Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	06.52		678.280	4767.00 (4181.60)	678.280	4767.00 (4181.60)		
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	06.52		671.850	4721.80 (4141.90)	671.850	4721.80 (4141.90)		
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units	06.52							
5	Mediastinal Procedures								
1223	Mediastinoscopy	06.52		95.000	667.70 (585.70)	95.000	667.70 (585.70)	5.000	220.60 (193.50)
1224	Mediastinotomy	06.52		115.000	808.20 (708.90)	115.000	808.20 (708.90)	11.000	485.20 (425.60)
6	Cardiovascular System								
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP									
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	20.000	140.60 (123.30)
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG	06.52							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	06.52				4.500	31.60 (27.70)		
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	06.52				6.500	45.70 (40.10)		
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added	06.52							
1230	Physician's fee for interpreting an ECG: Without effort	06.52		6.000	42.20 (37.00)				
1231	Physician's fee for interpreting an ECG: With and without effort	06.52		10.000	70.30 (61.70)				
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation	06.52							
1232	Electrocardiogram: Without effort	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
1233	Electrocardiogram: With and without effort	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)		
1241	X-ray Screening: Chest	06.52		4.000	28.10 (24.60)	4.000	28.10 (24.60)		
1245	Angiography cerebral: First two series	06.52		34.300	241.10 (211.50)	34.300	241.10 (211.50)	4.000	176.40 (154.70)
1246	Angiography peripheral: Per limb	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70)
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	06.52		65.000	456.80 (400.70)	65.000	456.80 (400.70)	6.000	264.70 (232.20)
1248	Paracentesis of pericardium	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	9.000	397.00 (348.20)
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER									
6.2	Invasive Cardiology								
6.2.1	Invasive cardiology: Cardiac catheterisation								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	06.52		140.000	983.90 (863.10)			9.000	397.00 (348.20)
1250	Endomyocardial biopsy	06.52		70.000	492.00 (431.60)	70.000	492.00 (431.60)	9.000	397.00 (348.20)
1251	Transeptal puncture	06.52		70.000	492.00 (431.60)	70.000	492.00 (431.60)	9.000	397.00 (348.20)
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	06.52		140.000	983.90 (863.10)			9.000	397.00 (348.20)
1253	Right heart catheterisation (with or without biopsy)	06.52		70.000	492.00 (431.60)			9.000	397.00 (348.20)
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	9.000	397.00 (348.20)
1255	Tilt test	06.52		31.300	220.00 (193.00)	31.300	220.00 (193.00)		
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study	06.52		160.000	1124.50 (986.40)			9.000	397.00 (348.20)
1257	Full electrophysiological study	06.52		300.000	2108.40 (1849.50)			9.000	397.00 (348.20)
6.2.3	Invasive cardiology: Pacemakers								
1258	Pacemaker: Permanent - single chamber	06.52		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	9.000	397.00 (348.20)
1259	Pacemaker: Permanent - dual chamber	06.52		230.000	1616.40 (1417.90)	184.000	1293.20 (1134.40)	9.000	397.00 (348.20)
1260	AV nodal ablation	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	9.000	397.00 (348.20)
1261	Accessory pathway ablation	06.52		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	9.000	397.00 (348.20)
1262	Electrophysiological mapping	06.52		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)		
1263	Insertion transvenous implantable defibrillator	06.52		212.000	1489.90 (1306.90)	169.600	1191.90 (1045.50)	15.000	661.70 (580.40)
1264	Test for implantable transvenous defibrillator	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	15.000	661.70 (580.40)
1265	Renewal of pacemaker unit only, team fee	06.52		125.000	878.50 (770.60)	120.000	843.40 (739.80)	9.000	397.00 (348.20)
1266	Resiting pacemaker generator	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)		
1267	Repositioning of catheter electrode	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	9.000	397.00 (348.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1268	Threshold testing: Own equipment	06.52		15.000	105.40 (92.50)				
1269	Threshold testing: Hospital equipment	06.52		11.000	77.30 (67.80)				
1270	Programming of atrio-ventricular sequential pacemaker	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)		
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	9.000	397.00 (348.20)
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	9.000	397.00 (348.20)
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	06.52		260.000	1827.30 (1602.90)	208.000	1461.80 (1282.30)	13.000	573.40 (503.00)
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	13.000	573.40 (503.00)
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	13.000	573.40 (503.00)
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	13.000	573.40 (503.00)
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	13.000	573.40 (503.00)
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	13.000	573.40 (503.00)
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	06.52		260.000	1827.30 (1602.90)	208.000	1461.80 (1282.30)	15.000	661.70 (580.40)
1283	Use of balloon procedure as in item 1282: Second cardiologist	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	15.000	661.70 (580.40)
1284	Atherectomy: Single lesion: First cardiologist	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)		
1285	Atherectomy: Single lesion: Second cardiologist	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)		
1286	Insertion of intravascular stent: First cardiologist	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)		
1287	Insertion of intravascular stent: Second cardiologist	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)		
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	06.52		300.000	2108.40 (1849.50)			15.000	661.70 (580.40)
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	06.52		160.000	1124.50 (986.40)			15.000	661.70 (580.40)
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	12.000	529.30 (464.30)
1289	Paediatric cardiac catheterisation: Infants below the age of one year	06.52		263.000	1848.40 (1621.40)	210.400	1478.70 (1297.10)	12.000	529.30 (464.30)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	13.000	573.40 (503.00)
1295	Pericardiectomy for constrictive pericarditis	06.52		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	15.000	661.70 (580.40)
1297	Coarctation of aorta	06.52		425.000	2986.90 (2620.10)	340.000	2389.50 (2096.10)	15.000	661.70 (580.40)
1299	Systemo-pulmonary anastomosis	06.52		425.000	2986.90 (2620.10)	340.000	2389.50 (2096.10)	15.000	661.70 (580.40)
1301	Mitral valvotomy: Closed heart technique	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	15.000	661.70 (580.40)
1305	Operative implantation of cardiac pacemaker by thoracotomy	06.52		220.000	1546.20 (1356.30)	176.000	1236.90 (1085.00)	15.000	661.70 (580.40)
1307	Re-exploration after cardiac surgery	06.52		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	15.000	661.70 (580.40)
1311	Pericardial drainage	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	13.000	573.40 (503.00)
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	06.52		25.000	175.70 (154.10)				
1320	Repeat open heart surgery (additional fee above procedure fee)	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	15.000	661.70 (580.40)
1321	Stand-by fee for coronary angioplasty	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	30.000	210.80 (184.90)
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	06.52		20.000	140.60 (123.30)				
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	06.52		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	15.000	661.70 (580.40)
1325	Atrial septal defect: Sinus venosus or osteum primum	06.52		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40)
1327	Atrial septal defect: Ventricular septal defect	06.52		603.800	4243.50 (3722.40)	483.040	3394.80 (2977.90)	15.000	661.70 (580.40)
1329	Atrial septal defect: Fallot's tetralogy	06.52		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40)
1330	Atrial septal defect: Pulmonary stenosis	06.52		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	15.000	661.70 (580.40)
1331	Transposition of large vessels (venous repair)	06.52		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40)
1332	Transposition of great arteries (arterial repair)	06.52		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40)
1333	Ebstein's Anomaly	06.52		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	06.52		548.800	3857.00 (3383.30)	439.040	3085.60 (2706.70)	20.000	882.20 (773.90)
1335	Total anomalous venous drainage	06.52		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40)
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	06.52		658.900	4630.70 (4062.00)	527.120	3704.60 (3249.60)	20.000	882.20 (773.90)
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	06.52		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	15.000	661.70 (580.40)
1338	Fontan type repair	06.52		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40)
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	06.52		657.000	4617.40 (4050.40)	525.600	3693.90 (3240.30)	15.000	661.70 (580.40)
1340	Mitral valvuloplasty	06.52		688.000	4835.30 (4241.50)	550.400	3868.20 (3393.20)	15.000	661.70 (580.40)
1341	Aortic valve replacement	06.52		623.800	4384.10 (3845.70)	499.040	3507.30 (3076.60)	15.000	661.70 (580.40)
1342	Tricuspid annulo plasty	06.52		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	15.000	661.70 (580.40)
1343	Double valve replacement	06.52		968.900	6809.40 (5973.20)	775.120	5447.50 (4778.50)	15.000	661.70 (580.40)
1344	Acute dissecting aneurysm repair	06.52		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40)
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	06.52		1000.000	7028.00 (6164.90)	800.000	5622.40 (4931.90)	15.000	661.70 (580.40)
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)		
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	06.52		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	06.52		750.000	5271.00 (4623.70)	600.000	4216.80 (3698.90)	15.000	661.70 (580.40)
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	06.52		781.000	5488.90 (4814.80)	624.800	4391.10 (3851.80)	15.000	661.70 (580.40)
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	06.52		813.000	5713.80 (5012.10)	650.400	4571.00 (4009.60)	15.000	661.70 (580.40)
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	06.52		875.000	6149.50 (5394.30)	700.000	4919.60 (4315.40)	15.000	661.70 (580.40)
1352	Cardiac aneurysm	06.52		563.000	3956.80 (3470.90)	450.400	3165.40 (2776.70)	15.000	661.70 (580.40)
1353	Ascending/descending thoracic aortic aneurysm repair	06.52		625.000	4392.50 (3853.10)	500.000	3514.00 (3082.50)	15.000	661.70 (580.40)
1354	Arrhythmia surgery	06.52		688.000	4835.30 (4241.50)	550.400	3868.20 (3393.20)	15.000	661.70 (580.40)
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	06.52		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	15.000	661.70 (580.40)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1358	Harvesting of radial artery	06.52		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)		
6.4	Peripheral vascular system								
MODIFIER GOVERNING THIS SECTION									
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								06.52
6.4.1	Peripheral vascular system: Investigations								
1357	Skin temperature test: Response to reflex heating	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
1359	Skin temperature test: Response to reflex cooling	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
1361	Cold sensitivity test	06.52		17.000	119.50 (104.80)	17.000	119.50 (104.80)		
1363	Oscillometry test	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
1365	Sweating test	06.52		17.000	119.50 (104.80)	17.000	119.50 (104.80)		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	06.52		26.300	184.80 (162.10)	26.300	184.80 (162.10)		
1367	Doppler blood tests	06.52		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
