

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	04.00		82.000	626.50 (549.60)				
4744	Biochemical estimations on muscle biopsy specimens: Tension/caffeine/halothane procedure in malignant hyperthermia	04.00		143.000	1092.50 (958.30)				
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	04.00		75.000	573.00 (502.60)				
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0744	Decompression operation: Fasciotomy only	04.00		60.000	458.40 (402.10)	60.000	458.40 (402.10)	3.000	143.90 (126.20) T
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	04.00		109.000	832.80 (730.50)	109.000	832.80 (730.50)	3.000	143.90 (126.20) T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) TM
0747	Muscle and tendon repair: Rotator cuff	04.00		134.000	1023.80 (898.10)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
0748	Muscle and tendon repair: Debridement rotator cuff	04.00		139.700	1067.30 (936.20)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	04.00		271.900	2077.30 (1822.20)	217.520	1661.90 (1457.80)	4.000	191.80 (168.20) T
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	04.00		128.000	977.90 (857.80)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0757	Muscle and tendon repair: Achilles tendon repair	04.00		197.600	1509.70 (1324.30)	158.080	1207.70 (1059.40)	4.000	191.80 (168.20) T
0759	Muscle and tendon repair: Other single tendon	04.00		77.000	588.30 (516.10)	77.000	588.30 (516.10)	3.000	143.90 (126.20) T
0763	Muscle and tendon repair: Tendon or ligament injection	04.00		9.000	68.80 (60.40)	9.000	68.80 (60.40)	3.000	143.90 (126.20) T
0767	Hand: Flexor tendon suture: Primary (per tendon)	04.00		128.000	977.90 (857.80)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0769	Hand: Flexor tendon suture: Secondary (per tendon)	04.00		160.000	1222.40 (1072.30)	128.000	977.90 (857.80)	3.000	143.90 (126.20) T
0771	Extensor tendon suture: Primary (per tendon)	04.00		129.700	990.90 (869.20)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0773	Extensor tendon suture: Secondary (per tendon)	04.00		80.000	611.20 (536.10)	80.000	611.20 (536.10)	3.000	143.90 (126.20) T
0774	Repair of Boutonniere deformity or Mallet finger with graft	04.00		183.700	1403.50 (1231.10)	146.960	1122.80 (984.90)	3.000	143.90 (126.20) T
3.4.4	Muscles, tendons and fasciae: Tendon graft								
0775	Free tendon graft	04.00		160.000	1222.40 (1072.30)	128.000	977.90 (857.80)	3.000	143.90 (126.20) T

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0776	Reconstruction of pulley for flexor tendon	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	3.000	143.90 (126.20) T
0777	Tendon graft: Finger: Flexor	04.00		192.000	1466.90 (1286.80)	153.600	1173.50 (1029.40)	3.000	143.90 (126.20) T
0779	Tendon graft: Finger: Extensor	04.00		122.000	932.10 (817.60)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0780	Two stage flexor tendon graft using silastic rod	04.00		240.000	1833.60 (1608.40)	192.000	1466.90 (1286.80)	3.000	143.90 (126.20) T
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	04.00		64.000	489.00 (428.90)	64.000	489.00 (428.90)	3.000	143.90 (126.20) T
0782	Carpal tunnel syndrome	04.00		98.700	754.10 (661.50)	98.700	754.10 (661.50)	3.000	143.90 (126.20) T
0783	Tenolysis: De Quervain	04.00		38.000	290.30 (254.60)	38.000	290.30 (254.60)	3.000	143.90 (126.20) T
0784	Trigger finger	04.00		38.000	290.30 (254.60)	38.000	290.30 (254.60)	3.000	143.90 (126.20) T
0785	Flexor tendon freeing operation following free tendon graft or suture	04.00		186.800	1427.20 (1251.90)	149.440	1141.70 (1001.50)	3.000	143.90 (126.20) T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	04.00		180.900	1382.10 (1212.40)	144.720	1105.70 (969.90)	3.000	143.90 (126.20) T
