Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
RULES GOVERNING THE SECTION ACUPUNCTURE									
3	Musculo-skeletal System								
MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS									
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								06.52
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	06.52		27.000	189.76 (166.46)	27.000	189.76 (166.46)		
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	06.52		77.000	541.16 (474.70)	77.000	541.16 (474.70)		
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	06.52		115.500	811.73 (712.04)	115.500	811.73 (712.04)		
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	06.52		77.000	541.16 (474.70)	77.000	541.16 (474.70)		
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	06.52		32.000	224.90 (197.28)	32.000	224.90 (197.28)		
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	06.52		77.000	541.16 (474.70)	77.000	541.16 (474.70)		
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								06.52
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								06.52
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula	06.52		-	-	-	-	3.000	132.30 (116.10)
0387	Fracture (reduction under general anaesthetic): Clavicle	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10)
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	06.52		175.700	1234.80 (1083.20)	140.560	987.90 (866.60)	3.000	132.30 (116.10)
0389	Fracture (reduction under general anaesthetic): Humerus	06.52		111.600	784.30 (688.00)	111.600	784.30 (688.00)	3.000	132.30 (116.10)
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10)
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	3.000	132.30 (116.10)
0402	Fracture (reduction under general anaesthetic): Carpal bone	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10)
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10)
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	06.52		118.300	831.40 (729.30)	118.300	831.40 (729.30)	3.000	132.30 (116.10)

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				RVU	Fee	RVU	Fee	RVU	Fee
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	06.52		-	-	-	-	3.000	132.30 (116.10)
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	06.52		52.000	365.50 (320.60)	52.000	365.50 (320.60)	3.000	132.30 (116.10)
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	06.52		48.000	337.30 (295.90)	48.000	337.30 (295.90)	3.000	132.30 (116.10)
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	06.52		102.000	716.90 (628.90)	102.000	716.90 (628.90)	3.000	132.30 (116.10)
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	06.52		-	-	-	-	3.000	132.30 (116.10)
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10)
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	06.52		237.000	1665.60 (1461.10)	189.600	1332.50 (1168.90)	3.000	132.30 (116.10)
0425	Fracture (reduction under general anaesthetic): Patella	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10)
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0433	Fracture (reduction under general anaesthetic): Fibula shaft	06.52		-	-	-	-	3.000	132.30 (116.10)
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	06.52		58.000	407.60 (357.50)	58.000	407.60 (357.50)	3.000	132.30 (116.10)
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	06.52		198.700	1396.50 (1225.00)	158.960	1117.20 (980.00)	3.000	132.30 (116.10)
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10)
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	06.52		403.500	2835.80 (2487.50)	322.500	2266.50 (1988.20)	3.000	132.30 (116.10)
0441	Fracture (reduction under general anaesthetic): Metatarsal	06.52		41.800	293.80 (257.70)	41.800	293.80 (257.70)	3.000	132.30 (116.10)
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	06.52		-	-	-	-	3.000	132.30 (116.10)
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)	3.000	132.30 (116.10)
0447	Fracture (reduction under general anaesthetic): Other: Simple	06.52		26.000	182.70 (160.30)	26.000	182.70 (160.30)	3.000	132.30 (116.10)
0449	Fracture (reduction under general anaesthetic): Other: Compound	06.52		52.000	365.50 (320.60)	52.000	365.50 (320.60)	3.000	132.30 (116.10)
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	06.52		-	-	-	-	3.000	132.30 (116.10)
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	06.52		230.000	1616.40 (1417.90)	184.000	1293.20 (1134.40)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	06.52		-	-	-	-	3.000	132.30 (116.10)
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest	06.52		-	-	-	-	3.000	132.30 (116.10)
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	06.52		-	-	-	-	3.000	132.30 (116.10)
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest	06.52		-	-	-	-	3.000	132.30 (116.10)
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	06.52		-	-	-	-	3.000	132.30 (116.10)
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	06.52		-	-	-	-	3.000	132.30 (116.10)
3.1.1.1	**Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures**								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	06.52		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	3.000	132.30 (116.10)
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	06.52		43.000	302.20 (265.10)	43.000	302.20 (265.10)	3.000	132.30 (116.10)
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	06.52		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10)
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	06.52		154.000	1082.30 (949.40)	123.200	865.80 (759.50)	3.000	132.30 (116.10)
3.1.2	**Bony operations**								
3.1.2.1	**Bony operations: Bone grafting**								
0497	Resection of bone or tumour with or without grafting (benign)	06.52		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10)
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	06.52		340.000	2389.50 (2096.10)	272.000	1911.60 (1676.80)	3.000	132.30 (116.10)
0499	Grafts to cysts: Large bones	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)
0501	Grafts to cysts: Small bones	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0503	Grafts to cysts: Cartilage graft	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	3.000	132.30 (116.10)
0505	Grafts to cysts: Inter-metacarpal bone graft	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10)
3.1.2.2	**Bony operations: Acute or chronic osteomyelitis**								
0509	Acute or chronic osteomyelitis: Conservative treatment	06.52		-	-	-	-		
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care	06.52							
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3.1.2.3	**Bony operations: Osteotomy**								
0514	Osteotomy: Sternum: Repair of pectus excavatum	06.52		330.000	2319.20 (2034.40)	264.000	1855.40 (1627.50)	3.000	132.30 (116.10)
0515	Osteotomy: Sternum: Repair of pectus carinatum	06.52		330.000	2319.20 (2034.40)	264.000	1855.40 (1627.50)	3.000	132.30 (116.10)
0516	Osteotomy: Pelvic	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10)
0521	Osteotomy: Femoral: Proximal	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10)
0527	Osteotomy: Knee region	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10)
0528	Osteotomy: Os Calcis (Dwyer operation)	06.52		115.000	808.20 (708.90)	115.000	808.20 (708.90)	3.000	132.30 (116.10)
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	06.52		278.900	1960.10 (1719.40)	223.120	1568.10 (1375.50)	3.000	132.30 (116.10)
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0533	Osteotomy: Single metatarsal	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10)
0534	Osteotomy: Multiple metatarsal osteotomies	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
3.1.2.4	**Bony operations: Exostosis**								
