60) T
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	04.00		438.000	3078.30 (2700.30)	350.400	2462.60 (2160.20)	11.000	485.20 (425.60) T
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	11.000	485.20 (425.60) T
4.6.2	**Pulmonary function tests**								
1186	Flow volume test: Inspiration/expiration	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90) ç
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20) ç
1189	Forced expirogram only	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70) ç
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	04.00		45.310	318.40 (279.30)				
1191	N2 single breath distribution	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70) ç
1192	Peak expiratory flow only	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)	5.000	35.10 (30.80) ç

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	04.00		37.760	265.40 (232.80)				
1195	Thoracic gas volume	04.00		37.930	266.60 (233.90)				
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	04.00		45.310	318.40 (279.30)				
1197	Compliance and resistance, using oesophageal balloon	04.00		24.000	168.70 (148.00)	24.000	168.70 (148.00)	24.000	168.70 (148.00) ç
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	04.00		55.890	392.80 (344.60)	55.890	392.80 (344.60)		
1199	Pulmonary stress testing: For determination of VO2 max	04.00		96.500	678.20 (594.90)	96.500	678.20 (594.90)		
1200	Carbon monoxide diffusing capacity, any method	04.00		38.060	267.50 (234.60)				
1201	Maximum inspiratory/expiratory pressure	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)	5.000	35.10 (30.80) ç
4.7	**Intensive care**								
RULES GOVERNING THIS SECTION									
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								06.05
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								04.00
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								04.00
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring								04.00
4.7.1	**Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures**								
1202	Insertion of central venous catheter via peripheral vein in neonates	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	40.000	281.10 (246.60) ç
4.7.2	**Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care**								
1204	Intensive care: Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90) ç
1205	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	100.000	702.80 (616.50) ç
1206	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20) ç
1207	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90) ç
	Please Note: The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1208	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	137.000	962.80 (844.60) ç
1209	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	04.00		58.000	407.60 (357.50)	58.000	407.60 (357.50)	58.000	407.60 (357.50) ç
1210	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20) ç
4.7.3	**Intensive care: (In intensive care or high care unit): Respiratory, cardiac, general: Procedures**								
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.	04.00							
1212	Ventilation: First day	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	75.000	527.10 (462.40) ç
1213	Ventilation: Subsequent days, per day	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20) ç
1214	Ventilation: After two weeks, per day	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10) ç
1215	Insertion of arterial pressure cannula	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10) ç
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	04.11		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20) ç
1217	Insertion of central venous line via peripheral vein	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70) ç
1218	Insertion of central venous line via subclavian or jugular veins	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10) ç
1219	Hyperalimentation (daily tariff)	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)	15.000	105.40 (92.50) ç
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90) ç
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90) ç

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.8	**Hyperbaric Oxygen Therapy**								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ('the bends') c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union) g. Necrotising soft tissue infections (e.g. necrotising fasciitis) h. Refractory osteomyelitis. i. Bone and soft tissue radiation necrosis. j. Compromised skin grafts and flaps. k. Acute thermal burns. l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia). m. Cerebral abscesses								04.00
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Low pressure table (1,5-1,8 ATA x 45-60 min): PROFESSIONAL COMPONENT	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)		
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	05.03		101.130	710.70 (623.40) Z	101.130	710.70 (623.40) Z		
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)		
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	922.50 (809.20) Z	131.260	922.50 (809.20) Z		
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)		
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	922.50 (809.20) Z	131.260	922.50 (809.20) Z		
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)		
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	05.03		214.180	1505.30 (1320.40) Z	214.180	1505.30 (1320.40) Z		
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	04.00		190.000	1335.30 (1171.30)	190.000	1335.30 (1171.30)		
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	05.03		386.420	2715.80 (2382.30) Z	386.420	2715.80 (2382.30) Z		
