Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2095	Drainage of simple localised perineal urinary extravasation	04.00		128.800	905.20 (794.00)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	05.05		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2099	Fulguration for urethral caruncle or polyp	04.00		53.600	376.70 (330.40)	53.600	376.70 (330.40)	3.000	132.30 (116.10) T
2101	Excision of urethral caruncle	04.00		53.600	376.70 (330.40)	53.600	376.70 (330.40)	3.000	132.30 (116.10) T
2103	Simple urethral meatotomy	04.00		26.300	184.80 (162.10)	26.300	184.80 (162.10)	3.000	132.30 (116.10) T
2105	Incision of deep peri-urethral abscess: Female	04.00		123.100	865.10 (758.90)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
2107	Incision of deep peri-urethral abscess: Male	04.00		123.100	865.10 (758.90)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
2109	Badenoch pull-through for intractable stricture or incontinence	04.00		181.000	1272.10 (1115.90)	144.800	1017.70 (892.70)	5.000	220.60 (193.50) T
2111	External sphincterotomy	06.04		108.000	759.00 (665.80)	108.000	759.00 (665.80)	5.000	220.60 (193.50) T
2113	Drainage of Skene gland abscess or cyst	04.00		42.300	297.30 (260.80)	42.300	297.30 (260.80)	3.000	132.30 (116.10) T
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	5.000	220.60 (193.50) T
2116	Urethral meatoplasty	04.00		101.500	713.30 (625.70)	101.500	713.30 (625.70)	3.000	132.30 (116.10) T
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	04.00		150.300	1056.30 (926.60)	120.240	845.00 (741.20)	3.000	132.30 (116.10) T
2121	Closure of urethrovaginal fistula: Including diversionary procedures	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50) T
11	**Male Genital System**								
11.1	**Penis**								
2123	Biopsy of penis (independent procedure)	04.00		52.100	366.20 (321.20)	52.100	366.20 (321.20)	3.000	132.30 (116.10) T
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	06.04		16.600	116.70 (102.40)	16.600	116.70 (102.40)	3.000	132.30 (116.10) T
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	06.04		41.600	292.40 (256.50)	41.600	292.40 (256.50)	3.000	132.30 (116.10) T
2129	Electrodesiccation: Limited number	04.00		20.800	146.20 (128.20)	20.800	146.20 (128.20)	3.000	132.30 (116.10) T
2131	Electrodesiccation: Multiple extensive	04.00		41.600	292.40 (256.50)	41.600	292.40 (256.50)	3.000	132.30 (116.10) T
2132	Ligation of abnormal venous drainage	04.00		106.100	745.70 (654.10)	106.100	745.70 (654.10)	3.000	132.30 (116.10) T
2133	Circumcision: Clamp procedure	04.00		42.300	297.30 (260.80)	42.300	297.30 (260.80)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10) T
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	04.00		36.800	258.60 (226.80)	36.800	258.60 (226.80)	3.000	132.30 (116.10) T
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	04.00		101.000	709.80 (622.60)	101.000	709.80 (622.60)	3.000	132.30 (116.10) T
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	04.00		188.600	1325.50 (1162.70)	150.880	1060.40 (930.20)	3.000	132.30 (116.10) T
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	04.00		224.600	1578.50 (1384.60)	179.680	1262.80 (1107.70)	3.000	132.30 (116.10) T
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	3.000	132.30 (116.10) T
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	3.000	132.30 (116.10) T
2153	Reconstructive operation for epispadias with incontinence	04.00		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	3.000	132.30 (116.10) T
2154	Induction of artificial erection	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)	3.000	132.30 (116.10) T
2155	Hypospadias: Urethral reconstruction	04.00		187.000	1314.20 (1152.80)	149.600	1051.40 (922.30)	3.000	132.30 (116.10) T
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	04.00		84.000	590.40 (517.90)	84.000	590.40 (517.90)	3.000	132.30 (116.10) T
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	3.000	132.30 (116.10) T
2161	Total amputation of penis: Without gland dissection	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	4.000	176.40 (154.70) T
2163	Total amputation of penis: With gland-dissection	04.00		336.000	2361.40 (2071.40)	268.800	1889.10 (1657.10)	6.000	264.70 (232.20) T
2165	Partial amputation of penis: With gland-dissection	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	6.000	264.70 (232.20) T
2167	Partial amputation of penis: Without gland-dissection	04.00		84.000	590.40 (517.90)	84.000	590.40 (517.90)	4.000	176.40 (154.70) T
2169	Injection procedure for Peyronie's disease	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	04.00		42.000	295.20 (258.90)	42.000	295.20 (258.90)	3.000	132.30 (116.10) T
2173	Priapism operation: Shunt procedure: Any type	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	4.000	176.40 (154.70) T
2174	Priapism operation: Stab shunt	04.00		114.400	804.00 (705.30)	114.400	804.00 (705.30)	4.000	176.40 (154.70) T
11.2	**Testis and epididymis**								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								04.00
2175	Testis biopsy: Needle (independent procedure)	04.00		18.500	130.00 (114.00)	18.500	130.00 (114.00)	3.000	132.30 (116.10) T

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 695

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	04.00		58.900	413.90 (363.10)	58.900	413.90 (363.10)	3.000	132.30 (116.10) T
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	04.00		58.900	413.90 (363.10)	58.900	413.90 (363.10)	3.000	132.30 (116.10) T
2181	Epididymis biopsy: Needle	04.00		86.100	605.10 (530.80)	86.100	605.10 (530.80)	3.000	132.30 (116.10) T
2183	Puncture aspiration hydrocele with or without injection of medication	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10) T
2185	Operation for maldescended testicle: Including herniotomy	04.00		135.000	948.80 (832.30)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2187	Operation for torsion appendix testis	04.00		119.200	837.70 (734.80)	119.200	837.70 (734.80)	4.000	176.40 (154.70) T
2189	Operation for torsion testis with fixation of contralateral testis	04.00		119.200	837.70 (734.80)	119.200	837.70 (734.80)	4.000	176.40 (154.70) T
2191	Orchidectomy (total or subcapsular): Unilateral	04.00		98.000	688.70 (604.10)	98.000	688.70 (604.10)	3.000	132.30 (116.10) T
2193	Orchidectomy (total or subcapsular): Bilateral	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
2195	Radical operation for malignant testis: Excluding gland dissection	04.00		155.300	1091.40 (957.40)	124.240	873.20 (766.00)	6.000	264.70 (232.20) T
2197	Operation for hydrocele or spermatocele	04.00		99.800	701.40 (615.30)	99.800	701.40 (615.30)	4.000	176.40 (154.70) T
2199	Varicocelectomy	04.00		106.100	745.70 (654.10)	106.100	745.70 (654.10)	4.000	176.40 (154.70) T
2201	Abdominal ligation of spermatic vein for varicocele	04.00		112.800	792.80 (695.40)	112.800	792.80 (695.40)	4.000	176.40 (154.70) T
2203	Epididymectomy: Unilateral	04.00		114.400	804.00 (705.30)	114.400	804.00 (705.30)	3.000	132.30 (116.10) T
2205	Epididymectomy: Bilateral	04.00		158.200	1111.80 (975.30)	126.560	889.50 (780.30)	3.000	132.30 (116.10) T
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	04.00		55.900	392.90 (344.60)	55.900	392.90 (344.60)	3.000	132.30 (116.10) T
2209	Vasotomy: Unilateral or bilateral	04.00		70.400	494.80 (434.00)	70.400	494.80 (434.00)	3.000	132.30 (116.10) T
2210	Vasogram, seminal vesiculogram: Unilateral	04.00		58.100	408.30 (358.20)	58.100	408.30 (358.20)	3.000	132.30 (116.10) T
2211	Vasogram, seminal vesiculogram: Bilateral	04.00		58.100	408.30 (358.20)	58.100	408.30 (358.20)	3.000	132.30 (116.10) T
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	04.00		91.200	641.00 (562.30)	91.200	641.00 (562.30)	4.000	176.40 (154.70) T
2213	Suture or repair of testicular injury	04.00		110.300	775.20 (680.00)	110.300	775.20 (680.00)	4.000	176.40 (154.70) T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	04.00		90.000	632.50 (554.80)	90.000	632.50 (554.80)	4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2217	Excision of local lesion of testis or epididymis	04.00		90.800	638.10 (559.70)	90.800	638.10 (559.70)	4.000	176.40 (154.70) T
2219	Vaso-vasostomy: Unilateral	04.00		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10) T
2221	Vaso-vasostomy: Bilateral	04.00		117.000	822.30 (721.30)	117.000	822.30 (721.30)	3.000	132.30 (116.10) T
2223	Epididymo-vasostomy: Unilateral	04.00		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10) T
2225	Epididymo-vasostomy: Bilateral	04.00		117.000	822.30 (721.30)	117.000	822.30 (721.30)	3.000	132.30 (116.10) T
2227	Incision and drainage of scrotal wall abscess	04.00		42.700	300.10 (263.20)	42.700	300.10 (263.20)	3.000	132.30 (116.10) T
2229	Excision of Mullerian duct cyst	04.00		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	4.000	176.40 (154.70) T
2231	Excision of lesion of spermatic cord	04.00		84.000	590.40 (517.90)	84.000	590.40 (517.90)	3.000	132.30 (116.10) T
2233	Seminal Vesiculectomy	04.00		220.000	1546.20 (1356.30)	176.000	1236.90 (1085.00)	5.000	220.60 (193.50) T
11.3	**Prostate**								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	04.00		23.300	163.80 (143.70)	23.300	163.80 (143.70)	3.000	132.30 (116.10) T
2237	Biopsy prostate: Incisional, any approach	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70) T
2239	Transurethral drainage of prostatic abscess	04.00		117.400	825.10 (723.80)	117.400	825.10 (723.80)	4.000	176.40 (154.70) T
2241	Perineal drainage of prostatic abscess	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	4.000	176.40 (154.70) T
2243	Trans-urethral cryo-surgical removal of prostate	04.00		126.000	885.50 (776.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2245	Trans-urethral resection of prostate	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20) T
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	04.00		126.000	885.50 (776.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2249	Trans-urethral resection of post-operative bladder neck contracture	04.00		126.000	885.50 (776.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2251	Prostatectomy: Perineal: Sub-total	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20) T
2253	Prostatectomy: Perineal: Radical	04.00		336.000	2361.40 (2071.40)	268.800	1889.10 (1657.10)	8.000	352.90 (309.60) T
2254	Pelvic lymph adenectomy	04.11		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	8.000	352.90 (309.60) T
2255	Supra-pelvic, transversical	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20) T
2257	Retropubic: Sub-total	04.00		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2259	Retropubic: Radical	04.00		336.000	2361.40 (2071.40)	268.800	1889.10 (1657.10)	8.000	352.90 (309.60) T
2260	Prostate brachytherapy	04.00		230.000	1616.40 (1417.90)	184.000	1293.20 (1134.40)	8.000	352.90 (309.60) T
12	**Female Genital System**								
12.1	**Vulva and introitus**								
2271	Removal of tag or polyp	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)	3.000	132.30 (116.10) T
2272	Removal of small superficial benign lesions	04.00		23.000	161.60 (141.80)	23.000	161.60 (141.80)	3.000	132.30 (116.10) T
2273	Biopsy with suture in theatre (excluding after-care)	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)	3.000	132.30 (116.10) T
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	04.00		71.000	499.00 (437.70)	71.000	499.00 (437.70)	3.000	132.30 (116.10) T
2275	Reduction labial hypertrophy	04.00		67.000	470.90 (413.10)	67.000	470.90 (413.10)	4.000	176.40 (154.70) T
2277	Removal of extensive benign vulva tumour	04.00		67.000	470.90 (413.10)	67.000	470.90 (413.10)	4.000	176.40 (154.70) T
2279	Secondary perineal repair: Repair second degree tear	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	6.000	264.70 (232.20) T
2280	Secondary perineal repair: Repair third degree tear	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	6.000	264.70 (232.20) T
2281	Excision of inclusion cyst	04.00		43.000	302.20 (265.10)	43.000	302.20 (265.10)	4.000	176.40 (154.70) T
2283	Hymenectomy	04.00		43.000	302.20 (265.10)	43.000	302.20 (265.10)	4.000	176.40 (154.70) T
2285	Drainage haematocolpos	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	4.000	176.40 (154.70) T
2287	Clitoris repair for injury: Including skin graft, if required	04.00		87.000	470.90 (413.10)	67.000	470.90 (413.10)	4.000	176.40 (154.70) T
2288	Clitoral reduction	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	4.000	176.40 (154.70) T
2289	Denervation or alcohol infiltration vulva (Woodruff)	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	4.000	176.40 (154.70) T
2291	Vulva: Undercutting skin (ball)	04.00		58.000	407.60 (357.50)	58.000	407.60 (357.50)	4.000	176.40 (154.70) T
2293	Vulva and introitus: Drainage of abscess	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)	3.000	132.30 (116.10) T
2295	Bartholin gland: Bartholin abscess marsupialisation	04.00		36.000	253.00 (221.90)	36.000	253.00 (221.90)	3.000	132.30 (116.10) T
2297	Bartholin gland: Bartholin gland excision	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T
2299	Bartholin gland: Bartholin radical excision for malignant lesion	04.00		357.000	2509.00 (2200.90)	285.600	2007.20 (1760.70)	6.000	264.70 (232.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2301	Operation for enlarging introitus: Fenton plasty	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
2303	Operation for enlarging introitus: Bilateral Z-plastic	04.00		88.000	618.50 (542.50)	88.000	618.50 (542.50)	4.000	176.40 (154.70) T
2305	Vulvectomy: Partial	04.00		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	4.000	176.40 (154.70) T
2307	Vulvectomy	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20) T
2309	Radical vulvectomy with bilateral lymphdenectomy	04.00		357.000	2509.00 (2200.90)	285.600	2007.20 (1760.70)	6.000	264.70 (232.20) T
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	04.00		402.000	2825.30 (2478.30)	321.600	2260.20 (1982.60)	6.000	264.70 (232.20) T
12.2	**Vaginal procedures and operations**								
2312	Artificial insemination	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)		
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	04.00		25.500	179.20 (157.20)	25.500	179.20 (157.20)	3.000	132.30 (116.10) T
2314	Intra uterine insemination	04.00		18.000	126.50 (111.00)	18.000	126.50 (111.00)		
2315	Simms Hühner test plus wet smear	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10) T
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)	3.000	132.30 (116.10) T
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	04.00		56.000	393.60 (345.30)	56.000	393.60 (345.30)	3.000	132.30 (116.10) T
2319	Excision of cysts or tumours	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10) T
2321	Drainage of vaginal abscess	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10) T
2322	Pudendal nerve block	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
2323	Reconstruction of vagina after atresia	04.00		107.000	752.00 (659.60)	107.000	752.00 (659.60)	5.000	220.60 (193.50) T
2325	Construction of artificial vagina: Labial fusion	04.00		179.000	1258.00 (1103.50)	143.200	1006.40 (882.80)	4.000	176.40 (154.70) T
2327	Construction of artificial vagina: Macindoe type	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	5.000	220.60 (193.50) T
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	04.11		241.000	1693.70 (1485.70)	192.800	1355.00 (1188.60)	6.000	264.70 (232.20) T
2331	Vaginal septum removal	04.00		107.000	752.00 (659.60)	107.000	752.00 (659.60)	4.000	176.40 (154.70) T
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	04.00		243.300	1709.90 (1499.90)	194.640	1367.90 (1199.90)	6.000	264.70 (232.20) T

