Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2903	Craniotomy for Abscess, Glioma	06.52		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60)
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	06.52		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60)
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	06.52		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60)
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60)
2907	Craniotomy for Temporal lobectomy	06.52		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60)
2908	Craniotomy for Torkildsen anastomosis	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	11.000	485.20 (425.60)
2909	Craniotomy for CSF-leaks	06.52		450.000	3162.60 (2774.20)	360.000	2530.10 (2219.40)	11.000	485.20 (425.60)
2910	Craniotomy for removal of arteriovenous malformation	06.52		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	11.000	485.20 (425.60)
14.8.1	Craniotomy for Stereo-tactic cerebral and spinal cord procedures								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	4.000	176.40 (154.70)
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	06.52		196.000	1377.50 (1208.30)	156.800	1102.00 (966.70)	4.000	176.40 (154.70)
2915	Transnasal hypophysectomy	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	11.000	485.20 (425.60)
2916	Transfrontal hypophysectomy	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	11.000	485.20 (425.60)
2917	Transnasal hypophyseal implants	06.52		172.000	1208.80 (1060.40)	137.600	967.10 (848.30)	11.000	485.20 (425.60)
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	06.52		-	-	-	-		
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures								06.52
2923	Chordotomy: Unilateral	06.52		178.000	1251.00 (1097.40)	142.400	1000.80 (877.90)	3.000	132.30 (116.10)
2925	Chordotomy: Open	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	3.000	132.30 (116.10)
2927	Rhizotomy: Extradural, but intraspinal	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	3.000	132.30 (116.10)
2928	Rhizotomy: Intradural	06.52		350.000	2459.80 (2157.70)	280.000	1967.80 (1726.10)	3.000	132.30 (116.10)
2937	Repair of meningocele, involving nerve tissue	06.52		250.000	1757.00 (1541.20)	200.000	1405.60 (1233.00)	9.000	397.00 (348.20)
2938	Simple	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	9.000	397.00 (348.20)
2939	Excision of arterial vascular malformations and cysts of the spinal cord	06.52		700.000	4919.60 (4315.40)	560.000	3935.70 (3452.40)	9.000	397.00 (348.20)

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2940	Lumbar osteophyte removal	06.52		187.000	1314.20 (1152.80)	149.600	1051.40 (922.30)	3.000	132.30 (116.10)
2941	Cervical or thoracic osteophyte removal	06.52		285.000	2003.00 (1757.00)	228.000	1602.40 (1405.60)	3.000	132.30 (116.10)
14.10	Arterial ligations								
2951	Carotis: Trauma	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	8.000	352.90 (309.60)
2953	Carotis: For aneurysm (AV anomaly)	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	8.000	352.90 (309.60)
14.11	Medical psychotherapy								
RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY									
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								06.52
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								06.52
14.12	Physical treatment methods								
14.13	Psychiatric examination methods								
15	Endocrine System								
15.1	Thyroid								
2983	Lobectomy: Partial	06.52		198.100	1392.20 (1221.20)	158.480	1113.80 (977.00)	5.000	220.60 (193.50)
2985	Lobectomy: Total	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	5.000	220.60 (193.50)
2987	Thyroidectomy: Subtotal	06.52		266.000	1869.40 (1639.80)	212.800	1495.60 (1311.90)	5.000	220.60 (193.50)
2989	Thyroidectomy: Total	06.52		279.000	1960.80 (1720.00)	223.200	1568.60 (1376.00)	5.000	220.60 (193.50)
2991	Thyroglossal cyst or fistula excision	06.52		126.200	886.90 (778.00)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
15.2	Parathyroid								
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	06.52		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	5.000	220.60 (193.50)
15.3	Adrenals								
2995	Adrenalectomy: Unilateral	06.52		225.000	1581.30 (1387.10)	180.000	1265.00 (1109.60)	9.000	397.00 (348.20)
2997	Bilateral exploration of adrenal glands: Including removal	06.52		394.000	2769.00 (2428.90)	315.200	2215.20 (1943.20)	11.000	485.20 (425.60)
15.4	Hypophysis								
2999	Transethmoidal hypophysectomy	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	11.000	485.20 (425.60)
3000	Transnasal hypophysectomy (see also item 2915)	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	11.000	485.20 (425.60)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	06.52		3.000	21.10 (18.50)	3.000	21.10 (18.50)		
16	Eye								
16.1	Eye: Procedures performed in rooms								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								06.52
16.1.1	Eye investigations								
3002	Gonioscopy	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3006	Keratometry	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	06.52	+	11.680	82.10 (72.00)				
3012	Pre-surgical retinal examination before retinal surgery	06.52		32.000	224.90 (197.30)	32.000	224.90 (197.30)		
3013	Ocular motility assessment: Comprehensive examination	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
16.1.2	Special eye investigations								
3005	Endothelial cell count	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3007	Potential acuity measurement	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3008	Contrast sensitivity test	06.52		7.000	49.20 (43.20)	7.000	49.20 (43.20)		
3010	Orthoptics consultation	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3011	Orthoptic subsequent sessions	06.52		5.000	35.10 (30.80)	5.000	35.10 (30.80)		
3015	Charting of visual field with manual perimeter	06.52		28.000	196.80 (172.60)	28.000	196.80 (172.60)		
3016	Retinal threshold test without storage facilities	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)		
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	06.52		74.000	520.10 (456.20)	74.000	520.10 (456.20)		
3018	Retinal threshold trend evaluation (additional to item 3017)	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
3019	Ocular muscle function with Hess screen or perimeter	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	06.52		46.000	323.30 (283.60)	46.000	323.30 (283.60)		
3022	Digital fluorescein video angiography	06.52		68.000	477.90 (419.20)	68.000	477.90 (419.20)	9.000	397.00 (348.20)
3023	Digital indocyanine video angiography	06.52		110.000	773.10 (678.20)	110.000	773.10 (678.20)	9.000	397.00 (348.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)		
3025	Electronic tonography	06.52		19.000	133.50 (117.10)	19.000	133.50 (117.10)		
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	06.52		19.300	135.60 (118.90)	19.300	135.60 (118.90)		
3027	Fundus photography	06.52		21.000	147.60 (129.50)	21.000	147.60 (129.50)		
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	06.52		40.000	281.10 (246.60)	40.000	281.10 (246.60)		
3029	Anterior segment microphotography	06.52		21.000	147.60 (129.50)	21.000	147.60 (129.50)		
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	06.52		45.000	316.30 (277.50)	45.000	316.30 (277.50)		
3032	Eyelid and orbit photography	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)		
3034	Determination of lens implant power per eye	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged	06.52		22.000	154.60 (135.60)	22.000	154.60 (135.60)		
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	06.52		36.000	253.00 (221.90)	36.000	253.00 (221.90)		
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	06.52		306.900	2156.90 (1892.00)	245.520	1725.50 (1513.60)	6.000	264.70 (232.20)
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20)
3041	Pan retinal photocoagulation (per eye): Done in one sitting	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
3044	Removal of encircling band and/or buckling material	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20)
16.3	Cataract								
3045	Cataract: Intra-capsular	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90)
3047	Cataract: Extra-capsular (including capsulotomy)	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90)
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	06.52		57.000	400.60 (351.40)	57.000	400.60 (351.40)	7.000	308.80 (270.90)
3050	Repositioning of intra ocular lens	06.52		171.100	1202.50 (1054.80)	136.880	962.00 (843.90)	7.000	308.80 (270.90)
3051	Needling or capsulotomy	06.52		130.000	913.60 (801.40)	120.000	843.40 (739.80)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3052	Laser capsulotomy	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70)
3057	Removal of lenticulus	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90)
3058	Exchange of intra ocular lens	06.52		236.000	1658.60 (1454.90)	188.800	1326.90 (1163.90)	7.000	308.80 (270.90)
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90)
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	06.52		4.000	28.10 (24.60)				
16.4	Glaucoma								
3061	Drainage operation	06.52		247.600	1740.10 (1526.40)	198.080	1392.10 (1221.10)	6.000	264.70 (232.20)
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	06.52		60.000	421.70 (369.90)	60.000	421.70 (369.90)	6.000	264.70 (232.20)
3063	Cyclocryotherapy or cyclodiathermy	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20)
3064	Laser trabeculoplasty	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20)
3065	Removal of blood from anterior chamber	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70)
3067	Goniotomy	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	7.000	308.80 (270.90)
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	06.52		127.000	892.60 (783.00)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	6.000	264.70 (232.20)
16.6	Strabismus								
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	06.52		175.600	1234.10 (1082.50)	140.480	987.30 (866.10)	5.000	220.60 (193.50)
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)	5.000	220.60 (193.50)
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	06.52		120.000	843.40 (739.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
16.7	Globe								
3079	Transcleral biopsy	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3080	Examination of eyes under general anaesthetic where no surgery is done	06.52		80.000	562.20 (493.20)	80.000	562.20 (493.20)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3081	Treatment of minor perforating injury	06.52		161.600	1135.70 (996.20)	129.280	908.60 (797.00)	6.000	264.70 (232.20)
3083	Treatment of major perforating injury	06.52		267.500	1880.00 (1649.10)	214.000	1504.00 (1319.30)	6.000	264.70 (232.20)
3085	Enucleation or Evisceration	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50)
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	06.52		160.000	1124.50 (986.40)	128.000	899.60 (789.10)	5.000	220.60 (193.50)
3088	Hydroxyapetite insertion (additional to item 3087)	06.52	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)	5.000	220.60 (193.50)
3089	Subconjunctival injection if not done at time of operation	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	5.000	220.60 (193.50)
3090	Intra vitreal injection drug	06.52		47.600	334.50 (293.40)	47.600	334.50 (293.40)	4.000	176.40 (154.70)
3091	Retrobulbar injection (if not done at time of operation)	06.52		16.000	112.40 (98.60)	16.000	112.40 (98.60)	4.000	176.40 (154.70)
3092	External laser treatment for superficial lesions	06.52		53.000	372.50 (326.80)	53.000	372.50 (326.80)		
3094	Implantation of intra vitreal drug delivery system	06.52		247.600	1740.10 (1526.40)	198.080	1392.10 (1221.10)	4.000	176.40 (154.70)
3095	Biopsy of vitreous body or anterior chamber contents	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	6.000	264.70 (232.20)
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	06.52		130.000	913.60 (801.40)	120.000	843.40 (739.80)	7.000	308.80 (270.90)
3097	Anterior vitrectomy	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	6.000	264.70 (232.20)
3098	Removal of silicon from globe	06.52		280.000	1967.80 (1726.10)	224.000	1574.30 (1381.00)	6.000	264.70 (232.20)
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	06.52		419.000	2944.70 (2583.10)	335.200	2355.80 (2066.50)	6.000	264.70 (232.20)