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	04.00		327.000	2298.20 (2016.00)	327.000	2298.20 (2016.00)		
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		680.850	4785.00 (4197.40) Z	680.850	4785.00 (4197.40) Z		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		678.280	4767.00 (4181.60) Z	678.280	4767.00 (4181.60) Z		
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		671.850	4721.80 (4141.90) Z	671.850	4721.80 (4141.90) Z		
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units	04.00							
5	**Mediastinal Procedures**								
1222	Mediastinal tumours	04.00		285.000	2003.00 (1757.00)	228.000	1602.40 (1405.60)	11.000	485.20 (425.60) T
1223	Mediastinoscopy	04.00		95.000	667.70 (585.70)	95.000	667.70 (585.70)	5.000	220.60 (193.50) T
1224	Mediastinotomy	04.00		115.000	808.20 (708.90)	115.000	808.20 (708.90)	11.000	485.20 (425.60) T
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	11.000	485.20 (425.60) T
1226	Removal of single rib with a lesion	04.00		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	11.000	485.20 (425.60) T
6	**Cardiovascular System**								
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP									
6.1	**Cardiovascular system: General**								
1227	Prolonged neonatal resuscitation	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	20.000	140.60 (123.30) ç
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG	04.00							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	04.00				4.500	31.60 (27.70)		
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	04.00				6.500	45.70 (40.10)		
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added	04.00							
1230	Physician's fee for interpreting an ECG: Without effort	04.00		6.000	42.20 (37.00)				
1231	Physician's fee for interpreting an ECG: With and without effort	06.04		10.000	70.30 (61.70)				
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation	04.00							
1232	Electrocardiogram: Without effort	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
1233	Electrocardiogram: With and without effort	06.04		13.000	91.40 (80.20)	13.000	91.40 (80.20)		
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)		
1235	Multi-stage treadmill test	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)		
1236	Electrocardiogram without effort: Under 4 years old	06.04		18.000	126.50 (111.00)	18.000	126.50 (111.00)		
1237	24 Hour ambulatory blood pressure: Hire fee	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	04.00		284.000	1996.00 (1750.90)	227.200	1596.80 (1400.70)	5.000	220.60 (193.50) T
1871	Staghorn stone: Surgical	04.00		341.000	2396.50 (2102.20)	272.800	1917.20 (1681.80)	6.000	264.70 (232.20) T
1873	Suture renal laceration (renorraphy)	04.00		193.000	1356.40 (1189.80)	154.400	1085.10 (951.80)	6.000	264.70 (232.20) T
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	04.00		34.000	239.00 (209.60)	34.000	239.00 (209.60)	3.000	132.30 (116.10) T
1877	Operation for renal cyst: Marsupialisation or excision	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
1879	Closure renal fistula	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
1881	Pyeloplasty	06.04		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50) T
1883	Pyelostomy	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
1885	Pyelolithotomy	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	04.00		223.000	1567.20 (1374.70)	178.400	1253.80 (1099.80)	5.000	220.60 (193.50) T
1889	Nephrectomy for Allograft: Living or dead	04.00		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50) T
1891	Perinephric abscess or renal abscess: Drainage	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	7.000	308.80 (270.90) T
1893	Aberrant renal vessels: Repositioning with pyeloplasty	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50) T
1894	Auto transplantation of kidney	04.00		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	10.000	441.10 (386.90) T
1895	Allo transplantation of kidney	04.00		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	10.000	441.10 (386.90) T
10.2	**Ureter**								
1897	Ureterorraphy: Suture of ureter	04.11		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1898	Ureterorraphy: Lumbar approach	04.11		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
1899	Ureteroplasty	04.00		181.000	1272.10 (1115.90)	144.800	1017.70 (892.70)	5.000	220.60 (193.50) T
1901	Ureterolysis	04.00		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50) T
1902	Ureterolysis: Lumbar approach	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
1903	Ureterectomy only	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1905	Ureterolithotomy	04.00		265.800	1868.00 (1638.60)	212.640	1494.40 (1310.90)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1907	Cutaneous ureterostomy: Unilateral	04.00		108.000	759.00 (665.80)	108.000	759.00 (665.80)	5.000	220.60 (193.50) T
1909	Cutaneous ureterostomy: Bilateral	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
1911	Uretero-enterostomy: Unilateral	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1913	Uretero-enterostomy: Bilateral	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	5.000	220.60 (193.50) T
1915	Uretero-ureterostomy	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1917	Transuretero-ureterostomy	04.00		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	5.000	220.60 (193.50) T
1919	Closure of ureteric fistula	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1921	Immediate deligation of ureter	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1923	Ureterolysis for retrocaval ureter with anastomosis	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	5.000	220.60 (193.50) T