5369	Doppler arterial pressures	06.52		6.000	42.20 (37.00)	6.000	42.20 (37.00)		
5371	Doppler arterial pressures with exercise	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
5373	Doppler segmental pressures and wave forms	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
5375	Venous doppler examination (both limbs)	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
5377	Venous plethysmography	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
5379	Supra-orbital doppler test	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
5381	Carotid non-invasive complex tests	06.52		39.000	274.10 (240.40)	39.000	274.10 (240.40)		
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)	06.52							
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	06.52		540.000	3795.10 (3329.00)	432.000	3036.10 (2663.20)	15.000	661.70 (580.40)
1373	Abdominal aorta and iliac artery: Ruptured	06.52		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	15.000	661.70 (580.40)
1375	Grafting and/or thrombo-endarterectomy for thrombosis	06.52		444.000	3120.40 (2737.20)	355.200	2496.30 (2189.70)	15.000	661.70 (580.40)
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	06.52		594.000	4174.60 (3661.90)	475.200	3339.70 (2929.60)	15.000	661.70 (580.40)
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	13.000	573.40 (503.00)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	06.52		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50)
1387	Grafting vein: Vein grafting proximal to knee joint	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	5.000	220.60 (193.50)
1388	Grafting vein: Distal to knee joint	06.52		444.000	3120.40 (2737.20)	355.200	2496.30 (2189.70)	5.000	220.60 (193.50)
1389	Grafting vein: Endarterectomy when not part of another specified procedure	06.52		264.000	1855.40 (1627.50)	211.200	1484.30 (1302.00)	5.000	220.60 (193.50)
1390	Grafting vein: Carotid endarterectomy	06.52		321.000	2256.00 (1978.90)	256.800	1804.80 (1583.20)	15.000	661.70 (580.40)
1393	Embolectomy: Peripheral embolectomy transfemoral	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	5.000	220.60 (193.50)
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	06.52		125.000	878.50 (770.60)	100.000	702.80 (616.50)	5.000	220.60 (193.50)
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	06.52		264.000	1855.40 (1627.50)	211.200	1484.30 (1302.00)	15.000	661.70 (580.40)
1397	Profundoplasty	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50)
1399	Distal tibial (ankle region)	06.52		456.000	3204.80 (2811.20)	364.800	2563.80 (2248.90)	5.000	220.60 (193.50)
1401	Femoro-femoral	06.52		254.000	1785.10 (1565.90)	203.200	1428.10 (1252.70)	5.000	220.60 (193.50)
1402	Carotid-subclavian	06.52		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	8.000	352.90 (309.60)
1403	Axillo-femoral: (Bifemoral + 50%)	06.52		288.000	2024.10 (1775.50)	230.400	1619.30 (1420.40)	8.000	352.90 (309.60)
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10)
1408	Placement of Hickman catheter or similar	06.52		91.000	639.50 (561.00)	91.000	639.50 (561.00)	4.000	176.40 (154.70)
1410	Litigation of inferior vena cava: Abdominal	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	8.000	352.90 (309.60)
1412	Umbrella operation on inferior vena cava: Abdominal	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	8.000	352.90 (309.60)
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	06.52		141.000	990.90 (869.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	06.52		247.000	1735.90 (1522.70)	197.600	1388.70 (1218.20)	3.000	132.30 (116.10)
1417	Extensive sub-fascial ligation of perforating veins	06.52		125.000	878.50 (770.60)	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
1419	Lesser varicose vein procedures	06.52		31.000	217.90 (191.10)	31.000	217.90 (191.10)	3.000	132.30 (116.10)
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	06.52		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	11.000	485.20 (425.60)
1427	Thrombectomy: Illio-femoral	06.52		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	6.000	264.70 (232.20)
6.4.5	Peripheral vascular system: Portal hypertension								
1429	Porto-caval shunt	06.52		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	11.000	485.20 (425.60)
6.5	Cardiac rehabilitation								
7	Lympho Reticular System								
7.1	Spleen								
1435	Splenectomy (in all cases)	06.52		221.300	1555.30 (1364.30)	177.040	1244.20 (1091.40)	9.000	397.00 (348.20)
1436	Splenorrhaphy	06.52		231.800	1629.10 (1429.00)	185.440	1303.30 (1143.20)	9.000	397.00 (348.20)
7.2	Lymph nodes and lymphatic channels								
8	Digestive System								
MODIFIERS GOVERNING THIS SECTION									
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								06.52
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	06.52		21.000	147.59 (129.46)	21.000	147.59 (129.46)		
8.1	Oral cavity								
1461	All dental procedures	06.52						4.000	176.40 (154.70)
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70)
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)	4.000	176.40 (154.70)
1467	Drainage of intra-oral abscess	06.52		31.000	217.90 (191.10)	31.000	217.90 (191.10)	4.000	176.40 (154.70)
1469	Local excision of mucosal lesion of oral cavity	06.52		23.000	161.60 (141.80)	23.000	161.60 (141.80)	4.000	176.40 (154.70)
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	06.52		-	-	-	-	7.000	308.80 (270.90)
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	06.52		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	6.000	264.70 (232.20)
1477	Cleft palate: Secondary repair	06.52		174.200	1224.30 (1073.90)	139.360	979.40 (859.10)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	06.52		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	6.000	264.70 (232.20)
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	06.52		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	6.000	264.70 (232.20)
1480	Repair of oronasal fistula (large) e.g. distant flap	06.52		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	6.000	264.70 (232.20)
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	06.52		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1482	Repair of oronasal fistula (large): Second stage	06.52		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1483	Alveolar periosteal or other flaps for arch closure	06.52		138.000	969.90 (850.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1486	Closure of anterior nasal floor	06.52		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	06.52		95.000	667.70 (585.70)	95.000	667.70 (585.70)	5.000	220.60 (193.50)
1485	Local excision of benign lesion of lip	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)	4.000	176.40 (154.70)
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	06.52		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	5.000	220.60 (193.50)
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	06.52		251.600	1768.20 (1551.10)	201.280	1414.60 (1240.90)	5.000	220.60 (193.50)
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	06.52		329.900	2318.50 (2033.80)	263.920	1854.80 (1627.00)	5.000	220.60 (193.50)
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	06.52		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	5.000	220.60 (193.50)
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	06.52		251.600	1768.20 (1551.10)	201.280	1414.60 (1240.90)	5.000	220.60 (193.50)
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	06.52		91.000	639.50 (561.00)	91.000	639.50 (561.00)	5.000	220.60 (193.50)
1495	Abbé or Estlander type flap (all stages included)	06.52		273.100	1919.30 (1683.60)	218.480	1535.50 (1346.90)	5.000	220.60 (193.50)
1497	Vermilionectomy	06.52		94.900	667.00 (585.10)	94.900	667.00 (585.10)	4.000	176.40 (154.70)
1499	Lip reconstruction following an injury: Direct repair	06.52		105.600	742.20 (651.10)	105.600	742.20 (651.10)	4.000	176.40 (154.70)
1501	Lip reconstruction following an injury or tumour removal: Flap repair	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70)
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70)
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	06.52		104.000	730.90 (641.10)	104.000	730.90 (641.10)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
8.3	Tongue								
1505	Partial glossectomy	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20)
1507	Local excision of lesion of tongue	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)	4.000	176.40 (154.70)
8.4	Palate, uvula and salivary glands								
1531	Drainage of parotid abscess	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70)
1533	Closure of salivary fistula	06.52		91.000	639.50 (561.00)	91.000	639.50 (561.00)	4.000	176.40 (154.70)
1535	Dilatation of salivary duct	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70)
1537	Operative removal of salivary calculus	06.52		55.000	386.50 (339.00)	55.000	386.50 (339.00)	4.000	176.40 (154.70)
1539	Salivary duct: Meatotomy	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70)
1541	Branchial cyst and/or fistula: Excision	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1543	Excision of cystic hygroma	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1544	Ludwig's Angina: Drainage	06.52		42.000	295.20 (258.90)	42.000	295.20 (258.90)	9.000	397.00 (348.20)
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	06.52		47.000	330.30 (289.70)	47.000	330.30 (289.70)	4.000	176.40 (154.70)
1549	Oesophagoscopy with dilatation of stricture	06.52		70.000	492.00 (431.60)	70.000	492.00 (431.60)	4.000	176.40 (154.70)
1550	Oesophagoscopy with removal of foreign body	06.52		70.000	492.00 (431.60)	70.000	492.00 (431.60)	4.000	176.40 (154.70)
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70)
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70)
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	06.52		65.000	456.80 (400.70)	65.000	456.80 (400.70)	4.000	176.40 (154.70)
1554	Per-oral small bowel biopsy	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70)
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	06.52		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	15.000	661.70 (580.40)
1557	Oesophageal dilatation	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	4.000	176.40 (154.70)
1559	Oesophagectomy: Two stage	06.52		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	11.000	485.20 (425.60)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1560	Oesophagectomy: Three stage	06.52		550.000	3865.40 (3390.70)	440.000	3092.30 (2712.50)	11.000	485.20 (425.60)
1561	Thoraco-abdominal oesophagogastrectomy	06.52		500.000	3514.00 (3082.50)	400.000	2811.20 (2466.00)	11.000	485.20 (425.60)
1567	Bochdalek hernia repair in newborn	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	14.000	617.50 (541.70)
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60)
1569	Heller's operation	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	14.000	617.50 (541.70)
1575	Insertion of indwelling oesophageal tube by laparotomy	06.52		142.000	998.00 (875.40)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
1578	Oesophageal motility (4 channel + pneumograph)	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	4.000	176.40 (154.70)
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	06.52		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	11.000	485.20 (425.60)
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	06.52		110.000	773.10 (678.20)	110.000	773.10 (678.20)	4.000	176.40 (154.70)
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1583	Excision of intrathoracic oesophageal diverticulum	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	11.000	485.20 (425.60)
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	06.52		55.000	386.50 (339.00)	55.000	386.50 (339.00)		
1585	24 Hour oesophageal pH studies: Interpretation	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)		
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	06.52		48.750	342.60 (300.50)	48.750	342.60 (300.50)	4.000	176.40 (154.70)
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	06.52	+	25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70)
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	06.52	+	34.000	239.00 (209.60)	34.000	239.00 (209.60)	6.000	264.70 (232.20)