3100	Lensectomy done at time of posterior vitrectomy	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	7.000	308.80 (270.90)
16.8	Orbit								
3101	Drainage of orbital abscess	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	5.000	220.60 (193.50)
3104	Removal orbital prosthesis	06.52		212.700	1494.90 (1311.30)	170.160	1195.90 (1049.00)	5.000	220.60 (193.50)
3105	Orbit: Exenteration	06.52		275.000	1932.70 (1695.40)	220.000	1546.20 (1356.30)	5.000	220.60 (193.50)
3107	Orbitotomy requiring bone flap	06.52		393.000	2762.00 (2422.80)	314.400	2209.60 (1938.20)	5.000	220.60 (193.50)
3108	Eye socket reconstruction	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	5.000	220.60 (193.50)
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	06.52		300.000	2108.40 (1849.50)	240.000	1686.70 (1479.60)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3110	Second stage hydroxyapetite implantation	06.52		110.000	773.10 (678.20)	110.000	773.10 (678.20)	5.000	220.60 (193.50)
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	06.52		-	-	-	-		
3112	Fitting of contact lens for treatment of disease including supply of lens	06.52		12.200	85.70 (75.20)	12.200	85.70 (75.20)		
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	06.52		200.000	1405.60 (1233.00)	160.000	1124.50 (986.40)		
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	06.52		78.850	554.20 (486.10)				
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	06.52		166.000	1166.60 (1023.30)	132.800	933.30 (818.70)		
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	06.52		135.200	950.20 (833.50)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
3117	Removal of foreign body: On the basis of fee per consultation	06.52		-	-	-	-	4.000	176.40 (154.70)
3118	Curettage of cornea after removal of foreign body (after-care excluded)	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3119	Tattooing	06.52		26.000	182.70 (160.30)	26.000	182.70 (160.30)	4.000	176.40 (154.70)
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
3121	Corneal graft (Lamellar or full thickness)	06.52		289.000	2031.10 (1781.70)	231.200	1624.90 (1425.40)	6.000	264.70 (232.20)
3122	Epikeratophakia	06.52		289.000	2031.10 (1781.70)	231.200	1624.90 (1425.40)		
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	06.52		254.000	1785.10 (1565.90)	203.200	1428.10 (1252.70)	6.000	264.70 (232.20)
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)		
3125	Keratectomy	06.52		127.000	892.60 (783.00)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	06.52	+	52.180	366.70 (321.70)	52.180	366.70 (321.70)		
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70)
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
3129	Additional to item 3128 for the use of own diamond knives	06.52	+	40.000	281.10 (246.60)	40.000	281.10 (246.60)		
3131	Cornea: Paracentesis	06.52		53.000	372.50 (326.80)	53.000	372.50 (326.80)	4.000	176.40 (154.70)
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	06.52		150.000	1054.20 (924.70)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
3136	Conjunctival flap or graft (not for use with pterigium surgery)	06.52		95.700	672.60 (590.00)	95.700	672.60 (590.00)	6.000	264.70 (232.20)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3138	Removal corneal epithelium and chelating agent for band keratopathy	06.52		69.500	488.40 (428.40)	69.500	488.40 (428.40)	4.000	176.40 (154.70)
16.10	Ducts								
3133	Probing and/or syringing, per duct	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70)
3135	Insert polythene tubes	06.52		51.800	364.10 (319.40)	51.800	364.10 (319.40)	4.000	176.40 (154.70)
3137	Excision of lacrimal sac: Unilateral	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3139	Dacrocystorhinostomy (Single) with or without polythene tube	06.52		210.000	1475.90 (1294.60)	168.000	1180.70 (1035.70)	5.000	220.60 (193.50)
3141	Sealing Punctum surgical or by cautery: Per eye	06.52		24.900	175.00 (153.50)	24.900	175.00 (153.50)	4.000	176.40 (154.70)
3142	Sealing Punctum with plugs: Per eye	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)	4.000	176.40 (154.70)
3143	Three-snip operation	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70)
3145	Repair of canaliculus: Primary procedure	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3147	Repair of canaliculus: Secondary procedure	06.52		175.000	1229.90 (1078.90)	140.000	983.90 (863.10)	4.000	176.40 (154.70)
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	06.52		105.000	737.90 (647.30)	105.000	737.90 (647.30)	4.000	176.40 (154.70)
3157	Division of anterior synechiae as isolated procedure	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3158	Repair iris as in dialysis: Anterior chamber reconstruction	06.52		142.400	1000.80 (877.90)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
16.12	Lids								
3161	Tarsorrhaphy	06.52		47.000	330.30 (289.70)	47.000	330.30 (289.70)	4.000	176.40 (154.70)
3165	Repair of skin laceration lid: Simple	06.52		27.300	191.90 (168.30)	27.300	191.90 (168.30)	4.000	176.40 (154.70)
3167	Diathermy to wart on lid margin	06.52		12.000	84.30 (73.90)	12.000	84.30 (73.90)	4.000	176.40 (154.70)
3169	Electrolysis of any number of eyelashes: Per eye	06.52		15.000	105.40 (92.50)	15.000	105.40 (92.50)		
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	06.52		20.400	143.40 (125.80)	20.400	143.40 (125.80)	4.000	176.40 (154.70)
3173	Epicanthal folds	06.52		128.700	904.50 (793.40)	120.000	843.40 (739.80)	4.000	176.40 (154.70)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	06.52		25.000	175.70 (154.10)				
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	06.52		35.000	246.00 (215.80)				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	06.52		187.000	1314.20 (1152.80)	149.600	1051.40 (922.30)	4.000	176.40 (154.70)
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)	4.000	176.40 (154.70)
3179	Entropion or ectropion by Suture	06.52		49.400	347.20 (304.60)	49.400	347.20 (304.60)	4.000	176.40 (154.70)
3181	Entropion or ectropion by Open operation	06.52		111.500	783.60 (687.40)	111.500	783.60 (687.40)	4.000	176.40 (154.70)
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	06.52		122.600	861.60 (755.80)	122.600	861.60 (755.80)	4.000	176.40 (154.70)
16.12.2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	06.52		259.000	1820.30 (1596.80)	207.200	1456.20 (1277.40)	4.000	176.40 (154.70)
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	06.52		206.000	1447.80 (1270.00)	164.800	1158.20 (1016.00)	4.000	176.40 (154.70)
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	06.52		136.500	959.30 (841.50)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	06.52		150.200	1055.60 (926.00)	120.160	844.50 (740.80)	4.000	176.40 (154.70)
3172	Blepharoplasty lower eyelid plus fat pad	06.52		125.800	884.10 (775.50)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
16.12.3	Lids: Ptosis								
3193	Repair by superior rectus, levator or frontalis muscle operation	06.52		190.000	1335.30 (1171.30)	152.000	1068.30 (937.10)	4.000	176.40 (154.70)
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	06.52		137.600	967.10 (848.30)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	06.52		166.000	1166.60 (1023.30)	132.800	933.30 (818.70)	4.000	176.40 (154.70)
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	06.52		132.000	927.70 (813.80)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
3200	Repair of lacerated conjunctiva	06.52		47.000	330.30 (289.70)	47.000	330.30 (289.70)	4.000	176.40 (154.70)
16.14	Eye: General								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								06.52
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	06.52		109.000	766.10 (672.00)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R15,00 per minute may be charged	06.52							
3196	Diamond knife: Use of own diamond knife during intraocular surgery	06.52		12.000	84.30 (73.90)				
3198	Excimer laser: Hire fee (per eye)	06.52		284.130	1996.90 (1751.70)				
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	06.52		109.000	766.10 (672.00)				
3202	Phako emulsification apparatus: Hire fee	06.52		109.000	766.10 (672.00)				
3203	Vitrectomy apparatus: Hire fee	06.52		120.000	843.40 (739.80)				
17	Ear								
17.1	External ear (Pinna)								
3270	Excision of superficial pre-auricular fistula	06.52		55.000	386.50 (339.00)	55.000	386.50 (339.00)	4.000	176.40 (154.70)
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	06.52		-	-				
3272	Excision of complicated pre-auricular fistula	06.52		140.000	983.90 (863.10)	120.000	843.40 (739.80)	4.000	176.40 (154.70)
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	06.52		-	-	-	-		
3205	External ear canal: Removal of foreign body: Under general anaesthetic	06.52		21.000	147.60 (129.50)	21.000	147.60 (129.50)	4.000	176.40 (154.70)
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	06.52		164.000	1152.60 (1011.10)	131.200	922.10 (808.90)	4.000	176.40 (154.70)
3217	Meatus atresia: Congenital	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	4.000	176.40 (154.70)
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	06.52		77.000	541.20 (474.70)	77.000	541.20 (474.70)	4.000	176.40 (154.70)
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	06.52		215.000	1511.00 (1325.40)	172.000	1208.80 (1060.40)	4.000	176.40 (154.70)
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	06.52		8.000	56.20 (49.30)	8.000	56.20 (49.30)		
3207	Myringotomy: Unilateral	06.52		28.000	196.80 (172.60)	28.000	196.80 (172.60)	4.000	176.40 (154.70)
3209	Myringotomy: Bilateral	06.52		46.000	323.30 (283.60)	46.000	323.30 (283.60)	4.000	176.40 (154.70)
3211	Unilateral myringotomy with insertion of ventilation tube	06.52		38.000	267.10 (234.30)	38.000	267.10 (234.30)	4.000	176.40 (154.70)
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	06.52		57.000	400.60 (351.40)	57.000	400.60 (351.40)	4.000	176.40 (154.70)
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	06.52		65.000	456.80 (400.70)	65.000	456.80 (400.70)	4.000	176.40 (154.70)
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	06.52		255.000	1792.10 (1572.00)	204.000	1433.70 (1257.60)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3237	Exploratory tympanotomy	06.52		158.900	1116.70 (979.60)	127.120	893.40 (783.70)	5.000	220.60 (193.50)
3243	Myringoplasty	06.52		138.000	969.90 (850.80)	120.000	843.40 (739.80)	5.000	220.60 (193.50)
3245	Functional reconstruction of tympanic membrane	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50)
3249	Stapedotomy and stapedectomy	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50)
3257	Cortical mastoidectomy	06.52		188.500	1324.80 (1162.10)	150.800	1059.80 (929.60)	5.000	220.60 (193.50)
3259	Radical mastoidectomy (excluding minor procedures)	06.52		277.400	1949.60 (1710.20)	221.920	1559.70 (1368.20)	5.000	220.60 (193.50)
3261	Muscle grafting to mastoid cavity without tympanoplasty	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	5.000	220.60 (193.50)
3263	Autogenous bone graft to mastoid cavity	06.52		180.000	1265.00 (1109.60)	144.000	1012.00 (887.70)	5.000	220.60 (193.50)
3264	Tympanomastoidectomy	06.52		375.000	2635.50 (2311.80)	300.000	2108.40 (1849.50)	5.000	220.60 (193.50)
3265	Reconstruction of posterior canal wall, following radical mastoid	06.52		320.000	2249.00 (1972.80)	256.000	1799.20 (1578.20)	5.000	220.60 (193.50)
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	06.52		30.000	210.80 (184.90)	30.000	210.80 (184.90)	5.000	220.60 (193.50)
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	06.52		9.000	63.30 (55.50)	9.000	63.30 (55.50)	4.000	176.40 (154.70)
3224	Electroneurography (ENOG)	06.52		75.000	527.10 (462.40)	75.000	527.10 (462.40)	4.000	176.40 (154.70)
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastiod segment	06.52		297.000	2087.30 (1831.00)	237.600	1669.90 (1464.80)	5.000	220.60 (193.50)
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	06.52		436.000	3064.20 (2687.90)	348.800	2451.40 (2150.40)	5.000	220.60 (193.50)
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	06.52		436.000	3064.20 (2687.90)	348.800	2451.40 (2150.40)	5.000	220.60 (193.50)
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	06.52		124.000	871.50 (764.50)	120.000	843.40 (739.80)	6.000	264.70 (232.20)
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	06.52		50.000	351.40 (308.20)				