0535	Exostosis: Excision: Readily accessible sites	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10)
0537	Exostosis: Excision: Less accessible sites	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
3.1.2.5	**Bony operations: Biopsy**								
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)	4.000	176.40 (154.70)
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)		
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)		
3.2	**Joints**								
3.2.1	**Joints: Dislocations**								
0547	Joint: Dislocation: Clavicle either end	06.52		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10)
0549	Joint: Dislocation: Shoulder	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0551	Joint: Dislocation: Elbow	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10)
0552	Joint: Dislocation: Wrist	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10)
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	06.52		130.000	913.60 (801.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0555	Joint: Dislocation: Lunate	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10)
0556	Joint: Dislocation: Carpo-metacarpo dislocation	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10)
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	06.52		26.000	182.70 (160.30)	26.000	182.70 (160.30)	3.000	132.30 (116.10)
0559	Joint: Dislocation: Hip	06.52		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10)
0561	Joint: Dislocation: Knee	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0563	Joint: Dislocation: Patella	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)	3.000	132.30 (116.10)
0565	Joint: Dislocation: Ankle	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10)
0567	Joint: Dislocation: Sub-Talar dislocation	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10)
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10)
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10)
0573	Joint: Dislocation: Spine with or without paralysis	06.52		-	-	-	-		
3.2.2	**Joints: Operations for dislocations**								
0578	Operations for dislocations: Recurrent dislocation of shoulder	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	3.000	132.30 (116.10)
0579	Operations for dislocations: Recurrent dislocation of all other joints	06.52		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	3.000	132.30 (116.10)
3.2.3	**Joints: Capsular operations**								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10)
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0585	Capsulectomy digital joint	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10)
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10)
0587	Release of digital joint contracture	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)

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				RVU	Fee	RVU	Fee	RVU	Fee
3.2.4	**Joints: Synovectomy**								
0589	Synovectomy: Digital joint	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10)
0592	Synovectomy: Large joint	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0593	Tendon synovectomy	06.52		203.700	1431.60 (1255.80)	162.960	1145.30 (1004.60)	3.000	132.30 (116.10)
3.2.5	**Joints: Arthrodesis**								
0597	Arthrodesis: Shoulder	06.52		224.000	1574.30 (1381.00)	179.200	1259.40 (1104.70)	3.000	132.30 (116.10)
0598	Arthrodesis: Elbow	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10)
0599	Arthrodesis: Wrist	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10)
0600	Arthrodesis: Digital joint	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0601	Arthrodesis: Hip	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10)
0602	Arthrodesis: Knee	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10)
0603	Arthrodesis: Ankle	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10)
0604	Arthrodesis: Sub-talar	06.52		130.000	913.60 (801.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10)
0607	Arthrodesis: Mid-tarsal wedge resection	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	3.000	132.30 (116.10)
3.2.6	**Joints: Arthroplasty**								
0614	Arthroplasty: Debridement large joints	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0615	Arthroplasty: Excision medial or lateral end of clavicle	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10)
0617	Shoulder: Acromioplasty	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)
0619	Shoulder: Partial replacement	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50)
0620	Shoulder: Total replacement	06.52		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	5.000	220.60 (193.50)
0621	Elbow: Excision head of radius	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0622	Elbow: Excision	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0623	Elbow: Partial replacement	06.52		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	3.000	132.30 (116.10)
0624	Elbow: Total replacement	06.52		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10)
0625	Wrist: Excision distal end of ulna	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0626	Wrist: Excision single bone	06.52		110.000	773.10 (678.20)	110.000	773.10 (678.20)	3.000	132.30 (116.10)
0627	Wrist: Excision proximal row	06.52		166.000	1166.60 (1023.30)	132.800	933.30 (818.70)	3.000	132.30 (116.10)
0631	Wrist: Total replacement	06.52		249.000	1750.00 (1535.10)	199.200	1400.00 (1228.10)	3.000	132.30 (116.10)
0635	Digital Joint: Total replacement	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)
0637	Hip: Total replacement	06.52		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	3.000	132.30 (116.10)
0641	Hip: Prosthetic replacement of femoral head	06.52		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	3.000	132.30 (116.10)
0643	Hip: Girdlestone	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10)
0645	Knee: Partial replacement	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	3.000	132.30 (116.10)
0646	Knee: Total replacement	06.52		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	3.000	132.30 (116.10)
0649	Ankle: Total replacement	06.52		290.400	2040.90 (1790.30)	232.320	1632.70 (1432.20)	3.000	132.30 (116.10)
0650	Ankle: Astragalectomy	06.52		154.000	1082.30 (949.40)	123.200	865.80 (759.50)	3.000	132.30 (116.10)
3.2.7	**Joints: Miscellaneous (joints)**								
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10)
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	06.52		7.500	52.70 (46.20)	7.500	52.70 (46.20)	3.000	132.30 (116.10)
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	06.52		4.000	28.10 (24.60)	4.000	28.10 (24.60)	3.000	132.30 (116.10)
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10)
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10)
0669a	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	4.000	176.40 (154.70)
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic	06.52		-	-	-	-	3.000	132.30 (116.10)
0670a	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	06.52		-	-	-	-	4.000	176.40 (154.70)

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				RVU	Fee	RVU	Fee	RVU	Fee
0673	Meniscectomy or operation for other internal derangement of knee	06.52		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10)
3.2.8	Joints: Joint ligament reconstruction or suture								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0677	Joint ligament reconstruction or suture: Knee: Collateral	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0678	Joint ligament reconstruction or suture: Knee: Cruciate	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	3.000	132.30 (116.10)
0680	Joint ligament reconstruction or suture: Digital joint ligament	06.52		165.000	1159.60 (1017.20)	132.000	927.70 (813.80)	3.000	132.30 (116.10)