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	06.52	+	25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70)
1593	Augmented histamine test: Gastric intubation with x-ray screening	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
1597	Gastrostomy or Gastrotomy	06.52		147.500	1036.60 (909.30)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
1598	Gastrotomy with suture repair of bleeding ulcer	06.52		251.200	1765.40 (1548.60)	200.960	1412.30 (1238.90)	6.000	264.70 (232.20)
1599	Pyloromyotomy (Rammstedt)	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)	6.000	264.70 (232.20)
1601	Local excision of ulcer or benign neoplasm	06.52		195.600	1374.70 (1205.90)	156.480	1099.70 (964.60)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1603	Vagotomy: Abdominal	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
1604	Vagotomy: Thoracic	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	11.000	485.20 (425.60)
1605	Truncal or selective with drainage procedures	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	6.000	264.70 (232.20)
1607	Vagotomy and antrectomy	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	6.000	264.70 (232.20)
1609	Highly selective vagotomy	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	6.000	264.70 (232.20)
1611	Pyloroplasty	06.52		180.200	1266.40 (1110.90)	144.160	1013.20 (888.80)	6.000	264.70 (232.20)
1613	Gastroenterostomy	06.52		203.600	1430.90 (1255.20)	162.880	1144.70 (1004.10)	6.000	264.70 (232.20)
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	7.000	308.80 (270.90)
1617	Partial gastrectomy	06.52		328.300	2307.30 (2023.90)	262.640	1845.80 (1619.10)	7.000	308.80 (270.90)
1619	Total gastrectomy	06.52		384.430	2701.80 (2370.00)	307.540	2161.40 (1896.00)	7.000	308.80 (270.90)
1621	Revision of gastrectomy or gastro-enterostomy	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	7.000	308.80 (270.90)
1625	Gastro-esophageal operation for portal hypertension (Tanner)	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60)
8.7	Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojenunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
1627	Duodenal intubation (under X-ray screening)	06.52		8.000	56.20 (49.30)				
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	06.52		21.000	147.60 (129.50)				
1631	Duodenal intubation: Under 3 years of age	06.52		15.000	105.40 (92.50)				
8.8	Intestines								
1632	H2 breath test (intestines)	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
1633	Complete test using lactose or lactulose	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)		
1634	Enterotomy or Enterostomy	06.52		202.600	1423.90 (1249.00)	162.080	1139.10 (999.20)	6.000	264.70 (232.20)
1635	Intestinal obstruction of the newborn	06.52		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	7.000	308.80 (270.90)
1637	Operation for relief of intestinal obstruction	06.52		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	7.000	308.80 (270.90)
1639	Resection of small bowel with enterostomy or anastomosis	06.52		244.900	1721.20 (1509.80)	195.920	1376.90 (1207.80)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1641	Entero-enterostomy or entero-colostomy for bypass	06.52		213.100	1497.70 (1313.80)	170.480	1198.10 (1051.00)	6.000	264.70 (232.20)
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)		
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)		
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	06.52		185.200	1301.60 (1141.80)	148.160	1041.30 (913.40)	6.000	264.70 (232.20)
1647	Closure of intestinal fistula	06.52		258.000	1813.20 (1590.50)	206.400	1450.60 (1272.50)	6.000	264.70 (232.20)
1649	Excision of Meckel's diverticulum	06.52		179.800	1263.60 (1108.40)	143.840	1010.90 (886.80)	6.000	264.70 (232.20)
1651	Excision of lesion of mesentery	06.52		171.600	1206.00 (1057.90)	137.280	964.80 (846.30)	4.000	176.40 (154.70)
1652	Laparotomy for mesenteric thrombosis	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	8.000	352.90 (309.60)
1653	Total colonoscopy: With hospital equipment (including biopsy)	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	4.000	176.40 (154.70)
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	06.52	+	30.000	210.80 (184.90)	30.000	210.80 (184.90)	4.000	176.40 (154.70)
1656	Left-sided colonoscopy	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	4.000	176.40 (154.70)
1657	Right or left hemicolectomy or segmental colectomy	06.52		325.000	2284.10 (2003.60)	260.000	1827.30 (1602.90)	6.000	264.70 (232.20)
1658	Reconstruction of colon after Hartman's procedure	06.52		359.400	2525.90 (2215.70)	287.520	2020.70 (1772.50)	6.000	264.70 (232.20)
1661	Colotomy: Including removal of tumour or foreign body	06.52		205.700	1445.70 (1268.20)	164.560	1156.50 (1014.50)	6.000	264.70 (232.20)
1663	Total colectomy	06.52		390.000	2740.90 (2404.30)	312.000	2192.70 (1923.40)	6.000	264.70 (232.20)
1665	Colostomy or ileostomy isolated procedure	06.52		233.800	1643.10 (1441.30)	187.040	1314.50 (1153.10)	6.000	264.70 (232.20)
1666	Continent ileostomy pouch (all types)	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20)
1667	Colostomy: Closure	06.52		179.100	1258.70 (1104.10)	143.280	1007.00 (883.30)	5.000	220.60 (193.50)
1668	Revision of ileostomy pouch	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	6.000	264.70 (232.20)
1669	Total proctocolectomy and ileostomy	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	7.000	308.80 (270.90)
1670	Proctocolectomy, ileostomy and ileostomy pouch	06.52		540.000	3795.10 (3329.00)	432.000	3036.10 (2663.20)	7.000	308.80 (270.90)
1671	Colomyotomy (Reilly operation)	06.52		185.000	1300.20 (1140.50)	148.000	1040.10 (912.40)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
8.9	Appendix								
1673	Drainage of appendix abscess	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1675	Appendicectomy	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	4.000	176.40 (154.70)
8.10	Rectum and anus								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	06.52		48.750	342.60 (300.50)	48.750	342.60 (300.50)	3.000	132.30 (116.10)
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10)
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	06.52	+	25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10)
1679	Sigmoidoscopy with removal of polyps, first and subsequent	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10)
1681	Proctoscopy with removal of polyps: First time	06.52		21.000	147.60 (129.50)	21.000	147.60 (129.50)	3.000	132.30 (116.10)
1683	Proctoscopy with removal of polyps: Subsequent times	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10)
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	06.52		381.300	2679.80 (2350.70)	305.040	2143.80 (1880.50)	6.000	264.70 (232.20)
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	06.52		445.000	3127.50 (2743.40)	356.000	2502.00 (2194.70)	8.000	352.90 (309.60)
1689	Perineal resection of rectum	06.52		141.000	990.90 (869.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.	06.52							
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	06.52		409.300	2876.60 (2523.30)	327.440	2301.20 (2018.60)	7.000	308.80 (270.90)
1692	Abdomino-perineal resection of rectum: Perineal surgeon	06.52		158.500	1113.90 (977.10)	126.800	891.20 (781.80)		
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20)
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	6.000	264.70 (232.20)
1701	Repair of prolapsed rectum: Abdominal: Perineal	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	4.000	176.40 (154.70)
1705	Incision and drainage of peri-anal abscess	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10)
1707	Drainage of submucous abscess	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10)
1709	Drainage of ischio-rectal abscess	06.52		87.000	611.40 (536.30)	87.000	611.40 (536.30)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1711	Excision of pelvi-rectal fistula	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	5.000	220.60 (193.50)
1713	Excision of fistula-in-ano	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	3.000	132.30 (116.10)
1715	Operation for fissure-in-ano	06.52		66.800	469.50 (411.80)	66.800	469.50 (411.80)	3.000	132.30 (116.10)
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)
1721	Sclerosing injection for haemorrhoids: Per injection	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
1723	Haemorrhoidectomy	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
1725	Drainage of external thrombosed pile	06.52		12.500	87.90 (77.10)	12.500	87.90 (77.10)	3.000	132.30 (116.10)
1727	Multiple procedures (haemorrhoids, fissure, etc.)	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	3.000	132.30 (116.10)
1728	Biopsy of ano-rectal wall, for congenital megacolon	06.52		60.600	425.90 (373.60)	60.600	425.90 (373.60)	5.000	220.60 (193.50)
1729	Excision of anal skin tags	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10)
1731	Operation for low imperforate anus	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20)
1733	Anoplasty: Y-V-plasty	06.52		41.000	288.10 (252.70)	41.000	288.10 (252.70)	3.000	132.30 (116.10)
1735	Anal sphincteroplasty for incontinence	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
1737	Dilation of ano-rectal stricture	06.52		12.500	87.90 (77.10)	12.500	87.90 (77.10)	3.000	132.30 (116.10)
1739	Closure of recto-vesical fistula	06.52		241.000	1693.70 (1485.70)	192.800	1355.00 (1188.60)	5.000	220.60 (193.50)
1741	Closure of recto-urethral fistula	06.52		241.000	1693.70 (1485.70)	192.800	1355.00 (1188.60)	5.000	220.60 (193.50)
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)		
8.11	Liver								
1743	Needle biopsy of liver	06.52		30.300	212.90 (186.80)	30.300	212.90 (186.80)	3.000	132.30 (116.10)
1745	Biopsy of liver by laparotomy	06.52		125.000	878.50 (770.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1747	Drainage of liver abscess or cyst	06.52		179.100	1258.70 (1104.10)	143.280	1007.00 (883.30)	7.000	308.80 (270.90)
1748	Body composition measured by bio-electrical impedance	06.52		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
1749	Hemi-hepatectomy: Right	06.52		564.000	3963.80 (3477.00)	451.200	3171.00 (2781.60)	9.000	397.00 (348.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1751	Hemi-hepatectomy: Left	06.52		521.100	3662.30 (3212.50)	416.880	2929.80 (2570.00)	9.000	397.00 (348.20)
1752	Extended right or left hepatectomy	06.52		570.900	4012.30 (3519.60)	456.720	3209.80 (2815.60)	9.000	397.00 (348.20)
1753	Partial or segmental hepatectomy	06.52		378.000	2656.60 (2330.40)	302.400	2125.30 (1864.30)	9.000	397.00 (348.20)
1754	Hepatico-jejunostomy	06.52		369.200	2594.70 (2276.10)	295.360	2075.80 (1820.90)	9.000	397.00 (348.20)
1755	Liver transplant	06.52		1400.80 0	9844.80 (8635.80)	1120.64 0	7875.90 (6908.70)	15.000	661.70 (580.40)
1756	Harvesting donor hepatectomy	06.52		616.200	4330.70 (3798.90)	492.960	3464.50 (3039.00)	5.000	220.60 (193.50)
1757	Suture of liver wound or injury	06.52		214.200	1505.40 (1320.50)	171.360	1204.30 (1056.40)	9.000	397.00 (348.20)
8.12	Biliary tract								
1759	Cholecystostomy	06.52		171.600	1206.00 (1057.90)	137.280	964.80 (846.30)	6.000	264.70 (232.20)
1761	Cholecystectomy	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20)
1762	Cholecystectomy and operative cholangiogram	06.52		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	6.000	264.70 (232.20)
1763	With exploration of common bile duct	06.52		264.500	1858.90 (1630.60)	211.600	1487.10 (1304.50)	6.000	264.70 (232.20)
1765	Exploration of common bile duct: Secondary operation	06.52		327.700	2303.10 (2020.30)	262.160	1842.50 (1616.20)	6.000	264.70 (232.20)
1767	Reconstruction of common bile duct	06.52		371.700	2612.30 (2291.50)	297.360	2089.80 (1833.20)	6.000	264.70 (232.20)
1769	Cholecysto-enterostomy or gastrostomy	06.52		236.300	1660.70 (1456.80)	189.040	1328.60 (1165.40)	6.000	264.70 (232.20)
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	06.52	+	25.600	179.90 (157.80)	25.600	179.90 (157.80)	6.000	264.70 (232.20)
1773	Transduodenal sphincteroplasty	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20)
1774	Balloon dilatation of common bile duct strictures	06.52		125.000	878.50 (770.60)	100.000	702.80 (616.50)	6.000	264.70 (232.20)