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 699

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	04.00		243.300	1709.90 (1499.90)	194.640	1367.90 (1199.90)	6.000	264.70 (232.20) T
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	04.00		166.900	1173.00 (1028.90)	133.520	938.40 (823.20)	6.000	264.70 (232.20) T
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	04.00		166.900	1173.00 (1028.90)	133.520	938.40 (823.20)	6.000	264.70 (232.20) T
2339	Colpotomy: Diagnostic (excluding after-care)	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70) T
2341	Colpotomy: Therapeutic, with or without sterilisation	04.00		103.000	723.90 (635.00)	103.000	723.90 (635.00)	4.000	176.40 (154.70) T
2343	Vaginal hysterectomy: Without repair	04.00		210.500	1479.40 (1297.70)	168.400	1183.50 (1038.20)	6.000	264.70 (232.20) T
2345	Vaginal hysterectomy: With repair	04.00		231.700	1628.40 (1428.40)	185.360	1302.70 (1142.70)	6.000	264.70 (232.20) T
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	6.000	264.70 (232.20) T
2361	Vaginal hysterectomy and repair for total prolapse	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	6.000	264.70 (232.20) T
2363	Fothergill or Manchester repair operation	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	5.000	220.60 (193.50) T
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	04.00		232.000	1630.50 (1430.30)	185.600	1304.40 (1144.20)	5.000	220.60 (193.50) T
2366	Posterior repair alone	04.00		107.000	752.00 (659.60)	107.000	752.00 (659.60)	5.000	220.60 (193.50) T
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	04.00		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	5.000	220.60 (193.50) T
2368	Uterovesical fistula	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50) T
2369	Repair of Vesico- or urethro-vaginal fistula	04.00		179.000	1258.00 (1103.50)	143.200	1006.40 (882.80)	5.000	220.60 (193.50) T
2370	Repair of VVF - Obstetric or radiation	04.00		232.000	1630.50 (1430.30)	185.600	1304.40 (1144.20)	5.000	220.60 (193.50) T
2371	Closure of uretero-vaginal fistula	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	5.000	220.60 (193.50) T
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	5.000	220.60 (193.50) T
2373	Closure of recto-vaginal fistula	04.00		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2374	Closure of recto-vaginal fistula: Obstetric or radiation	04.00		151.000	1061.20 (930.90)	120.800	849.00 (744.70)	5.000	220.60 (193.50) T
2375	Colpocleisis	04.00		129.000	906.60 (795.30)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2377	Le Fort operation	04.00		129.000	906.60 (795.30)	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
2379	Schauta operation	04.00		357.000	2509.00 (2200.90)	285.600	2007.20 (1760.70)	8.000	352.90 (309.60) T
2381	Vaginectomy	04.00		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	8.000	352.90 (309.60) T
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	04.00		429.000	3015.00 (2644.70)	343.200	2412.00 (2115.80)	8.000	352.90 (309.60) T
2385	Vaginal laceration or trauma: Repair	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
12.3	**Cervix**								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	06.05		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
2391	Cervix: Canal reconstruction	04.00		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)		
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	04.00		22.000	154.60 (135.60)	22.000	154.60 (135.60)	3.000	132.30 (116.10) T
2396	Laser or harmonic scalpel treatment of the cervix	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10) T
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	04.00		31.000	217.90 (191.10)	31.000	217.90 (191.10)	3.000	132.30 (116.10) T
2399	Punch biopsy (excluding after-care)	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10) T
2400	Biopsy during pregnancy (excluding after-care)	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10) T
2403	Wedge biopsy: Cervix (excluding after-care)	04.00		18.000	126.50 (111.00)	18.000	126.50 (111.00)	3.000	132.30 (116.10) T
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	04.00		24.000	168.70 (148.00)	24.000	168.70 (148.00)	3.000	132.30 (116.10) T
2405	Cone biopsy: Cervix (excluding after-care)	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10) T
2407	Amputation: Cervix	04.00		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10) T
2409	Cervix encirclage: McDonald stitch	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) T
2411	Cervix encirclage: Shirodkar suture	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10) T
2413	Cervix encirclage: Lash	04.00		49.000	344.40 (302.10)	49.000	344.40 (302.10)	3.000	132.30 (116.10) T
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10) T
2417	Repair of tears: Emmet repair of tears	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2418	Repair of tears: Sturmdorff repair of tears	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10) T
2421	Extirpation of cervical stump: Vaginal	04.00		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2423	Extirpation of cervical stump: Abdominal	04.00		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2425	Removal of cervical polyps (excluding after-care)	04.00		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10) T
2427	Removal of cervical myomata	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10) T
2429	Colposcopy (excluding after-care)	04.00		27.000	189.80 (166.50)	27.000	189.80 (166.50)	3.000	132.30 (116.10) T
12.4	**Uterus**								
2433	Embryo transfer	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	4.000	176.40 (154.70) T
2434	Endometrial biopsy (excluding after-care)	04.00		18.000	126.50 (111.00)	18.000	126.50 (111.00)	3.000	132.30 (116.10) T
2435	Hysterosalpingogram (excluding after-care)	04.00		22.000	154.60 (135.60)	22.000	154.60 (135.60)	3.000	132.30 (116.10) T
2436	Hysteroscopy (excluding after-care)	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10) T
2437	Hysteroscopy and D&C (excluding after-care)	04.00		58.000	407.60 (357.50)	58.000	407.60 (357.50)	3.000	132.30 (116.10) T
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10) T
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	04.00		63.000	442.80 (388.40)	63.000	442.80 (388.40)	3.000	132.30 (116.10) T
2440	Hysteroscopy and polypectomy (excluding after-care)	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	3.000	132.30 (116.10) T
2441	Hysteroscopy and myomectomy (excluding after-care)	04.00		130.000	913.60 (801.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	06.04		18.000	126.50 (111.00)	18.000	126.50 (111.00)	3.000	132.30 (116.10) T
2443	Dilatation and curettage (D&C) (excluding after-care)	06.04		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) T
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	06.04		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	04.00		71.000	499.00 (437.70)	71.000	499.00 (437.70)	4.000	176.40 (154.70) T
2448	Termination of pregnancy before 12 weeks	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
2449	Evacuation: Missed abortion: Before 12 weeks gestation	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2451	Evacuation: Missed abortion: After 12 weeks gestation	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70) T
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	4.000	176.40 (154.70) T
2453	Evacuation hydatidiform mole	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	5.000	220.60 (193.50) T
2455	Evacuation uterus post-partum	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)	6.000	264.70 (232.20) T
2461	Ventrosuspension	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70) T
2463	Uteroplasty: Strassman	04.00		143.000	1005.00 (881.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2465	Uteroplasty: Tompkins	04.00		143.000	1005.00 (881.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2467	Myomectomy	04.00		143.000	1005.00 (881.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	04.00		254.100	1785.80 (1566.50)	203.280	1428.70 (1253.20)	6.000	264.70 (232.20) T
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	04.00		252.200	1772.50 (1554.80)	201.760	1418.00 (1243.90)	6.000	264.70 (232.20) T
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	04.00		355.000	2494.90 (2188.50)	284.000	1996.00 (1750.90)	6.000	264.70 (232.20) T
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	04.00		472.800	3322.80 (2914.70)	378.240	2658.30 (2331.80)	8.000	352.90 (309.60) T
2477	Abdominal hysterotomy with or without sterilisation	04.00		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	6.000	264.70 (232.20) T
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	6.000	264.70 (232.20) T
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20) T
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	04.00		120.000	843.40 (739.80)				
12.5	**Fallopian tubes**								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								04.00
2481	Insufflation Fallopian tubes (excluding after-care)	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)	3.000	132.30 (116.10) T
2483	Salpingolysis	04.00		125.000	878.50 (770.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2485	Salpingostomy	04.00		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	4.000	176.40 (154.70) T
2487	Tuboplasty tubal anastomosis or re-implantation	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70) T
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	04.00		125.000	878.50 (770.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 703

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	04.00		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	6.000	264.70 (232.20) T
2491	Ectopic pregnancy - after 12 weeks	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20) T
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	04.00		94.000	660.60 (579.50)	94.000	660.60 (579.50)	5.000	220.60 (193.50) T
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically	04.00							
2493	Diagnostic laparoscopy (excluding after-care)	04.00		94.400	663.40 (581.90)	94.400	663.40 (581.90)	5.000	220.60 (193.50) T
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	04.00	+	18.000	126.50 (111.00)	18.000	126.50 (111.00)	5.000	220.60 (193.50) T
2497	Laparoscopy: Plus sterilisation	04.00	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)	5.000	220.60 (193.50) T
2499	Laparoscopy: Plus biopsy (excluding after-care)	04.00	+	18.000	126.50 (111.00)	18.000	126.50 (111.00)	5.000	220.60 (193.50) T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	04.00	+	51.000	358.40 (314.40)	51.000	358.40 (314.40)	5.000	220.60 (193.50) T
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	04.00	+	18.000	126.50 (111.00)	18.000	126.50 (111.00)	5.000	220.60 (193.50) T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	04.00	+	52.000	365.50 (320.60)	52.000	365.50 (320.60)	5.000	220.60 (193.50) T
2503	Laparoscopy: Plus ovarian drilling	04.00	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)	5.000	220.60 (193.50) T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	04.00	+	107.000	752.00 (659.60)	107.000	752.00 (659.60)	5.000	220.60 (193.50) T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	04.00	+	52.000	365.50 (320.60)	52.000	365.50 (320.60)	5.000	220.60 (193.50) T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	04.00		58.000	407.60 (357.50)	58.000	407.60 (357.50)		
12.6	**Ovaries**								
2525	Wedge resection of ovaries, unilateral or bilateral	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70) T
2527	Removal of ovarian tumour or cyst	04.00		187.000	1314.20 (1152.80)	149.600	1051.40 (922.30)	4.000	176.40 (154.70) T
2529	Oophorectomy: Uni- or bilateral	04.00		134.500	945.30 (829.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2531	Ovarian carcinoma debulking and omentectomy	04.00		357.000	2509.00 (2200.90)	285.600	2007.20 (1760.70)	6.000	264.70 (232.20) T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	04.00		469.000	3296.10 (2891.30)	375.200	2636.90 (2313.10)	6.000	264.70 (232.20) T
12.7	**Miscellaneous procedures**								
2535	Exenteration: Anterior Exenteration	04.00		402.000	2825.30 (2478.30)	321.600	2260.20 (1982.60)	8.000	352.90 (309.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2537	Exenteration: Posterior Exenteration	04.00		402.000	2825.30 (2478.30)	321.600	2260.20 (1982.60)	8.000	352.90 (309.60) T
2539	Exenteration: Total	04.00		625.000	4392.50 (3853.10)	500.000	3514.00 (3082.50)	8.000	352.90 (309.60) T
2541	Presacral neurectomy	04.00		98.000	688.70 (604.10)	98.000	688.70 (604.10)	5.000	220.60 (193.50) T
2543	Moschowitz operation	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	04.00		193.100	1357.10 (1190.40)	154.480	1085.70 (952.40)	5.000	220.60 (193.50) T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	04.00		195.000	1370.50 (1202.20)	156.000	1096.40 (961.80)	5.000	220.60 (193.50) T
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	04.00		149.000	1047.20 (918.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2547	Operations for stress incontinence: Burch colposuspension	04.00		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	5.000	220.60 (193.50) T
2548	Operation for stress incontinence: Use of tape	04.00		229.400	1612.20 (1414.20)	183.520	1289.80 (1131.40)	5.000	220.60 (193.50) T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	5.000	220.60 (193.50) T
2551	Laparotomy	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70) T
2552	Removal benign retroperitoneal tumour	04.00		223.000	1567.20 (1374.70)	178.400	1253.80 (1099.80)	6.000	264.70 (232.20) T
2553	Radical removal of malignant retroperitoneal tumour	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	8.000	352.90 (309.60) T
2554	Drainage of pelvic abscess per abdomen	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	6.000	264.70 (232.20) T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	5.000	220.60 (193.50) T
2558	Drainage intra-abdominal abscess: Delayed closure	04.00		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	6.000	264.70 (232.20) T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	6.000	264.70 (232.20) T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	6.000	264.70 (232.20) T
2565	Implantation hormone pellets (excluding after-care)	04.00		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
2570	Ligation of internal iliac vessels (when not part of another procedure)	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	8.000	352.90 (309.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
13	**Obstetric Procedures**								
RULES GOVERNING THIS SECTION									
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								04.00
13.1	**Pre-natal care and procedures**								
2603	External cephalic version (excluding after-care)	04.00		22.000	154.60 (135.60)	22.000	154.60 (135.60)		
2605	Amniocentesis (excluding after-care)	04.00		36.000	253.00 (221.90)	36.000	253.00 (221.90)		
2607	Amnioscopy (excluding after-care)	04.00		18.000	126.50 (111.00)	18.000	126.50 (111.00)		
2609	Intra-uterine transfusion of foetus or cordocentesis	04.00		134.000	941.80 (826.10)	120.000	843.40 (739.80)		
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
2611	Chorion villus sampling (excluding after-care)	04.00		54.000	379.50 (332.90)	54.000	379.50 (332.90)		
13.2	**Confinements**								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	04.11		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	6.000	264.70 (232.20) T
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit). See modifier 0011 for emergency caesarean section (all hours)	04.00		267.000	1876.50 (1646.10)	213.600	1501.20 (1316.80)	6.000	264.70 (232.20) T
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	04.00		190.000	1335.30 (1171.30)	152.000	1068.30 (937.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
	Global obstetric care includes o All modes of delivery (including Caesarean) o All inductions of labour (medical or surgical) o Intrapartum paracervical and pudential blocks o Intrapartum amnioscopy o Foetal blood sampling o Application of scalp leads o Symphysiotomy o Manual removal of placenta o Repair cervical tears o Correction of uterine inversion o Drainage of vulval haematoma o Repair third degree tear o Repair second degree tear o Repair episiotomy o Resuscitation of newborn by obstetrician o Tracheal intubation o Missed confinement	04.00							
	Global obstetric care excludes o Prenatal consultations o Prenatal procedures (Items 2603 - 2611) o Emergency hysterectomy for obstetrical reasons o Abdominal operation for repair of ruptured gravid uterus o Intensive care for obstetrical emergencies o Tubal ligation performed as a post-partum procedure o Post-partum complications occurring after discharge from the hospital								04.00
13.3	**Operative procedures (excluding antenatal care)**								
2653	Caesarean-hysterectomy	04.00		335.000	2354.40 (2065.30)	268.000	1883.50 (1652.20)	9.000	397.00 (348.20) T
2657	Post-partum hysterectomy	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	8.000	352.90 (309.60) T
2669	Abdominal operation for ruptured gravid uterus: Repair	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	9.000	397.00 (348.20) T
14	**Nervous System**								
14.1	**Diagnostic procedures**								
2681	Visual evoked potentials (VEP): Unilateral	04.00		50.000	351.40 (308.20)				
2682	Visual evoked potentials (VEP): Bilateral	04.00		88.000	618.50 (542.50)				
2683	Electro-retinography (Ganzfeld method): Unilateral	04.00		60.000	421.70 (369.90)				
2684	Electro-retinography (Ganzfeld method): Bilateral	04.00		105.000	737.90 (647.30)				
2685	Electro-oculography: Unilateral	04.00		30.000	210.80 (184.90)				