0788	Intrinsic tendon release per finger	04.00		64.000	489.00 (428.90)	64.000	489.00 (428.90)	3.000	143.90 (126.20) T
0789	Central tendon tenotomy for Boutonniere deformity	04.00		64.000	489.00 (428.90)	64.000	489.00 (428.90)	3.000	143.90 (126.20) T
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	04.00		90.000	687.60 (603.20)	90.000	687.60 (603.20)	3.000	143.90 (126.20) T
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) T
0792	Multiple tendon transfer	04.00		128.000	977.90 (857.80)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0793	Hamstring to quadriceps transfer	04.00		141.000	1077.20 (944.90)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	04.00		320.000	2444.80 (2144.60)	256.000	1955.80 (1715.60)	5.000	239.80 (210.40) T
0795	Tendon transfer at elbow	04.00		116.000	886.20 (777.40)	116.000	886.20 (777.40)	3.000	143.90 (126.20) T
0802	Radial club hand repair - stand alone procedure	04.00		360.300	2752.70 (2414.60)	288.240	2202.20 (1931.80)	3.000	143.90 (126.20) T
0803	Hand tendons: Single tendon transfer (first)	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) T

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0809	Hand tendons: Substitution for intrinsic paralysis of hand	04.00		224.000	1711.40 (1501.20)	179.200	1369.10 (1201.00)	3.000	143.90 (126.20) T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	04.00		220.600	1685.40 (1478.40)	176.480	1348.30 (1182.70)	3.000	143.90 (126.20) T
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	04.00		38.000	290.30 (254.60)	38.000	290.30 (254.60)	3.000	143.90 (126.20) T
0813	Torticollis	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	5.000	239.80 (210.40) T
0815	Scalenotomy	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
0817	Scalenotomy with excision of first rib	04.00		190.000	1451.60 (1273.30)	152.000	1161.30 (1018.70)	3.000	143.90 (126.20) TM
0821	Tennis elbow	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) T
0822	Open release elbow (Mitals) - stand alone procedure	04.00		278.200	2125.40 (1864.40)	222.560	1700.40 (1491.60)	3.000	143.90 (126.20) TM
0823	Excision or slide for Volkmann's Contracture	04.00		192.000	1466.90 (1286.80)	153.600	1173.50 (1029.40)	3.000	143.90 (126.20) T
0825	Hip: Open muscle release	04.00		116.000	886.20 (777.40)	116.000	886.20 (777.40)	7.000	335.70 (294.50) T
0829	Knee: Quadriceps plasty	04.00		160.000	1222.40 (1072.30)	128.000	977.90 (857.80)	3.000	143.90 (126.20) T
0831	Knee: Open tenotomy	04.00		141.000	1077.20 (944.90)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
0835	Calf	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	4.000	191.80 (168.20) T
0837	Open elongation tendon Achilles	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	4.000	191.80 (168.20) T
0838	Percutaneous "Hoke" elongation tendo Achilles	04.00		79.300	605.90 (531.50)	79.300	605.90 (531.50)	4.000	191.80 (168.20) T
0845	Foot: Plantar fasciotomy	04.00		70.000	534.80 (469.10)	70.000	534.80 (469.10)	3.000	143.90 (126.20) T
0846	Foot: Postero-medial release for club-foot	04.00		192.000	1466.90 (1286.80)	153.600	1173.50 (1029.40)	3.000	143.90 (126.20) T
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	04.00		90.000	687.60 (603.20)	90.000	687.60 (603.20)	4.000	191.80 (168.20) T
0849	Excision: Prepatellar	04.00		45.000	343.80 (301.60)	45.000	343.80 (301.60)	3.000	143.90 (126.20) T
0851	Excision: Olecranon	04.00		81.800	625.00 (548.20)	81.800	625.00 (548.20)	3.000	143.90 (126.20) T
0853	Excision: Small bursa or ganglion	04.00		80.900	618.10 (542.20)	80.900	618.10 (542.20)	3.000	143.90 (126.20) T

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0855	Excision: Compound palmar ganglion or synovectomy	04.00		128.000	977.90 (857.80)	128.000	977.90 (857.80)	3.000	143.90 (126.20) T