1775	Excision choledochal cyst with reconstruction	06.52		327.700	2303.10 (2020.30)	262.160	1842.50 (1616.20)	6.000	264.70 (232.20)
1777	Porto-enterostomy for biliary atresia	06.52		400.000	2811.20 (2466.00)	320.000	2249.00 (1972.80)	11.000	485.20 (425.60)
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	06.52		105.900	744.30 (652.90)	105.900	744.30 (652.90)	4.000	176.40 (154.70)
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	06.52	+	15.820	111.20 (97.50)	15.820	111.20 (97.50)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1780	Gastric and duodenal intubation	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1781	Procedure (excluding laboratory tests)	06.52		21.000	147.60 (129.50)	21.000	147.60 (129.50)		
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	06.52	+	30.000	210.80 (184.90)	30.000	210.80 (184.90)	4.000	176.40 (154.70)
1783	Drainage of pancreatic abscess	06.52		239.300	1681.80 (1475.30)	191.440	1345.40 (1180.20)	6.000	264.70 (232.20)
1784	Debridement pancreatic necrosis	06.52		348.400	2448.60 (2147.90)	278.720	1958.80 (1718.20)	6.000	264.70 (232.20)
1785	Internal drainage of pancreatic cyst	06.52		250.600	1761.20 (1544.90)	200.480	1409.00 (1236.00)	6.000	264.70 (232.20)
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	06.52	+	30.000	210.80 (184.90)	30.000	210.80 (184.90)	6.000	264.70 (232.20)
1786	Internal drainage of pancreatic cyst with Roux-Y	06.52		306.800	2156.20 (1891.40)	245.440	1725.00 (1513.20)	6.000	264.70 (232.20)
1787	Operative pancreatogram: ADD	06.52	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)		
1788	Biopsy of pancreas	06.52		177.700	1248.90 (1095.50)	142.160	999.10 (876.40)	6.000	264.70 (232.20)
1789	Pancreatico-duodenectomy	06.52		704.800	4953.30 (4345.00)	563.840	3962.70 (3476.10)	8.000	352.90 (309.60)
1791	Local, partial or subtotal pancreatectomy	06.52		351.300	2468.90 (2165.70)	281.040	1975.10 (1732.50)	8.000	352.90 (309.60)
1793	Distal pancreatectomy with internal drainage	06.52		377.400	2652.40 (2326.70)	301.920	2121.90 (1861.30)	8.000	352.90 (309.60)
8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)	4.000	176.40 (154.70)
1799	Pneumo-peritoneum: Repeat	06.52		6.000	42.20 (37.00)	6.000	42.20 (37.00)	4.000	176.40 (154.70)
1800	Peritoneal lavage	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
1801	Diagnostic paracentesis: Abdomen	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
1803	Therapeutic paracentesis: Abdomen	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)		
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	06.52	+	45.000	316.30 (277.50)	45.000	316.30 (277.50)	5.000	220.60 (193.50)
1809	Laparotomy	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70)
1811	Suture of burst abdomen	06.52		188.300	1323.40 (1160.90)	150.640	1058.70 (928.70)	7.000	308.80 (270.90)
1812	Laparotomy for control of surgical haemorrhage	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	9.000	397.00 (348.20)
1813	Drainage of sub-phrenic abscess	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	7.000	308.80 (270.90)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	06.52		248.400	1745.80 (1531.40)	198.720	1396.60 (1225.10)	5.000	220.60 (193.50)
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	4.000	176.40 (154.70)
9	Herniae								
1819	Inguinal or femoral hernia: Adult	06.52		125.000	878.50 (770.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1821	Inguinal or femoral hernia: Child under 14 years	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	4.000	176.40 (154.70)
1823	Inguinal hernia: Infant under one year	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	4.000	176.40 (154.70)
1825	Recurrent inguinal or femoral hernia	06.52		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	4.000	176.40 (154.70)
1827	Strangulated hernia or femoral hernia	06.52		238.000	1672.70 (1467.30)	190.400	1338.10 (1173.80)	7.000	308.80 (270.90)
1829	Epigastric hernia	06.52		93.300	655.70 (575.20)	93.300	655.70 (575.20)	4.000	176.40 (154.70)
1831	Umbilical hernia: Adult	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
1833	Umbilical hernia: Child under 14 years	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	4.000	176.40 (154.70)
1835	Incisional hernia	06.52		166.800	1172.30 (1028.30)	133.440	937.80 (822.60)	4.000	176.40 (154.70)
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	06.52	+	77.000	541.20 (474.70)	77.000	541.20 (474.70)	4.000	176.40 (154.70)
1837	Repair of omphalocele in new-born (one or more procedures)	06.52		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	7.000	308.80 (270.90)
10	Urinary System								
RULES GOVERNING THE SECTION URINARY SYSTEM									
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.	06.52							
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	06.52		71.000	499.00 (437.70)	71.000	499.00 (437.70)	5.000	220.60 (193.50)
1841	Renal biopsy: Needle	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10)
1853	Nephrectomy: Primary nephrectomy	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	5.000	220.60 (193.50)
1855	Nephrectomy: Secondary nephrectomy	06.52		267.000	1876.50 (1646.10)	213.600	1501.20 (1316.80)	5.000	220.60 (193.50)
1859	Nephrectomy: Partial	06.52		267.000	1876.50 (1646.10)	213.600	1501.20 (1316.80)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1861	Symphysiotomy for horse-shoe kidney	06.52		287.000	2017.00 (1769.30)	229.600	1613.60 (1415.40)	6.000	264.70 (232.20)
1863	Nephro-ureterectomy	06.52		305.000	2143.50 (1880.30)	244.000	1714.80 (1504.20)	5.000	220.60 (193.50)
1865	Nephrotomy with drainage nephrostomy	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	6.000	264.70 (232.20)
1869	Nephrolithotomy	06.52		227.000	1595.40 (1399.50)	181.600	1276.30 (1119.60)	5.000	220.60 (193.50)
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	06.52		284.000	1996.00 (1750.90)	227.200	1596.80 (1400.70)	5.000	220.60 (193.50)
1871	Staghorn stone: Surgical	06.52		341.000	2396.50 (2102.20)	272.800	1917.20 (1681.80)	6.000	264.70 (232.20)
1873	Suture renal laceration (renorraphy)	06.52		193.000	1356.40 (1189.80)	154.400	1085.10 (951.80)	6.000	264.70 (232.20)
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	06.52		34.000	239.00 (209.60)	34.000	239.00 (209.60)	3.000	132.30 (116.10)
1877	Operation for renal cyst: Marsupialisation or excision	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
1879	Closure renal fistula	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
1881	Pyeloplasty	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50)
1883	Pyelostomy	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
1885	Pyelolithotomy	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	06.52		223.000	1567.20 (1374.70)	178.400	1253.80 (1099.80)	5.000	220.60 (193.50)
1889	Nephrectomy for Allograft: Living or dead	06.52		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50)
1891	Perinephric abscess or renal abscess: Drainage	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	7.000	308.80 (270.90)
1893	Aberrant renal vessels: Repositioning with pyeloplasty	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50)
1894	Auto transplantation of kidney	06.52		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	10.000	441.10 (386.90)
1895	Allo transplantation of kidney	06.52		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	10.000	441.10 (386.90)
10.2	Ureter								
1897	Ureterorraphy: Suture of ureter	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1898	Ureterorraphy: Lumbar approach	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
1899	Ureteroplasty	06.52		181.000	1272.10 (1115.90)	144.800	1017.70 (892.70)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1901	Ureterolysis	06.52		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50)
1902	Ureterolysis: Lumbar approach	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
1903	Ureterectomy only	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1905	Ureterolithotomy	06.52		265.800	1868.00 (1638.60)	212.640	1494.40 (1310.90)	5.000	220.60 (193.50)
1907	Cutaneous ureterostomy: Unilateral	06.52		108.000	759.00 (665.80)	108.000	759.00 (665.80)	5.000	220.60 (193.50)
1909	Cutaneous ureterostomy: Bilateral	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
1911	Uretero-enterostomy: Unilateral	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1913	Uretero-enterostomy: Bilateral	06.52		240.000	1686.70 (1479.60)	192.000	1349.40 (1183.70)	5.000	220.60 (193.50)
1915	Uretero-ureterostomy	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1917	Transuretero-ureterostomy	06.52		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	5.000	220.60 (193.50)
1919	Closure of ureteric fistula	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1921	Immediate deligation of ureter	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1923	Ureterolysis for retrocaval ureter with anastomosis	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	5.000	220.60 (193.50)
1925	Uretero-pyelostomy	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50)
1927	Uretero-neo-cystostomy: Unilateral	06.52		316.100	2221.60 (1948.80)	252.880	1777.20 (1558.90)	5.000	220.60 (193.50)
1929	Uretero-neo-cystostomy: Bilateral	06.52		474.150	3332.30 (2923.10)	379.320	2665.90 (2338.50)	5.000	220.60 (193.50)
1931	Uretero-neo-cystostomy: With Boariplasty	06.52		351.800	2472.50 (2168.90)	281.440	1978.00 (1735.10)	5.000	220.60 (193.50)
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50)
1935	Uretero-ileal conduit	06.52		388.000	2726.90 (2392.00)	310.400	2181.50 (1913.60)	5.000	220.60 (193.50)
1937	Replacement of ureter by bowel segment: Unilateral	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50)
1939	Replacement of ureter by bowel segment: Bilateral	06.52		485.000	3408.60 (2990.00)	388.000	2726.90 (2392.00)	5.000	220.60 (193.50)
1941	Ureterostomy-in-situ: Unilateral	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1943	Ureterostomy-in-situ: Bilateral	06.52		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	5.000	220.60 (193.50)
10.3	Bladder								
1952	J J Stent catheter	06.52	+	44.000	309.20 (271.20)	44.000	309.20 (271.20)	3.000	132.30 (116.10)
1953	With hydrodilatation of the bladder for interstitial cystitis	06.52	+	5.000	35.10 (30.80)	5.000	35.10 (30.80)	3.000	132.30 (116.10)
1954	Uretroscopy	06.52	+	35.000	246.00 (215.80)			3.000	132.30 (116.10)
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	06.52	+	35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10)
1957	With dilatation of the ureter or ureters	06.52	+	25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10)
1959	With manipulation of ureteral calculus	06.52	+	20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)
1961	With removal of foreign body or calculus from urethra or bladder	06.52	+	20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)
1963	With fulguration or treatment of minor lesions, with or without biopsy	06.52	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10)
1964	And control of haemorrhage and blood clot evacuation	06.52	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10)
1965	And catheterisation of the ejaculatory duct	06.52	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)
1967	With ureteric meatotomy: Unilateral or bilateral	06.52	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10)
1969	And cold biopsy	06.52	+	15.000	105.40 (92.50)	15.000	105.40 (92.50)	3.000	132.30 (116.10)
1971	With cryosurgery for bladder or prostatic disease	06.52	+	55.000	386.50 (339.00)	55.000	386.50 (339.00)	3.000	132.30 (116.10)
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	06.52	+	35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10)
1976	Optic urethrotomy	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10)
1977	Transurethral resection of ejaculatory duct	06.52		60.700	426.60 (374.20)	60.700	426.60 (374.20)	3.000	132.30 (116.10)
1979	Internal urethrotomy: Female	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	3.000	132.30 (116.10)
1981	Internal urethrotomy: Male	06.52		76.200	535.50 (469.70)	76.200	535.50 (469.70)	3.000	132.30 (116.10)
1985	Transurethral resection of bladder neck: Female or child	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50)
1986	Transurethral resection of bladder neck: Male	06.52		125.000	878.50 (770.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