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 707

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2686	Electro-oculography: Bilateral	04.00		53.000	372.50 (326.80)				
2687	VEP stable condition (photic drive): Unilateral	04.00		50.000	351.40 (308.20)				
2689	VEP stable condition (photic drive): Bilateral	04.00		88.000	618.50 (542.50)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	04.00		150.000	1054.20 (924.70)				
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry	04.00							
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	04.00		48.000	337.30 (295.90)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	04.00		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	04.00		220.000	1546.20 (1356.30)				
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	04.00		80.000	562.20 (493.20)				
2709	Full spinogram including bilateral median and posterior-tibial studies	04.00		140.000	983.90 (863.10)				
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)	04.00							
2711	Electro-encephalography: Taking of record	04.00		36.100	253.70 (222.50)	36.100	253.70 (222.50)		
2712	Electro-encephalography: Interpretation	04.00		24.000	168.70 (148.00)	24.000	168.70 (148.00)		
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	06.02		18.400	129.30 (113.40)	18.400	129.30 (113.40) Z		
2714	Cisternal puncture and/or intrathecal injections	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	04.00		136.000	955.80 (838.40)				
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	04.00		30.000	210.80 (184.90)				
2717	Electromyography: First	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)		
2718	Electromyography: Subsequent	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)		
2719	Overnight polysomnogram and sleep staging: Hire	04.00		125.000	878.50 (770.60)				
2720	Overnight polysomnogram and sleep staging: Interpretation	04.00		23.000	161.60 (141.80)				
2721	Daytime polysomnogram: Hire	04.00		125.000	878.50 (770.60)				
2722	Daytime polysomnogram: Interpretation	04.00		17.000	119.50 (104.80)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2723	Multiple sleep latency test: Interpretation	04.00		125.000	878.50 (770.60)				
2724	Overnight continuous positive airways pressure (CPAP) titration	04.00		155.000	1089.30 (955.50)	124.000	871.50 (764.50)		
2725	Angiography carotis: Unilateral	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70) T
2726	Angiography carotis: Bilateral	04.00		44.000	309.20 (271.20)	44.000	309.20 (271.20)	4.000	176.40 (154.70) T
2727	Vertebral artery: Direct needling	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
2729	Vertebral catheterisation	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	06.02		60.000	421.70 (369.90) Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	04.00		14.500	101.90 (89.40)			4.000	176.40 (154.70) T
2733	Cortical Stimulation	04.00		58.900	413.90 (363.10)	58.900	413.90 (363.10)		
2734	Sodium Amytal Testing (WADA test)	04.00		88.700	623.40 (546.80)	88.700	623.40 (546.80)	13.000	573.40 (503.00) T
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	04.00		31.500	221.40 (194.20)	-	- v		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
2739	Ventricular needling without burring: Tapping only	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)	4.000	176.40 (154.70) T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	04.00		43.000	302.20 (265.10)	43.000	302.20 (265.10)	4.000	176.40 (154.70) T
2743	Subdural tapping: First sitting	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)	4.000	176.40 (154.70) T
2745	Subdural tapping: Subsequent	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70) T
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	04.00		36.100	253.70 (222.50)	36.100	253.70 (222.50)		
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	04.00		24.500	172.20 (151.10)	24.500	172.20 (151.10)		
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	04.00		36.100	253.70 (222.50)	36.100	253.70 (222.50)		
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	04.00		24.500	172.20 (151.10)	24.500	172.20 (151.10)		
6010	Electroenchephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	04.00		294.600	2070.40 (1816.10)	235.680	1656.40 (1453.00)		
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	04.00		128.600	903.80 (792.80)	120.000	843.40 (739.80)		

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				RVU	Fee	RVU	Fee	RVU	Fee
14.2	**Introduction of burr holes for**								
2747	Ventriculography	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
2749	Catheterisation for ventriculography and/or drainage	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
2751	Biopsy of brain tumour	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
2753	Subdural haematoma or hygroma	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
2755	Subdural empyema	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
2757	Brain abscess	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
14.3	**Nerve procedures**								
2759	Nerve biopsy: Peripheral	04.00		37.000	260.00 (228.10)	37.000	260.00 (228.10)	4.000	176.40 (154.70) T
2763	Nerve biopsy: Cranial nerves: Extra-cranial	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70) T
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	04.00		26.000	182.70 (160.30)	26.000	182.70 (160.30)	4.000	176.40 (154.70) T
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	04.00		25.000	175.70 (154.10)				
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	04.00		30.000	210.80 (184.90)				
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	04.00		35.000	246.00 (215.80)				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	04.00		35.000	246.00 (215.80)				
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	04.00		50.000	351.40 (308.20)				
14.3.1	**Nerve procedures: Nerve repair or suture**								
2767	Suture brachial plexus (see also items 2837 and 2839)	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20) T
2769	Suture: Large nerve: Primary	04.00		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
2771	Suture: Large nerve: Secondary	04.00		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	5.000	220.60 (193.50) T
2773	Digital nerve: Primary	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	3.000	132.30 (116.10) T
2775	Digital nerve: Secondary	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) T
2777	Nerve graft: Simple	04.00		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	4.000	176.40 (154.70) T

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				RVU	Fee	RVU	Fee	RVU	Fee
2779	Fascicular: First fasciculus	04.00		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	4.000	176.40 (154.70) T
2781	Fascicular: Each additional fasciculus	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70) T
2783	Fascicular: Nerve flap: To include all stages	04.00		224.000	1574.30 (1381.00)	179.200	1259.40 (1104.70)	4.000	176.40 (154.70) T
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	04.00		124.000	871.50 (764.50)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2787	Fascicular: Grafting of facial nerve	04.00		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	5.000	220.60 (193.50) T
14.3.2	**Nerve procedures: Neurectomy**								
2789	Trigeminal ganglion: Injection of alcohol	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
2791	Trigeminal ganglion: Injection of cortisone	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	3.000	132.30 (116.10) T
2793	Trigeminal ganglion: Coagulation through high frequency	04.00		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	3.000	132.30 (116.10) T
2799	Procedures for pain relief: Intrathecal injections for pain	04.00		36.000	253.00 (221.90)	36.000	253.00 (221.90)	4.000	176.40 (154.70) T
2800	Procedures for pain relief: Plexus nerve block	04.00		36.000	253.00 (221.90)	36.000	253.00 (221.90)	36.000	253.00 (221.90) Ç
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	04.00		36.000	253.00 (221.90)	36.000	253.00 (221.90)		
2802	Procedures for pain relief: Peripheral nerve block	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10) Ç
2803	Alcohol injection in peripheral nerves for pain: Unilateral	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	04.00	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70) Ç
2805	Alcohol injection in peripheral nerves for pain: Bilateral	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) T
2809	Peripheral nerve section for pain	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10) T
2811	Pudendal neurectomy: Bilateral	04.00		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10) T
2813	Obturator or Stoffels	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) T
2815	Interdigital	04.00		82.300	578.40 (507.40)	82.300	578.40 (507.40)	3.000	132.30 (116.10) T
2825	Excision: Neuroma: Peripheral	04.00		109.500	769.60 (675.10)	109.500	769.60 (675.10)	3.000	132.30 (116.10) T
14.3.3	**Nerve procedures: Other nerve procedures**								
2827	Transposition of ulnar nerve	04.00		100.000	702.80 (616.50)	100.000	702.80 (616.50)	3.000	132.30 (116.10) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2829	Neurolysis: Minor	04.00		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10) T
2831	Neurolysis: Major	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10) T
2833	Neurolysis: Digital	04.00		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10) T
2835	Scalenotomy	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
2837	Brachial plexus, suture or neurolysis (item 2767)	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20) T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	04.00		895.200	6291.50 (5518.90)	716.160	5033.20 (4415.10)	6.000	264.70 (232.20) T
2841	Carpal Tunnel	04.00		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10) T
2843	Lumbar sympathectomy: Unilateral	04.00		153.000	1075.30 (943.20)	122.400	860.20 (754.60)	4.000	176.40 (154.70) T
2845	Lumbar sympathectomy: Bilateral	04.00		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	6.000	264.70 (232.20) T
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	04.00						11.000	485.20 (425.60) T
2847	Cervical sympathectomy: Unilateral	04.00		153.000	1075.30 (943.20)	122.400	860.20 (754.60)	4.000	176.40 (154.70) T
2848	Cervical sympathectomy: Bilateral	04.00		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	6.000	264.70 (232.20) T
2849	Sympathetic block: Other levels: Unilateral	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10) T
2851	Sympathetic block: Other levels: Bilateral	04.00		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10) T
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70) T
14.4	**Skull procedures**								
2855	Removal of skull tumour: With or without plastic repair: Small	04.00		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	5.000	220.60 (193.50) T
2857	Removal of skull tumour: With or without plastic repair: Major	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	8.000	352.90 (309.60) T
2859	Repair of depressed fracture of skull: Without brain laceration: Major	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	8.000	352.90 (309.60) T
2860	Repair of depressed fracture of skull: Without brain laceration: Small	04.00		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	8.000	352.90 (309.60) T
2861	Repair of depressed fracture of skull: With brain lacerations: Small	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	8.000	352.90 (309.60) T
2862	Repair of depressed fracture of skull: With brain lacerations: Major	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	8.000	352.90 (309.60) T
2863	Cranioplasty	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2864	Encephalocele (excluding frontal)	04.11		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	8.000	352.90 (309.60) T
2865	Craniostenosis: Few suturae	04.00		213.000	1497.00 (1313.20)	170.400	1197.60 (1050.50)	9.000	397.00 (348.20) T
2867	Craniostenosis: Multiple suturae	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	9.000	397.00 (348.20) T
14.5	**Shunt procedures**								
2869	Ventriculo-cisternostomy	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60) T
2871	Ventriculo-caval shunt	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	11.000	485.20 (425.60) T
2873	Ventriculo-peritoneal shunt	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60) T
2875	Theco-peritoneal C.S.F. shunt	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60) T
14.6	**Aneurysm repair**								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	15.000	661.70 (580.40) T
2877	Extracranial to intracranial vascular	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	15.000	661.70 (580.40) T
2878	Posterior fossa arteriovenous anomalies	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	15.000	661.70 (580.40) T
14.7	**Posterior fossa surgery**								
2879	Glosso pharyngeal nerve	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	6.000	264.70 (232.20) T
2881	Eighth nerve: Intracranial	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	8.000	352.90 (309.60) T
2883	Eighth nerve: Extracranial	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	4.000	176.40 (154.70) T
2884	Sub-temporal section of the trigeminal nerve	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	9.000	397.00 (348.20) T
2885	Trigeminal tractotomy	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	9.000	397.00 (348.20) T
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	9.000	397.00 (348.20) T
2887	Vestibular nerve	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	9.000	397.00 (348.20) T
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	06.04		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	11.000	485.20 (425.60) T
2891	Posterior fossa tumour removal: Glioma, secondary deposits	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60) T
2893	Posterior fossa tumour removal: Abscess	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2895	Excision of tumour of glomus jugulare: Intracranial	04.00		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	11.000	485.20 (425.60) T
2897	Excision of tumour of glomus jugulare: Extracranial	04.00		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	9.000	397.00 (348.20) T
2898	Excision of tumour of glomus jugulare: Hemispherectomy	04.00		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	15.000	661.70 (580.40) T
14.7.1	**Posterior fossa surgery: Supratentorial procedures**								
2899	Craniectomy for extra-dural haematoma or empyema	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60) T
14.8	**Craniotomy for**								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	11.000	485.20 (425.60) T
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	11.000	485.20 (425.60) T
2903	Craniotomy for Abscess, Glioma	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60) T
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60) T
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60) T
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	04.11		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60) T
2907	Craniotomy for Temporal lobectomy	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60) T
2908	Craniotomy for Torkildsen anastomosis	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60) T
2909	Craniotomy for CSF-leaks	04.00		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60) T
2910	Craniotomy for removal of arteriovenous malformation	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	11.000	485.20 (425.60) T
14.8.1	**Craniotomy for Stereo-tactic cerebral and spinal cord procedures**								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	4.000	176.40 (154.70) T
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	04.00		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70) T
2915	Transnasal hypophysectomy	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	11.000	485.20 (425.60) T
2916	Transfrontal hypophysectomy	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	11.000	485.20 (425.60) T
2917	Transnasal hypophyseal implants	04.00		172.000	1208.80 (1060.40)	137.600	967.10 (848.30)	11.000	485.20 (425.60) T
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	04.00		-	-	-	-		
14.9	**Spinal operations**								
	See section 3.8.7 for laminectomy procedures								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2923	Chordotomy: Unilateral	04.00		178.000	1251.00 (1097.40)	142.400	1000.80 (877.90)	3.000	132.30 (116.10) TM
2925	Chordotomy: Open	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	3.000	132.30 (116.10) TM
2927	Rhizotomy: Extradural, but intraspinal	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10) TM
2928	Rhizotomy: Intradural	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	3.000	132.30 (116.10) TM
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	8.000	352.90 (309.60) T
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	8.000	352.90 (309.60) T
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	3.000	132.30 (116.10) TM
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	04.00		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	8.000	352.90 (309.60) T
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	7.000	308.80 (270.90) T
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	3.000	132.30 (116.10) T
2937	Repair of meningocele, involving nerve tissue	04.00		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	9.000	397.00 (348.20) T
2938	Simple	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	9.000	397.00 (348.20) T
2939	Excision of arterial vascular malformations and cysts of the spinal cord	04.00		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	9.000	397.00 (348.20) T
2940	Lumbar osteophyte removal	04.00		187.000	1314.20 (1152.80)	149.600	1051.40 (922.30)	3.000	132.30 (116.10) TM
2941	Cervical or thoracic osteophyte removal	04.00		285.000	2003.00 (1757.00)	228.000	1602.40 (1405.60)	3.000	132.30 (116.10) TM
14.10	**Arterial ligations**								
2951	Carotis: Trauma	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
2953	Carotis: For aneurysm (AV anomaly)	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60) T
2955	Removal of carotid body tumour (without vascular reconstruction)	04.00		335.600	2358.60 (2068.90)	268.480	1886.90 (1655.20)	8.000	352.90 (309.60) T
14.11	**Medical psychotherapy**								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	04.00		20.000	270.70 (237.50)	16.000	112.40 (98.60)		
2958	Psychoanalytic therapy: Per 60-minute session	04.00		60.000	812.10 (712.40)	48.000	337.30 (295.90)		
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	04.00		20.000	270.70 (237.50)	16.000	112.40 (98.60)		