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0682	Amputation: Fore-quarter amputation	06.52		294.000	2066.20 (1812.50)	235.200	1653.00 (1450.00)	9.000	397.00 (348.20)
0683	Amputation: Through shoulder	06.52		148.000	1040.10 (912.40)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
0685	Amputation: Upper arm or fore-arm	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10)
0687	Partial amputation of the hand: One ray	06.52		102.000	716.90 (628.90)	102.000	716.90 (628.90)	3.000	132.30 (116.10)
0691	Amputation: Whole or part of finger	06.52		116.800	820.90 (720.10)	116.800	820.90 (720.10)	3.000	132.30 (116.10)
0693	Hindquarter amputation	06.52		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	6.000	264.70 (232.20)
0695	Amputation: Through hip joint region	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	6.000	264.70 (232.20)
0697	Amputation: Through thigh	06.52		205.000	1440.70 (1263.80)	164.000	1152.60 (1011.10)	6.000	264.70 (232.20)
0699	Amputation: Below knee, through knee or Syme	06.52		194.000	1363.40 (1196.00)	155.200	1090.70 (956.80)	5.000	220.60 (193.50)
0701	Amputation: Trans-metatarsal or trans-tarsal	06.52		142.000	998.00 (875.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0703	Amputation: Foot: One ray	06.52		97.000	681.70 (598.00)	97.000	681.70 (598.00)	3.000	132.30 (116.10)
0705	Amputation: Toe	06.52		66.000	463.80 (406.80)	66.000	463.80 (406.80)	3.000	132.30 (116.10)
3.3.2	Amputations: Post-amputation reconstruction								
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	3.000	132.30 (116.10)
0707	Post-amputation reconstruction: Krukenberg reconstruction	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	3.000	132.30 (116.10)

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				RVU	Fee	RVU	Fee	RVU	Fee
0709	Post-amputation reconstruction: Metacarpal transfer	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	06.52		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10)
0712	Post-amputation reconstruction: Toe to thumb transfer	06.52		800.000	5622.40 (4931.90)	640.000	4497.90 (3945.50)	3.000	132.30 (116.10)
3.4	**Muscles, tendons and fasciae**								
3.4.1	**Muscles, tendons and fasciae: investigations**								
0713	Electromyography	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	3.000	132.30 (116.10)
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	06.52		57.000	400.60 (351.40)	57.000	400.60 (351.40)	3.000	132.30 (116.10)
0715	Strength duration curve per session	06.52		10.500	73.80 (64.70)	10.500	73.80 (64.70)	3.000	132.30 (116.10)
0717	Electrical examination of single nerve or muscle	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10)
0718	Oxidative study for mitochondrial function	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)		
0721	Voltage integration during isometric contraction	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)	3.000	132.30 (116.10)
0723	Tonometry with edrophonium	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)	3.000	132.30 (116.10)
0725	Isometric tension studies with edrophonium	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)	3.000	132.30 (116.10)
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10)
0729	Tendon reflex time	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)	3.000	132.30 (116.10)
0730	Limb brain somatosensory studies (per limb)	06.52		49.000	344.40 (302.10)	49.000	344.40 (302.10)		
0731	Vision and audio-sensory studies	06.52		49.000	344.40 (302.10)	49.000	344.40 (302.10)		
0733	Motor nerve conduction studies (single nerve)	06.52		26.000	182.70 (160.30)	26.000	182.70 (160.30)		
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	06.52		31.000	217.90 (191.10)	31.000	217.90 (191.10)	3.000	132.30 (116.10)
0737	Biopsy for motor nerve terminals and end plates	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	06.52		34.000	239.00 (209.60)	34.000	239.00 (209.60)	8.000	352.90 (309.60)
0740	Muscle fatigue studies	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0741	Muscle biopsy	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	8.000	352.90 (309.60)
0742	Global fee for all muscle studies, including histochemical studies	06.52		262.000	1841.30 (1615.20)				
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	06.52		20.250	142.30 (124.80)				
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	06.52		33.300	234.00 (205.30)				
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	06.52		5.700	40.10 (35.20)				
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	06.52		1.600	11.20 (9.82)				
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	06.52		9.900	69.60 (61.10)				
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	06.52		13.700	96.30 (84.50)				
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	06.52		25.900	182.00 (159.60)				
4715	Biochemical estimations on muscle biopsy specimens: Enolase	06.52		32.700	229.80 (201.60)				
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	06.52		37.700	265.00 (232.50)				
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	06.52		15.750	110.70 (97.10)				
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	06.52		11.060	77.70 (68.20)				
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	06.52		34.700	243.90 (213.90)				
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	06.52		40.300	283.20 (248.40)				
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	06.52		28.800	202.40 (177.50)				
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	06.52		43.000	302.20 (265.10)				
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	06.52		14.000	98.40 (86.30)				
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	06.52		20.000	140.60 (123.30)				
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	06.52		71.000	499.00 (437.70)				
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	06.52		69.000	484.90 (425.40)				
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	06.52		82.000	576.30 (505.50)				
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	06.52		75.000	527.10 (462.40)				
3.4.2	**Muscles, tendons and fasciae: Decompression Operations**								
0743	Major compartmental decompression	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0744	Decompression operation: Fasciotomy only	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10)
3.4.3	**Muscles, tendons and fasciae: Muscle and tendon repair**								
0745	Muscle and tendon repair: Biceps humeri	06.52		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10)
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0747	Muscle and tendon repair: Rotator cuff	06.52		134.000	941.80 (826.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
0748	Muscle and tendon repair: Debridement rotator cuff	06.52		139.700	981.80 (861.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	06.52		271.900	1910.90 (1676.20)	217.520	1528.70 (1341.00)	4.000	176.40 (154.70)
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0757	Muscle and tendon repair: Achilles tendon repair	06.52		197.600	1388.70 (1218.20)	158.080	1111.00 (974.60)	4.000	176.40 (154.70)
0759	Muscle and tendon repair: Other single tendon	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	3.000	132.30 (116.10)
0763	Muscle and tendon repair: Tendon or ligament injection	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10)
0767	Hand: Flexor tendon suture: Primary (per tendon)	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0769	Hand: Flexor tendon suture: Secondary (per tendon)	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0771	Extensor tendon suture: Primary (per tendon)	06.52		129.700	911.50 (799.60)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0773	Extensor tendon suture: Secondary (per tendon)	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10)