1987	Litholapaxy	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1989	Cystometrogram	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10)
1991	Flometric bladder, studies with videocystograph	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10)
1992	Without videocystograph	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	3.000	132.30 (116.10)
1993	Voiding cysto-urethrogram	06.52		21.000	147.60 (129.50)	21.000	147.60 (129.50)	3.000	132.30 (116.10)
1994	Rigiscan examination	06.52		66.000	463.80 (406.80)	66.000	463.80 (406.80)		
1995	Percutaneous aspiration of bladder	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)
1996	Bladder catheterisation: Male (not at operation)	06.52		6.000	42.20 (37.00)	6.000	42.20 (37.00)	3.000	132.30 (116.10)
1997	Bladder catheterisation: Female (not at operation)	06.52		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
1999	Percutaneous cystostomy	06.52		24.000	168.70 (148.00)	24.000	168.70 (148.00)	3.000	132.30 (116.10)
1945	Instillation of radio-opaque material for cystography or urethrocystography	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)	3.000	132.30 (116.10)
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)
1949	Cystoscopy: Hospital equipment	06.52		44.000	309.20 (271.20)	44.000	309.20 (271.20)	3.000	132.30 (116.10)
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	06.52	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)
2001	Total cystectomy: After previous urinary diversion	06.52		294.000	2066.20 (1812.50)	235.200	1653.00 (1450.00)	8.000	352.90 (309.60)
2003	Total cystectomy: With conduit construction and ureteric anastomosis	06.52		554.700	3898.40 (3419.60)	443.760	3118.70 (2735.70)	8.000	352.90 (309.60)
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	06.52		650.000	4568.20 (4007.20)	520.000	3654.60 (3205.80)	8.000	352.90 (309.60)
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	06.52		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	8.000	352.90 (309.60)
2007	Partial cystectomy	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	06.52		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	8.000	352.90 (309.60)
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	06.52		462.000	3246.90 (2848.20)	369.600	2597.50 (2278.50)	8.000	352.90 (309.60)
2010	Reversion of temporary conduit	06.52		360.000	2530.10 (2219.40)	288.000	2024.10 (1775.50)	8.000	352.90 (309.60)
2011	Partial cystectomy with uretero-neo-cystostomy	06.52		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	6.000	264.70 (232.20)
2012	Reversion of conduit with major urinary tract reconstruction	06.52		600.000	4216.80 (3698.90)	480.000	3373.40 (2959.10)	8.000	352.90 (309.60)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2013	Diverticulectomy (independent procedure): Multiple or single	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2015	Suprapubic cystostomy	06.52		67.000	470.90 (413.10)	67.000	470.90 (413.10)	5.000	220.60 (193.50)
2016	Abdomino-neo-urethrostomy	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	5.000	220.60 (193.50)
2019	Operation for vesico-vaginal or urethra-vaginal fistula	06.52		155.000	1089.30 (955.50)	124.000	871.50 (764.50)	5.000	220.60 (193.50)
2020	Repair of vesico vaginal fistula: Abdominal approach	06.52		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50)
2021	Vesico-plication (Hamilton Stewart)	06.52		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50)
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	06.52		195.000	1370.50 (1202.20)	156.000	1096.40 (961.80)	5.000	220.60 (193.50)
2025	Vesico-urethropexy with rectus sling	06.52		229.400	1612.20 (1414.20)	183.520	1289.80 (1131.40)	5.000	220.60 (193.50)
2027	Open operation for ureterocele: Unilateral	06.52		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50)
2029	Open operation for ureterocele: Bilateral	06.52		207.000	1454.80 (1276.10)	165.600	1163.80 (1020.90)	5.000	220.60 (193.50)
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	06.52		264.000	1855.40 (1627.50)	211.200	1484.30 (1302.00)	8.000	352.90 (309.60)
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	06.52		53.000	372.50 (326.80)	53.000	372.50 (326.80)	8.000	352.90 (309.60)
2035	Cutaneous vesicostomy	06.52		118.000	829.30 (727.50)	118.000	829.30 (727.50)	5.000	220.60 (193.50)
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	06.52		126.000	885.50 (776.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2039	Operation for ruptured bladder	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2042	Enterocystoplasty plus bowel anastomosis	06.52		419.900	2951.10 (2588.70)	335.920	2360.80 (2070.90)	5.000	220.60 (193.50)
2043	Cysto-lithotomy	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2045	Excision of patent-urachus or urachal cyst	06.52		112.000	787.10 (690.40)	112.000	787.10 (690.40)	5.000	220.60 (193.50)
2047	Drainage of perivesical or prevesical abscess	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50)
2049	Evacuation of clots from bladder: Other than post-operative	06.52		132.100	928.40 (814.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
2050	Evacuation of clots from bladder: Post-operative	06.52						4.000	176.40 (154.70)
2051	Simple bladder lavage: Including catheterisation	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2053	Bladder neck plasty: Male	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2057	Bladder neck plasty: Female	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
10.4	Urethra								
2059	Open biopsy of urethra: Male	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10)
2061	Open biopsy of urethra: Female	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10)
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)
2069	Dilatation of female urethra	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)	3.000	132.30 (116.10)
2071	Urethrorraphy: Suture of urethral wound or injury	06.52		139.000	976.90 (856.90)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2073	External urethrotomy: Pendulous urethra (anterior)	06.52		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10)
2075	Urethraplasty: Pendulous urethra: First stage	06.52		71.000	499.00 (437.70)	71.000	499.00 (437.70)	4.000	176.40 (154.70)
2077	Urethraplasty: Pendulous urethra: Second stage	06.52		145.000	1019.10 (893.90)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2079	Reconstruction of female urethra	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2081	Reconstruction or repair of male anterior urethra (one stage)	06.52		261.600	1838.50 (1612.70)	209.280	1470.80 (1290.20)	4.000	176.40 (154.70)
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	6.000	264.70 (232.20)
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	6.000	264.70 (232.20)
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	06.52		294.000	2066.20 (1812.50)	235.200	1653.00 (1450.00)	6.000	264.70 (232.20)
2087	Urethral diverticulectomy: Male or female	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	06.52		86.000	604.40 (530.20)	86.000	604.40 (530.20)		
2089	Marsupialisation of urethral diverticula: Male or female	06.52		115.100	808.90 (709.60)	115.100	808.90 (709.60)	4.000	176.40 (154.70)
2091	Total urethrectomy: Female	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2093	Total urethrectomy: Male	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)

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	06.52		128.800	905.20 (794.00)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	06.52		137.000	962.80 (844.60)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2099	Fulguration for urethral caruncle or polyp	06.52		53.600	376.70 (330.40)	53.600	376.70 (330.40)	3.000	132.30 (116.10)
2101	Excision of urethral caruncle	06.52		53.600	376.70 (330.40)	53.600	376.70 (330.40)	3.000	132.30 (116.10)
2103	Simple urethral meatotomy	06.52		26.300	184.80 (162.10)	26.300	184.80 (162.10)	3.000	132.30 (116.10)
2105	Incision of deep peri-urethral abscess: Female	06.52		123.100	865.10 (758.90)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
2107	Incision of deep peri-urethral abscess: Male	06.52		123.100	865.10 (758.90)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
2109	Badenoch pull-through for intractable stricture or incontinence	06.52		181.000	1272.10 (1115.90)	144.800	1017.70 (892.70)	5.000	220.60 (193.50)
2111	External sphincterotomy	06.52		108.000	759.00 (665.80)	108.000	759.00 (665.80)	5.000	220.60 (193.50)
2113	Drainage of Skene gland abscess or cyst	06.52		42.300	297.30 (260.80)	42.300	297.30 (260.80)	3.000	132.30 (116.10)
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	5.000	220.60 (193.50)
2116	Urethral meatoplasty	06.52		101.500	713.30 (625.70)	101.500	713.30 (625.70)	3.000	132.30 (116.10)
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	06.52		150.300	1056.30 (926.60)	120.240	845.00 (741.20)	3.000	132.30 (116.10)
2121	Closure of urethrovaginal fistula: Including diversionary procedures	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	5.000	220.60 (193.50)
11	**Male Genital System**								
11.1	**Penis**								
2123	Biopsy of penis (independent procedure)	06.52		52.100	366.20 (321.20)	52.100	366.20 (321.20)	3.000	132.30 (116.10)
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	06.52		16.600	116.70 (102.40)	16.600	116.70 (102.40)	3.000	132.30 (116.10)
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	06.52		41.600	292.40 (256.50)	41.600	292.40 (256.50)	3.000	132.30 (116.10)
2129	Electrodesiccation: Limited number	06.52		20.800	146.20 (128.20)	20.800	146.20 (128.20)	3.000	132.30 (116.10)
2131	Electrodesiccation: Multiple extensive	06.52		41.600	292.40 (256.50)	41.600	292.40 (256.50)	3.000	132.30 (116.10)
2132	Ligation of abnormal venous drainage	06.52		106.100	745.70 (654.10)	106.100	745.70 (654.10)	3.000	132.30 (116.10)
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	06.52		101.000	709.80 (622.60)	101.000	709.80 (622.60)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	06.52		188.600	1325.50 (1162.70)	150.880	1060.40 (930.20)	3.000	132.30 (116.10)
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	06.52		224.600	1578.50 (1384.60)	179.680	1262.80 (1107.70)	3.000	132.30 (116.10)
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	3.000	132.30 (116.10)
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	3.000	132.30 (116.10)
2153	Reconstructive operation for epispadias with incontinence	06.52		168.000	1180.70 (1035.70)	134.400	944.60 (828.60)	3.000	132.30 (116.10)
2154	Induction of artificial erection	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)	3.000	132.30 (116.10)
2155	Hypospadias: Urethral reconstruction	06.52		187.000	1314.20 (1152.80)	149.600	1051.40 (922.30)	3.000	132.30 (116.10)
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	06.52		84.000	590.40 (517.90)	84.000	590.40 (517.90)	3.000	132.30 (116.10)
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	3.000	132.30 (116.10)
2161	Total amputation of penis: Without gland dissection	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	4.000	176.40 (154.70)
2163	Total amputation of penis: With gland-dissection	06.52		336.000	2361.40 (2071.40)	268.800	1889.10 (1657.10)	6.000	264.70 (232.20)
2165	Partial amputation of penis: With gland-dissection	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	6.000	264.70 (232.20)
2167	Partial amputation of penis: Without gland-dissection	06.52		84.000	590.40 (517.90)	84.000	590.40 (517.90)	4.000	176.40 (154.70)
2169	Injection procedure for Peyronie's disease	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10)
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	06.52		42.000	295.20 (258.90)	42.000	295.20 (258.90)	3.000	132.30 (116.10)
2173	Priapism operation: Shunt procedure: Any type	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	4.000	176.40 (154.70)
2174	Priapism operation: Stab shunt	06.52		114.400	804.00 (705.30)	114.400	804.00 (705.30)	4.000	176.40 (154.70)
11.2	**Testis and epididymis**								
2175	Testis biopsy: Needle (independent procedure)	06.52		18.500	130.00 (114.00)	18.500	130.00 (114.00)	3.000	132.30 (116.10)
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	06.52		58.900	413.90 (363.10)	58.900	413.90 (363.10)	3.000	132.30 (116.10)