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	06.52		88.000	618.50 (542.50)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	06.52		60.000	421.70 (369.90)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	06.52		105.000	737.90 (647.30)				
2695	Audiology 40Hz response: Unilateral	06.52		30.000	210.80 (184.90)				
2696	Audiology 40Hz response: Bilateral	06.52		53.000	372.50 (326.80)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	06.52		30.000	210.80 (184.90)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	06.52		53.000	372.50 (326.80)				
2699	Electro-cochleography: Unilateral	06.52		50.000	351.40 (308.20)				
2700	Electro-cochleography: Bilateral	06.52		88.000	618.50 (542.50)				
2702	Total fee for audiological evaluation including bilateral AEP, and bilateral electro-cochleography	06.52		140.000	983.90 (863.10)			4.000	176.40 (154.70)
3248	Otoacoustic emission performed as a screening test	06.52		33.240	233.60 (204.90)	33.240	233.60 (204.90)		
3250	Otoacoustic emission (high risk patients only)	06.52		66.480	467.20 (409.80)	66.480	467.20 (409.80)		
3273	Pure tone audiometry (air conduction)	06.52		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3274	Pure tone audiometry (bone conduction with masking)	06.52		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3275	Impedance audiometry (tympanometry)	06.52		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	06.52		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	06.52		6.500	45.70 (40.10)	6.500	45.70 (40.10)		
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
3252	Bithermal Halpike caloric test (excluding consultation fee)	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
3253	Electro-nystagmography for spontaneous and positional nystagmus	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)		
3254	Video nystagmoscopy (monocular)	06.52		25.000	175.70 (154.10)	25.000	175.70 (154.10)		
3255	Caloric test done with electronystamography	06.52		70.000	492.00 (431.60)	70.000	492.00 (431.60)		
3256	Video nystagmoscopy (binocular)	06.52		50.000	351.40 (308.20)	50.000	351.40 (308.20)		
3258	Otolith repositioning manoeuvre	06.52		14.000	98.40 (86.30)	14.000	98.40 (86.30)	4.000	176.40 (154.70)
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	06.52		71.480	502.40 (440.70)	71.480	502.40 (440.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
17.5.3	Inner ear surgery								
3233	Labyrinthectomy via the middle ear or mastoid	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	5.000	220.60 (193.50)
3240	Endolymphatic sac surgery	06.52		277.000	1946.80 (1707.70)	221.600	1557.40 (1366.10)	4.000	176.40 (154.70)
3244	Fenestration and occulasion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	06.52		310.000	2178.70 (1911.10)	248.000	1742.90 (1528.90)	5.000	220.60 (193.50)
3246	Cochlear implant surgery	06.52		340.500	2393.00 (2099.10)	272.400	1914.40 (1679.30)	5.000	220.60 (193.50)
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	06.52		420.000	2951.80 (2589.30)	336.000	2361.40 (2071.40)	5.000	220.60 (193.50)
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	06.52		510.000	3584.30 (3144.10)	408.000	2867.40 (2515.30)	11.000	485.20 (425.60)
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	06.52		620.000	4357.40 (3822.30)	496.000	3485.90 (3057.80)	11.000	485.20 (425.60)
5224	Removal of acoustic neuroma via the middle fossa approach	06.52		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	11.000	485.20 (425.60)
17.6.2	Microsurgery of the skull base: Translabyrinthe approach								
3239	Acoustic neuroma removal translabyrinthine	06.52		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	5.000	220.60 (193.50)
5227	Cochleo-vestibular neurectomy	06.52		530.000	3724.80 (3267.40)	424.000	2979.90 (2613.90)	11.000	485.20 (425.60)
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	06.52		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	11.000	485.20 (425.60)
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontime angle								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	06.52		660.000	4638.50 (4068.90)	528.000	3710.80 (3255.10)	11.000	485.20 (425.60)
17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A								
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	06.52		480.000	3373.40 (2959.10)	384.000	2698.80 (2367.40)	11.000	485.20 (425.60)
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
18	Physical Treatment								
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	06.52	+	0.750	5.27 (4.62)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	06.52		13.500	94.90 (83.20)				
3281	Ultrasonic therapy	06.52		10.000	70.30 (61.70)				
3282	Shortwave diathermy	06.52		10.000	70.30 (61.70)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3284	Sensory nerve conduction studies	06.52		31.000	217.90 (191.10)				
3285	Motor nerve conduction studies	06.52		26.000	182.70 (160.30)				
3287	Spinal joint and ligament injection	06.52		20.000	140.60 (123.30)	20.000	140.60 (123.30)		
3288	Epidural injection	06.52		36.000	253.00 (221.90)				
3289	Multiple injections: First joint	06.52		7.500	52.70 (46.20)				
3290	Multiple injections: Each additional joint	06.52		4.500	31.60 (27.70)				
3291	Tendon or ligament injection	06.52		9.000	63.30 (55.50)				
3292	Aspiration of joint or inter-articular injection	06.52		9.000	63.30 (55.50)				
3293	Aspiration or injection of bursa or ganglion	06.52		9.000	63.30 (55.50)				
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	06.52		20.000	140.60 (123.30)				
3295	Paravertebral root block: Unilateral	06.52		20.000	140.60 (123.30)				
3296	Paravertebral root block: Bilateral	06.52		30.000	210.80 (184.90)				
3297	Manipulation of spine performed by a specialist in Physical Medicine	06.52		14.000	98.40 (86.30)				
3298	Spinal traction	06.52		6.000	42.20 (37.00)				
3299	Manipulation of large joints: Under general anaesthesia	06.52		14.000	98.40 (86.30)			3.000	132.30 (116.10)
3299a	Manipulation of large joints: Under general anaesthesia	06.52		14.000	98.40 (86.30)			4.000	176.40 (154.70)
3300	Manipulation of large joints: Without anaesthetic	06.52		-	-	-	-		
3301	Muscle fatigue studies	06.52		20.000	140.60 (123.30)				
3302	Strength duration curve per session	06.52		10.500	73.80 (64.70)				
3303	Electromyography	06.52		75.000	527.10 (462.40)				
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	06.52		10.000	70.30 (61.70)	10.000	70.30 (61.70)		
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT									
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								06.52
19	Radiology								
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values								06.52
RULES GOVERNING THE SECTION RADIOLOGY									
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								06.52
Z.	No fee is subject to more than one reduction								06.52

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								06.52
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								06.52
MODIFIERS GOVERNING THE SECTION									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								06.52
0080	Multiple examinations: Full Fee								06.52
0081	Repeat examinations: No reduction								06.52
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction								06.52
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								06.52
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								06.52
19.1	**Skeleton**								
19.1.1	**Skeleton: Limbs**								
3305	Finger, toe	06.52				6.300	62.70 (55.00)		
3309	Smith-Petersen or equivalent control, in theatre	06.52				38.700	385.30 (338.00)		
3311	Stress studies, e.g. joint	06.52				7.700	76.70 (67.30)		
3313	Full length study, both legs	06.52				15.500	154.30 (135.40)		
3315	Skeletal survey under 5 years	06.52				19.900	198.10 (173.80)		
3317	Skeletal survey over 5 years	06.52				28.000	278.80 (244.60)		
3319	Arthrography per joint	06.52				15.400	153.30 (134.50)		
3320	Introduction of contrast medium or air: ADD	06.52	+			13.800	137.40 (120.50)		
6500	Hand	06.52				7.700	76.70 (67.30)		
6501	Wrist (specify region)	06.52				7.700	76.70 (67.30)		
6503	Scaphoid	06.52				7.700	76.70 (67.30)		
6504	Radius and ulna	06.52				7.700	76.70 (67.30)		
6505	Elbow	06.52				7.700	76.70 (67.30)		
6506	Humerus	06.52				7.700	76.70 (67.30)		
6507	Shoulder	06.52				7.700	76.70 (67.30)		
6508	Acromio-Clavicula joint	06.52				7.700	76.70 (67.30)		
6509	Clavicle	06.52				7.700	76.70 (67.30)		
6510	Scapula	06.52				7.700	76.70 (67.30)		
6511	Foot	06.52				7.700	76.70 (67.30)		
6512	Ankle	06.52				7.700	76.70 (67.30)		
6513	Calcaneus	06.52				7.700	76.70 (67.30)		

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6514	Tibia and fibula	06.52				7.700	76.70 (67.30)		
6515	Knee	06.52				7.700	76.70 (67.30)		
6516	Patella	06.52				7.700	76.70 (67.30)		
6517	Femur	06.52				7.700	76.70 (67.30)		
6518	Hip	06.52				7.700	76.70 (67.30)		
6519	Sesamoid Bone	06.52				7.700	76.70 (67.30)		
19.1.2	**Skeleton: Spinal column**								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	06.52				11.000	109.50 (96.10)		
3325	Stress studies	06.52				11.000	109.50 (96.10)		
3329	Scoliosis studies	06.52				21.000	209.10 (183.40)		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	06.52				11.000	109.50 (96.10)		
3333	Myelography: Lumbar	06.52				28.900	287.70 (252.40)	4.000	176.40 (154.70)
3334	Myelography: Thoracic	06.52				22.200	221.00 (193.90)	4.000	176.40 (154.70)
3335	Myelography: Cervical	06.52				35.500	353.40 (310.00)	4.000	176.40 (154.70)
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	06.52						4.000	176.40 (154.70)
3344	Introduction of contrast medium	06.52	+			18.700	186.20 (163.30)		
3345	Discography	06.52				34.600	344.50 (302.20)	4.000	176.40 (154.70)
3347	Introduction of contrast medium per disc level: ADD	06.52	+			28.200	280.80 (246.30)		
19.1.3	**Skeleton: Skull**								
3349	Skull studies	06.52				15.700	156.30 (137.10)		
3351	Paranasal sinuses	06.52				11.000	109.50 (96.10)		
3353	Facial bones and/or orbits	06.52				12.600	125.40 (110.00)		
3355	Mandible	06.52				9.400	93.60 (82.10)		
3357	Nasal bone	06.52				7.800	77.70 (68.20)		
3359	Mastoid: Bilateral	06.52				18.000	179.20 (157.20)		
3361	Teeth: One quadrant	06.52				3.700	36.80 (32.30)		
3363	Teeth: Two quadrants	06.52				6.300	62.70 (55.00)		
3365	Teeth: Full mouth	06.52				11.000	109.50 (96.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3366	Teeth: Rotation tomography of the teeth and jaws	06.52				13.300	132.40 (116.10)		
3367	Teeth: Tempero-mandibular joints: Per side	06.52				11.000	109.50 (96.10)		
3369	Teeth: Tomography: Per side	06.52				11.000	109.50 (96.10)		
3371	Localisation of foreign body in the eye	06.52				15.700	156.30 (137.10)		
3381	Ventriculography	06.52				27.300	271.80 (238.40)	4.000	176.40 (154.70)
3385	Post-nasal studies: Lateral neck	06.52				6.300	62.70 (55.00)		
3387	Maxillo-facial cephalometry	06.52				8.800	87.60 (76.80)		
3389	Dacrocystography	06.52				11.000	109.50 (96.10)	4.000	176.40 (154.70)
3391	For introduction of contrast medium: ADD	06.52	+			11.000	109.50 (96.10)		
19.2	Alimentary tract								
3393	Bowel washout: ADD	06.52	+			4.800	47.80 (41.90)		
3395	Sialography (plus 80% for each additional gland)	06.52				12.700	126.40 (110.90)	4.000	176.40 (154.70)
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	06.52	+			11.000	109.50 (96.10)		
3399	Pharynx and oesophagus	06.52				12.700	126.40 (110.90)		
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	06.52				20.000	199.10 (174.60)		
3405	Double contrast: ADD	06.52	+			7.300	72.70 (63.80)		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	06.52				20.000	199.10 (174.60)		
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	06.52				28.900	287.70 (252.40)		
3409	Barium enema (control film of abdomen included)	06.52				18.300	182.20 (159.80)		
3411	Air contrast study: ADD	06.52	+			19.300	192.20 (168.60)		
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	06.52				23.300	232.00 (203.50)	4.000	176.40 (154.70)
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	06.52				15.500	154.30 (135.40)	4.000	176.40 (154.70)
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	06.52							
3417	Gastric/oesophageal/duodenal intubation control	06.52				5.900	58.70 (51.50)		
3419	Gastric/oesophageal intubation insertion of tube: ADD	06.52	+			5.600	55.80 (48.90)		
3421	Duodenal intubation: Insertion of tube: ADD	06.52	+			11.000	109.50 (96.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3423	Hypotonic duodenography (item 3403 and item 3405 included)	06.52	+			29.300	291.70 (255.90)		