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	04.00		9.000	68.80 (60.40)	9.000	68.80 (60.40)	3.000	143.90 (126.20) T
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	04.00		282.000	2154.50 (1889.90)	225.600	1723.60 (1511.90)	3.000	143.90 (126.20) TM
0861	Leg equalisation and congenital hips and feet: Leg lengthening	04.00		416.000	3178.20 (2787.90)	332.800	2542.60 (2230.40)	3.000	143.90 (126.20) TM
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	04.00		116.000	886.20 (777.40)	116.000	886.20 (777.40)	3.000	143.90 (126.20) TM
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	04.00		109.000	832.80 (730.50)	109.000	832.80 (730.50)	3.000	143.90 (126.20) TM
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	06.04		160.000	1222.40 (1072.30)	128.000	977.90 (857.80)	3.000	143.90 (126.20) TM
0868	Open reduction of congenital dislocation of the hip	04.00		186.000	1421.00 (1246.50)	148.800	1136.80 (997.20)	3.000	143.90 (126.20) TM
0869	Subsequent plasters	04.00		32.000	244.50 (214.50)	32.000	244.50 (214.50)		
0873	Congenital club foot: Manipulation and plaster: One foot	04.00		26.000	198.60 (174.20)	26.000	198.60 (174.20)	3.000	143.90 (126.20) T
0874	Ponseti technique assistant (medical practitioner)	05.03		13.000	99.30 (87.10) Z	13.000	99.30 (87.10) Z		
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	04.00		36.600	279.60 (245.30)	36.600	279.60 (245.30)	3.000	143.90 (126.20)
0884	Removal of internal fixatives: Less accessible	04.00		75.500	576.80 (506.00)	75.500	576.80 (506.00)	3.000	143.90 (126.20)
0885	Removal of prosthesis for infection soon after operation	04.00		128.000	977.90 (857.80)	120.000	916.80 (804.20)	6.000	287.70 (252.40)
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint	04.00	+	64.000	489.00 (428.90)	64.000	489.00 (428.90)	6.000	287.70 (252.40) TM
3.7	Plasters (exclusive of after-care)								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	04.00		13.000	99.30 (87.10) o	13.000	99.30 (87.10) o	3.000	143.90 (126.20) T
0889	Spica, plaster jacket or hinged cast braca (excluding after-care)	04.00		32.000	244.50 (214.50)	32.000	244.50 (214.50)	4.000	191.80 (168.20) T
0891	Turnbuckle cast for scoliosis (excluding after-care)	04.00		51.000	389.60 (341.80)	51.000	389.60 (341.80)	5.000	239.80 (210.40) T
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	04.00		19.000	145.20 (127.40)	19.000	145.20 (127.40)	5.000	239.80 (210.40) T

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3.8	Musculo-skeletal system: Special areas								
3.8.1	Special areas: Foot and Ankle								
0895	Club foot: Revision club foot release - stand alone procedure	04.00		302.700	2312.60 (2028.60)	242.160	1850.10 (1622.90)	3.000	143.90 (126.20) TM
0896	Club foot: Posterior release only - stand alone procedure	04.00		159.300	1217.10 (1067.60)	127.440	973.60 (854.00)	3.000	143.90 (126.20) TM
0900	Excision tarsal coalition - stand alone procedure	04.00		141.500	1081.10 (948.30)	120.000	916.80 (804.20)	3.000	143.90 (126.20) TM
0901	Tenotomy: Single tendon	04.00		63.300	483.60 (424.20)	63.300	483.60 (424.20)	3.000	143.90 (126.20) TM
0903	Hammer toe: One toe	04.00		99.500	760.20 (666.80)	99.500	760.20 (666.80)	3.000	143.90 (126.20) TM
0905	Filleting of toe or Ruiz-Mora procedure	04.00		99.500	760.20 (666.80)	99.500	760.20 (666.80)	3.000	143.90 (126.20) TM
0906	Arthrodesis Hallux	04.00		148.000	1130.70 (991.80)	120.000	916.80 (804.20)	3.000	143.90 (126.20) TM
0907	Silver bunionectomy or similar for Hallux Valgus	04.00		126.200	964.20 (845.80)	120.000	916.80 (804.20)	3.000	143.90 (126.20) TM
	Not to be charged with item 0911	09.01							
0909	Excision arthroplasty	04.00		145.200	1109.30 (973.10)	120.000	916.80 (804.20)	3.000	143.90 (126.20) TM