0774	Repair of Boutonniere deformity or Mallet finger with graft	06.52		183.700	1291.00 (1132.50)	146.960	1032.80 (906.00)	3.000	132.30 (116.10)
3.4.4	**Muscles, tendons and fasciae: Tendon graft**								
0775	Free tendon graft	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0776	Reconstruction of pulley for flexor tendon	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10)
0777	Tendon graft: Finger: Flexor	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)
0779	Tendon graft: Finger: Extensor	06.52		122.000	857.40 (752.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0780	Two stage flexor tendon graft using silastic rod	06.52		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	3.000	132.30 (116.10)

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				RVU	Fee	RVU	Fee	RVU	Fee
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10)
0782	Carpal tunnel syndrome	06.52		98.700	693.70 (608.50)	98.700	693.70 (608.50)	3.000	132.30 (116.10)
0783	Tenolysis: De Quervain	06.52		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10)
0784	Trigger finger	06.52		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10)
0785	Flexor tendon freeing operation following free tendon graft or suture	06.52		186.800	1312.80 (1151.60)	149.440	1050.30 (921.30)	3.000	132.30 (116.10)
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	06.52		180.900	1271.40 (1115.30)	144.720	1017.10 (892.20)	3.000	132.30 (116.10)
0788	Intrinsic tendon release per finger	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10)
0789	Central tendon tenotomy for Boutonniere deformity	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10)
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10)
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0792	Multiple tendon transfer	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0793	Hamstring to quadriceps transfer	06.52		141.000	990.90 (869.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	5.000	220.60 (193.50)
0795	Tendon transfer at elbow	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10)
0802	Radial club hand repair - stand alone procedure	06.52		360.300	2532.20 (2221.20)	288.240	2025.80 (1777.00)	3.000	132.30 (116.10)
0803	Hand tendons: Single tendon transfer (first)	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0809	Hand tendons: Substitution for intrinsic paralysis of hand	06.52		224.000	1574.30 (1381.00)	179.200	1259.40 (1104.70)	3.000	132.30 (116.10)
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	06.52		220.600	1550.40 (1360.00)	176.480	1240.30 (1088.00)	3.000	132.30 (116.10)
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	06.52		38.000	267.10 (234.30)	38.000	267.10 (234.30)	3.000	132.30 (116.10)
0813	Torticollis	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	5.000	220.60 (193.50)

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				RVU	Fee	RVU	Fee	RVU	Fee
0815	Scalenotomy	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
0817	Scalenotomy with excision of first rib	06.52		190.000	1335.30 (1171.30)	152.000	1068.30 (937.10)	3.000	132.30 (116.10)
0821	Tennis elbow	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0822	Open release elbow (Mitals) - stand alone procedure	06.52		278.200	1955.20 (1715.10)	222.560	1564.20 (1372.10)	3.000	132.30 (116.10)
0823	Excision or slide for Volkmann's Contracture	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)
0825	Hip: Open muscle release	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)	7.000	308.80 (270.90)
0829	Knee: Quadriceps plasty	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0831	Knee: Open tenotomy	06.52		141.000	990.90 (869.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0835	Calf	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	4.000	176.40 (154.70)
0837	Open elongation tendon Achilles	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	4.000	176.40 (154.70)
0838	Percutaneous "Hoke" elongation tendo Achilles	06.52		79.300	557.30 (488.90)	79.300	557.30 (488.90)	4.000	176.40 (154.70)
0845	Foot: Plantar fasciotomy	06.52		70.000	492.00 (431.60)	70.000	492.00 (431.60)	3.000	132.30 (116.10)
0846	Foot: Postero-medial release for club-foot	06.52		192.000	1349.40 (1183.70)	153.600	1079.50 (946.90)	3.000	132.30 (116.10)
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	4.000	176.40 (154.70)
0849	Excision: Prepatellar	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10)
0851	Excision: Olecranon	06.52		81.800	574.90 (504.30)	81.800	574.90 (504.30)	3.000	132.30 (116.10)
0853	Excision: Small bursa or ganglion	06.52		80.900	568.60 (498.80)	80.900	568.60 (498.80)	3.000	132.30 (116.10)
0855	Excision: Compound palmar ganglion or synovectomy	06.52		128.000	899.60 (789.10)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10)
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	06.52		282.000	1981.90 (1738.50)	225.600	1585.50 (1390.80)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0861	Leg equalisation and congenital hips and feet: Leg lengthening	06.52		416.000	2923.60 (2564.60)	332.800	2338.90 (2051.70)	3.000	132.30 (116.10)
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10)
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	06.52		109.000	766.10 (672.00)	109.000	766.10 (672.00)	3.000	132.30 (116.10)
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0868	Open reduction of congenital dislocation of the hip	06.52		186.000	1307.20 (1146.70)	148.800	1045.80 (917.40)	3.000	132.30 (116.10)
0869	Subsequent plasters	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)		
0873	Congenital club foot: Manipulation and plaster: One foot	06.52		26.000	182.70 (160.30)	26.000	182.70 (160.30)	3.000	132.30 (116.10)
0874	Ponseti technique assistant (medical practitioner)	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)		
3.6.2	**Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis**								
0883	Removal of internal fixatives or prosthesis: Readily accessible	06.52		36.600	257.20 (225.60)	36.600	257.20 (225.60)		
0884	Removal of internal fixatives: Less accessible	06.52		75.500	530.60 (465.40)	75.500	530.60 (465.40)		
0885	Removal of prosthesis for infection soon after operation	06.52		128.000	899.60 (789.10)	120.000	843.40 (739.80)		
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint	06.52	+	64.000	449.80 (394.60)	64.000	449.80 (394.60)	6.000	264.70 (232.20)
3.7	**Plasters (exclusive of after-care)**								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10)
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)	4.000	176.40 (154.70)
0891	Turnbuckle cast for scoliosis (excluding after-care)	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	5.000	220.60 (193.50)
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	06.52		19.000	133.50 (117.10)	19.000	133.50 (117.10)	5.000	220.60 (193.50)
3.8	**Musculo-skeletal system: Special areas**								
3.8.1	**Special areas: Foot and Ankle**								
0895	Club foot: Revision club foot release - stand alone procedure	06.52		302.700	2127.40 (1866.10)	242.160	1701.90 (1492.90)	3.000	132.30 (116.10)
0896	Club foot: Posterior release only - stand alone procedure	06.52		159.300	1119.60 (982.10)	127.440	895.60 (785.60)	3.000	132.30 (116.10)
0900	Excision tarsal coalition - stand alone procedure	06.52		141.500	994.50 (872.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0901	Tenotomy: Single tendon	06.52		63.300	444.90 (390.30)	63.300	444.90 (390.30)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0903	Hammer toe: One toe	06.52		99.500	699.30 (613.40)	99.500	699.30 (613.40)	3.000	132.30 (116.10)