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				RVU	Fee	RVU	Fee	RVU	Fee
2963	Pairs, marriage or sex therapy: Per 20-minute session	04.00		20.000	270.70 (237.50)	16.000	112.40 (98.60)		
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	04.00		26.000	351.90 (308.70)	8.000	56.20 (49.30)		
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	04.00		40.000	541.40 (474.90)	32.000	224.90 (197.30)		
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	04.00		60.000	812.10 (712.40)	48.000	337.30 (295.90)		
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	04.00		40.000	541.40 (474.90)	32.000	224.90 (197.30)		
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	04.00		60.000	812.10 (712.40)	48.000	337.30 (295.90)		
RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY									
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								04.00
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								04.00
14.12	**Physical treatment methods**								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)	04.00		15.000	203.00 (178.10)	17.000	119.50 (104.80)	3.000	132.30 (116.10) T
14.13	**Psychiatric examination methods**								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session	06.05		60.000	812.10 (712.40)	16.000	112.40 (98.60)		
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	04.00		20.000	270.70 (237.50)	16.000	112.40 (98.60)		
16	**Endocrine System**								
15.1	**Thyroid**								
2983	Lobectomy: Partial	04.00		198.100	1392.20 (1221.20)	158.480	1113.80 (977.00)	5.000	220.60 (193.50) T
2985	Lobectomy: Total	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	5.000	220.60 (193.50) T
2987	Thyroidectomy: Subtotal	04.00		266.000	1869.40 (1639.80)	212.800	1495.60 (1311.90)	5.000	220.60 (193.50) T
2989	Thyroidectomy: Total	04.00		279.000	1960.80 (1720.00)	223.200	1568.60 (1376.00)	5.000	220.60 (193.50) T
2991	Thyroglossal cyst or fistula excision	04.00		126.200	886.90 (778.00)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
15.2	**Parathyroid**								
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	04.00		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	5.000	220.60 (193.50) T
15.3	**Adrenals**								
2995	Adrenalectomy: Unilateral	04.00		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	9.000	397.00 (348.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2997	Bilateral exploration of adrenal glands: Including removal	04.00		394.000	2769.00 (2428.90)	315.200	2215.20 (1943.20)	11.000	485.20 (425.60) T
15.4	**Hypophysis**								
2999	Transethmoidal hypophysectomy	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	11.000	485.20 (425.60) T
3000	Transnasal hypophysectomy (see also item 2915)	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	11.000	485.20 (425.60) T
15.5	**Endocrine system: General**								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	04.00		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
16	**Eye**								
16.1	**Eye: Procedures performed in rooms**								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								04.00
16.1.1	**Eye investigations**								
3002	Gonioscopy	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3006	Keratometry	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	04.00	+	11.680	82.10 (72.00)				
3012	Pre-surgical retinal examination before retinal surgery	04.00		32.000	224.90 (197.30)	32.000	224.90 (197.30)		
3013	Ocular motility assessment: Comprehensive examination	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
16.1.2	**Special eye investigations**								
3005	Endothelial cell count	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3007	Potential acuity measurement	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3008	Contrast sensitivity test	04.00		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3010	Orthoptics consultation	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3011	Orthoptic subsequent sessions	04.00		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
3015	Charting of visual field with manual perimeter	04.00		28.000	196.80 (172.60)	28.000	196.80 (172.60)		
3016	Retinal threshold test without storage facilities	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)		
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	04.00		74.000	520.10 (456.20)	74.000	520.10 (456.20)		
3018	Retinal threshold trend evaluation (additional to item 3017)	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
3019	Ocular muscle function with Hess screen or perimeter	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	04.00		46.000	323.30 (283.60)	46.000	323.30 (283.60)		
3022	Digital fluorescein video angiography	04.00		68.000	477.90 (419.20)	68.000	477.90 (419.20)	9.000	397.00 (348.20) T
3023	Digital indocyanine video angiography	04.00		110.000	773.10 (678.20)	110.000	773.10 (678.20)	9.000	397.00 (348.20) T
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
3025	Electronic tonography	04.00		19.000	133.50 (117.10)	19.000	133.50 (117.10)		
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	04.00		19.300	135.60 (118.90)	19.300	135.60 (118.90)		
3027	Fundus photography	04.00		21.000	147.60 (129.50)	21.000	147.60 (129.50)		
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	04.00		40.000	281.10 (246.60)	40.000	281.10 (246.60)		
3029	Anterior segment microphotography	04.00		21.000	147.60 (129.50)	21.000	147.60 (129.50)		
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	04.00		45.000	316.30 (277.50)	45.000	316.30 (277.50)		
3032	Eyelid and orbit photography	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
3034	Determination of lens implant power per eye	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged	04.00		22.000	154.60 (135.60)	22.000	154.60 (135.60)		
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	04.00		36.000	253.00 (221.90)	36.000	253.00 (221.90)		
16.2	**Retina**								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	04.00		306.900	2156.90 (1892.00)	245.520	1725.50 (1513.60)	6.000	264.70 (232.20) T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20) T
3041	Pan retinal photocoagulation (per eye): Done in one sitting	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
3044	Removal of encircling band and/or buckling material	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20) T
16.3	**Cataract**								
3045	Cataract: Intra-capsular	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90) T
3047	Cataract: Extra-capsular (including capsulotomy)	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	04.00		57.000	400.60 (351.40)	57.000	400.60 (351.40)	7.000	308.80 (270.90) T
3050	Repositioning of intra ocular lens	04.00		171.100	1202.50 (1054.80)	136.880	962.00 (843.90)	7.000	308.80 (270.90) T
3051	Needling or capsulotomy	04.00		130.000	913.60 (801.40)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3052	Laser capsulotomy	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70) T
3057	Removal of lenticulus	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90) T
3058	Exchange of intra ocular lens	04.00		236.000	1658.60 (1454.90)	188.800	1326.90 (1163.90)	7.000	308.80 (270.90) T
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90) T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	04.00		4.000	28.10 (24.60)				
16.4	**Glaucoma**								
3061	Drainage operation	04.00		247.600	1740.10 (1526.40)	198.080	1392.10 (1221.10)	6.000	264.70 (232.20) T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	04.00		60.000	421.70 (369.90)	60.000	421.70 (369.90)	6.000	264.70 (232.20) T
3063	Cyclocryotherapy or cyclodiathermy	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20) T
3064	Laser trabeculoplasty	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20) T
3065	Removal of blood from anterior chamber	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70) T
3067	Goniotomy	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90) T
16.5	**Intra-ocular foreign body**								
3071	Intra-ocular foreign body: Anterior to Iris	04.00		127.000	892.60 (783.00)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	6.000	264.70 (232.20) T
16.6	**Strabismus**								
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	04.00		175.600	1234.10 (1082.50)	140.480	987.30 (866.10)	5.000	220.60 (193.50) T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	5.000	220.60 (193.50) T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	04.00		120.000	843.40 (739.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 719

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
16.7	**Globe**								
3079	Transcleral biopsy	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3080	Examination of eyes under general anaesthetic where no surgery is done	04.00		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70) T
3081	Treatment of minor perforating injury	04.00		161.600	1135.70 (996.20)	129.280	908.60 (797.00)	6.000	264.70 (232.20) T
3083	Treatment of major perforating injury	04.00		267.500	1880.00 (1649.10)	214.000	1504.00 (1319.30)	6.000	264.70 (232.20) T
3085	Enucleation or Evisceration	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50) T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	04.00		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	5.000	220.60 (193.50) T
3088	Hydroxyapetite insertion (additional to item 3087)	04.00	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)	5.000	220.60 (193.50) T
3089	Subconjunctival injection if not done at time of operation	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	5.000	220.60 (193.50) T
3090	Intra vitreal injection drug	05.06		47.600	334.50 (293.40)	47.600	334.50 (293.40)	4.000	176.40 (154.70) T
3091	Retrobulbar injection (if not done at time of operation)	04.00		16.000	112.40 (98.60)	16.000	112.40 (98.60)	4.000	176.40 (154.70) T
3092	External laser treatment for superficial lesions	04.00		53.000	372.50 (326.80)	53.000	372.50 (326.80)		
3093	Treatment of tumours of retina or choriod by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	04.00		209.000	1468.90 (1288.50)	167.200	1175.10 (1030.80)	6.000	264.70 (232.20) T
3094	Implantation of intra vitreal drug delivery system	04.00		247.600	1740.10 (1526.40)	198.080	1392.10 (1221.10)	4.000	176.40 (154.70) T
3095	Biopsy of vitreous body or anterior chamber contents	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20) T
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	04.00		130.000	913.60 (801.40)	120.000	843.40 (739.80)	7.000	308.80 (270.90) T
3097	Anterior vitrectomy	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	6.000	264.70 (232.20) T
3098	Removal of silicon from globe	04.00		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	6.000	264.70 (232.20) T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	04.00		419.000	2944.70 (2583.10)	335.200	2355.80 (2066.50)	6.000	264.70 (232.20) T
3100	Lensectomy done at time of posterior vitrectomy	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	7.000	308.80 (270.90) T
16.8	**Orbit**								
3101	Drainage of orbital abscess	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3103	Orbit: Removal of tumour	04.00		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	5.000	220.60 (193.50) T
3104	Removal orbital prosthesis	04.00		212.700	1494.90 (1311.30)	170.160	1195.90 (1049.00)	5.000	220.60 (193.50) T
3105	Orbit: Exenteration	04.00		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	5.000	220.60 (193.50) T
3107	Orbitotomy requiring bone flap	04.00		393.000	2762.00 (2422.80)	314.400	2209.60 (1938.20)	5.000	220.60 (193.50) T
3108	Eye socket reconstruction	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	5.000	220.60 (193.50) T
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	04.00		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	5.000	220.60 (193.50) T
3110	Second stage hydroxyapetite implantation	04.00		110.000	773.10 (678.20)	110.000	773.10 (678.20)	5.000	220.60 (193.50) T
16.9	**Cornea**								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	04.00		-	- F	-	- F		
3112	Fitting of contact lens for treatment of disease including supply of lens	04.00		12.200	85.70 (75.20)	12.200	85.70 (75.20)		
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	04.00		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)		
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	04.00		78.850	554.20 (486.10)				
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	04.00		166.000	1166.60 (1023.30)	132.800	933.30 (818.70)		
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	04.00		135.200	950.20 (833.50)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
3117	Removal of foreign body: On the basis of fee per consultation	04.00		-	- F	-	- F	4.000	176.40 (154.70) T
3118	Curettage of cornea after removal of foreign body (after-care excluded)	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3119	Tattooing	04.00		26.000	182.70 (160.30)	26.000	182.70 (160.30)	4.000	176.40 (154.70) T
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
3121	Corneal graft (Lamellar or full thickness)	04.00		289.000	2031.10 (1781.70)	231.200	1624.90 (1425.40)	6.000	264.70 (232.20) T
3122	Epikeratophakia	04.00		289.000	2031.10 (1781.70)	231.200	1624.90 (1425.40)		
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	04.00		254.000	1785.10 (1565.90)	203.200	1428.10 (1252.70)	6.000	264.70 (232.20) T
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
3125	Keratectomy	04.00		127.000	892.60 (783.00)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	04.00	+	52.180	366.70 (321.70)	52.180	366.70 (321.70)		

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 721

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70) T
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
3129	Additional to item 3128 for the use of own diamond knives	04.00	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)		
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	04.00		96.900	681.00 (597.40)	96.900	681.00 (597.40)	4.000	176.40 (154.70) T
3131	Cornea: Paracentesis	04.00		53.000	372.50 (326.80)	53.000	372.50 (326.80)	4.000	176.40 (154.70) T
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	04.00		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	04.00		116.300	817.40 (717.00)	116.300	817.40 (717.00)	4.000	176.40 (154.70) T
3136	Conjunctival flap or graft (not for use with pterigium surgery)	04.00		95.700	672.60 (590.00)	95.700	672.60 (590.00)	6.000	264.70 (232.20) T
3138	Removal corneal epithelium and chelating agent for band keratopathy	04.00		69.500	488.40 (428.40)	69.500	488.40 (428.40)	4.000	176.40 (154.70) T
16.10	**Ducts**								
3133	Probing and/or syringing, per duct	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70) T
3135	Insert polythene tubes	04.00		51.800	364.10 (319.40)	51.800	364.10 (319.40)	4.000	176.40 (154.70) T
3137	Excision of lacrimal sac: Unilateral	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3139	Dacrocystorhinostomy (Single) with or without polythene tube	04.00		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50) T
3141	Sealing Punctum surgical or by cautery: Per eye	04.00		24.900	175.00 (153.50)	24.900	175.00 (153.50)	4.000	176.40 (154.70) T
3142	Sealing Punctum with plugs: Per eye	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70) T
3143	Three-snip operation	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70) T
3145	Repair of canaliculus: Primary procedure	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3147	Repair of canaliculus: Secondary procedure	04.00		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	4.000	176.40 (154.70) T
16.11	**Iris**								
3149	Iridectomy or iridotomy by open operation as isolated procedure	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3151	Excision of iris tumour	04.00		185.000	1300.20 (1140.50)	148.000	1040.10 (912.40)	6.000	264.70 (232.20) T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	04.00		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3155	Iridocyclectomy for tumour	04.00		266.000	1869.40 (1639.80)	212.800	1495.60 (1311.90)	6.000	264.70 (232.20) T
3157	Division of anterior synechiae as isolated procedure	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3158	Repair iris as in dialysis: Anterior chamber reconstruction	04.00		142.400	1000.80 (877.90)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
16.12	**Lids**								
3161	Tarsorrhaphy	04.00		47.000	330.30 (289.70)	47.000	330.30 (289.70)	4.000	176.40 (154.70) T
3163	Excision of superficial lid tumour	04.00		47.000	330.30 (289.70)	47.000	330.30 (289.70)	4.000	176.40 (154.70) T
3165	Repair of skin laceration lid: Simple	04.00		27.300	191.90 (168.30)	27.300	191.90 (168.30)	4.000	176.40 (154.70) T
3167	Diathermy to wart on lid margin	04.00		12.000	84.30 (73.90)	12.000	84.30 (73.90)	4.000	176.40 (154.70) T
3169	Electrolysis of any number of eyelashes: Per eye	04.00		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	04.00		20.400	143.40 (125.80)	20.400	143.40 (125.80)	4.000	176.40 (154.70) T
3173	Epicanthal folds	04.00		128.700	904.50 (793.40)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	04.00		25.000	175.70 (154.10)				
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	04.00		35.000	246.00 (215.80)				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	04.00		187.000	1314.20 (1152.80)	149.600	1051.40 (922.30)	4.000	176.40 (154.70) T
16.12.1	**Lids: Entropion or ectropion by**								
3177	Entropion or ectropion by Cautery	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70) T
3179	Entropion or ectropion by Suture	04.00		49.400	347.20 (304.60)	49.400	347.20 (304.60)	4.000	176.40 (154.70) T
3181	Entropion or ectropion by Open operation	04.00		111.500	783.60 (687.40)	111.500	783.60 (687.40)	4.000	176.40 (154.70) T
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	04.00		122.600	861.60 (755.80)	122.600	861.60 (755.80)	4.000	176.40 (154.70) T
16.12.2	**Lids: Reconstruction of eyelid**								
3185	Staged procedure for partial or total loss of eyelid: First stage	04.00		259.000	1820.30 (1596.80)	207.200	1456.20 (1277.40)	4.000	176.40 (154.70) T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	04.00		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70) T
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	04.00		136.500	959.30 (841.50)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 723