0910	Chellectomy or metatarsophangeal implant Hallux	04.00		183.000	1398.10 (1226.40)	146.400	1118.50 (981.10)	3.000	143.90 (126.20) TM
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	04.00		189.200	1445.50 (1268.00)	151.360	1156.40 (1014.40)	3.000	143.90 (126.20) TM
	Not to be charged with item 0907	09.01							
5730	Hallux Valgus double osteotomy etc.	04.00		182.600	1395.10 (1223.80)	146.080	1116.10 (979.00)	3.000	143.90 (126.20) TM
5731	Distal soft tissue procedure for Hallux Valgus	04.00		173.600	1326.30 (1163.40)	138.880	1061.00 (930.70)	3.000	143.90 (126.20) TM
5732	Aitkin procedure or similar	04.00		166.800	1274.40 (1117.90)	133.440	1019.50 (894.30)	3.000	143.90 (126.20) T
5734	Removal bony prominence foot e.g. bunionette (ø Bunionette not applicable to COID)	04.00		91.000	695.20 (609.80)	91.000	695.20 (609.80)	3.000	143.90 (126.20) TM
5735	Repair angular deformity toe (lesser toes)	04.00		97.200	742.60 (651.40)	97.200	742.60 (651.40)	3.000	143.90 (126.20) TM
5736	Sesamoidectomy	04.00		97.800	747.20 (655.40)	97.800	747.20 (655.40)	3.000	143.90 (126.20) TM
5737	Repair major foot tendons e.g. Tib Post	04.00		147.300	1125.40 (987.20)	120.000	916.80 (804.20)	3.000	143.90 (126.20) TM
5738	Repair of dislocating peroneal tendons	04.00		173.200	1323.20 (1180.70)	138.560	1058.60 (928.60)	3.000	143.90 (126.20) T

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5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	04.00		202.300	1545.60 (1355.80)	161.840	1236.50 (1084.60)	3.000	143.90 (126.20) TM
5740	Steindler strip - plantar fascia	04.00		97.200	742.60 (651.40)	97.200	742.60 (651.40)	3.000	143.90 (126.20) T
5741	Kelikian syndactily (one web space)	04.00		97.200	742.60 (651.40)	97.200	742.60 (651.40)	3.000	143.90 (126.20) T
5742	Tendon transfer foot	04.00		172.000	1314.10 (1152.70)	137.600	1051.30 (922.20)	3.000	143.90 (126.20) T
5743	Capsulotomy metatarsophalangeal joints: Foot	04.00		86.800	663.20 (581.80)	86.800	663.20 (581.80)	3.000	143.90 (126.20) T
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	04.00		730.000	5577.20 (4892.30)	584.000	4461.80 (3913.90)	3.000	143.90 (126.20) TM
0913	Replantation of thumb	04.00		670.000	5118.80 (4490.20)	536.000	4095.00 (3592.10)	3.000	143.90 (126.20) TM
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	04.00		580.000	4431.20 (3887.00)	464.000	3545.00 (3109.60)	3.000	143.90 (126.20) TM
0915	Replantation operation through the palm	04.00		1270.00 0	9702.80 (8511.20)	1016.00 0	7762.20 (6808.90)	3.000	143.90 (126.20) TM
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	3.000	143.90 (126.20) TM
0920	Tumours: Ganglion or fibroma	04.00		77.500	592.10 (519.40)	77.500	592.10 (519.40)	3.000	143.90 (126.20) TM
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	04.00		86.000	657.00 (576.30)	86.000	657.00 (576.30)	3.000	143.90 (126.20) TM
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	04.00		19.000	145.20 (127.40)	19.000	145.20 (127.40)	3.000	143.90 (126.20) TM
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	04.00		32.000	244.50 (214.50)	32.000	244.50 (214.50)	3.000	143.90 (126.20) TM
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	05.01		37.000	282.70 (248.00)	37.000	282.70 (248.00)	3.000	143.90 (126.20) TM
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.	04.00							
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	04.00		16.000	122.20 (107.20)	16.000	122.20 (107.20)	3.000	143.90 (126.20) TM

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3.8.5	Special areas: Spine								
	Please note the following with regard to section 3.8.5: Spine								04.00
	a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together:								
	1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis.								