1925	Uretero-pyelostomy	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50) T
1927	Uretero-neo-cystostomy: Unilateral	04.00		316.100	2221.60 (1948.80)	252.880	1777.20 (1558.90)	5.000	220.60 (193.50) T
1929	Uretero-neo-cystostomy: Bilateral	04.00		474.150	3332.30 (2923.10)	379.320	2665.90 (2338.50)	5.000	220.60 (193.50) T
1931	Uretero-neo-cystostomy: With Boariplasty	04.00		351.800	2472.50 (2168.90)	281.440	1978.00 (1735.10)	5.000	220.60 (193.50) T
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50) T
1935	Uretero-ileal conduit	04.00		388.000	2726.90 (2392.00)	310.400	2181.50 (1913.60)	5.000	220.60 (193.50) T
1937	Replacement of ureter by bowel segment: Unilateral	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50) T
1939	Replacement of ureter by bowel segment: Bilateral	04.00		485.000	3408.60 (2990.00)	388.000	2726.90 (2392.00)	5.000	220.60 (193.50) T
1941	Ureterostomy-in-situ: Unilateral	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	5.000	220.60 (193.50) T
1943	Ureterostomy-in-situ: Bilateral	04.00		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	5.000	220.60 (193.50) T
10.3	**Bladder**								
1952	J J Stent catheter	04.00	+	44.000	309.20 (271.20)	44.000	309.20 (271.20)	3.000	132.30 (116.10) T
1953	With hydrodilatation of the bladder for interstitial cystitis	04.00	+	5.000	35.10 (30.80)	5.000	35.10 (30.80)	3.000	132.30 (116.10) T
1954	Uretroscopy	04.00	+	35.000	246.00 (215.80)			3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	04.00	+	35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) T
1957	With dilatation of the ureter or ureters	04.00	+	25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10) T
1959	With manipulation of ureteral calculus	04.00	+	20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
1961	With removal of foreign body or calculus from urethra or bladder	04.00	+	20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
1983	With fulguration or treatment of minor lesions, with or without biopsy	04.00	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10) T
1964	And control of haemorrhage and blood clot evacuation	04.00	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10) T
1965	And catheterisation of the ejaculatory duct	04.00	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
1967	With ureteric meatotomy: Unilateral or bilateral	04.00	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10) T
1969	And cold biopsy	04.00	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10) T
1971	With cryosurgery for bladder or prostatic disease	04.00	+	55.000	386.50 (339.00)	55.000	386.50 (339.00)	3.000	132.30 (116.10) T
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	04.00	+	35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) T
1975	Ultraviolet cystoscopy for bladder tumour	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10) T
1976	Optic urethrotomy	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10) T
1977	Transurethral resection of ejaculatory duct	04.00		60.700	426.60 (374.20)	60.700	426.60 (374.20)	3.000	132.30 (116.10) T
1979	Internal urethrotomy: Female	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10) T
1981	Internal urethrotomy: Male	04.00		76.200	535.50 (469.70)	76.200	535.50 (469.70)	3.000	132.30 (116.10) T
1983	Transurethral resection of bladder tumour	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	5.000	220.60 (193.50) T
1984	Transurethral resection of bladder tumours: Large multiple tumours	04.00		115.000	808.20 (708.90)	115.000	808.20 (708.90)	5.000	220.60 (193.50) T
1985	Transurethral resection of bladder neck: Female or child	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50) T
1986	Transurethral resection of bladder neck: Male	04.00		125.000	878.50 (770.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
1987	Litholapaxy	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	5.000	220.60 (193.50) T
1989	Cystometrogram	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1991	Flometric bladder, studies with videocystograph	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10) T
1992	Without videocystograph	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10) T
1993	Voiding cysto-urethrogram	04.00		21.000	147.60 (129.50)	21.000	147.60 (129.50)	3.000	132.30 (116.10) T
1994	Rigiscan examination	04.00		66.000	463.80 (406.80)	66.000	463.80 (406.80)		
1995	Percutaneous aspiration of bladder	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
1996	Bladder catheterisation: Male (not at operation)	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)	3.000	132.30 (116.10) T
1997	Bladder catheterisation: Female (not at operation)	04.00		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
1999	Percutaneous cystostomy	04.00		24.000	168.70 (148.00)	24.000	168.70 (148.00)	3.000	132.30 (116.10) T
1945	Instillation of radio-opaque material for cystography or urethrocystography	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)	3.000	132.30 (116.10) T
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
1949	Cystoscopy: Hospital equipment	04.00		44.000	309.20 (271.20)	44.000	309.20 (271.20)	3.000	132.30 (116.10) T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	04.00	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
2001	Total cystectomy: After previous urinary diversion	04.00		294.000	2066.20 (1812.50)	235.200	1653.00 (1450.00)	8.000	352.90 (309.60) T
2003	Total cystectomy: With conduit construction and ureteric anastomosis	04.00		554.700	3898.40 (3419.60)	443.760	3118.70 (2735.70)	8.000	352.90 (309.60) T