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	04.00		150.200	1055.60 (926.00)	120.160	844.50 (740.80)	4.000	176.40 (154.70) T
3172	Blepharoplasty lower eyelid plus fat pad	04.00		125.800	884.10 (775.50)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
16.12.3	**Lids: Ptosis**								
3193	Repair by superior rectus, levator or frontalis muscle operation	04.00		190.000	1335.30 (1171.30)	152.000	1068.30 (937.10)	4.000	176.40 (154.70) T
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	04.00		137.600	967.10 (848.30)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	04.00		166.000	1166.60 (1023.30)	132.800	933.30 (818.70)	4.000	176.40 (154.70) T
16.13	**Conjunctiva**								
3199	Repair of conjunctiva by grafting	04.00		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70) T
3200	Repair of lacerated conjunctiva	04.00		47.000	330.30 (289.70)	47.000	330.30 (289.70)	4.000	176.40 (154.70) T
16.14	**Eye: General**								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								04.00
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	04.00		109.000	766.10 (672.00)				
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R15,00 per minute may be charged	04.00							
3196	Diamond knife: Use of own diamond knife during intraocular surgery	04.00		12.000	84.30 (73.90)				
3198	Excimer laser: Hire fee (per eye)	04.00		284.130	1996.90 (1751.70)				
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	04.00		109.000	766.10 (672.00)				
3202	Phako emulsification apparatus: Hire fee	04.00		109.000	766.10 (672.00)				
3203	Vitrectomy apparatus: Hire fee	04.00		120.000	843.40 (739.80)				
17	**Ear**								
17.1	**External ear (Pinna)**								
3267	Major congenital deformity reconstruction of external ear: Unilateral	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
3269	Major congenital deformity reconstruction of external ear: Bilateral	04.00		242.000	1700.80 (1491.90)	193.600	1360.60 (1193.50)	5.000	220.60 (193.50) T
3270	Excision of superficial pre-auricular fistula	04.00		55.000	386.50 (339.00)	55.000	386.50 (339.00)	4.000	176.40 (154.70) T
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	04.00		-	- f				
3272	Excision of complicated pre-auricular fistula	04.00		140.000	983.90 (863.10)	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
17.2	**External ear canal**								
3204	External ear canal: Removal of foreign body: At rooms	04.00		-	- F	-	- F		
3205	External ear canal: Removal of foreign body: Under general anaesthetic	04.00		21.000	147.60 (129.50)	21.000	147.60 (129.50)	4.000	176.40 (154.70) T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	04.00		164.000	1152.60 (1011.10)	131.200	922.10 (808.90)	4.000	176.40 (154.70) T
3217	Meatus atresia: Congenital	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	4.000	176.40 (154.70) T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	04.00		77.000	541.20 (474.70)	77.000	541.20 (474.70)	4.000	176.40 (154.70) T
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	04.00		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	4.000	176.40 (154.70) T
17.3	**Middle ear**								
3206	Microscopic examination of tympanic membrane including microsuction	04.00		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
3207	Myringotomy: Unilateral	04.00		28.000	196.80 (172.60)	28.000	196.80 (172.60)	4.000	176.40 (154.70) T
3209	Myringotomy: Bilateral	04.00		46.000	323.30 (283.60)	46.000	323.30 (283.60)	4.000	176.40 (154.70) T
3211	Unilateral myringotomy with insertion of ventilation tube	04.00		38.000	267.10 (234.30)	38.000	267.10 (234.30)	4.000	176.40 (154.70) T
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	04.00		57.000	400.60 (351.40)	57.000	400.60 (351.40)	4.000	176.40 (154.70) T
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	04.00		65.000	456.80 (400.70)	65.000	456.80 (400.70)	4.000	176.40 (154.70) T
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	04.00		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50) T
3237	Exploratory tympanotomy	04.00		158.900	1116.70 (979.60)	127.120	893.40 (783.70)	5.000	220.60 (193.50) T
3243	Myringoplasty	04.00		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50) T
3245	Functional reconstruction of tympanic membrane	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50) T
3249	Stapedotomy and stapedectomy	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50) T
3257	Cortical mastoidectomy	04.00		188.500	1324.80 (1162.10)	150.800	1059.80 (929.60)	5.000	220.60 (193.50) T
3259	Radical mastoidectomy (excluding minor procedures)	04.00		277.400	1949.60 (1710.20)	221.920	1559.70 (1368.20)	5.000	220.60 (193.50) T
3261	Muscle grafting to mastoid cavity without tympanoplasty	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	5.000	220.60 (193.50) T
3263	Autogenous bone graft to mastoid cavity	04.00		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	5.000	220.60 (193.50) T
3264	Tympanomastoidectomy	04.00		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3265	Reconstruction of posterior canal wall, following radical mastoid	04.00		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	5.000	220.60 (193.50) T
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	04.00		30.000	210.80 (184.90)	30.000	210.80 (184.90)	5.000	220.60 (193.50) T
17.4	**Facial nerve**								
17.4.1	**Facial nerve: Facial nerve tests**								
3223	Percutaneous stimulation of the facial nerve	04.00		9.000	63.30 (55.50)	9.000	63.30 (55.50)	4.000	176.40 (154.70) T
3224	Electroneurography (ENOG)	04.00		75.000	527.10 (462.40)	75.000	527.10 (462.40)	4.000	176.40 (154.70) T
17.4.2	**Facial nerve: Facial nerve surgery**								
3227	Exploration of facial nerve: Exploration of tympanomastiod segment	04.00		297.000	2087.30 (1831.00)	237.600	1669.90 (1464.80)	5.000	220.60 (193.50) T
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	04.00		436.000	3064.20 (2687.90)	348.800	2451.40 (2150.40)	5.000	220.60 (193.50) T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	04.00		436.000	3064.20 (2687.90)	348.800	2451.40 (2150.40)	5.000	220.60 (193.50) T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	04.00		124.000	871.50 (764.50)	120.000	843.40 (739.80)	6.000	264.70 (232.20) T
17.5	**Inner ear**								
17.5.1	**Inner ear: Audiometry**								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	04.00		50.000	351.40 (308.20)				
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	04.00		88.000	618.50 (542.50)				
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	04.00		60.000	421.70 (369.90)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	04.00		105.000	737.90 (647.30)				
2695	Audiology 40Hz response: Unilateral	04.00		30.000	210.80 (184.90)				
2696	Audiology 40Hz response: Bilateral	04.00		53.000	372.50 (326.80)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	04.00		30.000	210.80 (184.90)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	04.00		53.000	372.50 (326.80)				
2699	Electro-cochleography: Unilateral	04.00		50.000	351.40 (308.20)				
2700	Electro-cochleography: Bilateral	04.00		88.000	618.50 (542.50)				
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	04.00		140.000	983.90 (863.10)			4.000	176.40 (154.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3248	Otoacoustic emission performed as a screening test	05.03		33.240	233.60 (204.90) Z	33.240	233.60 (204.90) Z		
3250	Otoacoustic emission (high risk patients only)	04.00		66.480	467.20 (409.80)	66.480	467.20 (409.80)		
3273	Pure tone audiometry (air conduction)	04.00		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3274	Pure tone audiometry (bone conduction with masking)	04.00		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3275	Impedance audiometry (tympanometry)	04.00		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	04.00		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	06.04		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	04.00		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
17.5.2	**Inner ear: Balance tests**								
3251	Minimal caloric test (excluding consultation fee)	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3252	Bithermal Halpike caloric test (excluding consultation fee)	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
3253	Electro-nystagmography for spontaneous and positional nystagmus	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)		
3254	Video nystagmoscopy (monocular)	04.00		25.000	175.70 (154.10)	25.000	175.70 (154.10)		
3255	Caloric test done with electronystamography	04.00		70.000	492.00 (431.60)	70.000	492.00 (431.60)		
3256	Video nystagmoscopy (binocular)	04.00		50.000	351.40 (308.20)	50.000	351.40 (308.20)		
3258	Otolith repositioning manoeuvre	04.00		14.000	98.40 (86.30)	14.000	98.40 (86.30)	4.000	176.40 (154.70) T
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	04.00		71.480	502.40 (440.70) Z	71.480	502.40 (440.70) Z		
17.5.3	**Inner ear surgery**								
3233	Labyrinthectomy via the middle ear or mastoid	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50) T
3240	Endolymphatic sac surgery	04.00		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	4.000	176.40 (154.70) T
3244	Fenestration and occulasion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	04.00		310.000	2178.70 (1911.10)	248.000	1742.90 (1528.90)	5.000	220.60 (193.50) T
3246	Cochlear implant surgery	04.00		340.500	2393.00 (2099.10)	272.400	1914.40 (1679.30)	5.000	220.60 (193.50) T
17.6	**Microsurgery of the skull base**								
17.6.1	**Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)**								
3229	Facial nerve: Exploration of the labyrinthine segment	04.00		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	5.000	220.60 (193.50) T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	06.04		510.000	3584.30 (3144.10)	408.000	2867.40 (2515.30)	11.000	485.20 (425.60) T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	06.04		620.000	4357.40 (3822.30)	496.000	3485.90 (3057.80)	11.000	485.20 (425.60) T

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 727

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	04.00		530.000	3724.80 (3267.40)	424.000	2979.90 (2613.90)	11.000	485.20 (425.60) T
5224	Removal of acoustic neuroma via the middle fossa approach	04.00		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	11.000	485.20 (425.60) T
17.6.2	**Microsurgery of the skull base: Translabyrinthe approach**								
3239	Acoustic neuroma removal translabyrinthine	04.00		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	5.000	220.60 (193.50) T
5227	Cochleo-vestibular neurectomy	04.00		530.000	3724.80 (3267.40)	424.000	2979.90 (2613.90)	11.000	485.20 (425.60) T
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	06.04		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	11.000	485.20 (425.60) T
17.6.3	**Microsurgery of the skull base: Transotic approach to the cerebellopontime angle**								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	04.00		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	11.000	485.20 (425.60) T
17.6.4	**Microsurgery of the skull base: Intratemporal fossa approach type A**								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	04.00		710.000	4989.90 (4377.10)	568.000	3991.90 (3501.70)	11.000	485.20 (425.60) T
17.6.5	**Microsurgery of the skull base: Intratemporal fossa approach type B**								
5238	Removal of tumour of the petrous apex	04.00		620.000	4357.40 (3822.30)	496.000	3485.90 (3057.80)	11.000	485.20 (425.60) T
5239	Removal of tumour of the clivus	04.00		620.000	4357.40 (3822.30)	496.000	3485.90 (3057.80)	11.000	485.20 (425.60) T
17.6.6	**Microsurgery of the skull base: Intrafemoral approach type C**								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	04.00		520.000	3654.60 (3205.80)	416.000	2923.60 (2564.60)	8.000	352.90 (309.60) T
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	04.00		520.000	3654.60 (3205.80)	416.000	2923.60 (2564.60)	11.000	485.20 (425.60) T
17.6.7	**Microsurgery of the skull base: Subtotal petrosectomy**								
5246	Subtotal petrosectomy for removal of temporal bone tumour	04.00		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	11.000	485.20 (425.60) T
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	04.00		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	11.000	485.20 (425.60) T
17.6.8	**Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa**								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	04.00		520.000	3654.60 (3205.80)	416.000	2923.60 (2564.60)	11.000	485.20 (425.60) T
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	04.00		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	8.000	352.90 (309.60) T
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	04.00		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	8.000	352.90 (309.60) T
18	**Physical Treatment**								
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	04.00	+	0.750	5.27 (4.62)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	04.00		13.500	94.90 (83.20)				
3281	Ultrasonic therapy	04.00		10.000	70.30 (61.70)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3282	Shortwave diathermy	04.00		10.000	70.30 (61.70)				
3284	Sensory nerve conduction studies	04.00		31.000	217.90 (191.10)				
3285	Motor nerve conduction studies	04.00		26.000	182.70 (160.30)				
3287	Spinal joint and ligament injection	04.00		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
3288	Epidural injection	04.00		36.000	253.00 (221.90)				
3289	Multiple injections: First joint	04.00		7.500	52.70 (46.20)				
3290	Multiple injections: Each additional joint	04.00		4.500	31.60 (27.70)				
3291	Tendon or ligament injection	04.00		9.000	63.30 (55.50)				
3292	Aspiration of joint or inter-articular injection	04.00		9.000	63.30 (55.50)				
3293	Aspiration or injection of bursa or ganglion	04.00		9.000	63.30 (55.50)				
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	06.05		20.000	140.60 (123.30)				
3295	Paravertebral root block: Unilateral	04.00		20.000	140.60 (123.30)				
3296	Paravertebral root block: Bilateral	04.00		30.000	210.80 (184.90)				
3297	Manipulation of spine performed by a specialist in Physical Medicine	04.00		14.000	98.40 (86.30)				
3298	Spinal traction	04.00		6.000	42.20 (37.00)				
3299	Manipulation of large joints: Under general anaesthesia	04.00		14.000	98.40 (86.30)			3.000	132.30 (116.10) T
3299a	Manipulation of large joints: Under general anaesthesia	05.01		14.000	98.40 (86.30)			4.000	176.40 (154.70) T
3300	Manipulation of large joints: Without anaesthetic	04.00		-	- F	-	- F		
3301	Muscle fatigue studies	04.00		20.000	140.60 (123.30)				
3302	Strength duration curve per session	04.00		10.500	73.80 (64.70)				
3303	Electromyography	04.00		75.000	527.10 (462.40)				
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	04.00		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT									
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								04.00
19	**Radiology**								
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values								04.00
RULES GOVERNING THE SECTION RADIOLOGY									
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								04.00
Z.	No fee is subject to more than one reduction								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								04.00
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								04.00
MODIFIERS GOVERNING THE SECTION									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								04.00
0080	Multiple examinations: Full Fee								04.00
0081	Repeat examinations: No reduction								04.00
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction								04.00
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								04.00
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								04.00
19.1	**Skeleton**								
19.1.1	**Skeleton: Limbs**								
3305	Finger, toe	04.00				6.300	62.70 (55.00)		
3309	Smith-Petersen or equivalent control, in theatre	04.00				38.700	385.30 (338.00)		
3311	Stress studies, e.g. joint	04.00				7.700	76.70 (67.30)		
3313	Full length study, both legs	04.00				15.500	154.30 (135.40)		
3315	Skeletal survey under 5 years	04.00				19.900	198.10 (173.80)		
3317	Skeletal survey over 5 years	04.00				28.000	278.80 (244.60)		
3319	Arthrography per joint	04.00				15.400	153.30 (134.50)		
3320	Introduction of contrast medium or air: ADD	04.00	+			13.800	137.40 (120.50)		
6500	Hand	04.00				7.700	76.70 (67.30)		
6501	Wrist (specify region)	04.00				7.700	76.70 (67.30)		
6503	Scaphoid	04.00				7.700	76.70 (67.30)		
6504	Radius and ulna	04.00				7.700	76.70 (67.30)		
6505	Elbow	04.00				7.700	76.70 (67.30)		
6506	Humerus	04.00				7.700	76.70 (67.30)		
6507	Shoulder	04.00				7.700	76.70 (67.30)		
6508	Acromio-Clavicula joint	04.00				7.700	76.70 (67.30)		
6509	Clavicle	04.00				7.700	76.70 (67.30)		
6510	Scapula	04.00				7.700	76.70 (67.30)		
6511	Foot	04.00				7.700	76.70 (67.30)		
6512	Ankle	04.00				7.700	76.70 (67.30)		
6513	Calcaneus	04.00				7.700	76.70 (67.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6514	Tibia and fibula	04.00				7.700	76.70 (67.30)		
6515	Knee	04.00				7.700	76.70 (67.30)		
6516	Patella	04.00				7.700	76.70 (67.30)		
6517	Femur	04.00				7.700	76.70 (67.30)		
6518	Hip	04.00				7.700	76.70 (67.30)		
6519	Sesamoid Bone	04.00				7.700	76.70 (67.30)		
19.1.2	**Skeleton: Spinal column**								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	04.00				11.000	109.50 (96.10)		
3325	Stress studies	04.00				11.000	109.50 (96.10)		
3329	Scoliosis studies	04.00				21.000	209.10 (183.40)		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	04.00				11.000	109.50 (96.10)		
3333	Myelography: Lumbar	04.00				28.900	287.70 (252.40)	4.000	176.40 (154.70) T
3334	Myelography: Thoracic	04.00				22.200	221.00 (193.90)	4.000	176.40 (154.70) T
3335	Myelography: Cervical	04.00				35.500	353.40 (310.00)	4.000	176.40 (154.70) T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	04.00						4.000	176.40 (154.70) T
3344	Introduction of contrast medium	04.00	+			18.700	186.20 (163.30)		
3345	Discography	04.00				34.600	344.50 (302.20)	4.000	176.40 (154.70) T
3347	Introduction of contrast medium per disc level: ADD	04.00	+			28.200	280.80 (246.30)		
19.1.3	**Skeleton: Skull**								
3349	Skull studies	04.00				15.700	156.30 (137.10)		
3351	Paranasal sinuses	04.00				11.000	109.50 (96.10)		
3353	Facial bones and/or orbits	04.00				12.600	125.40 (110.00)		
3355	Mandible	04.00				9.400	93.60 (82.10)		
3357	Nasal bone	04.00				7.800	77.70 (68.20)		
3359	Mastoid: Bilateral	04.00				18.000	179.20 (157.20)		
3361	Teeth: One quadrant	04.00				3.700	36.80 (32.30)		
3363	Teeth: Two quadrants	04.00				6.300	62.70 (55.00)		
3365	Teeth: Full mouth	04.00				11.000	109.50 (96.10)		