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	06.52		58.900	413.90 (363.10)	58.900	413.90 (363.10)	3.000	132.30 (116.10)
2181	Epididymis biopsy: Needle	06.52		86.100	605.10 (530.80)	86.100	605.10 (530.80)	3.000	132.30 (116.10)
2183	Puncture aspiration hydrocele with or without injection of medication	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2185	Operation for maldescended testicle: Including herniotomy	06.52		135.000	948.80 (832.30)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2187	Operation for torsion appendix testis	06.52		119.200	837.70 (734.80)	119.200	837.70 (734.80)	4.000	176.40 (154.70)
2189	Operation for torsion testis with fixation of contralateral testis	06.52		119.200	837.70 (734.80)	119.200	837.70 (734.80)	4.000	176.40 (154.70)
2191	Orchidectomy (total or subcapsular): Unilateral	06.52		98.000	688.70 (604.10)	98.000	688.70 (604.10)	3.000	132.30 (116.10)
2193	Orchidectomy (total or subcapsular): Bilateral	06.52		147.000	1033.10 (906.20)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
2197	Operation for hydrocele or spermatocele	06.52		99.800	701.40 (615.30)	99.800	701.40 (615.30)	4.000	176.40 (154.70)
2199	Varicocelectomy	06.52		106.100	745.70 (654.10)	106.100	745.70 (654.10)	4.000	176.40 (154.70)
2201	Abdominal ligation of spermatic vein for varicocele	06.52		112.800	792.80 (695.40)	112.800	792.80 (695.40)	4.000	176.40 (154.70)
2203	Epididymectomy: Unilateral	06.52		114.400	804.00 (705.30)	114.400	804.00 (705.30)	3.000	132.30 (116.10)
2205	Epididymectomy: Bilateral	06.52		158.200	1111.80 (975.30)	126.560	889.50 (780.30)	3.000	132.30 (116.10)
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	06.52		55.900	392.90 (344.60)	55.900	392.90 (344.60)	3.000	132.30 (116.10)
2209	Vasotomy: Unilateral or bilateral	06.52		70.400	494.80 (434.00)	70.400	494.80 (434.00)	3.000	132.30 (116.10)
2210	Vasogram, seminal vesiculogram: Unilateral	06.52		58.100	408.30 (358.20)	58.100	408.30 (358.20)	3.000	132.30 (116.10)
2211	Vasogram, seminal vesiculogram: Bilateral	06.52		58.100	408.30 (358.20)	58.100	408.30 (358.20)	3.000	132.30 (116.10)
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	06.52		91.200	641.00 (562.30)	91.200	641.00 (562.30)	4.000	176.40 (154.70)
2213	Suture or repair of testicular injury	06.52		110.300	775.20 (680.00)	110.300	775.20 (680.00)	4.000	176.40 (154.70)
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	06.52		90.000	632.50 (554.80)	90.000	632.50 (554.80)	4.000	176.40 (154.70)
2217	Excision of local lesion of testis or epididymis	06.52		90.800	638.10 (559.70)	90.800	638.10 (559.70)	4.000	176.40 (154.70)
2219	Vaso-vasostomy: Unilateral	06.52		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10)
2221	Vaso-vasostomy: Bilateral	06.52		117.000	822.30 (721.30)	117.000	822.30 (721.30)	3.000	132.30 (116.10)
2223	Epididymo-vasostomy: Unilateral	06.52		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10)
2225	Epididymo-vasostomy: Bilateral	06.52		117.000	822.30 (721.30)	117.000	822.30 (721.30)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2227	Incision and drainage of scrotal wall abscess	06.52		42.700	300.10 (263.20)	42.700	300.10 (263.20)	3.000	132.30 (116.10)
2229	Excision of Mullerian duct cyst	06.52		189.000	1328.30 (1165.20)	151.200	1062.60 (932.10)	4.000	176.40 (154.70)
2231	Excision of lesion of spermatic cord	06.52		84.000	590.40 (517.90)	84.000	590.40 (517.90)	3.000	132.30 (116.10)
2233	Seminal Vesiculectomy	06.52		220.000	1546.20 (1356.30)	176.000	1236.90 (1085.00)	5.000	220.60 (193.50)
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	06.52		23.300	163.80 (143.70)	23.300	163.80 (143.70)	3.000	132.30 (116.10)
2237	Biopsy prostate: Incisional, any approach	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70)
2239	Transurethral drainage of prostatic abscess	06.52		117.400	825.10 (723.80)	117.400	825.10 (723.80)	4.000	176.40 (154.70)
2241	Perineal drainage of prostatic abscess	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	4.000	176.40 (154.70)
2243	Trans-urethral cryo-surgical removal of prostate	06.52		126.000	885.50 (776.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2245	Trans-urethral resection of prostate	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20)
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	06.52		126.000	885.50 (776.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2249	Trans-urethral resection of post-operative bladder neck contracture	06.52		126.000	885.50 (776.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2251	Prostatectomy: Perineal: Sub-total	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20)
2253	Prostatectomy: Perineal: Radical	06.52		336.000	2361.40 (2071.40)	268.800	1889.10 (1657.10)	8.000	352.90 (309.60)
2254	Pelvic lymph adenectomy	06.52		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	8.000	352.90 (309.60)
2255	Supra-pelvic, transversical	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20)
2257	Retropubic: Sub-total	06.52		252.000	1771.10 (1553.60)	201.600	1416.80 (1242.80)	6.000	264.70 (232.20)
2259	Retropubic: Radical	06.52		336.000	2361.40 (2071.40)	268.800	1889.10 (1657.10)	8.000	352.90 (309.60)
2260	Prostate brachytherapy	06.52		230.000	1616.40 (1417.90)	184.000	1293.20 (1134.40)	8.000	352.90 (309.60)
12	Female Genital System								
12.1	Vulva and introitus								
2271	Removal of tag or polyp	06.52		6.000	42.20 (37.00)	6.000	42.20 (37.00)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2272	Removal of small superficial benign lesions	06.52		23.000	161.60 (141.80)	23.000	161.60 (141.80)	3.000	132.30 (116.10)
2273	Biopsy with suture in theatre (excluding after-care)	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)	3.000	132.30 (116.10)
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	06.52		71.000	499.00 (437.70)	71.000	499.00 (437.70)	3.000	132.30 (116.10)
2275	Reduction labial hypertrophy	06.52		67.000	470.90 (413.10)	67.000	470.90 (413.10)	4.000	176.40 (154.70)
2279	Secondary perineal repair: Repair second degree tear	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	6.000	264.70 (232.20)
2280	Secondary perineal repair: Repair third degree tear	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	6.000	264.70 (232.20)
2281	Excision of inclusion cyst	06.52		43.000	302.20 (265.10)	43.000	302.20 (265.10)	4.000	176.40 (154.70)
2283	Hymenectomy	06.52		43.000	302.20 (265.10)	43.000	302.20 (265.10)	4.000	176.40 (154.70)
2285	Drainage haematocolpos	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	4.000	176.40 (154.70)
2287	Clitoris repair for injury: Including skin graft, if required	06.52		67.000	470.90 (413.10)	67.000	470.90 (413.10)	4.000	176.40 (154.70)
2288	Clitoral reduction	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	4.000	176.40 (154.70)
2289	Denervation or alcohol infiltration vulva (Woodruff)	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	4.000	176.40 (154.70)
2291	Vulva: Undercutting skin (ball)	06.52		58.000	407.60 (357.50)	58.000	407.60 (357.50)	4.000	176.40 (154.70)
2293	Vulva and introitus: Drainage of abscess	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)	3.000	132.30 (116.10)
2295	Bartholin gland: Bartholin abscess marsupialisation	06.52		36.000	253.00 (221.90)	36.000	253.00 (221.90)	3.000	132.30 (116.10)
2297	Bartholin gland: Bartholin gland excision	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10)
2301	Operation for enlarging introitus: Fenton plasty	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
2303	Operation for enlarging introitus: Bilateral Z-plastic	06.52		88.000	618.50 (542.50)	88.000	618.50 (542.50)	4.000	176.40 (154.70)
2305	Vulvectomy: Partial	06.52		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	4.000	176.40 (154.70)
2307	Vulvectomy	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20)
2309	Radical vulvectomy with bilateral lymphdenectomy	06.52		357.000	2509.00 (2200.90)	285.600	2007.20 (1760.70)	6.000	264.70 (232.20)
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	06.52		402.000	2825.30 (2478.30)	321.600	2260.20 (1982.60)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
12.2	Vaginal procedures and operations								
2312	Artificial insemination	06.52		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	06.52		25.500	179.20 (157.20)	25.500	179.20 (157.20)	3.000	132.30 (116.10)
2314	Intra uterine insemination	06.52		18.000	126.50 (111.00)	18.000	126.50 (111.00)		
2315	Simms Hühner test plus wet smear	06.52		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	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	3.000	132.30 (116.10)
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)	3.000	132.30 (116.10)
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	06.52		56.000	393.60 (345.30)	56.000	393.60 (345.30)	3.000	132.30 (116.10)
2319	Excision of cysts or tumours	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10)
2321	Drainage of vaginal abscess	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10)
2322	Pudendal nerve block	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
2323	Reconstruction of vagina after atresia	06.52		107.000	752.00 (659.60)	107.000	752.00 (659.60)	5.000	220.60 (193.50)
2325	Construction of artificial vagina: Labial fusion	06.52		179.000	1258.00 (1103.50)	143.200	1006.40 (882.80)	4.000	176.40 (154.70)
2327	Construction of artificial vagina: Macindoe type	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	5.000	220.60 (193.50)
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	06.52		241.000	1693.70 (1485.70)	192.800	1355.00 (1188.60)	6.000	264.70 (232.20)
2331	Vaginal septum removal	06.52		107.000	752.00 (659.60)	107.000	752.00 (659.60)	4.000	176.40 (154.70)
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	06.52		243.300	1709.90 (1499.90)	194.640	1367.90 (1199.90)	6.000	264.70 (232.20)
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	06.52		243.300	1709.90 (1499.90)	194.640	1367.90 (1199.90)	6.000	264.70 (232.20)
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	06.52		166.900	1173.00 (1028.90)	133.520	938.40 (823.20)	6.000	264.70 (232.20)
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	06.52		166.900	1173.00 (1028.90)	133.520	938.40 (823.20)	6.000	264.70 (232.20)
2339	Colpotomy: Diagnostic (excluding after-care)	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70)
2341	Colpotomy: Therapeutic, with or without sterilisation	06.52		103.000	723.90 (635.00)	103.000	723.90 (635.00)	4.000	176.40 (154.70)
2343	Vaginal hysterectomy: Without repair	06.52		210.500	1479.40 (1297.70)	168.400	1183.50 (1038.20)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2345	Vaginal hysterectomy: With repair	06.52		231.700	1628.40 (1428.40)	185.360	1302.70 (1142.70)	6.000	264.70 (232.20)
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	6.000	264.70 (232.20)
2361	Vaginal hysterectomy and repair for total prolapse	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	6.000	264.70 (232.20)
2363	Fothergill or Manchester repair operation	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	5.000	220.60 (193.50)
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	06.52		232.000	1630.50 (1430.30)	185.600	1304.40 (1144.20)	5.000	220.60 (193.50)
2366	Posterior repair alone	06.52		107.000	752.00 (659.60)	107.000	752.00 (659.60)	5.000	220.60 (193.50)
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	06.52		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	5.000	220.60 (193.50)
2368	Uterovesical fistula	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50)
2369	Repair of Vesico- or urethro-vaginal fistula	06.52		179.000	1258.00 (1103.50)	143.200	1006.40 (882.80)	5.000	220.60 (193.50)
2370	Repair of VVF - Obstetric or radiation	06.52		232.000	1630.50 (1430.30)	185.600	1304.40 (1144.20)	5.000	220.60 (193.50)
2371	Closure of uretero-vaginal fistula	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	5.000	220.60 (193.50)
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	5.000	220.60 (193.50)
2373	Closure of recto-vaginal fistula	06.52		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2374	Closure of recto-vaginal fistula: Obstetric or radiation	06.52		151.000	1061.20 (930.90)	120.800	849.00 (744.70)	5.000	220.60 (193.50)