0905	Filleting of toe or Ruiz-Mora procedure	06.52		99.500	699.30 (613.40)	99.500	699.30 (613.40)	3.000	132.30 (116.10)
0906	Arthrodesis Hallux	06.52		148.000	1040.10 (912.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0907	Silver bunionectomy or similar for Hallux Valgus	06.52		126.200	886.90 (778.00)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0909	Excision arthroplasty	06.52		145.200	1020.50 (895.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
0910	Cheilectomy or metatarsophangeal implant Hallux	06.52		183.000	1286.10 (1128.20)	146.400	1028.90 (902.50)	3.000	132.30 (116.10)
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	06.52		189.200	1329.70 (1166.40)	151.360	1063.80 (933.20)	3.000	132.30 (116.10)
5730	Hallux Valgus double osteotomy etc.	06.52		182.600	1283.30 (1125.70)	146.080	1026.70 (900.60)	3.000	132.30 (116.10)
5731	Distal soft tissue procedure for Hallux Valgus	06.52		173.600	1220.10 (1070.30)	138.880	976.00 (856.10)	3.000	132.30 (116.10)
5732	Aitkin procedure or similar	06.52		166.800	1172.30 (1028.30)	133.440	937.80 (822.60)	3.000	132.30 (116.10)
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	06.52		91.000	639.50 (561.00)	91.000	639.50 (561.00)	3.000	132.30 (116.10)
5735	Repair angular deformity toe (lesser toes)	06.52		97.200	683.10 (599.20)	97.200	683.10 (599.20)	3.000	132.30 (116.10)
5736	Sesamoidectomy	06.52		97.800	687.30 (602.90)	97.800	687.30 (602.90)	3.000	132.30 (116.10)
5737	Repair major foot tendons e.g. Tib Post	06.52		147.300	1035.20 (908.10)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
5738	Repair of dislocating peroneal tendons	06.52		173.200	1217.20 (1067.70)	138.560	973.80 (854.20)	3.000	132.30 (116.10)
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	06.52		202.300	1421.80 (1247.20)	161.840	1137.40 (997.70)	3.000	132.30 (116.10)
5740	Steindler strip - plantar fascia	06.52		97.200	683.10 (599.20)	97.200	683.10 (599.20)	3.000	132.30 (116.10)
5741	Kelikian syndactilly (one web space)	06.52		97.200	683.10 (599.20)	97.200	683.10 (599.20)	3.000	132.30 (116.10)
5742	Tendon transfer foot	06.52		172.000	1208.80 (1060.40)	137.600	967.10 (848.30)	3.000	132.30 (116.10)
5743	Capsulotomy metatarsophalangeal joints: Foot	06.52		86.800	610.00 (535.10)	86.800	610.00 (535.10)	3.000	132.30 (116.10)
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	06.52		730.000	5130.40 (4500.40)	584.000	4104.40 (3600.40)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0913	Replantation of thumb	06.52		670.000	4708.80 (4130.50)	536.000	3767.00 (3304.40)	3.000	132.30 (116.10)
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	06.52		580.000	4076.20 (3575.60)	464.000	3261.00 (2860.50)	3.000	132.30 (116.10)
0915	Replantation operation through the palm	06.52		1270.00 0	8925.60 (7829.50)	1016.00 0	7140.40 (6263.50)	3.000	132.30 (116.10)
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	06.52		19.000	133.50 (117.10)	19.000	133.50 (117.10)	3.000	132.30 (116.10)
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)	3.000	132.30 (116.10)
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	06.52		37.000	260.00 (228.10)	37.000	260.00 (228.10)	3.000	132.30 (116.10)
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	06.52							
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)	3.000	132.30 (116.10)
3.8.5	Special areas: Spine								
	Please note the following with regard to section 3.8.5: Spine a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis. 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition. b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.								06.52
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	06.52		207.000	1454.80 (1276.10)	165.600	1163.80 (1020.90)	3.000	132.30 (116.10)
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	06.52	+	42.000	295.20 (258.90)	42.000	295.20 (258.90)	3.000	132.30 (116.10)
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	5.000	220.60 (193.50)
0930	Posterior osteotomy of spine: One vertebral segment	06.52		339.000	2382.50 (2089.90)	271.200	1906.00 (1671.90)	3.000	132.30 (116.10)
0931	Posterior spinal fusion: One level	06.52		385.000	2705.80 (2373.50)	308.000	2164.60 (1898.80)	3.000	132.30 (116.10)
0932	Posterior osteotomy of spine: Each additional vertebral segment	06.52	+	103.000	723.90 (635.00)	103.000	723.90 (635.00)	3.000	132.30 (116.10)
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	06.52		315.000	2213.80 (1941.90)	252.000	1771.10 (1553.60)	3.000	132.30 (116.10)
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	06.52	+	103.000	723.90 (635.00)	103.000	723.90 (635.00)	3.000	132.30 (116.10)
0938	Anterior fusion base of skull to C2	06.52		449.000	3155.60 (2768.10)	359.200	2524.50 (2214.50)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	3.000	132.30 (116.10)
0941	Anterior interbody fusion: One level	06.52		360.000	2530.10 (2219.40)	288.000	2024.10 (1775.50)	3.000	132.30 (116.10)
0942	Anterior interbody fusion: Each additional level	06.52	+	102.000	716.90 (628.90)	102.000	716.90 (628.90)	3.000	132.30 (116.10)
0944	Posterior fusion: Occiput to C2	06.52		390.000	2740.90 (2404.30)	312.000	2192.70 (1923.40)	4.000	176.40 (154.70)
0946	Posterior spinal fusion: Each additional level	06.52	+	111.000	780.10 (684.30)	111.000	780.10 (684.30)	3.000	132.30 (116.10)
0948	Posterior interbody lumbar fusion: One level	06.52		364.000	2558.20 (2244.00)	291.200	2046.60 (1795.30)	3.000	132.30 (116.10)
0950	Posterior interbody lumbar fusion: Each additional interspace	06.52	+	95.000	667.70 (585.70)	95.000	667.70 (585.70)	3.000	132.30 (116.10)
0959	Excision of coccyx	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
0961	Costo-transversectomy	06.52		198.000	1391.50 (1220.60)	158.400	1113.20 (976.50)	3.000	132.30 (116.10)
0963	Antero-lateral decompression of spinal cord or anterior debridement	06.52		326.000	2291.10 (2009.70)	260.800	1832.90 (1607.80)	3.000	132.30 (116.10)
MODIFIER									
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								06.52
3.8.6	Special areas: Spinal deformities								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).								06.52
0952	Posterior fusion for spinal deformity: Up to 6 levels	06.52		359.000	2523.10 (2213.20)	287.200	2018.40 (1770.50)	3.000	132.30 (116.10)
0954	Posterior fusion for spinal deformity: 7 to 12 levels	06.52		547.000	3844.30 (3372.20)	437.600	3075.50 (2697.80)	3.000	132.30 (116.10)
0955	Posterior fusion for spinal deformity: 13 or more levels	06.52		593.000	4167.60 (3655.80)	474.400	3334.10 (2924.60)	3.000	132.30 (116.10)
0956	Anterior fusion for spinal deformity: 2 or 3 levels	06.52		410.000	2881.50 (2527.60)	328.000	2305.20 (2022.10)	3.000	132.30 (116.10)
0957	Anterior fusion for spinal deformity: 4 to 7 levels	06.52		444.000	3120.40 (2737.20)	355.200	2496.30 (2189.70)	3.000	132.30 (116.10)
0958	Anterior fusion for spinal deformity: 8 or more levels	06.52		539.000	3788.10 (3322.90)	431.200	3030.50 (2658.30)	3.000	132.30 (116.10)
MODIFIER									
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								06.52

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	06.52		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	3.000	132.30 (116.10)
0960	Posterior non-segmental instrumentation	06.52		167.000	1173.70 (1029.60)	133.600	938.90 (823.60)	5.000	220.60 (193.50)
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	06.52		176.000	1236.90 (1085.00)	140.800	989.50 (868.00)	5.000	220.60 (193.50)
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	06.52		201.000	1412.60 (1239.10)	160.800	1130.10 (991.30)	5.000	220.60 (193.50)