19.3	Biliary tract								
3425	Oral cholecystography	06.52				15.700	156.30 (137.10)		
3427	Cholangiography: Intravenous	06.52				22.000	219.00 (192.10)		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	06.52				21.000	209.10 (183.40)		
3433	Post operative: T-tube	06.52				16.700	166.30 (145.90)		
3435	Introduction of contrast medium: ADD	06.52	+			5.600	55.80 (48.90)		
3437	Trans hepatic, percutaneous	06.52				18.300	182.20 (159.80)		
3439	Introduction of contrast medium: ADD	06.52	+			33.100	329.50 (289.00)		
3441	Tomography of biliary tract: ADD	06.52	+			9.400	93.60 (82.10)		
19.4	Chest								
3443	Larynx (Tomography included)	06.52				12.500	124.50 (109.20)		
3445	Chest (item 3601 included)	06.52				9.400	93.60 (82.10)		
3447	Chest and cardiac studies (item 3601)	06.52				12.600	125.40 (110.00)		
3449	Ribs	06.52				12.300	122.50 (107.50)		
3451	Sternum or sterno-clavicular joints	06.52				12.600	125.40 (110.00)		
3453	Bronchography: Unilateral	06.52				12.600	125.40 (110.00)	8.000	352.90 (309.60)
3455	Bronchography: Bilateral	06.52				22.100	220.00 (193.00)	8.000	352.90 (309.60)
3457	Introduction of contrast medium included	06.52				35.700	355.40 (311.80)		
3461	Pleurography	06.52				12.600	125.40 (110.00)	3.000	132.30 (116.10)
3463	For introduction of contrast medium: ADD	06.52	+			2.800	27.90 (24.50)		
3465	Laryngography	06.52				11.000	109.50 (96.10)		
3467	For introduction of contrast medium: ADD	06.52	+			10.000	99.60 (87.40)		
3468	Thoracic inlet	06.52				6.300	62.70 (55.00)		
19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	06.52				9.400	93.60 (82.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3479	Acute abdomen or equivalent studies	06.52				15.700	156.30 (137.10)		
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	06.52				25.100	249.90 (219.20)		
3493	Waterload test: ADD	06.52	+			12.200	121.50 (106.60)		
3497	Cystography only or urethrography only (retrograde)	06.52				19.300	192.20 (168.60)		
3499	Cysto-urethrography: Retrograde	06.52				31.900	317.60 (278.60)		
3503	Cysto-urethrography: Introduction of contrast medium	06.52	+			3.700	36.80 (32.30)		
3505	Retrograde-prograde pyelography	06.52				18.300	182.20 (159.80)	3.000	132.30 (116.10)
3511	Aspiration renal cyst	06.52				18.400	183.20 (160.70)		
3513	Tomography of renal tract: ADD	06.52	+			9.400	93.60 (82.10)		
19.7	Gynaecology and obstetrics								
3515	Pregnancy	06.52				9.400	93.60 (82.10)		
3517	Pelvimetry	06.52				17.400	173.20 (151.90)		
3519	Hystero-salpingography	06.52				12.500	124.50 (109.20)	3.000	132.30 (116.10)
3521	Introduction of contrast medium: ADD	06.52	+			15.300	152.30 (133.60)		
19.8	Vascular studies								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately) ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								06.52

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
MODIFIER GOVERNING VASCULAR STUDIES									
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								06.52
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)								06.52
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								06.52
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								06.52
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure								06.52
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value								06.52
19.8.1	Vascular studies: Film Series								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								06.52
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment	06.52							
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment	06.52							
3538	Analogue monoplane table with DSA attachment	06.52							
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment	06.52							
3540	Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof	06.52							
3545	Venography: Per limb	06.52				16.500	164.30 (144.10)		
3548	Analogue monoplane screening table	06.52							
3550	Digital monoplane screening table	06.52							
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	06.52				166.800	1660.70 (1456.80)		
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	06.52				48.600	483.90 (424.50)	4.000	176.40 (154.70)
3558	Translumbar aortic puncture, with full study	06.52				69.600	692.90 (607.80)	5.000	220.60 (193.50)
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	06.52				57.000	567.50 (497.80)	4.000	176.40 (154.70)
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram	06.52				65.400	651.10 (571.10)	4.000	176.40 (154.70)
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	06.52				73.200	728.80 (639.30)	4.000	176.40 (154.70)
3564	Direct femoral arterial or venous or jugular venous puncture	06.52				37.200	370.40 (324.90)		
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or anteriovenous malformation (AVM)	06.52				85.800	854.20 (749.30)	5.000	220.60 (193.50)
3569	Intravascular pressure studies, arterial or venous, once off per case	06.52				19.800	197.10 (172.90)		
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	06.52				130.800	1302.20 (1142.30)	5.000	220.60 (193.50)
3572	Transcatheter selective blood sampling, arterial or venous	06.52				32.400	322.60 (283.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3574	Spinal angiogram (global fee) including all selective catheterisations	06.52				480.000	4778.90 (4192.00)	5.000	220.60 (193.50)
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb	06.52	+			7.400	73.70 (64.60)		
3575	Cut-downs for venography: ADD	06.52	+			11.000	109.50 (96.10)		
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								06.52
3577	Tomography (conventional except where otherwise specified): ADD 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations	06.52							
3579	Tomography (multi-dimensional in motion): ADD 150%	06.52							
3581	Cinematography: For first series: ADD 100%	06.52							
3583	Cinematography: For each series after the first: ADD 80% of the primary fee	06.52							
19.9.1	Tomography and cinematography: Computed Tomography								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour	06.52							
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)	06.52							
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)	06.52				-	-		
3599	Electron beam computed tomography (EBCT) of the heart. Total fee for contract examination excluding cost of contrast medium (not to be used for coronary artery calcium assessment or scoring - see item 3598)	06.52				-	-		
6400	Plus spiral CT	06.52							
6401	Plus 3D reconstruction	06.52							
6402	Plus high resolution study	06.52							
6403	CT limb uncontrasted	06.52						5.000	220.60 (193.50)
6404	CT limb with contrast only	06.52						5.000	220.60 (193.50)
6405	CT limb pre- AND post contrast	06.52						5.000	220.60 (193.50)
6406	CT joint uncontrasted	06.52						5.000	220.60 (193.50)
6407	CT joint with contrast only	06.52						5.000	220.60 (193.50)
6408	CT joint pre AND post contrast	06.52						5.000	220.60 (193.50)
6409	CT brain uncontrasted (including posterior fossa)	06.52						5.000	220.60 (193.50)
6410	CT brain with contrast only (including posterior fossa)	06.52						5.000	220.60 (193.50)
6411	CT brain pre AND post contrast (including posterior fossa)	06.52						5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6412	CT orbits complete study, axial OR coronal, uncontrasted	06.52						5.000	220.60 (193.50)
6413	CT orbits complete study, axial AND coronal, uncontrasted	06.52						5.000	220.60 (193.50)
6414	CT orbits complete study, axial OR coronal pre AND post contrast	06.52						5.000	220.60 (193.50)
6415	CT orbits complete study, axial AND coronal pre AND post contrast	06.52						5.000	220.60 (193.50)
6416	CT paranasal sinuses limited study axial OR coronal	06.52						5.000	220.60 (193.50)
6417	CT paranasal sinuses limited study axial AND coronal	06.52						5.000	220.60 (193.50)
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	06.52						5.000	220.60 (193.50)
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	06.52						5.000	220.60 (193.50)
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	06.52						5.000	220.60 (193.50)
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	06.52						5.000	220.60 (193.50)
6422	CT pituitary fossa, uncontrasted	06.52						5.000	220.60 (193.50)
6423	CT pituitary fossa, pre AND post contrast	06.52						5.000	220.60 (193.50)
6424	CT internal auditory meati, uncontrasted	06.52						5.000	220.60 (193.50)
6425	CT internal audiory meati, pre AND post contrast	06.52						5.000	220.60 (193.50)
6426	CT mastoids	06.52						5.000	220.60 (193.50)
6427	CT ear structures, limited study	06.52						5.000	220.60 (193.50)
6428	CT middle AND inner ear, complete study including reconstructions	06.52						5.000	220.60 (193.50)
6429	CT facial bones	06.52						5.000	220.60 (193.50)
6430	CT neck soft tissue, uncontrasted	06.52						5.000	220.60 (193.50)
6431	CT neck soft tissue with contrast only	06.52						5.000	220.60 (193.50)
6432	CT neck pre AND post contrast	06.52						5.000	220.60 (193.50)
6433	CT cervical spine uncontrasted	06.52						5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6434	CT cervical spine pre AND post contrast	06.52						5.000	220.60 (193.50)
6435	CT cervical spine post myelogram	06.52						5.000	220.60 (193.50)
6436	CT dorsal spine uncontrasted	06.52						5.000	220.60 (193.50)
6437	CT dorsal spine pre AND post contrast	06.52						5.000	220.60 (193.50)
6438	CT dorsal spine post myelogram	06.52						5.000	220.60 (193.50)
6439	CT lumbar spine uncontrasted	06.52						5.000	220.60 (193.50)
6440	CT lumbar spine pre AND post contrast	06.52						5.000	220.60 (193.50)
6441	CT lumbar spine post myelogram	06.52						5.000	220.60 (193.50)
6442	CT pelvimetry (topogram only)	06.52						5.000	220.60 (193.50)
6443	CT chest uncontrasted	06.52						5.000	220.60 (193.50)
6444	CT chest with contrast	06.52						5.000	220.60 (193.50)
6445	CT chest pre AND post contrast	06.52						5.000	220.60 (193.50)
6446	CT chest high resolution lungs, limited study	06.52						5.000	220.60 (193.50)
6447	CT high resolution lungs, complete study	06.52						5.000	220.60 (193.50)
6448	CT abdomen uncontrasted	06.52						5.000	220.60 (193.50)
6449	CT abdomen with contrast	06.52						5.000	220.60 (193.50)
6450	CT abdomen pre AND post contrast	06.52						5.000	220.60 (193.50)
6451	CT abdomen triphasic study	06.52						5.000	220.60 (193.50)
6452	CT pelvis uncontrasted	06.52						5.000	220.60 (193.50)
6453	CT pelvis with contrast	06.52						5.000	220.60 (193.50)
6454	CT pelvis pre AND post contrast	06.52						5.000	220.60 (193.50)
6455	CT abdomen AND pelvis uncontrasted	06.52						5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6456	CT abdomen AND pelvis with contrast	06.52						5.000	220.60 (193.50)
6457	CT abdomen AND pelvis pre AND post contrast	06.52						5.000	220.60 (193.50)
6458	CT chest, abdomen AND pelvis with contrast	06.52						5.000	220.60 (193.50)
6459	CT base of skull to symphysis pubis with contrast	06.52						5.000	220.60 (193.50)
6460	CT for dental implants maxilla OR mandible	06.52							
6461	CT for dental implants maxilla AND mandible	06.52							
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)	06.52						5.000	220.60 (193.50)
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	06.52						5.000	220.60 (193.50)
6464	CT limited study, any region. Region to be identified on the account	06.52						5.000	220.60 (193.50)
6465	CT guidance for aspiration, biopsy or drainage	06.52						11.000	485.20 (425.60)
6466	CT guidance for aspiration at time of CT diagnostic study	06.52							
6467	CT stereotactic localisation for biopsy	06.52						11.000	485.20 (425.60)
6469	Quantitative CT for bone mineral density	06.52							
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast	06.52						5.000	220.60 (193.50)
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast	06.52						5.000	220.60 (193.50)
6472	Computer Aided Diagnosis for Mammography	06.52							
19.10	**Radiology: Miscellaneous**								
3594	Mammogram of surgically removed breast biopsy specimen	06.52							
3600	Peripheral bone densitometry utilizing ionizing radiation	06.52		13.000	129.40 (113.50)	13.000	129.40 (113.50)		
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	06.52	+			7.700	76.70 (67.30)		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	06.52				10.700	106.50 (93.40)		