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 731

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3366	Teeth: Rotation tomography of the teeth and jaws	04.00				13.300	132.40 (116.10)		
3367	Teeth: Tempero-mandibular joints: Per side	04.00				11.000	109.50 (96.10)		
3369	Teeth: Tomography: Per side	04.00				11.000	109.50 (96.10)		
3371	Localisation of foreign body in the eye	04.00				15.700	156.30 (137.10)		
3381	Ventriculography	04.00				27.300	271.80 (238.40)	4.000	176.40 (154.70) T
3385	Post-nasal studies: Lateral neck	04.00				6.300	62.70 (55.00)		
3387	Maxillo-facial cephalometry	04.00				8.800	87.60 (76.80)		
3389	Dacrocystography	04.00				11.000	109.50 (96.10)	4.000	176.40 (154.70) T
3391	For introduction of contrast medium: ADD	04.00	+			11.000	109.50 (96.10)		
19.2	**Alimentary tract**								
3393	Bowel washout: ADD	04.00	+			4.800	47.80 (41.90)		
3395	Sialography (plus 80% for each additional gland)	04.00				12.700	126.40 (110.90)	4.000	176.40 (154.70) T
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	04.00	+			11.000	109.50 (96.10)		
3399	Pharynx and oesophagus	04.00				12.700	126.40 (110.90)		
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00				20.000	199.10 (174.60)		
3405	Double contrast: ADD	04.00	+			7.300	72.70 (63.80)		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	04.00				20.000	199.10 (174.60)		
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	04.00				28.900	287.70 (252.40)		
3409	Barium enema (control film of abdomen included)	04.00				18.300	182.20 (159.80)		
3411	Air contrast study: ADD	04.00	+			19.300	192.20 (168.60)		
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	04.00				23.300	232.00 (203.50)	4.000	176.40 (154.70) T
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	04.00				15.500	154.30 (135.40)	4.000	176.40 (154.70) T
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	04.00							
3417	Gastric/oesophageal/duodenal intubation control	04.00				5.900	58.70 (51.50)		
3419	Gastric/oesophageal intubation insertion of tube: ADD	04.00	+			5.600	55.80 (48.90)		
3421	Duodenal intubation: Insertion of tube: ADD	04.00	+			11.000	109.50 (96.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3423	Hypotonic duodenography (item 3403 and item 3405 included)	04.00	+			29.300	291.70 (255.90)		
19.3	**Biliary tract**								
3425	Oral cholecystography	04.00				15.700	156.30 (137.10)		
3427	Cholangiography: Intravenous	04.00				22.000	219.00 (192.10)		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	04.00				21.000	209.10 (183.40)		
3433	Post operative: T-tube	04.00				16.700	166.30 (145.90)		
3435	Introduction of contrast medium: ADD	04.00	+			5.600	55.80 (48.90)		
3437	Trans hepatic, percutaneous	04.00				18.300	182.20 (159.80)		
3439	Introduction of contrast medium: ADD	04.00	+			33.100	329.50 (289.00)		
3441	Tomography of biliary tract: ADD	04.00	+			9.400	93.60 (82.10)		
19.4	**Chest**								
3443	Larynx (Tomography included)	04.00				12.500	124.50 (109.20)		
3445	Chest (item 3601 included)	04.00				9.400	93.60 (82.10)		
3447	Chest and cardiac studies (item 3601)	04.00				12.600	125.40 (110.00)		
3449	Ribs	04.00				12.300	122.50 (107.50)		
3451	Sternum or sterno-clavicular joints	04.00				12.600	125.40 (110.00)		
3453	Bronchography: Unilateral	04.00				12.600	125.40 (110.00)	8.000	352.90 (309.60) T
3455	Bronchography: Bilateral	04.00				22.100	220.00 (193.00)	8.000	352.90 (309.60) T
3457	Introduction of contrast medium included	04.00				35.700	355.40 (311.80)		
3461	Pleurography	04.00				12.600	125.40 (110.00)	3.000	132.30 (116.10) T
3463	For introduction of contrast medium: ADD	04.00	+			2.800	27.90 (24.50)		
3465	Laryngography	04.00				11.000	109.50 (96.10)		
3467	For introduction of contrast medium: ADD	04.00	+			10.000	99.60 (87.40)		
3468	Thoracic inlet	04.00				6.300	62.70 (55.00)		
19.5	**Abdomen**								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	04.00				9.400	93.60 (82.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3479	Acute abdomen or equivalent studies	04.00				15.700	156.30 (137.10)		
19.6	**Urinary tract**								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	04.00				25.100	249.90 (219.20)		
3493	Waterload test: ADD	04.00	+			12.200	121.50 (106.60)		
3497	Cystography only or urethrography only (retrograde)	04.00				19.300	192.20 (168.60)		
3499	Cysto-urethrography: Retrograde	04.00				31.900	317.60 (278.60)		
3503	Cysto-urethrography: Introduction of contrast medium	04.00	+			3.700	36.80 (32.30)		
3505	Retrograde-prograde pyelography	04.00				18.300	182.20 (159.80)	3.000	132.30 (116.10) T
3511	Aspiration renal cyst	04.00				18.400	183.20 (160.70)		
3513	Tomography of renal tract: ADD	04.00	+			9.400	93.60 (82.10)		
19.7	**Gynaecology and obstetrics**								
3515	Pregnancy	04.00				9.400	93.60 (82.10)		
3517	Pelvimetry	04.00				17.400	173.20 (151.90)		
3519	Hystero-salpingography	04.00				12.500	124.50 (109.20)	3.000	132.30 (116.10) T
3521	Introduction of contrast medium: ADD	04.00	+			15.300	152.30 (133.60)		
19.8	**Vascular studies**								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
MODIFIER GOVERNING VASCULAR STUDIES									
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								04.00
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)								04.00
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								04.00
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								04.00
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure								04.00
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value								04.00
19.8.1	**Vascular studies: Film Series**								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								04.00
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment	04.00							
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment	04.00							
3538	Analogue monoplane table with DSA attachment	04.00							
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment	04.00							
3540	Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof	04.00							
3545	Venography: Per limb	04.00				16.500	164.30 (144.10)		
3548	Analogue monoplane screening table	04.00							
3550	Digital monoplane screening table	04.00							
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	04.00				166.800	1660.70 (1456.80)		
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	04.00				48.600	483.90 (424.50)	4.000	176.40 (154.70) T
3558	Translumbar aortic puncture, with full study	04.00				69.600	692.90 (607.80)	5.000	220.60 (193.50) T
3559	Selective first order catheterisation, arterial or venous, with anglogram/venogram	04.00				57.000	567.50 (497.80)	4.000	176.40 (154.70) T
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram	06.04				65.400	651.10 (571.10)	4.000	176.40 (154.70) T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	04.00				73.200	728.80 (639.30)	4.000	176.40 (154.70) T
3564	Direct femoral arterial or venous or jugular venous puncture	04.00				37.200	370.40 (324.90)		
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or anteriovenous malformation (AVM)	04.00				85.800	854.20 (749.30)	5.000	220.60 (193.50) T
3569	Intravascular pressure studies, arterial or venous, once off per case	04.00				19.800	197.10 (172.90)		
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	04.00				130.800	1302.20 (1142.30)	5.000	220.60 (193.50) T
3572	Transcatheter selective blood sampling, arterial or venous	04.00				32.400	322.60 (283.00)		

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 735

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3574	Spinal angiogram (global fee) including all selective catheterisations	04.00				480.000	4778.90 (4192.00)	5.000	220.60 (193.50) T
19.8.2	**Vascular studies: Introduction of contrast medium**								
3563	Direct intravenous for limb	04.00	+			7.400	73.70 (64.60)		
3575	Cut-downs for venography: ADD	04.00	+			11.000	109.50 (96.10)		
19.9	**Tomography and cinematography**								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								04.00
3577	Tomography (conventional except where otherwise specified): ADD 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations	04.00							
3579	Tomography (multi-dimensional in motion): ADD 150%	04.00							
3581	Cinematography: For first series: ADD 100%	04.00							
3583	Cinematography: For each series after the first: ADD 80% of the primary fee	04.00							
19.9.1	**Tomography and cinematography: Computed Tomography**								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour	04.00							
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)	04.00							
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)	04.00				-	-		
3599	Electron beam computed tomography (EBCT) of the heart. Total fee for contract examination excluding cost of contrast medium (not to be used for coronary artery calcium assessment or scoring - see Item 3598)	04.00				-	-		
6400	Plus spiral CT	04.00							
6401	Plus 3D reconstruction	04.00							
6402	Plus high resolution study	04.00							
6403	CT limb uncontrasted	04.00						5.000	220.60 (193.50) T
6404	CT limb with contrast only	04.00						5.000	220.60 (193.50) T
6405	CT limb pre- AND post contrast	04.00						5.000	220.60 (193.50) T
6406	CT joint uncontrasted	04.00						5.000	220.60 (193.50) T
6407	CT joint with contrast only	04.00						5.000	220.60 (193.50) T
6408	CT joint pre AND post contrast	04.00						5.000	220.60 (193.50) T
6409	CT brain uncontrasted (including posterior fossa)	04.00						5.000	220.60 (193.50) T
6410	CT brain with contrast only (including posterior fossa)	04.00						5.000	220.60 (193.50) T
6411	CT brain pre AND post contrast (including posterior fossa)	04.00						5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6412	CT orbits complete study, axial OR coronal, uncontrasted	04.00						5.000	220.60 (193.50) T
6413	CT orbits complete study, axial AND coronal, uncontrasted	04.00						5.000	220.60 (193.50) T
6414	CT orbits complete study, axial OR coronal pre AND post contrast	04.00						5.000	220.60 (193.50) T
6415	CT orbits complete study, axial AND coronal pre AND post contrast	04.00						5.000	220.60 (193.50) T
6416	CT paranasal sinuses limited study axial OR coronal	04.00						5.000	220.60 (193.50) T
6417	CT paranasal sinuses limited study axial AND coronal	04.00						5.000	220.60 (193.50) T
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	04.00						5.000	220.60 (193.50) T
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	04.00						5.000	220.60 (193.50) T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	04.00						5.000	220.60 (193.50) T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	04.00						5.000	220.60 (193.50) T
6422	CT pituitary fossa, uncontrasted	04.00						5.000	220.60 (193.50) T
6423	CT pituitary fossa, pre AND post contrast	04.00						5.000	220.60 (193.50) T
6424	CT internal auditory meati, uncontrasted	04.00						5.000	220.60 (193.50) T
6425	CT internal audiory meati, pre AND post contrast	04.00						5.000	220.60 (193.50) T
6426	CT mastoids	04.00						5.000	220.60 (193.50) T
6427	CT ear structures, limited study	04.00						5.000	220.60 (193.50) T
6428	CT middle AND inner ear, complete study including reconstructions	04.00						5.000	220.60 (193.50) T
6429	CT facial bones	04.00						5.000	220.60 (193.50) T
6430	CT neck soft tissue, uncontrasted	04.00						5.000	220.60 (193.50) T
6431	CT neck soft tissue with contrast only	04.00						5.000	220.60 (193.50) T
6432	CT neck pre AND post contrast	04.00						5.000	220.60 (193.50) T
6433	CT cervical spine uncontrasted	04.00						5.000	220.60 (193.50) T