0966	Posterior segmental instrumentation:13 or more vertebrae	06.52		245.000	1721.90 (1510.40)	196.000	1377.50 (1208.30)	5.000	220.60 (193.50)
0968	Anterior instrumentation: 2 to 3 vertebrae	06.52		159.000	1117.50 (980.30)	127.200	894.00 (784.20)	5.000	220.60 (193.50)
0969	Skull or skull-femoral traction including two weeks after-care	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)		
0970	Anterior instrumentation: 4 to 7 vertebrae	06.52		185.000	1300.20 (1140.50)	148.000	1040.10 (912.40)	5.000	220.60 (193.50)
0971	Halo-splint and POP jacket including two weeks after-care	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)		
0972	Anterior instrumentation: 8 or more vertebrae	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	5.000	220.60 (193.50)
0974	Additional pelvic fixation of instrumentation other than sacrum	06.52		108.000	759.00 (665.80)	108.000	759.00 (665.80)	5.000	220.60 (193.50)
5750	Reinsertion of instrumentation	06.52		276.000	1939.70 (1701.50)	220.800	1551.80 (1361.20)	6.000	264.70 (232.20)
5751	Removal of posterior non-segmental instrumentation	06.52		173.000	1215.80 (1066.50)	138.400	972.70 (853.20)	6.000	264.70 (232.20)
5752	Removal of posterior segmental instrumentation	06.52		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	6.000	264.70 (232.20)
5753	Removal of anterior instrumentation	06.52		204.000	1433.70 (1257.60)	163.200	1147.00 (1006.10)	6.000	264.70 (232.20)
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	06.52		295.000	2073.30 (1818.70)	236.000	1658.60 (1454.90)	3.000	132.30 (116.10)
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	06.52		304.000	2136.50 (1874.10)	243.200	1709.20 (1499.30)	3.000	132.30 (116.10)
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	06.52		321.000	2256.00 (1978.90)	256.800	1804.80 (1583.20)	3.000	132.30 (116.10)
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	06.52	+	63.000	442.80 (388.40)	63.000	442.80 (388.40)	3.000	132.30 (116.10)
5759	Laminectomy for decompression diskectomy, etc. revision operation	06.52		352.000	2473.90 (2170.10)	281.600	1979.10 (1736.10)	4.000	176.40 (154.70)
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	06.52		301.000	2115.40 (1855.60)	240.800	1692.30 (1484.50)	3.000	132.30 (116.10)
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	06.52	+	68.000	477.90 (419.20)	68.000	477.90 (419.20)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5763	Anterior disc removal and spinal decompression cervical: One level	06.52		344.000	2417.60 (2120.70)	275.200	1934.10 (1696.60)	3.000	132.30 (116.10)
5764	Anterior disc removal and spinal decompression cervical: Each additional level	06.52	+	81.000	569.30 (499.40)	81.000	569.30 (499.40)	3.000	132.30 (116.10)
5765	Vertebral corpectomy for spinal decompression: One level	06.52		466.000	3275.00 (2872.80)	372.800	2620.00 (2298.20)	3.000	132.30 (116.10)
5766	Vertebral corpectomy for spinal decompression: Each additional level	06.52		88.000	618.50 (542.50)	88.000	618.50 (542.50)	3.000	132.30 (116.10)
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	06.52		71.000	499.00 (437.70)	71.000	499.00 (437.70)		
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								06.52
0987	Repair of orbital floor (blowout fracture)	06.52		184.600	1297.40 (1138.10)	147.680	1037.90 (910.40)	4.000	176.40 (154.70)
0988	Genioplasty	06.52		263.000	1848.40 (1621.40)	210.400	1478.70 (1297.10)	4.000	176.40 (154.70)
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	06.52		202.200	1421.10 (1246.60)	161.760	1136.80 (997.20)	4.000	176.40 (154.70)
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	06.52		302.000	2122.50 (1861.80)	241.600	1698.00 (1489.50)	4.000	176.40 (154.70)
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	06.52		433.000	3043.10 (2669.40)	346.400	2434.50 (2135.50)	4.000	176.40 (154.70)
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	06.52		970.000	6817.20 (5980.00)	776.000	5453.70 (4783.90)	4.000	176.40 (154.70)
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	06.52		302.000	2122.50 (1861.80)	241.600	1698.00 (1489.50)	4.000	176.40 (154.70)
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	06.52		1103.000	7751.90 (6799.90)	882.400	6201.50 (5439.90)	4.000	176.40 (154.70)
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	06.52		1654.000	11624.30 (10196.80)	1323.200	9299.40 (8157.40)	4.000	176.40 (154.70)
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	06.52		-	-	-	-		
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	06.52		302.000	2122.50 (1861.80)	241.600	1698.00 (1489.50)	3.000	132.30 (116.10)
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	06.52		184.000	1293.20 (1134.40)	147.200	1034.50 (907.50)	3.000	132.30 (116.10)
1001	Temporo-mandibular joint: Reconstruction for dysfunction	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70)
1003	Manipulation: Immobilisation and follow-up of fractured nose	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10)
1005	Nasal fracture without manipulation	06.52		-	-	-	-		
1007	Mandibulectomy	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	5.000	220.60 (193.50)
1009	Maxillectomy	06.52		382.500	2688.20 (2358.10)	306.000	2150.60 (1886.50)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1011	Bone graft to mandible	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70)
1012	Adjustment of occlusion by ramisection	06.52		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	4.000	176.40 (154.70)
1013	Fracture of arch of zygoma without displacement	06.52		-	-	-	-		
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	06.52		131.000	920.70 (807.60)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	06.52		262.000	1841.30 (1615.20)	209.600	1473.10 (1292.20)	3.000	132.30 (116.10)
4	Respiratory System								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	06.52		51.940	365.00 (320.20)	51.940	365.00 (320.20)		
1019	ENT endoscopy in rooms with rigid endoscope	06.52		12.000	84.30 (73.90)				
1020	Repair of perforated septum: Any method	06.52		141.900	997.30 (874.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1022	Functional reconstruction of nasal septum	06.52		121.200	851.80 (747.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	4.000	176.40 (154.70)
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	06.52		64.600	454.00 (398.20)	64.600	454.00 (398.20)	4.000	176.40 (154.70)
1027	Dacrocystorhinostomy	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50)
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	06.52		62.600	440.00 (386.00)	62.600	440.00 (386.00)	4.000	176.40 (154.70)
1030	Endoscopic turbinectomy: Laser or microdebrider	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	5.000	220.60 (193.50)
1031	Removal of single nasal polyp at rooms (at initial consultation only)	06.52		25.400	178.50 (156.60)	25.400	178.50 (156.60)		
1033	Removal of multiple polyps in hospital under general anaesthetic	06.52		81.800	574.90 (504.30)	81.800	574.90 (504.30)	4.000	176.40 (154.70)
1034	Autogenous nasal bone transplant: Bone removal included	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	4.000	176.40 (154.70)
1035	Functional endoscopic sinus surgery: Unilateral	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1036	Functional endoscopic sinus surgery: Bilateral	06.52		245.000	1721.90 (1510.40)	196.000	1377.50 (1208.30)	4.000	176.40 (154.70)
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70)
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	6.000	264.70 (232.20)
1045	Ligation anterior ethmoidal artery	06.52		135.400	951.60 (834.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