3603	Sinography	06.52				18.400	183.20 (160.70)		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	06.52		77.000	766.60 (672.50)	77.000	766.60 (672.50)		
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used	06.52				33.000	328.50 (288.20)		
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee or examination performed (Only to be used by radiological technical staff)	06.52				5.600	55.80 (48.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position	06.52				40.000	398.20 (349.30)	3.000	132.30 (116.10)
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	06.52				-	-		
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	06.52	+			11.000	109.50 (96.10)		
3613	Setting of sterile trays	06.52				3.300	32.90 (28.90)		
5029	Mammotome - stereotaxis: Hand held	06.52							
5034	Fine needle aspiration or biopsy or core biopsy of mamma	06.52				25.000	248.90 (218.30)	6.000	264.70 (232.20)
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values								06.52
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								06.52
3596	Intravascular ultrasound per case, arterial or venous, for intervention	06.52		30.000	201.00 (176.30)	30.000	201.00 (176.30)		
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	06.52		110.000	736.90 (646.40)	110.000	736.90 (646.40)	5.000	220.60 (193.50)
3612	Ultrasonic bone densitometry	06.52		19.000	127.30 (111.70)	19.000	127.30 (111.70)		
3614	Transvaginal aspiration of ova	06.52		110.000	736.90 (646.40)	110.000	736.90 (646.40)		
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3616	Contrast media: General Rule Y applies	06.52							
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	06.52		40.000	268.00 (235.10)	40.000	268.00 (235.10)		
3619	Intravascular ultrasound imaging assesses the atheroschlerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	06.52		30.000	201.00 (176.30)	30.000	201.00 (176.30)	9.000	397.00 (348.20)
3620	Cardiac examination plus Doppler colour mapping	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3621	Cardiac examination (MMode)	06.52		25.000	167.50 (146.90)	25.000	167.50 (146.90)		
3622	Cardiac examination: 2 Dimensional	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3623	Cardiac examination + effort	06.52	+	10.000	67.00 (58.80)	10.000	67.00 (58.80)		
3624	Cardiac examinations + contrast	06.52	+	10.000	67.00 (58.80)	10.000	67.00 (58.80)		
3625	Cardiac examinations + doppler	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3626	Cardiac examination + phonocardiography	06.52	+	10.000	67.00 (58.80)	10.000	67.00 (58.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	06.52		60.000	401.90 (352.50)	60.000	401.90 (352.50)		
3628	Renal tract	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3631	Ophthalmic examination	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3633	Neonatal head scan	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
3634	Peripheral vascular study, B mode only	06.52		39.000	261.30 (229.20)	39.000	261.30 (229.20)		
3635	+ Doppler	06.52		39.000	261.30 (229.20)	39.000	261.30 (229.20)		
3636	Trans-oesophageal echocardiography including passing the device	06.52		100.000	669.90 (587.60)	100.000	669.90 (587.60)		
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	06.52		78.000	522.50 (458.30)	78.000	522.50 (458.30)		
5026	Ultrasound guided amniocentesis	06.52		39.000	261.30 (229.20)			6.000	264.70 (232.20)
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5101	Pleural space ultrasound	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5103	Ultrasound soft tissue, any region	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	06.52		25.000	167.50 (146.90)	25.000	167.50 (146.90)		
5107	Ultrasound after 24 weeks - motivation required	06.52		25.000	167.50 (146.90)	25.000	167.50 (146.90)		
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)		
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	06.52		128.000	857.50 (752.20)	120.000	803.90 (705.20)		
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree: Carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113 or 5114)	06.52		206.000	1380.00 (1210.50)	164.800	1104.00 (968.40)		
5112	Peripheral arterial ultrasound vascular study: B mode, pulsed and colour Doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results	06.52		117.000	783.80 (687.50)	117.000	783.80 (687.50)		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	06.52		117.000	783.80 (687.50)	117.000	783.80 (687.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	06.52		178.000	1192.40 (1046.00)	142.400	953.90 (836.80)		
5115	Intra-operative ultrasound study	06.52		50.000	335.00 (293.90)	50.000	335.00 (293.90)	3.000	132.30 (116.10)
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	06.52		88.000	589.50 (517.10)	88.000	589.50 (517.10)		
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior desending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	06.52		44.000	294.80 (258.60)	44.000	294.80 (258.60)		
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS									
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								06.52
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	06.52		6.000	40.19 (35.25)	6.000	40.19 (35.25)		
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								06.52
GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY									
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the Fund by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								06.52
19.12	**Portable unit examinations**								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	06.52	+			7.000	69.70 (61.10)		
3640	Theatre investigations with fixed installation	06.52	+			3.000	29.90 (26.20)		
19.13	**Diagnostic procedures requiring the use of radio-isotopes**								
AA.	Procedures to exclude cost of isotope								06.52
3641	Tracer test	06.52		33.200	330.50 (289.90)	22.100	220.00 (193.00)		
3642	Repeat of further tracer tests for same investigation: Half of above fee	06.52		16.600	165.30 (145.00)	11.100	110.50 (96.90)		
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee	06.52							
3645	Other organ scanning with use of relevant radio isotopes	06.52		82.200	818.40 (717.90)	54.800	545.60 (478.60)		
3646	Thyroid scanning	06.52		28.800	286.70 (251.50)	19.200	191.20 (167.70)		
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera	06.52							
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera	06.52							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
19.14	**Interventional radiological procedures**								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								06.52
	Note: In regard to multiple examinations see modifier 0080								06.52
5002	Percutaneous transluminal angioplasty: Aortic/IVC	06.52				102.600	1021.50 (896.10)	13.000	573.40 (503.00)
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	06.52				102.600	1021.50 (896.10)	13.000	573.40 (503.00)
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	06.52				102.600	1021.50 (896.10)	13.000	573.40 (503.00)
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	06.52				139.200	1385.90 (1215.70)	13.000	573.40 (503.00)
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	06.52				139.200	1385.90 (1215.70)	13.000	573.40 (503.00)
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	06.52				172.200	1714.40 (1503.90)	13.000	573.40 (503.00)
5014	Atherectomy (per vessel)	06.52				204.600	2037.00 (1786.80)		
5016	Aspiration thrombectomy (per vessel)	06.52				131.400	1308.20 (1147.50)		
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	06.52				106.800	1063.30 (932.70)	5.000	220.60 (193.50)
5022	Embolisation non-intracranial, per vessel	06.52				106.800	1063.30 (932.70)	9.000	397.00 (348.20)
5030	Percutaneous nephrostomy for further procedure or drainage	06.52				73.800	734.80 (644.60)	6.000	264.70 (232.20)
5031	Antegrade ureteric stent insertion	06.52				69.600	692.90 (607.80)	6.000	264.70 (232.20)
5033	Percutaneous cystostomy in radiology suite	06.52				30.000	298.70 (262.00)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5035	Urethral balloon dilatation in radiology suite	06.52				22.800	227.00 (199.10)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	06.52				34.200	340.50 (298.70)		
5037	Urethral stenting in radiology suite	06.52				102.600	1021.50 (896.10)		
5038	Intracranial/spinal AVM embolisation (per session)	06.52				335.400	3339.20 (2929.10)	13.000	573.40 (503.00)
5039	Intracranial thrombolysis (on-table) per session	06.52				139.200	1385.90 (1215.70)	13.000	573.40 (503.00)
5040	Intracranial aneurysm occlusion	06.52				286.800	2855.40 (2504.70)	13.000	573.40 (503.00)
5041	Balloon occlusion/Wada test	06.52				106.800	1063.30 (932.70)	9.000	397.00 (348.20)
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	06.52				286.800	2855.40 (2504.70)	13.000	573.40 (503.00)
5043	Intracranial angioplasty	06.52				204.600	2037.00 (1786.80)	13.000	573.40 (503.00)
5044	Transhepatic portogram	06.52				139.200	1385.90 (1215.70)	9.000	397.00 (348.20)
5045	Hepatic arterial infusion catheter insertion	06.52				156.000	1553.10 (1362.40)	6.000	264.70 (232.20)
5046	Percutaneous biliary drainage (external)	06.52				102.600	1021.50 (896.10)	9.000	397.00 (348.20)
5047	Combined internal/external biliary drainage	06.52				102.600	1021.50 (896.10)	9.000	397.00 (348.20)
5048	Biliary stent insertion	06.52				139.200	1385.90 (1215.70)	9.000	397.00 (348.20)
5049	Percutaneous gall bladder drainage	06.52				69.600	692.90 (607.80)	9.000	397.00 (348.20)
5050	Percutaneous or renal gall bladder stone removal	06.52				172.200	1714.40 (1503.90)	5.000	220.60 (193.50)
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	06.52				139.200	1385.90 (1215.70)	13.000	573.40 (503.00)
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	06.52				139.200	1385.90 (1215.70)	13.000	573.40 (503.00)
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	06.52				139.200	1385.90 (1215.70)	13.000	573.40 (503.00)
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	06.52				172.200	1714.40 (1503.90)	13.000	573.40 (503.00)
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	06.52				204.600	2037.00 (1786.80)	13.000	573.40 (503.00)
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	06.52				204.600	2037.00 (1786.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	06.52				311.400	3100.30 (2719.60)	13.000	573.40 (503.00)
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	06.52				82.200	818.40 (717.90)	5.000	220.60 (193.50)
5074	IVC filter insertion jugular or femoral route	06.52				156.000	1553.10 (1362.40)	9.000	397.00 (348.20)
5076	Intravascular foreign body removal, arterial or venous, any route	06.52				204.600	2037.00 (1786.80)	9.000	397.00 (348.20)
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	06.52				70.200	698.90 (613.10)	5.000	220.60 (193.50)
5080	Transjugular intrahepatic porto-systemic shunt	06.52				335.400	3339.20 (2929.10)	13.000	573.40 (503.00)
5082	Transjugular liver biopsy	06.52				69.600	692.90 (607.80)	9.000	397.00 (348.20)
5084	Endoluminal fallopian tube recanalisation	06.52				172.200	1714.40 (1503.90)	6.000	264.70 (232.20)
5086	Renal cyst aspiration/ablation	06.52				22.800	227.00 (199.10)		
5088	Oesophageal stent insertion in radiology suite	06.52				102.600	1021.50 (896.10)	6.000	264.70 (232.20)
5090	Tracheal stent insertion	06.52				102.600	1021.50 (896.10)	6.000	264.70 (232.20)
5091	GIT balloon dilatation under fluoroscopy	06.52				66.600	663.10 (581.70)	6.000	264.70 (232.20)
5092	Other GIT stent insertion	06.52				102.600	1021.50 (896.10)	6.000	264.70 (232.20)
5093	Percutaneous gastrostomy in radiology suite	06.52				85.800	854.20 (749.30)		
5094	Cutting needle biopsy with image guidance	06.52				22.800	227.00 (199.10)		
5095	Chest drain insertion in radiology suite	06.52				32.400	322.60 (283.00)		
5097	Vertebroplasty - introduction of stabilising material under screening or CT control - per level	06.52						13.000	573.40 (503.00)
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES									
0090	Radiologist's fee for participation in a team: 30, 00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								06.52
19.15	Magnetic Resonance Imaging (MRI)								
6100	In order to charge the full fee (600,00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes								06.52
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region								06.52
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								06.52
6103	Post-contrast study: Bone tumour: 100% of the fee								06.52