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	04.00		650.000	4568.20 (4007.20)	520.000	3654.60 (3205.80)	8.000	352.90 (309.60) T
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	8.000	352.90 (309.60) T
2007	Partial cystectomy	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	04.00		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	8.000	352.90 (309.60) T
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	04.00		462.000	3246.90 (2848.20)	369.600	2597.50 (2278.50)	8.000	352.90 (309.60) T
2010	Reversion of temporary conduit	04.00		360.000	2530.10 (2219.40)	288.000	2024.10 (1775.50)	8.000	352.90 (309.60) T
2011	Partial cystectomy with uretero-neo-cystostomy	04.00		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	6.000	264.70 (232.20) T
2012	Reversion of conduit with major urinary tract reconstruction	04.00		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	8.000	352.90 (309.60) T
2013	Diverticulectomy (independent procedure): Multiple or single	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2015	Suprapubic cystostomy	04.00		67.000	470.90 (413.10)	67.000	470.90 (413.10)	5.000	220.60 (193.50) T
2016	Abdomino-neo-urethrostomy	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50) T
2017	Open loop fulguration or excision of bladder tumour	04.00		101.000	709.80 (622.60)	101.000	709.80 (622.60)	5.000	220.60 (193.50) T
2019	Operation for vesico-vaginal or urethra-vaginal fistula	04.00		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	5.000	220.60 (193.50) T
2020	Repair of vesico vaginal fistula: Abdominal approach	04.00		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50) T
2021	Vesico-plication (Hamilton Stewart)	04.00		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50) T
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	04.11		195.000	1370.50 (1202.20)	156.000	1096.40 (961.80)	5.000	220.60 (193.50) T
2025	Vesico-urethropexy with rectus sling	04.11		229.400	1612.20 (1414.20)	183.520	1289.80 (1131.40)	5.000	220.60 (193.50) T
2027	Open operation for ureterocele: Unilateral	04.00		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50) T
2029	Open operation for ureterocele: Bilateral	04.00		207.000	1454.80 (1276.10)	165.600	1163.80 (1020.90)	5.000	220.60 (193.50) T
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	04.00		264.000	1855.40 (1627.50)	211.200	1484.30 (1302.00)	8.000	352.90 (309.60) T
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	04.00		53.000	372.50 (326.80)	53.000	372.50 (326.80)	8.000	352.90 (309.60) T
2035	Cutaneous vesicostomy	04.00		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50) T
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	04.00		126.000	885.50 (776.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2039	Operation for ruptured bladder	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2042	Enterocystoplasty plus bowel anastomosis	04.00		419.900	2951.10 (2588.70)	335.920	2360.80 (2070.90)	5.000	220.60 (193.50) T
2043	Cysto-lithotomy	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2045	Excision of patent-urachus or urachal cyst	04.00		112.000	787.10 (690.40)	112.000	787.10 (690.40)	5.000	220.60 (193.50) T
2047	Drainage of perivesical or prevesical abscess	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50) T
2049	Evacuation of clots from bladder: Other than post-operative	04.00		132.100	928.40 (814.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
2050	Evacuation of clots from bladder: Post-operative	04.00						4.000	176.40 (154.70) T
2051	Simple bladder lavage: Including catheterisation	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2053	Bladder neck plasty: Male	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2057	Bladder neck plasty: Female	04.00		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
10.4	**Urethra**								
2059	Open biopsy of urethra: Male	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T
2061	Open biopsy of urethra: Female	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
2069	Dilatation of female urethra	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)	3.000	132.30 (116.10) T
2071	Urethrorraphy: Suture of urethral wound or injury	04.00		139.000	976.90 (856.90)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2073	External urethrotomy: Pendulous urethra (anterior)	04.00		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10) T
2075	Urethraplasty: Pendulous urethra: First stage	04.00		71.000	499.00 (437.70)	71.000	499.00 (437.70)	4.000	176.40 (154.70) T
2077	Urethraplasty: Pendulous urethra: Second stage	04.00		145.000	1019.10 (893.90)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2079	Reconstruction of female urethra	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2081	Reconstruction or repair of male anterior urethra (one stage)	04.00		261.600	1838.50 (1612.70)	209.280	1470.80 (1290.20)	4.000	176.40 (154.70) T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	6.000	264.70 (232.20) T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	6.000	264.70 (232.20) T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	04.00		294.000	2066.20 (1812.50)	235.200	1653.00 (1450.00)	6.000	264.70 (232.20) T
2087	Urethral diverticulectomy: Male or female	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	04.00		86.000	604.40 (530.20)	86.000	604.40 (530.20)		
2089	Marsupialisation of urethral diverticula: Male or female	04.00		115.100	808.90 (709.60)	115.100	808.90 (709.60)	4.000	176.40 (154.70) T
2091	Total urethrectomy: Female	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2093	Total urethrectomy: Male	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T