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 737

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6434	CT cervical spine pre AND post contrast	04.00						5.000	220.60 (193.50) T
6435	CT cervical spine post myelogram	04.00						5.000	220.60 (193.50) T
6436	CT dorsal spine uncontrasted	04.00						5.000	220.60 (193.50) T
6437	CT dorsal spine pre AND post contrast	04.00						5.000	220.60 (193.50) T
6438	CT dorsal spine post myelogram	04.00						5.000	220.60 (193.50) T
6439	CT lumbar spine uncontrasted	04.00						5.000	220.60 (193.50) T
6440	CT lumbar spine pre AND post contrast	04.00						5.000	220.60 (193.50) T
6441	CT lumbar spine post myelogram	04.00						5.000	220.60 (193.50) T
6442	CT pelvimetry (topogram only)	04.00						5.000	220.60 (193.50) T
6443	CT chest uncontrasted	04.00						5.000	220.60 (193.50) T
6444	CT chest with contrast	04.00						5.000	220.60 (193.50) T
6445	CT chest pre AND post contrast	04.00						5.000	220.60 (193.50) T
6446	CT chest high resolution lungs, limited study	04.00						5.000	220.60 (193.50) T
6447	CT high resolution lungs, complete study	04.00						5.000	220.60 (193.50) T
6448	CT abdomen uncontrasted	04.00						5.000	220.60 (193.50) T
6449	CT abdomen with contrast	04.00						5.000	220.60 (193.50) T
6450	CT abdomen pre AND post contrast	04.00						5.000	220.60 (193.50) T
6451	CT abdomen triphasic study	04.00						5.000	220.60 (193.50) T
6452	CT pelvis uncontrasted	04.00						5.000	220.60 (193.50) T
6453	CT pelvis with contrast	04.00						5.000	220.60 (193.50) T
6454	CT pelvis pre AND post contrast	04.00						5.000	220.60 (193.50) T
6455	CT abdomen AND pelvis uncontrasted	04.00						5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6456	CT abdomen AND pelvis with contrast	04.00						5.000	220.60 (193.50) T
6457	CT abdomen AND pelvis pre AND post contrast	04.00						5.000	220.60 (193.50) T
6458	CT chest, abdomen AND pelvis with contrast	04.00						5.000	220.60 (193.50) T
6459	CT base of skull to symphysis pubis with contrast	04.00						5.000	220.60 (193.50) T
6460	CT for dental implants maxilla OR mandible	04.00							
6461	CT for dental implants maxilla AND mandible	04.00							
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)	04.00						5.000	220.60 (193.50) T
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	04.00						5.000	220.60 (193.50) T
6464	CT limited study, any region. Region to be identified on the account	04.00						5.000	220.60 (193.50) T
6465	CT guidance for aspiration, biopsy or drainage	04.00						11.000	485.20 (425.60) T
6466	CT guidance for aspiration at time of CT diagnostic study	04.00							
6467	CT stereotactic localisation for biopsy	04.00						11.000	485.20 (425.60) T
6468	CT for radiotherapy planning (not to be used as an add-on)	04.00							
6469	Quantitative CT for bone mineral density	04.00							
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast	04.00						5.000	220.60 (193.50) T
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast	04.00						5.000	220.60 (193.50) T
6472	Computer Aided Diagnosis for Mammography	04.00							
19.10	**Radiology: Miscellaneous**								
3594	Mammogram of surgically removed breast biopsy specimen	04.00							
3600	Peripheral bone densitometry utilizing ionizing radiation	04.00		13.000	129.40 (113.50)	13.000	129.40 (113.50)		
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	04.00	+			7.700	76.70 (67.30)		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	04.00				10.700	106.50 (93.40)		
3603	Sinography	04.00				18.400	183.20 (160.70)		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	04.00		77.000	766.60 (672.50)	77.000	766.60 (672.50)		
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used	04.00				33.000	328.50 (288.20)		
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	04.00				21.000	209.10 (183.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee or examination performed (Only to be used by radiological technical staff)	04.00				5.600	55.80 (48.90)		
3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position	04.00				40.000	398.20 (349.30)	3.000	132.30 (116.10) T
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	04.00				-	-		
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	04.00	+			11.000	109.50 (96.10)		
3613	Setting of sterile trays	04.00				3.300	32.90 (28.90)		
5029	Mammotome - stereotaxis: Hand held	04.00							
5034	Fine needle aspiration or biopsy or core biopsy of mamma	04.00				25.000	248.90 (218.30)	6.000	264.70 (232.20) T
19.11	**Ultrasound Investigations**								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values								04.00
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								04.00
3596	Intravascular ultrasound per case, arterial or venous, for intervention	04.00		30.000	201.00 (176.30)	30.000	201.00 (176.30)		
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	04.00		110.000	736.90 (646.40)	110.000	736.90 (646.40)	5.000	220.60 (193.50) T
3612	Ultrasonic bone densitometry	04.00		19.000	127.30 (111.70)	19.000	127.30 (111.70)		
3614	Transvaginal aspiration of ova	04.00		110.000	736.90 (646.40)	110.000	736.90 (646.40)		
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3616	Contrast media: General Rule Y applies	04.00							
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	04.00		40.000	268.00 (235.10)	40.000	268.00 (235.10)		
3619	Intravascular ultrasound imaging assesses the atheroschlerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	04.00		30.000	201.00 (176.30)	30.000	201.00 (176.30)	9.000	397.00 (348.20) T
3620	Cardiac examination plus Doppler colour mapping	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3621	Cardiac examination (MMode)	04.00		25.000	167.50 (146.90)	25.000	167.50 (146.90)		
3622	Cardiac examination: 2 Dimensional	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3623	Cardiac examination + effort	04.00	+	10.000	67.00 (58.80)	10.000	67.00 (58.80)		
3624	Cardiac examinations + contrast	04.00	+	10.000	67.00 (58.80)	10.000	67.00 (58.80)		
3625	Cardiac examinations + doppler	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3626	Cardiac examination + phonocardiography	04.00	+	10.000	67.00 (58.80)	10.000	67.00 (58.80)		
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	04.00		60.000	401.90 (352.50)	60.000	401.90 (352.50)		
3628	Renal tract	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3631	Ophthalmic examination	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3633	Neonatal head scan	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3634	Peripheral vascular study, B mode only	04.00		39.000	261.30 (229.20)	39.000	261.30 (229.20)		
3635	+ Doppler	04.00		39.000	261.30 (229.20)	39.000	261.30 (229.20)		
3636	Trans-oesophageal echocardiography including passing the device	04.00		100.000	669.90 (587.60)	100.000	669.90 (587.60)		
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	04.00		78.000	522.50 (458.30)	78.000	522.50 (458.30)		
5026	Ultrasound guided amniocentesis	04.00		39.000	261.30 (229.20)			6.000	264.70 (232.20) T
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5101	Pleural space ultrasound	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5103	Ultrasound soft tissue, any region	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	04.00		25.000	167.50 (146.90)	25.000	167.50 (146.90)		
5107	Ultrasound after 24 weeks - motivation required	04.00		25.000	167.50 (146.90)	25.000	167.50 (146.90)		
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	04.00		128.000	857.50 (752.20)	120.000	803.90 (705.20)		
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree: Carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113 or 5114)	04.00		206.000	1380.00 (1210.50)	164.800	1104.00 (968.40)		
5112	Peripheral arterial ultrasound vascular study: B mode, pulsed and colour Doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results	04.00		117.000	783.80 (687.50)	117.000	783.80 (687.50)		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	04.00		117.000	783.80 (687.50)	117.000	783.80 (687.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	04.00		178.000	1192.40 (1046.00)	142.400	953.90 (836.80)		
5115	Intra-operative ultrasound study	04.00		50.000	335.00 (293.90)	50.000	335.00 (293.90)	3.000	132.30 (116.10) T
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	04.00		88.000	589.50 (517.10)	88.000	589.50 (517.10)		
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior desending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	04.00		44.000	294.80 (258.60)	44.000	294.80 (258.60)		
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS									
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								04.00
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	04.00		6.000	40.19 (35.25)	6.000	40.19 (35.25)		
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								04.00
GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY									
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								04.00
19.12	**Portable unit examinations**								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	04.00	+			7.000	69.70 (61.10)		
3640	Theatre investigations with fixed installation	04.00	+			3.000	29.90 (26.20)		
19.13	**Diagnostic procedures requiring the use of radio-isotopes**								
AA.	Procedures to exclude cost of isotope								04.00
3641	Tracer test	04.00		33.200	330.50 (289.90)	22.100	220.00 (193.00)		
3642	Repeat of further tracer tests for same investigation: Half of above fee	04.00		16.600	165.30 (145.00)	11.100	110.50 (96.90)		
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee	04.00							
3644	Tracer test of complete body or brain tumour location	04.00		82.200	818.40 (717.90)	54.800	545.60 (478.60)		
3645	Other organ scanning with use of relevant radio isotopes	04.00		82.200	818.40 (717.90)	54.800	545.60 (478.60)		
3646	Thyroid scanning	04.00		28.800	286.70 (251.50)	19.200	191.20 (167.70)		
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera	04.00							
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
19.14	**Interventional radiological procedures**								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								04.00
	Note: In regard to multiple examinations see modifier 0080								04.00
5002	Percutaneous transluminal angioplasty: Aortic/IVC	04.00				102.600	1021.50 (896.10)	13.000	573.40 (503.00) T
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	04.00				102.600	1021.50 (896.10)	13.000	573.40 (503.00) T
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	04.00				102.600	1021.50 (896.10)	13.000	573.40 (503.00) T
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	04.00				139.200	1385.90 (1215.70)	13.000	573.40 (503.00) T
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	04.00				139.200	1385.90 (1215.70)	13.000	573.40 (503.00) T
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	04.00				172.200	1714.40 (1503.90)	13.000	573.40 (503.00) T
5014	Atherectomy (per vessel)	04.00				204.600	2037.00 (1786.80)		
5016	Aspiration thrombectomy (per vessel)	04.00				131.400	1308.20 (1147.50)		
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	04.00				106.800	1063.30 (932.70)	5.000	220.60 (193.50) T
5022	Embolisation non-intracranial, per vessel	04.00				106.800	1063.30 (932.70)	9.000	397.00 (348.20) T
5030	Percutaneous nephrostomy for further procedure or drainage	04.00				73.800	734.80 (644.60)	6.000	264.70 (232.20) T
5031	Antegrade ureteric stent insertion	04.00				69.600	692.90 (607.80)	6.000	264.70 (232.20) T
5033	Percutaneous cystostomy in radiology suite	04.00				30.000	298.70 (262.00)		

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 743

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5035	Urethral balloon dilatation in radiology suite	04.00				22.800	227.00 (199.10)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	04.00				34.200	340.50 (298.70)		
5037	Urethral stenting in radiology suite	04.00				102.600	1021.50 (896.10)		
5038	Intracranial/spinal AVM embolisation (per session)	04.00				335.400	3339.20 (2929.10)	13.000	573.40 (503.00) T
5039	Intracranial thrombolysis (on-table) per session	04.00				139.200	1385.90 (1215.70)	13.000	573.40 (503.00) T
5040	Intracranial aneurysm occlusion	04.00				286.800	2855.40 (2504.70)	13.000	573.40 (503.00) T
5041	Balloon occlusion/Wada test	04.00				106.800	1063.30 (932.70)	9.000	397.00 (348.20) T
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	06.04				286.800	2855.40 (2504.70)	13.000	573.40 (503.00) T
5043	Intracranial angioplasty	04.00				204.600	2037.00 (1786.80)	13.000	573.40 (503.00) T
5044	Transhepatic portogram	04.00				139.200	1385.90 (1215.70)	9.000	397.00 (348.20) T
5045	Hepatic arterial infusion catheter insertion	04.00				156.000	1553.10 (1362.40)	6.000	264.70 (232.20) T
5046	Percutaneous biliary drainage (external)	04.00				102.600	1021.50 (896.10)	9.000	397.00 (348.20) T
5047	Combined internal/external biliary drainage	04.00				102.600	1021.50 (896.10)	9.000	397.00 (348.20) T
5048	Biliary stent insertion	04.00				139.200	1385.90 (1215.70)	9.000	397.00 (348.20) T
5049	Percutaneous gall bladder drainage	04.00				69.600	692.90 (607.80)	9.000	397.00 (348.20) T
5050	Percutaneous or renal gall bladder stone removal	04.00				172.200	1714.40 (1503.90)	5.000	220.60 (193.50) T
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1385.90 (1215.70)	13.000	573.40 (503.00) T
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1385.90 (1215.70)	13.000	573.40 (503.00) T
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1385.90 (1215.70)	13.000	573.40 (503.00) T
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	04.00				172.200	1714.40 (1503.90)	13.000	573.40 (503.00) T
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	04.00				204.600	2037.00 (1786.80)	13.000	573.40 (503.00) T
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	04.00				204.600	2037.00 (1786.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	04.00				311.400	3100.30 (2719.60)	13.000	573.40 (503.00) T
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	04.00				82.200	818.40 (717.90)	5.000	220.60 (193.50) T
5074	IVC filter insertion jugular or femoral route	04.00				156.000	1553.10 (1362.40)	9.000	397.00 (348.20) T
5076	Intravascular foreign body removal, arterial or venous, any route	04.00				204.600	2037.00 (1786.80)	9.000	397.00 (348.20) T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	04.00				70.200	698.90 (613.10)	5.000	220.60 (193.50) T
5080	Transjugular intrahepatic porto-systemic shunt	04.00				335.400	3339.20 (2929.10)	13.000	573.40 (503.00) T
5082	Transjugular liver biopsy	04.00				69.600	692.90 (607.80)	9.000	397.00 (348.20) T
5084	Endoluminal fallopian tube recanalisation	04.00				172.200	1714.40 (1503.90)	6.000	264.70 (232.20) T
5086	Renal cyst aspiration/ablation	04.00				22.800	227.00 (199.10)		
5088	Oesophageal stent insertion in radiology suite	04.00				102.600	1021.50 (896.10)	6.000	264.70 (232.20) T
5090	Tracheal stent insertion	04.00				102.600	1021.50 (896.10)	6.000	264.70 (232.20) T
5091	GIT balloon dilatation under fluoroscopy	04.00				66.600	663.10 (581.70)	6.000	264.70 (232.20) T
5092	Other GIT stent insertion	04.00				102.600	1021.50 (896.10)	6.000	264.70 (232.20) T
5093	Percutaneous gastrostomy in radiology suite	04.00				85.800	854.20 (749.30)		
5094	Cutting needle biopsy with image guidance	04.00				22.800	227.00 (199.10)		
5095	Chest drain insertion in radiology suite	04.00				32.400	322.60 (283.00)		
5096	Percutaneous cyst or tumour ablation (non aspiration)	04.00				54.600	543.60 (476.80)		
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level	04.00						13.000	573.40 (503.00) T
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES									
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								04.00
19.15	**Magnetic Resonance Imaging (MRI)**								
6100	In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes								04.00
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								04.00
6103	Post-contrast study: Bone tumour: 100% of the fee								04.00
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								04.00
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								04.00
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								04.00
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								04.00
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								04.00
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								04.00
6110	MRI spectroscopy: 50% of fee								04.00
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								04.00
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								04.00
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	04.00				400.000	3030.80 (2658.60)	5.000	220.60 (193.50) T
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA	04.00							
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations	04.00				70.000	530.40 (465.30)	5.000	220.60 (193.50) T
20	**Radiation Oncology**								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST (a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.								04.00
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								04.00
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values								04.00
20.1	**Kilovolt therapy**								
20.2	**Radium therapy**								
20.3	**Isotope therapy**								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
20.4	**Megavolt therapy**								
20.5	**Beta-ray therapy with strontium-90-applicator**								
20.6	**Planning of therapy**								
20.7	**Technical aids**								
5141	Radiation materials (see modifier 0095)	05.03							
20.8	**Oncological surgical procedures**								
20.9	**Special procedures**								
20.10	**Chemotherapy**								
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.								04.11
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities								04.11
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	04.11		42.950	301.90 (264.80) Z	42.950	301.90 (264.80) Z		
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	05.03		24.490	172.10 (151.00) Z	24.490	172.10 (151.00) Z		
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	05.03		30.610	215.10 (188.70) Z	30.610	215.10 (188.70) Z		
	Non-infusional chemotherapy: Consultations are charged separately.	05.05							
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.								04.11
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities(consultations to be charged separately)	04.11		159.470	1120.80 (983.20) Z	127.580	896.60 (786.50) Z		
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	05.03		90.030	632.70 (555.00) Z	90.030	632.70 (555.00) Z		

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 749

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	04.11		112.540	790.90 (693.80) Z	112.540	790.90 (693.80) Z		
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).	04.11							
20.11	**Radiation Therapy Planning**								
20.11.1	**Manual Radiotherapy Planning Procedures**								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		42.560	363.50 (318.90) Z				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		99.320	848.40 (744.20) Z				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		56.180	479.90 (421.00) Z				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		131.100	1119.90 (982.40) Z				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		76.620	654.50 (574.10) Z				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		178.770	1527.10 (1339.60) Z				
20.11.2	**Conventional Radiotherapy Planning Procedures**								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		170.260	1454.40 (1275.80) Z				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	05.01		397.270	3393.50 (2976.80) Z				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		238.360	2036.10 (1786.10) Z				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		556.180	4750.90 (4167.50) Z				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	05.03		297.950	2545.10 (2232.50) Z				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	05.01		695.220	5938.60 (5209.30) Z				
20.11.3	**Three Dimensional Radiotherapy Planning Procedures**								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		240.230	2052.00 (1800.00) Z				
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		977.200	8347.20 (7322.10) Z				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		407.750	3483.00 (3055.30) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1368.070	11686.10 (10251.00) Z				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		554.330	4735.10 (4153.60) Z				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1710.090	14607.60 (12813.70) Z				
20.11.4	**Intensity Modulated Radiotherapy Planning Procedures**								
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		642.920	5491.80 (4817.40) Z				
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		1916.810	16373.40 (14362.60) Z				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		232.180	1983.30 (1739.70) Z				
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		958.400	8186.70 (7181.30) Z				
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		753.350	6435.10 (5644.80) Z				
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	06.02		2174.480	18574.40 (16293.30) Z				
20.11.5	**Kilovolt Radiation Treatment**								
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	05.03		49.080	419.20 (367.70) Z				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	05.01		114.520	978.20 (858.10) Z				
20.11.6	**Short Course Radiation Treatment**								
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		105.740	903.20 (792.30) Z				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		246.730	2107.60 (1848.80) Z				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		148.040	1264.60 (1109.30) Z				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		345.410	2950.50 (2588.20) Z				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		190.330	1625.80 (1426.10) Z				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	05.01		444.110	3793.60 (3327.70) Z				