2375	Colpocleisis	06.52		129.000	906.60 (795.30)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2377	Le Fort operation	06.52		129.000	906.60 (795.30)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2379	Schauta operation	06.52		357.000	2509.00 (2200.90)	285.600	2007.20 (1760.70)	8.000	352.90 (309.60)
2381	Vaginectomy	06.52		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	8.000	352.90 (309.60)
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	06.52		429.000	3015.00 (2644.70)	343.200	2412.00 (2115.80)	8.000	352.90 (309.60)
2385	Vaginal laceration or trauma: Repair	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
12.3	Cervix								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
2391	Cervix: Canal reconstruction	06.52		147.000	1033.10 (906.20)	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
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	06.52		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	06.52		22.000	154.60 (135.60)	22.000	154.60 (135.60)	3.000	132.30 (116.10)
2396	Laser or harmonic scalpel treatment of the cervix	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10)
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	06.52		31.000	217.90 (191.10)	31.000	217.90 (191.10)	3.000	132.30 (116.10)
2399	Punch biopsy (excluding after-care)	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)	3.000	132.30 (116.10)
2400	Biopsy during pregnancy (excluding after-care)	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10)
2403	Wedge biopsy: Cervix (excluding after-care)	06.52		18.000	126.50 (111.00)	18.000	126.50 (111.00)	3.000	132.30 (116.10)
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	06.52		24.000	168.70 (148.00)	24.000	168.70 (148.00)	3.000	132.30 (116.10)
2405	Cone biopsy: Cervix (excluding after-care)	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10)
2407	Amputation: Cervix	06.52		67.000	470.90 (413.10)	67.000	470.90 (413.10)	3.000	132.30 (116.10)
2409	Cervix encirclage: McDonald stitch	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10)
2411	Cervix encirclage: Shirodkar suture	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	3.000	132.30 (116.10)
2413	Cervix encirclage: Lash	06.52		49.000	344.40 (302.10)	49.000	344.40 (302.10)	3.000	132.30 (116.10)
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	3.000	132.30 (116.10)
2417	Repair of tears: Emmet repair of tears	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10)
2418	Repair of tears: Sturmdorff repair of tears	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10)
2421	Extirpation of cervical stump: Vaginal	06.52		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2423	Extirpation of cervical stump: Abdominal	06.52		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2425	Removal of cervical polyps (excluding after-care)	06.52		13.000	91.40 (80.20)	13.000	91.40 (80.20)	3.000	132.30 (116.10)
2427	Removal of cervical myomata	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	3.000	132.30 (116.10)
2429	Colposcopy (excluding after-care)	06.52		27.000	189.80 (166.50)	27.000	189.80 (166.50)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
12.4	Uterus								
2433	Embryo transfer	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	4.000	176.40 (154.70)
2434	Endometrial biopsy (excluding after-care)	06.52		18.000	126.50 (111.00)	18.000	126.50 (111.00)	3.000	132.30 (116.10)
2435	Hysterosalpingogram (excluding after-care)	06.52		22.000	154.60 (135.60)	22.000	154.60 (135.60)	3.000	132.30 (116.10)
2436	Hysteroscopy (excluding after-care)	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)	3.000	132.30 (116.10)
2437	Hysteroscopy and D&C (excluding after-care)	06.52		58.000	407.60 (357.50)	58.000	407.60 (357.50)	3.000	132.30 (116.10)
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	3.000	132.30 (116.10)
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	06.52		63.000	442.80 (388.40)	63.000	442.80 (388.40)	3.000	132.30 (116.10)
2440	Hysteroscopy and polypectomy (excluding after-care)	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	3.000	132.30 (116.10)
2441	Hysteroscopy and myomectomy (excluding after-care)	06.52		130.000	913.60 (801.40)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	06.52		18.000	126.50 (111.00)	18.000	126.50 (111.00)	3.000	132.30 (116.10)
2443	Dilatation and curettage (D&C) (excluding after-care)	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10)
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10)
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	06.52		71.000	499.00 (437.70)	71.000	499.00 (437.70)	4.000	176.40 (154.70)
2448	Termination of pregnancy before 12 weeks	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
2449	Evacuation: Missed abortion: Before 12 weeks gestation	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
2451	Evacuation: Missed abortion: After 12 weeks gestation	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70)
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	4.000	176.40 (154.70)
2453	Evacuation hydatidiform mole	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	5.000	220.60 (193.50)
2455	Evacuation uterus post-partum	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)	6.000	264.70 (232.20)
2461	Ventrosuspension	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70)
2463	Uteroplasty: Strassman	06.52		143.000	1005.00 (881.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2465	Uteroplasty: Tompkins	06.52		143.000	1005.00 (881.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2467	Myomectomy	06.52		143.000	1005.00 (881.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	06.52		254.100	1785.80 (1566.50)	203.280	1428.70 (1253.20)	6.000	264.70 (232.20)
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	06.52		252.200	1772.50 (1554.80)	201.760	1418.00 (1243.90)	6.000	264.70 (232.20)
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	06.52		355.000	2494.90 (2188.50)	284.000	1996.00 (1750.90)	6.000	264.70 (232.20)
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	06.52		472.800	3322.80 (2914.70)	378.240	2658.30 (2331.80)	8.000	352.90 (309.60)
2477	Abdominal hysterotomy with or without sterilisation	06.52		188.000	1321.30 (1159.00)	150.400	1057.00 (927.20)	6.000	264.70 (232.20)
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	6.000	264.70 (232.20)
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20)
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	06.52		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								06.52
2481	Insufflation Fallopian tubes (excluding after-care)	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)	3.000	132.30 (116.10)
2483	Salpingolysis	06.52		125.000	878.50 (770.60)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2485	Salpingostomy	06.52		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	4.000	176.40 (154.70)
2487	Tuboplasty tubal anastomosis or re-implantation	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70)
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	06.52		125.000	878.50 (770.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	06.52		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	6.000	264.70 (232.20)
2491	Ectopic pregnancy - after 12 weeks	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	6.000	264.70 (232.20)
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	06.52		94.000	660.60 (579.50)	94.000	660.60 (579.50)	5.000	220.60 (193.50)
	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	06.52							
2493	Diagnostic laparoscopy (excluding after-care)	06.52		94.400	663.40 (581.90)	94.400	663.40 (581.90)	5.000	220.60 (193.50)
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	06.52	+	18.000	126.50 (111.00)	18.000	126.50 (111.00)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2497	Laparoscopy: Plus sterilisation	06.52	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)	5.000	220.60 (193.50)
2499	Laparoscopy: Plus biopsy (excluding after-care)	06.52	+	18.000	126.50 (111.00)	18.000	126.50 (111.00)	5.000	220.60 (193.50)
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	06.52	+	51.000	358.40 (314.40)	51.000	358.40 (314.40)	5.000	220.60 (193.50)
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	06.52	+	18.000	126.50 (111.00)	18.000	126.50 (111.00)	5.000	220.60 (193.50)
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	06.52	+	52.000	365.50 (320.60)	52.000	365.50 (320.60)	5.000	220.60 (193.50)
2503	Laparoscopy: Plus ovarian drilling	06.52	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)	5.000	220.60 (193.50)
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	06.52	+	107.000	752.00 (659.60)	107.000	752.00 (659.60)	5.000	220.60 (193.50)
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	06.52	+	52.000	365.50 (320.60)	52.000	365.50 (320.60)	5.000	220.60 (193.50)
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	06.52		58.000	407.60 (357.50)	58.000	407.60 (357.50)		
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70)
2529	Oophorectomy: Uni- or bilateral	06.52		134.500	945.30 (829.20)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2531	Ovarian carcinoma debulking and omentectomy	06.52		357.000	2509.00 (2200.90)	285.600	2007.20 (1760.70)	6.000	264.70 (232.20)
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	06.52		469.000	3296.10 (2891.30)	375.200	2636.90 (2313.10)	6.000	264.70 (232.20)
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	06.52		402.000	2825.30 (2478.30)	321.600	2260.20 (1982.60)	8.000	352.90 (309.60)
2537	Exenteration: Posterior Exenteration	06.52		402.000	2825.30 (2478.30)	321.600	2260.20 (1982.60)	8.000	352.90 (309.60)
2539	Exenteration: Total	06.52		625.000	4392.50 (3853.10)	500.000	3514.00 (3082.50)	8.000	352.90 (309.60)
2541	Presacral neurectomy	06.52		98.000	688.70 (604.10)	98.000	688.70 (604.10)	5.000	220.60 (193.50)
2543	Moschowitz operation	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	06.52		193.100	1357.10 (1190.40)	154.480	1085.70 (952.40)	5.000	220.60 (193.50)
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	06.52		195.000	1370.50 (1202.20)	156.000	1096.40 (961.80)	5.000	220.60 (193.50)
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	06.52		149.000	1047.20 (918.60)	120.000	843.40 (739.80)	6.000	264.70 (232.20)

STAATSKOERANT, 21 JULIE 2008 No. 31249 207

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2547	Operations for stress incontinence: Burch colposuspension	06.52		161.000	1131.50 (992.50)	128.800	905.20 (794.00)	5.000	220.60 (193.50)
2548	Operation for stress incontinence: Use of tape	06.52		229.400	1612.20 (1414.20)	183.520	1289.80 (1131.40)	5.000	220.60 (193.50)
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	5.000	220.60 (193.50)
2551	Laparotomy	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70)
2554	Drainage of pelvic abscess per abdomen	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	6.000	264.70 (232.20)
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	5.000	220.60 (193.50)
2558	Drainage intra-abdominal abscess: Delayed closure	06.52		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	6.000	264.70 (232.20)
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	6.000	264.70 (232.20)
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	6.000	264.70 (232.20)
2565	Implantation hormone pellets (excluding after-care)	06.52		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
2570	Ligation of internal iliac vessels (when not part of another procedure)	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	8.000	352.90 (309.60)
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.								06.52
13.1	**Pre-natal care and procedures**								
2603	External cephalic version (excluding after-care)	06.52		22.000	154.60 (135.60)	22.000	154.60 (135.60)		
2605	Amniocentesis (excluding after-care)	06.52		36.000	253.00 (221.90)	36.000	253.00 (221.90)		
2607	Amnioscopy (excluding after-care)	06.52		18.000	126.50 (111.00)	18.000	126.50 (111.00)		
2609	Intra-uterine transfusion of foetus or cordocentesis	06.52		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)	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
2611	Chorion villus sampling (excluding after-care)	06.52		54.000	379.50 (332.90)	54.000	379.50 (332.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
13.2	**Confinements**								
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	06.52		190.000	1335.30 (1171.30)	152.000	1068.30 (937.10)		