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								06.52
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								06.52
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								06.52
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								06.52
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								06.52
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								06.52
6110	MRI spectroscopy: 50% of fee								06.52
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								06.52
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								06.52
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	06.52				400.000	3030.80 (2658.60)	5.000	220.60 (193.50)
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA	06.52							
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations	06.52				70.000	530.40 (465.30)	5.000	220.60 (193.50)
21	Clinical Pathology								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								06.52
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values. Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.								06.52
21.1	Haematology								
3705	Alkali resistant haemoglobin	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	06.52		3.650	29.70 (26.10)	2.450	19.90 (17.50)		
3710	Antibody titration	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3711	Arneth count	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3712	Antibody identification	06.52		8.450	68.70 (60.30)	5.650	45.90 (40.30)		
3713	Bleeding time (does not include the cost of the simplate device)	06.52		6.940	56.40 (49.50)	4.630	37.60 (33.00)		
3714	Blood volume, dye method	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3715	Buffy layer examination	06.52		19.900	161.70 (141.80)	13.270	107.80 (94.60)		
3716	Mean Cell Volume	06.52		2.250	-	1.500	-		
3717	Bone marrow cytological examination only	06.52		19.900	161.70 (141.80)	13.270	107.80 (94.60)		
3719	Bone marrow: Aspiration	06.52		8.400	68.30 (59.90)	5.600	45.50 (39.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3720	Bone marrow trephine biopsy	06.52		32.600	264.90 (232.40)	21.700	176.30 (154.60)		
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	06.52		36.800	299.00 (262.30)	24.500	199.10 (174.60)		
3722	Capillary fragility: Hess	06.52		2.020	16.40 (14.40)	1.350	11.00 (9.65)		
3723	Circulating anticoagulants	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3724	Coagulation factor inhibitor assay	06.52		57.560	467.70 (410.30)	38.370	311.80 (273.50)		
3726	Activated protein C resistance	06.52		26.000	211.30 (185.40)	17.300	140.60 (123.30)		
3727	Coagulation time	06.52		3.160	25.70 (22.50)	2.110	17.10 (15.00)		
3728	Anti-factor Xa Activity	06.52		53.600	435.50 (382.00)	35.730	290.30 (254.60)		
3729	Cold agglutinins	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3730	Protein S: Functional	06.52		37.500	304.70 (267.30)	25.000	203.10 (178.20)		
3731	Compatibility for blood transfusion	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3732	Cryoglobulin	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3734	Protein C (chromogenic)	06.52		30.290	246.10 (215.90)	20.190	164.00 (143.90)		
3735	Anti-thrombin III (chromogenic)	06.52		22.000	178.80 (156.80)	14.700	119.40 (104.70)		
3736	Plasminogen (chromogenic)	06.52		61.650	500.90 (439.40)	41.100	333.90 (292.90)		
3737	Lupus Russel Viper method	06.52		17.000	138.10 (121.10)	11.300	91.80 (80.50)		
3738	Lupus Kaolin Exner method	06.52		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
3739	Erythrocyte count	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3740	Factors V and VII: Qualitative	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3741	Coagulation factor assay: Functional	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
3742	Coagulation factor assay: Immunological	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3743	Erythrocyte sedimentation rate	06.52		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3744	Fibrin stabilizing factor (urea test)	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3746	Fibrin monomers	06.52		2.700	21.90 (19.20)	1.800	14.60 (12.80)		
3748	Plasminogen activator inhibitor (PAI-I)	06.52		65.950	535.80 (470.00)	43.970	357.30 (313.40)		
3750	Tissue plasminogen Activator (tPA)	06.52		67.790	550.80 (483.20)	45.190	367.20 (322.10)		
3751	Osmotic fragility (screen)	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3752	Osmotic fragility test: Quantitative	06.52		10.000	81.30 (71.30)	6.650	54.00 (47.40)		
3753	Osmotic fragility (before and after incubation)	06.52		18.000	146.30 (128.30)	12.000	97.50 (85.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3754	ABO Reverse Group	06.52		5.500	-	3.670	-		
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	06.52		10.500	85.30 (74.80)	7.000	56.90 (49.90)		
3756	Full cross match	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3757	Coagulation factors: Quantitative	06.52		32.200	261.60 (229.50)	21.470	174.40 (153.00)		
3758	Factor VIII related antigen	06.52		60.460	491.20 (430.90)	40.310	327.50 (287.30)		
3759	Coagulation factor correction study	06.52		11.720	95.20 (83.50)	7.810	63.50 (55.70)		
3761	Factor XIII related antigen	06.52		61.110	496.50 (435.50)	40.740	331.00 (290.40)		
3762	Haemoglobin estimation	06.52		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3763	Contact activated product assay	06.52		16.200	131.60 (115.40)	10.800	87.80 (77.00)		
3764	Grouping: A B and O antigens	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3765	Grouping: Rh antigen	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3766	PIVKA	06.52		43.490	353.40 (310.00)	28.990	235.50 (206.60)		
3767	Euglobulin Lysis time	06.52		25.580	207.80 (182.30)	17.050	138.50 (121.50)		
3768	Haemoglobin A2 (column chromatography)	06.52		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
3769	Haemoglobin electrophoresis	06.52		26.820	217.90 (191.10)	17.880	145.30 (127.50)		
3770	Haemoglobin-S (solubility test)	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3771	Factor III-availability test	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3772	Haptoglobin: Quantitative	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
3773	Ham's acidified serum test	06.52		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
3775	Heinz bodies	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3776	Haemosiderin in urinary sediment	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3781	Heparin tolerance	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
3783	Leucocyte differential count	06.52		6.200	50.40 (44.20)	4.150	33.70 (29.60)		
3785	Leucocytes: Total count	06.52		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3786	QBC malaria concentration and fluorescent staining	06.52		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
3787	LE-cells	06.52		8.300	67.40 (59.10)	5.550	45.10 (39.60)		
3789	Neutrophil alkaline phosphatase	06.52		28.000	227.50 (199.60)	18.700	151.90 (133.20)		
3791	Packed cell volume: Haematocrit	06.52		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3792	Plasmodium falciparum: Monoclonal immunological identification	06.52		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
3793	Plasma haemoglobin	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
3794	Platelet sensitivities	06.52		18.640	151.50 (132.90)	12.430	101.00 (88.60)		
3795	Platelet aggregation per aggregant	06.52		12.140	98.60 (86.50)	8.090	65.70 (57.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3796	Platelet antibodies: Agglutination	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
3797	Platelet count	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3799	Platelet adhesiveness	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3801	Prothrombin consumption	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3803	Prothrombin determination (two stages)	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3805	Prothrombin index	06.52		6.000	48.80 (42.80)	4.000	32.50 (28.50)		
3806	Therapeutic drug level: Dosage	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3807	Recalcification time	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3809	Reticulocyte count	06.52		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3810	Schumm's test	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3811	Sickling test	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3814	Sucrose lysis test for PNH	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	06.52		21.100	171.40 (150.40)	14.070	114.30 (100.30)		
3820	Thrombo - Elastogram	06.52		26.000	211.30 (185.40)	17.330	140.80 (123.50)		
3825	Fibrinogen titre	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	06.52		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	06.52		16.000	130.00 (114.00)	10.700	86.90 (76.20)		
3832	Red cell pyruvate kinase: Quantitative	06.52		16.000	130.00 (114.00)	10.700	86.90 (76.20)		
3834	Red cell Rhesus phenotype	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3835	Haemoglobin F in blood smear	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3837	Partial thromboplastin time	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3841	Thrombin time (screen)	06.52		7.160	58.20 (51.10)	4.770	38.80 (34.00)		
3843	Thrombin time (serial)	06.52		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
3847	Haemoglobin H	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3851	Fibrin degeneration products (diffusion plate)	06.52		10.350	84.10 (73.80)	6.900	56.10 (49.20)		
3853	Fibrin degeneration products (latex slide)	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3854	XDP (Dimer test or equivalent latex slide test)	06.52		8.500	69.10 (60.60)	5.670	46.10 (40.40)		
3855	Haemagglutination inhibition	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3856	D-Dimer (quantitative)	06.52		27.520	223.60 (196.10)	18.350	149.10 (130.80)		
3857	Ristocetin Cofactor	06.52		35.530	288.70 (253.20)	23.690	192.50 (168.90)		
3858	Heparin removal	06.52		28.880	234.70 (205.90)	19.250	156.40 (137.20)		
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	06.52		12.600	102.40 (89.80)	8.400	68.30 (59.90)		
3864	Entomological examination	06.52		20.700	168.20 (147.50)	13.800	112.10 (98.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3865	Parasites in blood smear	06.52		5.600	45.50 (39.90)	3.730	30.30 (26.60)		
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	06.52		4.900	39.80 (34.90)	3.300	26.80 (23.50)		
3868	Fungus identification	06.52		8.300	67.40 (59.10)	5.500	44.70 (39.20)		
3869	Faeces (including parasites)	06.52		4.900	39.80 (34.90)	3.270	26.60 (23.30)		
3873	Transmission electron microscopy	06.52		85.000	690.60 (605.80)	57.000	463.10 (406.20)		
3874	Scanning electron microscopy	06.52		100.000	812.50 (712.70)	67.000	544.40 (477.50)		
3875	Inclusion bodies	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3878	Crystal identification polarized light microscopy	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3879	Campylobacter in stool: Fastidious culture	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3880	Antigen detection with polyclonal antibodies	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3881	Mycobacteria	06.52		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3882	Antigen detection with monoclonal antibodies	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
3883	Concentration techniques for parasites	06.52		3.000	24.40 (21.40)	2.000	16.30 (14.30)		
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	06.52		6.300	51.20 (44.90)	4.200	34.10 (29.90)		
3885	Cytochemical stain	06.52		5.450	44.30 (38.90)	3.650	29.70 (26.10)		
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	06.52		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
3888	Adhesive tape preparation	06.52		2.700	21.90 (19.20)	1.800	14.60 (12.80)		
3889	Clostridium difficile toxin: Monoclonal immunological	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
3890	Antibiotic assay of tissues and fluids	06.52		13.900	112.90 (99.00)	9.270	75.30 (66.10)		
3891	Blood culture: Aerobic	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3892	Blood culture: Anaerobic	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3893	Bacteriological culture: Miscellaneous	06.52		6.300	51.20 (44.90)	4.200	34.10 (29.90)		
3894	Radiometric blood culture	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