STAATSKOERANT, 16 NOVEMBER 2007 No. 30410 751

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
20.11.7	**Weekly Radiation Treatment Sessions**								
20.11.7.1	**Weekly Radiation Treatment Sessions - Conventional Techniques**								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		193.860	1656.00 (1452.60) Z				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	05.01		452.330	3863.80 (3389.30) Z				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		246.730	2107.60 (1848.80) Z				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		575.690	4917.50 (4313.60) Z				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	05.03		317.220	2709.70 (2376.90) Z				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	05.01		740.180	6322.60 (5546.10) Z				
20.11.7.2	**Weekly Radiation Treatment Sessions - Advanced Techniques**								
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	05.03		236.240	2018.00 (1770.20) Z				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	05.01		551.210	4708.40 (4130.20) Z				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	05.03		330.730	2825.10 (2478.20) Z				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	05.01		771.710	6591.90 (5782.40) Z				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	05.03		425.230	3632.30 (3186.20) Z				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	05.01		992.190	8475.30 (7434.50) Z				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	05.03		348.870	2980.00 (2614.00) Z				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	05.01		814.030	6953.40 (6099.50) Z				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	05.03		826.830	7062.80 (6195.40) Z				
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	05.01		1929.260	16479.70 (14455.90) Z				
20.11.8	**Stereotactic Radiation**								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	05.03		3719.340	31770.60 (27868.90) Z				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	05.01		8678.460	74131.40 (65027.50) Z				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	05.03		4277.240	36536.20 (32049.30) Z				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	05.01		9980.230	85251.10 (74781.70) Z				
20.12	**Brachytherapy**								
20.12.1	**Isotope/Applicator Therapy**								
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included	05.03		108.400	926.00 (812.30) Z				
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included	05.03		216.800	1851.90 (1624.50) Z				
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included	05.03		601.160	5135.10 (4504.50) Z				
20.12.2	**Brachytherapy Implants**								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included	05.03		216.800	1851.90 (1624.50) Z				
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included	05.03		786.800	6720.80 (5895.40) Z				
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included	05.03		1049.070	8961.20 (7860.70) Z				
20.12.3	**Brachytherapy Treatment**								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included	05.03		613.040	5236.60 (4593.50) Z				
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	05.03		415.960	3553.10 (3116.80) Z				
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	05.03		970.560	8290.50 (7272.40) Z				
20.12.4	**Brachytherapy Imaging**								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	05.03		156.770	1339.10 (1174.60) Z				
21	**Clinical Pathology**								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								04.00
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values. Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.								04.00
21.1	**Haematology**								
3705	Alkali resistant haemoglobin	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	04.00		3.650	29.70 (26.10)	2.450	19.90 (17.50)		
3710	Antibody titration	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3711	Arneth count	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3712	Antibody identification	04.00		8.450	68.70 (60.30)	5.650	45.90 (40.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3713	Bleeding time (does not include the cost of the simplate device)	04.00		6.940	56.40 (49.50)	4.630	37.60 (33.00)		
3714	Blood volume, dye method	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3715	Buffy layer examination	04.00		19.900	161.70 (141.80)	13.270	107.80 (94.60)		
3716	Mean Cell Volume	04.00		2.250	-	1.500	-		
3717	Bone marrow cytological examination only	04.00		19.900	161.70 (141.80)	13.270	107.80 (94.60)		
3719	Bone marrow: Aspiration	04.00		8.400	68.30 (59.90)	5.600	45.50 (39.90)		
3720	Bone marrow trephine biopsy	04.00		32.600	264.90 (232.40)	21.700	176.30 (154.60)		
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	04.00		36.800	299.00 (262.30)	24.500	199.10 (174.60)		
3722	Capillary fragility: Hess	04.00		2.020	16.40 (14.40)	1.350	11.00 (9.65)		
3723	Circulating anticoagulants	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3724	Coagulation factor inhibitor assay	04.00		57.560	467.70 (410.30)	38.370	311.80 (273.50)		
3726	Activated protein C resistance	04.00		26.000	211.30 (185.40)	17.300	140.60 (123.30)		
3727	Coagulation time	04.00		3.160	25.70 (22.50)	2.110	17.10 (15.00)		
3728	Anti-factor Xa Activity	04.00		53.600	435.50 (382.00)	35.730	290.30 (254.60)		
3729	Cold agglutinins	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3730	Protein S: Functional	04.00		37.500	304.70 (267.30)	25.000	203.10 (178.20)		
3731	Compatibility for blood transfusion	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3732	Cryoglobulin	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3734	Protein C (chromogenic)	04.00		30.290	246.10 (215.90)	20.190	164.00 (143.90)		
3735	Anti-thrombin III (chromogenic)	04.00		22.000	178.80 (156.80)	14.700	119.40 (104.70)		
3736	Plasminogen (chromogenic)	04.00		61.650	500.90 (439.40)	41.100	333.90 (292.90)		
3737	Lupus Russel Viper method	04.00		17.000	138.10 (121.10)	11.300	91.80 (80.50)		
3738	Lupus Kaolin Exner method	04.00		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
3739	Erythrocyte count	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3740	Factors V and VII: Qualitative	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3741	Coagulation factor assay: Functional	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
3742	Coagulation factor assay: Immunological	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3743	Erythrocyte sedimentation rate	04.00		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3744	Fibrin stabilizing factor (urea test)	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3746	Fibrin monomers	04.00		2.700	21.90 (19.20)	1.800	14.60 (12.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3748	Plasminogen activator inhibitor (PAI-I)	04.00		65.950	535.80 (470.00)	43.970	357.30 (313.40)		
3750	Tissue plasminogen Activator (tPA)	04.00		67.790	550.80 (483.20)	45.190	367.20 (322.10)		
3751	Osmotic fragility (screen)	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3752	Osmotic fragility test: Quantitative	04.00		10.000	81.30 (71.30)	6.650	54.00 (47.40)		
3753	Osmotic fragility (before and after incubation)	04.00		18.000	146.30 (128.30)	12.000	97.50 (85.50)		
3754	ABO Reverse Group	04.00		5.500	-	3.670	-		
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	04.00		10.500	85.30 (74.80)	7.000	56.90 (49.90)		
3756	Full cross match	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3757	Coagulation factors: Quantitative	04.00		32.200	261.60 (229.50)	21.470	174.40 (153.00)		
3758	Factor VIII related antigen	04.00		60.460	491.20 (430.90)	40.310	327.50 (287.30)		
3759	Coagulation factor correction study	04.00		11.720	95.20 (83.50)	7.810	63.50 (55.70)		
3761	Factor XIII related antigen	04.00		61.110	496.50 (435.50)	40.740	331.00 (290.40)		
3762	Haemoglobin estimation	04.00		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3763	Contact activated product assay	04.00		16.200	131.60 (115.40)	10.800	87.80 (77.00)		
3764	Grouping: A B and O antigens	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3765	Grouping: Rh antigen	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3766	PIVKA	04.00		43.490	353.40 (310.00)	28.990	235.50 (206.60)		
3767	Euglobulin Lysis time	04.00		25.580	207.80 (182.30)	17.050	138.50 (121.50)		
3768	Haemoglobin A2 (column chromatography)	04.00		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
3769	Haemoglobin electrophoresis	04.00		26.820	217.90 (191.10)	17.880	145.30 (127.50)		
3770	Haemoglobin-S (solubility test)	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3771	Factor III-availability test	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3772	Haptoglobin: Quantitative	04.00		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
3773	Ham's acidified serum test	04.00		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
3775	Heinz bodies	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3776	Haemosiderin in urinary sediment	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3781	Heparin tolerance	04.00		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3783	Leucocyte differential count	04.00		6.200	50.40 (44.20)	4.150	33.70 (29.60)		
3785	Leucocytes: Total count	04.00		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3786	QBC malaria concentration and fluorescent staining	04.00		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
3787	LE-cells	04.00		8.300	67.40 (59.10)	5.550	45.10 (39.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3789	Neutrophil alkaline phosphatase	04.00		28.000	227.50 (199.60)	18.700	151.90 (133.20)		
3791	Packed cell volume: Haematocrit	04.00		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3792	Plasmodium falciparum: Monoclonal immunological identification	04.00		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
3793	Plasma haemoglobin	04.00		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
3794	Platelet sensitivities	04.00		18.640	151.50 (132.90)	12.430	101.00 (88.60)		
3795	Platelet aggregation per aggregant	04.00		12.140	98.60 (86.50)	8.090	65.70 (57.60)		
3796	Platelet antibodies: Agglutination	04.00		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
3797	Platelet count	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3799	Platelet adhesiveness	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3801	Prothrombin consumption	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3803	Prothrombin determination (two stages)	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3805	Prothrombin index	04.00		6.000	48.80 (42.80)	4.000	32.50 (28.50)		
3806	Therapeutic drug level: Dosage	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3807	Recalcification time	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3809	Reticulocyte count	04.00		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3810	Schumm's test	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3811	Sickling test	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3814	Sucrose lysis test for PNH	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	04.00		21.100	171.40 (150.40)	14.070	114.30 (100.30)		
3820	Thrombo - Elastogram	04.00		26.000	211.30 (185.40)	17.330	140.80 (123.50)		
3825	Fibrinogen titre	04.00		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	04.00		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	04.00		16.000	130.00 (114.00)	10.700	86.90 (76.20)		
3832	Red cell pyruvate kinase: Quantitative	04.00		16.000	130.00 (114.00)	10.700	86.90 (76.20)		
3834	Red cell Rhesus phenotype	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3835	Haemoglobin F in blood smear	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3837	Partial thromboplastin time	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3841	Thrombin time (screen)	04.00		7.160	58.20 (51.10)	4.770	38.80 (34.00)		
3843	Thrombin time (serial)	04.00		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
3847	Haemoglobin H	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3851	Fibrin degeneration products (diffusion plate)	04.00		10.350	84.10 (73.80)	6.900	56.10 (49.20)		
3853	Fibrin degeneration products (latex slide)	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3854	XDP (Dimer test or equivalent latex slide test)	04.00		8.500	69.10 (60.60)	5.670	46.10 (40.40)		
3855	Haemagglutination inhibition	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3856	D-Dimer (quantitative)	04.00		27.520	223.60 (196.10)	18.350	149.10 (130.80)		

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				RVU	Fee	RVU	Fee	RVU	Fee
3857	Ristocetin Cofactor	04.00		35.530	288.70 (253.20)	23.690	192.50 (168.90)		
3858	Heparin removal	04.00		28.880	234.70 (205.90)	19.250	156.40 (137.20)		
21.2	**Microscopic and miscellaneous tests**								
3863	Autogenous vaccine	04.00		12.600	102.40 (89.80)	8.400	68.30 (59.90)		
3864	Entomological examination	04.00		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
3865	Parasites in blood smear	04.00		5.600	45.50 (39.90)	3.730	30.30 (26.60)		
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	04.00		4.900	39.80 (34.90)	3.300	26.80 (23.50)		
3868	Fungus identification	04.00		8.300	67.40 (59.10)	5.500	44.70 (39.20)		
3869	Faeces (including parasites)	04.00		4.900	39.80 (34.90)	3.270	26.60 (23.30)		
3873	Transmission electron microscopy	04.00		85.000	690.60 (605.80)	57.000	463.10 (406.20)		
3874	Scanning electron microscopy	04.00		100.000	812.50 (712.70)	67.000	544.40 (477.50)		
3875	Inclusion bodies	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3878	Crystal identification polarized light microscopy	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3879	Campylobacter in stool: Fastidious culture	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3880	Antigen detection with polyclonal antibodies	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3881	Mycobacteria	04.00		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3882	Antigen detection with monoclonal antibodies	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
3883	Concentration techniques for parasites	04.00		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	04.00		6.300	51.20 (44.90)	4.200	34.10 (29.90)		
3885	Cytochemical stain	04.00		5.450	44.30 (38.90)	3.650	29.70 (26.10)		
21.3	**Bacteriology**								
3887	Antibiotic susceptibility test: Per organism	04.00		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
3888	Adhesive tape preparation	04.00		2.700	21.90 (19.20)	1.800	14.60 (12.80)		
3889	Clostridium difficile toxin: Monoclonal immunological	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
3890	Antibiotic assay of tissues and fluids	04.00		13.900	112.90 (99.00)	9.270	75.30 (66.10)		
3891	Blood culture: Aerobic	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3892	Blood culture: Anaerobic	04.00		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3893	Bacteriological culture: Miscellaneous	04.00		6.300	51.20 (44.90)	4.200	34.10 (29.90)		
3894	Radiometric blood culture	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
3895	Bacteriological culture: Fastidious organisms	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3896	In vivo culture: Bacteria	04.00		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3897	In vivo culture: Virus	04.00		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3898	Bacterial exotoxin production (in vitro assay)	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3899	Bacterial exotoxin production (in vivo assay)	04.00		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
3901	Fungal culture	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3902	Clostridium difficile (cytotoxicity neutralisation)	04.00		30.000	243.80 (213.90)	20.000	162.50 (142.50)		
3903	Antibiotic level: Biological fluids	04.00		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
3904	Rotavirus latex slide test	04.00		5.620	45.70 (40.10)	3.750	30.50 (26.80)		
3905	Identification of virus or rickettsia	04.00		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
3906	Identification: Chlamydia	04.00		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3907	Culture for staphylococcus aureus	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3908	Anaerobe culture: Comprehensive	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3909	Anaerobe culture: Limited procedure	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3911	Beta-lactamase assay	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3914	Sterility control test: Biological method	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3915	Mycobacterium culture	04.00		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3916	Radiometric tuberculosis culture	04.00		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
3917	Mycoplasma culture: Limited	04.00		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3918	Mycoplasma culture: Comprehensive	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3919	Identification of mycobacterium	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3920	Mycobacterium: Antibiotic sensitivity	04.00		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3921	Antibiotic synergistic study	04.00		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
3922	Viable cell count	04.00		1.350	11.00 (9.65)	0.900	7.31 (6.41)		
3923	Biochemical identification of bacterium: Abridged	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3924	Biochemical identification of bacterium: Extended	04.00		12.500	101.60 (89.10)	8.330	67.70 (59.40)		
3925	Serological identification of bacterium: Abridged	04.00		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3926	Serological identification of bacterium: Extended	04.00		10.200	82.90 (72.70)	6.800	55.30 (48.50)		
3927	Grouping for streptococci	04.00		7.300	59.30 (52.00)	4.850	39.40 (34.60)		
3928	Antimicrobic substances	04.00		3.800	30.90 (27.10)	2.500	20.30 (17.80)		
3929	Radiometric mycobacterium identification	04.00		14.000	113.80 (99.80)	9.300	75.60 (66.30)		
3930	Radiometric mycobacterium antibiotic sensitivity	04.00		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
3931	Helicobacter: Monoclonal immunological	04.00		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4650	Antibiotic MIC per organism per antibiotic	04.00		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
4651	Non-radiometric automated blood cultures	04.00		13.900	112.90 (99.00)	9.270	75.30 (66.10)		
4652	Rapid automated bacterial identification per organism	04.00		15.000	121.90 (106.90)	10.000	81.30 (71.30)		