	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	06.52							
	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								06.52
13.3	**Operative procedures (excluding antenatal care)**								
2653	Caesarean-hysterectomy	06.52		335.000	2354.40 (2065.30)	268.000	1883.50 (1652.20)	9.000	397.00 (348.20)
2657	Post-partum hysterectomy	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	8.000	352.90 (309.60)
2669	Abdominal operation for ruptured gravid uterus: Repair	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	9.000	397.00 (348.20)
14	**Nervous System**								
14.1	**Diagnostic procedures**								
2681	Visual evoked potentials (VEP): Unilateral	06.52		50.000	351.40 (308.20)				
2682	Visual evoked potentials (VEP): Bilateral	06.52		88.000	618.50 (542.50)				
2683	Electro-retinography (Ganzfeld method): Unilateral	06.52		60.000	421.70 (369.90)				
2684	Electro-retinography (Ganzfeld method): Bilateral	06.52		105.000	737.90 (647.30)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2685	Electro-oculography: Unilateral	06.52		30.000	210.80 (184.90)				
2686	Electro-oculography: Bilateral	06.52		53.000	372.50 (326.80)				
2687	VEP stable condition (photic drive): Unilateral	06.52		50.000	351.40 (308.20)				
2689	VEP stable condition (photic drive): Bilateral	06.52		88.000	618.50 (542.50)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	06.52		150.000	1054.20 (924.70)				
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry	06.52							
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	06.52		48.000	337.30 (295.90)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	06.52		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	06.52		220.000	1546.20 (1356.30)				
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	06.52		80.000	562.20 (493.20)				
2709	Full spinogram including bilateral median and posterior-tibial studies	06.52		140.000	983.90 (863.10)				
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)	06.52							
2711	Electro-encephalography: Taking of record	06.52		36.100	253.70 (222.50)	36.100	253.70 (222.50)		
2712	Electro-encephalography: Interpretation	06.52		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	06.52		18.400	129.30 (113.40)	18.400	129.30 (113.40)		
2714	Cisternal puncture and/or intrathecal injections	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
2717	Electromyography: First	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)		
2718	Electromyography: Subsequent	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)		
2724	Overnight continuous positive airways pressure (CPAP) titration	06.52		155.000	1089.30 (955.50)	124.000	871.50 (764.50)		
2725	Angiography carotis: Unilateral	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	4.000	176.40 (154.70)
2726	Angiography carotis: Bilateral	06.52		44.000	309.20 (271.20)	44.000	309.20 (271.20)	4.000	176.40 (154.70)
2727	Vertebral artery: Direct needling	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
2729	Vertebral catheterisation	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	06.52		14.500	101.90 (89.40)			4.000	176.40 (154.70)
2733	Cortical Stimulation	06.52		58.900	413.90 (363.10)	58.900	413.90 (363.10)		
2734	Sodium Amytal Testing (WADA test)	06.52		88.700	623.40 (546.80)	88.700	623.40 (546.80)	13.000	573.40 (503.00)
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	06.52		31.500	221.40 (194.20)	-	-		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
2739	Ventricular needling without burring: Tapping only	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)	4.000	176.40 (154.70)
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	06.52		43.000	302.20 (265.10)	43.000	302.20 (265.10)	4.000	176.40 (154.70)
2743	Subdural tapping: First sitting	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)	4.000	176.40 (154.70)
2745	Subdural tapping: Subsequent	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70)
14.2	Introduction of burr holes for								
2747	Ventriculography	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60)
2749	Catheterisation for ventriculography and/or drainage	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60)
2753	Subdural haematoma or hygroma	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60)
2755	Subdural empyema	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60)
2757	Brain abscess	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60)
14.3	Nerve procedures								
2759	Nerve biopsy: Peripheral	06.52		37.000	260.00 (228.10)	37.000	260.00 (228.10)	4.000	176.40 (154.70)
2763	Nerve biopsy: Cranial nerves: Extra-cranial	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70)
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	06.52		26.000	182.70 (160.30)	26.000	182.70 (160.30)	4.000	176.40 (154.70)
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20)
2769	Suture: Large nerve: Primary	06.52		134.000	941.80 (826.10)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
2771	Suture: Large nerve: Secondary	06.52		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	5.000	220.60 (193.50)
2773	Digital nerve: Primary	06.52		65.000	456.80 (400.70)	65.000	456.80 (400.70)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2775	Digital nerve: Secondary	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
2777	Nerve graft: Simple	06.52		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	4.000	176.40 (154.70)
2779	Fascicular: First fasciculus	06.52		202.000	1419.70 (1245.40)	161.600	1135.70 (996.20)	4.000	176.40 (154.70)
2781	Fascicular: Each additional fasciculus	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)	4.000	176.40 (154.70)
2783	Fascicular: Nerve flap: To include all stages	06.52		224.000	1574.30 (1381.00)	179.200	1259.40 (1104.70)	4.000	176.40 (154.70)
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	06.52		124.000	871.50 (764.50)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2787	Fascicular: Grafting of facial nerve	06.52		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	5.000	220.60 (193.50)
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
2791	Trigeminal ganglion: Injection of cortisone	06.52		65.000	456.80 (400.70)	65.000	456.80 (400.70)	3.000	132.30 (116.10)
2793	Trigeminal ganglion: Coagulation through high frequency	06.52		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	3.000	132.30 (116.10)
2799	Procedures for pain relief: Intrathecal injections for pain	06.52		36.000	253.00 (221.90)	36.000	253.00 (221.90)	4.000	176.40 (154.70)
2800	Procedures for pain relief: Plexus nerve block	06.52		36.000	253.00 (221.90)	36.000	253.00 (221.90)	36.000	253.00 (221.90)
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)	06.52		36.000	253.00 (221.90)	36.000	253.00 (221.90)		
2802	Procedures for pain relief: Peripheral nerve block	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)	25.000	175.70 (154.10)
2803	Alcohol injection in peripheral nerves for pain: Unilateral	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	06.52	+	10.000	70.30 (61.70)	10.000	70.30 (61.70)	10.000	70.30 (61.70)
2805	Alcohol injection in peripheral nerves for pain: Bilateral	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10)
2809	Peripheral nerve section for pain	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)	3.000	132.30 (116.10)
2811	Pudendal neurectomy: Bilateral	06.52		116.000	815.20 (715.10)	116.000	815.20 (715.10)	3.000	132.30 (116.10)
2813	Obturator or Stoffels	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
2815	Interdigital	06.52		82.300	578.40 (507.40)	82.300	578.40 (507.40)	3.000	132.30 (116.10)
2825	Excision: Neuroma: Peripheral	06.52		109.500	769.60 (675.10)	109.500	769.60 (675.10)	3.000	132.30 (116.10)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	06.52		100.000	702.80 (616.50)	100.000	702.80 (616.50)	3.000	132.30 (116.10)
2829	Neurolysis: Minor	06.52		51.000	358.40 (314.40)	51.000	358.40 (314.40)	3.000	132.30 (116.10)
2831	Neurolysis: Major	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	3.000	132.30 (116.10)
2833	Neurolysis: Digital	06.52		96.000	674.70 (591.80)	96.000	674.70 (591.80)	3.000	132.30 (116.10)
2835	Scalenotomy	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
2837	Brachial plexus, suture or neurolysis (item 2767)	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	6.000	264.70 (232.20)
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	06.52		895.200	6291.50 (5518.90)	716.160	5033.20 (4415.10)	6.000	264.70 (232.20)
2841	Carpal Tunnel	06.52		64.000	449.80 (394.60)	64.000	449.80 (394.60)	3.000	132.30 (116.10)
2843	Lumbar sympathectomy: Unilateral	06.52		153.000	1075.30 (943.20)	122.400	860.20 (754.60)	4.000	176.40 (154.70)
2845	Lumbar sympathectomy: Bilateral	06.52		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	6.000	264.70 (232.20)
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	06.52						11.000	485.20 (425.60)
2847	Cervical sympathectomy: Unilateral	06.52		153.000	1075.30 (943.20)	122.400	860.20 (754.60)	4.000	176.40 (154.70)
2848	Cervical sympathectomy: Bilateral	06.52		268.000	1883.50 (1652.20)	214.400	1506.80 (1321.80)	6.000	264.70 (232.20)
2849	Sympathetic block: Other levels: Unilateral	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	3.000	132.30 (116.10)
2851	Sympathetic block: Other levels: Bilateral	06.52		35.000	246.00 (215.80)	35.000	246.00 (215.80)	3.000	132.30 (116.10)
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70)
14.4	Skull procedures								
2859	Repair of depressed fracture of skull: Without brain laceration: Major	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	8.000	352.90 (309.60)
2860	Repair of depressed fracture of skull: Without brain laceration: Small	06.52		170.000	1194.80 (1048.10)	136.000	955.80 (838.40)	8.000	352.90 (309.60)
2861	Repair of depressed fracture of skull: With brain lacerations: Small	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	8.000	352.90 (309.60)
2862	Repair of depressed fracture of skull: With brain lacerations: Major	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	8.000	352.90 (309.60)
2863	Cranioplasty	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2864	Encephalocele (excluding frontal)	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	8.000	352.90 (309.60)
2865	Craniostenosis: Few suturae	06.52		213.000	1497.00 (1313.20)	170.400	1197.60 (1050.50)	9.000	397.00 (348.20)
2867	Craniostenosis: Multiple suturae	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	9.000	397.00 (348.20)
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60)
2871	Ventriculo-caval shunt	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	11.000	485.20 (425.60)
2873	Ventriculo-peritoneal shunt	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60)
2875	Theco-peritoneal C.S.F. shunt	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	8.000	352.90 (309.60)
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	06.52		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	15.000	661.70 (580.40)
2877	Extracranial to intracranial vascular	06.52		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	15.000	661.70 (580.40)
2878	Posterior fossa arteriovenous anomalies	06.52		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	15.000	661.70 (580.40)
14.7	Posterior fossa surgery								
2879	Glosso pharyngeal nerve	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	6.000	264.70 (232.20)
2881	Eighth nerve: Intracranial	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	8.000	352.90 (309.60)
2883	Eighth nerve: Extracranial	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	4.000	176.40 (154.70)
2884	Sub-temporal section of the trigeminal nerve	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	9.000	397.00 (348.20)
2885	Trigeminal tractotomy	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	9.000	397.00 (348.20)
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	06.52		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	9.000	397.00 (348.20)
2887	Vestibular nerve	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	9.000	397.00 (348.20)
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60)
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	06.52		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	11.000	485.20 (425.60)