3895	Bacteriological culture: Fastidious organisms	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3896	In vivo culture: Bacteria	06.52		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3897	In vivo culture: Virus	06.52		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3898	Bacterial exotoxin production (in vitro assay)	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3899	Bacterial exotoxin production (in vivo assay)	06.52		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
3901	Fungal culture	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3902	Clostridium difficile (cytotoxicity neutralisation)	06.52		30.000	243.80 (213.90)	20.000	162.50 (142.50)		
3903	Antibiotic level: Biological fluids	06.52		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
3904	Rotavirus latex slide test	06.52		5.620	45.70 (40.10)	3.750	30.50 (26.80)		
3905	Identification of virus or rickettsia	06.52		20.700	168.20 (147.50)	13.800	112.10 (98.30)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3906	Identification: Chlamydia	06.52		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3907	Culture for staphylococcus aureus	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3908	Anaerobe culture: Comprehensive	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3909	Anaerobe culture: Limited procedure	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3911	Beta-lactamase assay	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3914	Sterility control test: Biological method	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3915	Mycobacterium culture	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3916	Radiometric tuberculosis culture	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
3917	Mycoplasma culture: Limited	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3918	Mycoplasma culture: Comprehensive	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3919	Identification of mycobacterium	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3920	Mycobacterium: Antibiotic sensitivity	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3921	Antibiotic synergistic study	06.52		20.700	168.20 (147.50)	13.800	112.10 (98.30)		
3922	Viable cell count	06.52		1.350	11.00 (9.65)	0.900	7.31 (6.41)		
3923	Biochemical identification of bacterium: Abridged	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3924	Biochemical identification of bacterium: Extended	06.52		12.500	101.60 (89.10)	8.330	67.70 (59.40)		
3925	Serological identification of bacterium: Abridged	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3926	Serological identification of bacterium: Extended	06.52		10.200	82.90 (72.70)	6.800	55.30 (48.50)		
3927	Grouping for streptococci	06.52		7.300	59.30 (52.00)	4.850	39.40 (34.60)		
3928	Antimicrobic substances	06.52		3.800	30.90 (27.10)	2.500	20.30 (17.80)		
3929	Radiometric mycobacterium identification	06.52		14.000	113.80 (99.80)	9.300	75.60 (66.30)		
3930	Radiometric mycobacterium antibiotic sensitivity	06.52		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
3931	Helicobacter: Monoclonal immunological	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4650	Antibiotic MIC per organism per antibiotic	06.52		8.000	65.00 (57.00)	5.330	43.30 (38.00)		
4651	Non-radiometric automated blood cultures	06.52		13.900	112.90 (99.00)	9.270	75.30 (66.10)		
4652	Rapid automated bacterial identification per organism	06.52		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4653	Rapid automated antibiotic susceptibility per organism	06.52		17.000	138.10 (121.10)	11.330	92.10 (80.80)		
4654	Rapid automated MIC per organism per antibiotic	06.52		17.000	138.10 (121.10)	11.330	92.10 (80.80)		
4655	Mycobacteria: MIC determination - E Test	06.52		16.500	134.10 (117.60)	11.000	89.40 (78.40)		
4656	Mycobacteria: Identification HPLC	06.52		35.000	284.40 (249.50)	23.330	189.60 (166.30)		
4657	Mycobacteria: Liquefied, consentrated, fluorochrome stain	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
21.4	Serology								
3958	Anti Gad/Ia2 Ab	06.52		67.950	552.10 (484.30)	45.300	368.10 (322.90)		
3959	Rose Waaler agglutination test	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3960	Gonococcal, listeria or echinococcus agglutination	06.52		9.500	77.20 (67.70)	6.300	51.20 (44.90)		
3961	Slide agglutination test	06.52		2.630	21.40 (18.80)	1.750	14.20 (12.50)		
3962	Rebuck skin window	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
3963	Serum complement level: Each component	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3965	Anti Ia2 Antibodies	06.52		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
3966	Anti Gad Antibodies	06.52		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
3967	Auto-antibody: Sensitized erythrocytes	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3968	Herpes virus typing: Monoclonal immunological	06.52		20.690	168.10 (147.50)	13.790	112.00 (98.20)		
3969	Western blot technique	06.52		74.000	601.30 (527.50)	49.000	398.10 (349.20)		
3970	Epstein-Barr virus antibody titer	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	06.52		14.100	114.60 (100.50)	9.400	76.40 (67.00)		
3933	IgE: Total: EMIT or ELISA	06.52		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
3934	Auto antibodies by labelled antibodies	06.52		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3935	Sperm antibodies	06.52		16.000	130.00 (114.00)	10.650	86.50 (75.90)		
3936	Virus neutralisation test: First antibody	06.52		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
3937	Virus neutralisation test: Each additional antibody	06.52		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
3938	Precipitation test per antigen	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3939	Agglutination test per antigen	06.52		5.500	44.70 (39.20)	3.670	29.80 (26.10)		
3940	Haemagglutination test: Per antigen	06.52		9.900	80.40 (70.50)	6.600	53.60 (47.00)		
3941	Modified Coombs' test for brucellosis	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3942	Hepatitis Rapid Viral Ab	06.52		12.240	99.50 (87.30)	8.160	66.30 (58.20)		
3943	Antibody titer to bacterial exotoxin	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
3945	Complement fixation test	06.52		5.850	47.50 (41.70)	3.900	31.70 (27.80)		
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	06.52		14.050	114.20 (100.20)	9.370	76.10 (66.80)		
3947	C-reactive protein	06.52		10.840	88.10 (77.30)	7.227	58.70 (51.50)		
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	06.52		12.950	105.20 (92.30)	8.630	70.10 (61.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3949	Qualitative Kahn, VDRL or other flocculation	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3950	Neutrophil phagocytosis	06.52		25.200	204.80 (179.60)	16.800	136.50 (119.70)		
3951	Quantitative Kahn, VDRL or other flocculation	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
3952	Neutrophil chemotaxis	06.52		67.950	552.10 (484.30)	45.300	368.10 (322.90)		
3953	Tube agglutination test	06.52		4.150	33.70 (29.60)	2.760	22.40 (19.60)		
3955	Paul Bunnell: Presumptive	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	06.52		8.500	69.10 (60.60)	5.670	46.10 (40.40)		
3957	Paul Bunnell: Absorption	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3971	Immuno-diffusion test: Per antigen	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
3972	Respiratory syncytial virus (ELISA technique)	06.52		35.000	284.40 (249.50)	23.000	186.90 (163.90)		
3973	Immuno electrophoresis: Per immune serum	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
3974	Polymerase chain reaction	06.52		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	06.52		12.000	97.50 (85.50)	8.000	65.00 (57.00)		
3977	Counter immuno-electrophoresis	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
3978	Lymphocyte transformation	06.52		51.700	420.10 (368.50)	34.500	280.30 (245.90)		
3980	Bilharzia Ag Serum/Urine	06.52		14.500	117.80 (103.30)	9.670	78.60 (68.90)		
3982	Histone Ab	06.52		16.000	130.00 (114.00)	10.670	86.70 (76.10)		
4600	Anti-CCP	06.52		17.460	141.90 (124.50)	11.640	94.60 (83.00)		
4601	Panel typing: Antibody detection: Class I	06.52		36.000	292.50 (256.60)	24.000	195.00 (171.10)		
4602	Panel typing: Antibody detection: Class II	06.52		44.000	357.50 (313.60)	29.300	238.10 (208.90)		
4603	HLA test for specific locus/antigen - serology	06.52		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4604	HLA typing: Class I - serology	06.52		52.000	422.50 (370.60)	34.700	281.90 (247.30)		
4605	HLA typing: Class II - serology	06.52		52.000	422.50 (370.60)	34.700	281.90 (247.30)		
4606	HLA typing: Class I & II - serology	06.52		90.000	731.30 (641.50)	60.000	487.50 (427.60)		
4607	Cross matching T-cells (per tray)	06.52		18.000	146.30 (128.30)	12.000	97.50 (85.50)		
4608	Cross matching B-cells	06.52		38.000	308.80 (270.90)	25.300	205.60 (180.40)		
4609	Cross matching T- & B-cells	06.52		48.000	390.00 (342.10)	32.000	260.00 (228.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4610	Helicobacter: Pylori antigen test	06.52		34.600	281.10 (246.60)	23.070	187.40 (164.40)		
4611	Erythropoietin	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4612	HTLV I/II	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4613	Anti-Grn1 Antibody Assay	06.52		75.000	609.40 (534.60)	50.000	406.30 (356.40)		
4614	HIV Ab - Rapid Test	06.52		12.000	97.50 (85.50)	8.000	65.00 (57.00)		
21.5	**Skin tests**								
21.6	**Biochemical tests: Blood**								
3991	Abnormal pigments: Qualitative	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
3993	Abnormal pigments: Quantitative	06.52		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
3995	Acid phosphate	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
3996	Serum Amyloid A	06.52		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
3997	Acid phosphatase fractionation	06.52		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
3998	Amino acids Quantitative (Post derivatisation HPLC)	06.52		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
3999	Albumin	06.52		4.800	39.00 (34.20)	3.200	26.00 (22.80)		
4000	Alcohol	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4001	Alkaline phosphatase	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4002	Alkaline phosphatase-iso-enzymes	06.52		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4003	Ammonia: Enzymatic	06.52		7.710	62.60 (54.90)	5.140	41.80 (36.70)		
4004	Ammonia: Monitor	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4005	Alpha-1-antitrypsin: Total	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4006	Amylase	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4007	Arsenic in blood, hair or nails	06.52		36.250	294.50 (258.30)	24.170	196.40 (172.30)		
4008	Bilirubin - Reflectance	06.52		4.770	38.80 (34.00)	3.180	25.80 (22.60)		
4009	Bilirubin: Total	06.52		4.770	38.80 (34.00)	3.180	25.80 (22.60)		
4010	Bilirubin: Conjugated	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4011	Breath Hydrogen Test	06.52		21.560	175.20 (153.70)	14.370	116.80 (102.50)		
4012	CSF Nicotinic Acid	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4013	CSF Glutamine	06.52		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4014	Cadmium: Atomic absorption	06.52		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4016	Calcium: Ionized	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4017	Calcium: Spectrophotometric	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4018	Calcium: Atomic absorption	06.52		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4019	Carotene	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4020	Carnitine (Total or free) in biological fluid: Each	06.52		11.690	95.00 (83.30)	7.790	63.30 (55.50)		
4021	Carnitine (Total or free) in muscle: Each	06.52		23.380	190.00 (166.70)	15.590	126.70 (111.10)		
4022	Acyl Carnitine	06.52		23.380	190.00 (166.70)	15.590	126.70 (111.10)		
4023	Chloride	06.52		2.590	21.00 (18.40)	1.730	14.10 (12.40)		
4025	Chol/HDL/LDL/Trig	06.52		27.070	219.90 (192.90)	18.050	146.70 (128.70)		
4026	LDL cholesterol (chemical determination)	06.52		6.900	56.10 (49.20)	4.600	37.40 (32.80)		
4027	Cholesterol total	06.52		5.340	43.40 (38.10)	3.560	28.90 (25.40)		
4028	HDL cholesterol	06.52		6.900	56.10 (49.20)	4.600	37.40 (32.80)		
4029	Cholinesterase: Serum or erythrocyte: Each	06.52		7.480	60.80 (53.30)	4.990	40.50 (35.50)		