1047	Caldwell-Luc operation: Unilateral	06.52		137.300	964.90 (846.40)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1049	Ligation internal maxillary artery	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	6.000	264.70 (232.20)
1050	Vidian neurectomy (transantral or transnasal)	06.52		113.000	794.20 (696.70)	113.000	794.20 (696.70)	4.000	176.40 (154.70)
1051	Removal nasopharyngeal fibroma	06.52		285.000	2003.00 (1757.00)	228.000	1602.40 (1405.60)	6.000	264.70 (232.20)
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
1053	Frontal sinus drainage, trephine operation	06.52		93.100	654.30 (573.90)	93.100	654.30 (573.90)	4.000	176.40 (154.70)
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	06.52		37.300	262.10 (229.90)				
1055	External frontal ethmoidectomy	06.52		190.700	1340.20 (1175.60)	152.560	1072.20 (940.50)	4.000	176.40 (154.70)
1057	External ethmoidectomy and/or sphenoidectomy	06.52		199.400	1401.40 (1229.30)	159.520	1121.10 (983.40)	4.000	176.40 (154.70)
1058	Sublabial transseptal sphenoidotomy	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1059	Frontal osteomyelitis	06.52		194.000	1363.40 (1196.00)	155.200	1090.70 (956.80)	4.000	176.40 (154.70)
1060	Obliteration of frontal sinus	06.52		291.100	2045.90 (1794.60)	232.880	1636.70 (1435.70)	4.000	176.40 (154.70)
1061	Lateral rhinotomy	06.52		164.000	1152.60 (1011.10)	131.200	922.10 (808.90)	4.000	176.40 (154.70)
1062	Excision nasolabial cyst	06.52		186.100	1307.90 (1147.30)	148.880	1046.30 (917.80)	4.000	176.40 (154.70)
1063	Removal of foreign bodies from nose: At rooms	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
1065	Removal of foreign body from nose: Under general anaesthetic	06.52		38.600	271.30 (238.00)	38.600	271.30 (238.00)	4.000	176.40 (154.70)
1067	Proof puncture at rooms: Unilateral	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70)
1069	Proof puncture, uni- or bilateral under general anaesthetic	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70)
1071	Proetz treatment (consultation fee only to be charged for first treatment)	06.52		4.000	28.10 (24.60)	4.000	28.10 (24.60)		
1077	Septum abscess: At rooms, including after-care	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1079	Septum abscess: Under general anaesthetic	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70)
1081	Oro-antral fistula (without Caldwell-Luc)	06.52		111.800	785.70 (689.20)	111.800	785.70 (689.20)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1083	Choanal atresia: Intranasal approach	06.52		113.000	794.20 (696.70)	113.000	794.20 (696.70)	5.000	220.60 (193.50)
1084	Choanal atresia: Transpalatal approach	06.52		194.000	1363.40 (1196.00)	155.200	1090.70 (956.80)	7.000	308.80 (270.90)
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	5.000	220.60 (193.50)
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50)
1089	Forehead rhinoplasty (all stages): Total	06.52		552.000	3879.50 (3403.10)	441.600	3103.60 (2722.50)	5.000	220.60 (193.50)
1091	Forehead rhinoplasty (all stages): Partial	06.52		414.000	2909.60 (2552.30)	331.200	2327.70 (2041.80)	5.000	220.60 (193.50)
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	06.52		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1095	Full nasal reconstruction for secondary cleft lip deformity	06.52		357.900	2515.30 (2206.40)	286.320	2012.30 (1765.20)	5.000	220.60 (193.50)
1097	Partial nasal reconstruction for cleft lip deformity	06.52		199.700	1403.50 (1231.10)	159.760	1122.80 (984.90)	5.000	220.60 (193.50)
1099	Columella reconstruction or lengthening	06.52		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
MODIFIERS GOVERNING NASAL OPERATIONS									
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083	06.52							
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	4.000	176.40 (154.70)
1102	Laser tonsillectomy	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	6.000	264.70 (232.20)
1105	Removal of adenoids	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	4.000	176.40 (154.70)
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	06.52		168.300	1182.80 (1037.50)	134.640	946.20 (830.00)	5.000	220.60 (193.50)
1107	Opening of quinsy: At rooms	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)	6.000	264.70 (232.20)
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	06.52		85.000	597.40 (524.00)	85.000	597.40 (524.00)	5.000	220.60 (193.50)
1109	Opening of quinsy: Under general anaesthetic	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	6.000	264.70 (232.20)
1110	Ludwig's Angina: Drainage	06.52		42.000	295.20 (258.90)	42.000	295.20 (258.90)	9.000	397.00 (348.20)
1111	Post tonsillectomy or adenoidectomy haemorrhage	06.52		46.000	323.30 (283.60)	46.000	323.30 (283.60)	6.000	264.70 (232.20)
1112	Pharyngeal pouch operation	06.52		231.800	1629.10 (1429.00)	185.440	1303.30 (1143.20)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1113	Retropharyngeal abscess: Internal approach	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	6.000	264.70 (232.20)
1115	Retropharyngeal abscess: External approach	06.52		85.000	597.40 (524.00)	85.000	597.40 (524.00)	6.000	264.70 (232.20)
1116	Functional reconstruction of palate and uvula	06.52		168.300	1182.80 (1037.50)	134.640	946.20 (830.00)	5.000	220.60 (193.50)
4.3	Larynx								
1117	Laryngeal intubation	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
1118	Laryngeal stroboscopy with video capture	06.52		39.000	274.10 (240.40)	39.000	274.10 (240.40)	6.000	264.70 (232.20)
1119	Laryngectomy without block dissection of the neck	06.52		430.000	3022.00 (2650.90)	344.000	2417.60 (2120.70)	7.000	308.80 (270.90)
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	06.52		35.000	246.00 (215.80)				
1126	Post laryngectomy for voice restoration	06.52		139.500	980.40 (860.00)	120.000	843.40 (739.80)	9.000	397.00 (348.20)
1127	Tracheotomy	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	9.000	397.00 (348.20)
1128	Endolaryngeal operations	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	8.000	352.90 (309.60)
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	06.52		294.400	2069.00 (1814.90)	235.520	1655.20 (1451.90)	8.000	352.90 (309.60)
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	06.52		41.400	291.00 (255.30)	41.400	291.00 (255.30)	6.000	264.70 (232.20)
1131	Direct laryngoscopy plus foreign body removal	06.52		64.600	454.00 (398.20)	64.600	454.00 (398.20)	6.000	264.70 (232.20)
MODIFIERS									
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (For other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								06.52
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								06.52
1132	Bronchoscopy: Diagnostic bronchoscopy	06.52		65.000	456.80 (400.70)	65.000	456.80 (400.70)	6.000	264.70 (232.20)
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	8.000	352.90 (309.60)
1134	Bronchoscopy: Bronchoscopy with laser	06.52		75.000	527.10 (462.40)			8.000	352.90 (309.60)
1136	Nebulisation (in rooms)	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)	12.000	84.30 (73.90)
1137	Bronchial lavage	06.52						8.000	352.90 (309.60)
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	12.000	529.30 (464.30)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.5	Pleura								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10)
1141	Insertion of intercostal catheter (under water drainage)	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	6.000	264.70 (232.20)
1142	Intra-pleural block	06.52		36.000	253.00 (221.90)	36.000	253.00 (221.90)	36.000	253.00 (221.90)
1143	Paracentesis chest: Diagnostic	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)	3.000	132.30 (116.10)
1145	Paracentesis chest: Therapeutic	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10)
1147	Pneumothorax: Induction (diagnostic)	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)		
1149	Pleurectomy	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60)
1151	Decortication of lung	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	11.000	485.20 (425.60)
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)	5.000	220.60 (193.50)
1157	Pneumonectomy	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	11.000	485.20 (425.60)
1159	Pulmonary lobectomy	06.52		389.500	2737.40 (2401.20)	311.600	2189.90 (1921.00)	11.000	485.20 (425.60)
1161	Segmental lobectomy	06.52		365.000	2565.20 (2250.20)	292.000	2052.20 (1800.20)	11.000	485.20 (425.60)
1163	Excision tracheal stenosis: Cervical	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	8.000	352.90 (309.60)
1164	Excision tracheal stenosis: Intra thoracic	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	12.000	529.30 (464.30)
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	06.52		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	12.000	529.30 (464.30)
1168	Thoracoplasty: Complete	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60)
1169	Thoracoplasty: Limited (osteoplastic)	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	11.000	485.20 (425.60)
1171	Drainage empyema (including six weeks after treatment)	06.52		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	11.000	485.20 (425.60)
1173	Drainage of lung abscess (including six weeks after treatment)	06.52		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	11.000	485.20 (425.60)
1175	Thoracotomy (limited): For lung or pleural biopsy	06.52		115.000	808.20 (708.90)	115.000	808.20 (708.90)	11.000	485.20 (425.60)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1177	Major: Diagnostic, as for inoperable carcinoma	06.52		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	11.000	485.20 (425.60)
1179	Thoracoscopy	06.52		89.000	625.50 (548.70)	89.000	625.50 (548.70)	11.000	485.20 (425.60)
1183	Excision or plication of emphysematous cyst: Unilateral	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60)
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	06.52		438.000	3078.30 (2700.30)	350.400	2462.60 (2160.20)	11.000	485.20 (425.60)
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	11.000	485.20 (425.60)
4.6.2	Pulmonary function tests								
1186	Flow volume test: Inspiration/expiration	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90)
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20)
1189	Forced expirogram only	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70)
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	06.52		45.310	318.40 (279.30)				
1191	N2 single breath distribution	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70)
1192	Peak expiratory flow only	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)	5.000	35.10 (30.80)
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	06.52		37.760	265.40 (232.80)				
1195	Thoracic gas volume	06.52		37.930	266.60 (233.90)				
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	06.52		45.310	318.40 (279.30)				
1197	Compliance and resistance, using oesophageal balloon	06.52		24.000	168.70 (148.00)	24.000	168.70 (148.00)	24.000	168.70 (148.00)
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	06.52		55.890	392.80 (344.60)	55.890	392.80 (344.60)		
1199	Pulmonary stress testing: For determination of VO2 max	06.52		96.500	678.20 (594.90)	96.500	678.20 (594.90)		
1200	Carbon monoxide diffusing capacity, any method	06.52		38.060	267.50 (234.60)				
1201	Maximum inspiratory/expiratory pressure	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)	5.000	35.10 (30.80)
4.7	Intensive care								
RULES GOVERNING THIS SECTION									
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								06.52
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								06.52

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								06.52
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring								06.52
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures								
1202	Insertion of central venous catheter via peripheral vein in neonates	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	40.000	281.10 (246.60)
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care								
1204	Intensive care: Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90)
1205	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	100.000	702.80 (616.50)
1206	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20)
1207	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90)
	Please Note: The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109	06.52							
1208	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	137.000	962.80 (844.60)
1209	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	06.52		58.000	407.60 (357.50)	58.000	407.60 (357.50)	58.000	407.60 (357.50)
1210	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20)
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures								
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.	06.52							
1212	Ventilation: First day	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	75.000	527.10 (462.40)
1213	Ventilation: Subsequent days, per day	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20)
1214	Ventilation: After two weeks, per day	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10)
1215	Insertion of arterial pressure cannula	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10)
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	50.000	351.40 (308.20)
1217	Insertion of central venous line via peripheral vein	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70)
1218	Insertion of central venous line via subclavian or jugular veins	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10)

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1219	Hyperalimentation (daily tariff)	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)	15.000	105.40 (92.50)
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90)
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90)
4.8	Hyperbaric Oxygen Therapy								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ('the bends') c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Necrotising soft tissue infections (e.g. necrotising fasciitis) g. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia).								06.52
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Low pressure table (1,5-1,8 ATA x 45-60 min): PROFESSIONAL COMPONENT	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)		
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	06.52		101.130	710.70 (623.40)	101.130	710.70 (623.40)		
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)		
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	06.52		131.260	922.50 (809.20)	131.260	922.50 (809.20)		
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)		
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	06.52		131.260	922.50 (809.20)	131.260	922.50 (809.20)		
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)		
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	06.52		214.180	1505.30 (1320.40)	214.180	1505.30 (1320.40)		
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	06.52		190.000	1335.30 (1171.30)	190.000	1335.30 (1171.30)		
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	06.52		386.420	2715.80 (2382.30)	386.420	2715.80 (2382.30)		
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	06.52		327.000	2298.20 (2016.00)	327.000	2298.20 (2016.00)		
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	06.52		680.850	4785.00 (4197.40)	680.850	4785.00 (4197.40)		