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	06.52		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4031	Total CO2	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4032	Creatinine	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4033	CSF-Immunoglobulin G	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4034	C1-Esterase Inhibitor	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4035	CSF-Albumin	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4036	CSF-IgG Index	06.52		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4038	Glutamic acid	06.52		29.060	236.10 (207.10)	19.370	157.40 (138.10)		
4040	Homocysteine (random)	06.52		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4041	Homocysteine (after Methionine load)	06.52		18.100	147.10 (129.00)	12.060	98.00 (86.00)		
4042	D-Xylose absorption test: Two hours	06.52		13.150	106.80 (93.70)	8.750	71.10 (62.40)		
4045	Fibrinogen: Quantitative	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4047	Hollander test	06.52		24.750	201.10 (176.40)	16.500	134.10 (117.60)		
4049	Glucose tolerance test (2 specimens)	06.52		8.970	72.90 (63.90)	5.980	48.60 (42.60)		
4050	Glucose strip-test with photometric reading	06.52		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
4051	Galactose	06.52		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4052	Glucose tolerance test (3 specimens)	06.52		13.170	107.00 (93.90)	8.780	71.30 (62.50)		
4053	Glucose tolerance test (4 specimens)	06.52		17.370	141.10 (123.80)	11.580	94.10 (82.50)		
4057	Glucose: Quantitative	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4061	Glucose tolerance test (5 specimens)	06.52		21.560	175.20 (153.70)	14.370	116.80 (102.50)		
4062	Galactose-1-phosphate uridyl transferase	06.52		16.000	130.00 (114.00)	10.700	86.90 (76.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4063	Fructosamine	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4064	HbA1C	06.52		14.250	115.80 (101.60)	9.500	77.20 (67.70)		
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	06.52		46.880	380.90 (334.10)	31.250	253.90 (222.70)		
4067	Lithium: Flame ionisation	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4068	Lithium: Atomic absorption	06.52		7.480	60.80 (53.30)	4.990	40.50 (35.50)		
4071	Iron	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4073	Iron-binding capacity	06.52		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	06.52		19.100	155.20 (136.10)	12.730	103.40 (90.70)		
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4079	Ketones in plasma: Qualitative	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4081	Drug level-biological fluid: Quantitative	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4082	Tacrolimus assay	06.52		20.100	163.30 (143.20)	13.400	108.90 (95.50)		
4083	Lysosomal enzyme assay	06.52		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4084	Thymidine kinase	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4085	Lipase	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4086	Lactate	06.52		16.000	130.00 (114.00)	10.670	86.70 (76.10)		
4091	Lipoprotein electrophoresis	06.52		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4092	Orosmucoid	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4093	Osmolality: Serum or urine	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4094	Magnesium: Spectrophotometric	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4095	Magnesium: Atomic absorption	06.52		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4096	Mercury: Atomic absorption	06.52		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4098	Copper: Atomic absorption	06.52		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4105	Protein electrophoresis	06.52		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	06.52		20.000	162.50 (142.50)	13.200	107.30 (94.10)		
4109	Phosphate	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4111	Phospholipids	06.52		3.150	25.60 (22.50)	2.100	17.10 (15.00)		
4113	Potassium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4114	Sodium	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4117	Protein: Total	06.52		3.110	25.30 (22.20)	2.070	16.80 (14.70)		
4121	pH, pCO2 or pO2: Each	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4123	Pyruvic acid	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4125	Salicylates	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4126	Secretin-pancreozymin response	06.52		26.100	212.10 (186.10)	17.400	141.40 (124.00)		
4127	Caeruloplasmin	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4128	Phenylalanine: Quantitative	06.52		11.250	91.40 (80.20)	7.500	60.90 (53.40)		
4129	Glutamate dehydrogenase (GDH)	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4130	Aspartate aminotransferase (AST)	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4131	Alanine aminotransferase (ALT)	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4132	Creatine kinase (CK)	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4133	Lactate dehidrogenase (LD)	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4134	Gamma glutamyl transferase (GGT)	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4135	Aldolase	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4136	Angiotensin converting enzyme (ACE)	06.52		9.000	73.10 (64.10)	6.000	48.80 (42.80)		
4137	Lactate dehydrogenase isoenzyme	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4138	CK-MB: Immunoinhibition/precipitation	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4139	Adenosine deaminase	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4142	Red cell enzymes: Each	06.52		7.800	63.40 (55.60)	5.200	42.30 (37.10)		
4143	Serum/plasma enzymes	06.52		5.400	43.90 (38.50)	3.600	29.30 (25.70)		
4144	Transferrin	06.52		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4146	Lead: Atomic absorption	06.52		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4147	Triglyceride	06.52		7.930	64.40 (56.50)	5.290	43.00 (37.70)		
4148	Tay - Sachs Study	06.52		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4149	Red cell magnesium	06.52		11.700	95.10 (83.40)	7.800	63.40 (55.60)		
4151	Urea	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4152	CK-MB: Mass determination: Quantitative (Automated)	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4153	CK-MB: Mass determination: Quantitative (Not automated)	06.52		17.470	141.90 (124.50)	11.650	94.70 (83.10)		
4154	Myoglobin quantitative: Monoclonal immunological	06.52		12.400	100.80 (88.40)	8.270	67.20 (58.90)		
4155	Uric acid	06.52		3.780	30.70 (26.90)	2.520	20.50 (18.00)		
4156	Vitamin D3	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4157	Vitamin A-saturation test	06.52		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4158	Vitamin E (tocopherol)	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4159	Vitamin A	06.52		6.300	51.20 (44.90)	4.200	34.10 (29.90)		
4160	Vitamin C (ascorbic acid)	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4161	Troponin isoforms: Each	06.52		20.000	162.50 (142.50)	13.330	108.30 (95.00)		
4163	Apoprotein AI: Turbidometric method	06.52		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
4165	Apoprotein AII: Turbidometric method	06.52		8.280	67.30 (59.00)	5.520	44.90 (39.40)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4167	Apoprotein B: Turbidometric method	06.52		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
4170	Lipoprotein (a)(Lp(a)) assay	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4171	Sodium + potassium + chloride + CO2 + urea	06.52		15.840	128.70 (112.90)	10.560	85.80 (75.30)		
4172	ELISA/EMIT technique	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4173	Sirolimus Assay	06.52		78.000	633.80 (556.00)	52.000	422.50 (370.60)		
4181	Quantitative protein estimation: Mancini method	06.52		7.760	63.10 (55.40)	5.170	42.00 (36.80)		
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	06.52		8.280	67.30 (59.00)	5.520	44.90 (39.40)		
4183	Quantitative protein estimation: Labelled antibody	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4184	C-reactive protein (Ultra sensitive)	06.52		11.680	94.90 (83.20)	7.790	63.30 (55.50)		
4185	Lactose	06.52		10.800	87.80 (77.00)	7.200	58.50 (51.30)		
4186	Vitamin B6	06.52		15.300	124.30 (109.00)	10.200	82.90 (72.70)		
4187	Zinc: Atomic absorption	06.52		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
21.7	**Biochemical tests: Urine**								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	06.52		1.500	12.20 (10.70)	1.000	8.13 (7.13)		
4189	Abnormal pigments	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4193	Alkapton test: Homogentisic acid	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4194	Amino acids: Quantitative (Post derivatisation HPLC)	06.52		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
4195	Amino laevulinic acid	06.52		18.000	146.30 (128.30)	12.000	97.50 (85.50)		
4197	Amylase	06.52		5.180	42.10 (36.90)	3.450	28.00 (24.60)		
4198	Arsenic	06.52		18.120	147.20 (129.10)	12.080	98.20 (86.10)		
4199	Ascorbic acid	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4201	Bence-Jones protein	06.52		2.700	21.90 (19.20)	1.800	14.60 (12.80)		
4203	Phenol	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4204	Calcium: Atomic absorption	06.52		7.250	58.90 (51.70)	4.830	39.20 (34.40)		
4205	Calcium: Spectrophotometric	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4206	Calcium: Absorption and excretion studies	06.52		25.000	203.10 (178.20)	16.700	135.70 (119.00)		
4209	Lead: Atomic absorption	06.52		15.000	121.90 (106.90)	10.000	81.30 (71.30)		
4210	Urine collagen telopeptides	06.52		36.500	296.60 (260.20)	24.330	197.70 (173.40)		
4211	Bile pigments: Qualitative	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4213	Protein: Quantitative	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4216	Mucopolysaccharides: Qualitative	06.52		3.600	29.30 (25.70)	2.400	19.50 (17.10)		
4217	Oxalate	06.52		9.380	76.20 (66.80)	6.250	50.80 (44.60)		
4218	Glucose: Quantitative	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4219	Steroids: Chromatography (each)	06.52		7.200	58.50 (51.30)	4.800	39.00 (34.20)		
4220	Klinolab Newborn Screen	06.52		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4221	Creatinine	06.52		3.620	29.40 (25.80)	2.410	19.60 (17.20)		
4223	Creatinine clearance	06.52		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4227	Electrophoresis: Qualitative	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4228	Fetal Lung Maturity	06.52		36.560	297.10 (260.60)	24.370	198.00 (173.70)		
4229	Uric acid clearance	06.52		7.650	62.20 (54.60)	5.100	41.40 (36.30)		
4230	Urine/Fluid - Specific Gravity	06.52		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	06.52		37.500	304.70 (267.30)	25.000	203.10 (178.20)		
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	06.52		46.800	380.30 (333.60)	31.200	253.50 (222.40)		
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	06.52		37.500	304.70 (267.30)	25.000	203.10 (178.20)		
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	06.52		46.800	380.30 (333.60)	31.200	253.50 (222.40)		
4237	5-Hydroxy-indole-acetic acid: Screen test	06.52		2.700	21.90 (19.20)	1.800	14.60 (12.80)		
4238	5HIAA (Hplc)	06.52		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
4239	5-Hydroxy-indole-acetic acid: Quantitative	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4247	Ketones: Excluding dip-stick method	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4248	Reducing substances	06.52		1.800	14.60 (12.80)	1.200	9.75 (8.55)		
4251	Metanephrines: Column chromatography	06.52		22.050	179.20 (157.20)	14.700	119.40 (104.70)		
4252	Metanephrine (Hplc)	06.52		78.120	634.70 (556.80)	52.080	423.20 (371.20)		
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	06.52		27.000	219.40 (192.50)	18.000	146.30 (128.30)		
4254	Nitrosonaphtol test for tyrosine	06.52		2.250	18.30 (16.10)	1.500	12.20 (10.70)		
4255	Orotic Acid - Urine	06.52		9.450	76.80 (67.40)	6.300	51.20 (44.90)		
4256	Very long Chain Fatty Acids	06.52		129.380	1051.20 (922.10)	86.250	700.80 (614.70)		
4261	Micro Albumin: Quantitative	06.52		12.420	100.90 (88.50)	8.280	67.30 (59.00)		
4262	Micro Albumin: Qualitative	06.52		4.500	36.60 (32.10)	3.000	24.40 (21.40)		
4263	pH: Excluding dip-stick method	06.52		0.900	7.31 (6.41)	0.600	4.88 (4.28)		
4265	Thin layer chromatography: One way	06.52		6.750	54.80 (48.10)	4.500	36.60 (32.10)		
4266	Thin layer chromatography: Two way	06.52		11.250	91.40 (80.20)	7.500	60.90 (53.40)		