	2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition.								
	b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.								
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	04.00		207.000	1581.50 (1387.30)	165.600	1265.20 (1109.80)	3.000	143.90 (126.20) TM
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	04.00	+	42.000	320.90 (281.50)	42.000	320.90 (281.50)	3.000	143.90 (126.20) TM
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	04.00		14.000	107.00 (93.90)	14.000	107.00 (93.90)	5.000	239.80 (210.40) TM
0930	Posterior osteotomy of spine: One vertebral segment	04.00		339.000	2590.00 (2271.90)	271.200	2072.00 (1817.50)	3.000	143.90 (126.20) TM
0931	Posterior spinal fusion: One level	04.00		385.000	2941.40 (2580.20)	308.000	2353.10 (2064.10)	3.000	143.90 (126.20) TM
0932	Posterior osteotomy of spine: Each additional vertebral segment	04.00	+	103.000	786.90 (690.30)	103.000	786.90 (690.30)	3.000	143.90 (126.20) TM
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	04.00		315.000	2406.60 (2111.10)	252.000	1925.30 (1688.90)	3.000	143.90 (126.20) TM
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	04.00	+	103.000	786.90 (690.30)	103.000	786.90 (690.30)	3.000	143.90 (126.20) TM
0938	Anterior fusion base of skull to C2	04.00		449.000	3430.40 (3009.10)	359.200	2744.30 (2407.30)	4.000	191.80 (168.20) TM
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	04.00		160.000	1222.40 (1072.30)	128.000	977.90 (857.80)	3.000	143.90 (126.20) TM
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	04.00		160.000	1222.40 (1072.30)	128.000	977.90 (857.80)	3.000	143.90 (126.20) TM
0941	Anterior interbody fusion: One level	04.00		360.000	2750.40 (2412.60)	288.000	2200.30 (1930.10)	3.000	143.90 (126.20) TM
0942	Anterior interbody fusion: Each additional level	04.00	+	102.000	779.30 (683.60)	102.000	779.30 (683.60)	3.000	143.90 (126.20) TM
0944	Posterior fusion: Occiput to C2	04.00		390.000	2979.60 (2613.70)	312.000	2383.70 (2091.00)	4.000	191.80 (168.20) TM
0946	Posterior spinal fusion: Each additional level	04.00	+	111.000	848.00 (743.90)	111.000	848.00 (743.90)	3.000	143.90 (126.20) TM
0948	Posterior interbody lumbar fusion: One level	04.00		364.000	2781.00 (2439.50)	291.200	2224.80 (1951.60)	3.000	143.90 (126.20) TM
0950	Posterior interbody lumbar fusion: Each additional interspace	04.00	+	95.000	725.80 (636.70)	95.000	725.80 (636.70)	3.000	143.90 (126.20) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0959	Excision of coccyx	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) TM
0961	Costo-transversectomy	04.00		198.000	1512.70 (1326.90)	158.400	1210.20 (1061.60)	3.000	143.90 (126.20) TM
0963	Antero-lateral decompression of spinal cord or anterior debridement	04.00		326.000	2490.60 (2184.70)	260.800	1992.50 (1747.80)	3.000	143.90 (126.20) T
MODIFIER									
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								04.00
3.8.6 Special areas: Spinal deformities									
Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).									04.00
0952	Posterior fusion for spinal deformity: Up to 6 levels	04.00		359.000	2742.80 (2406.00)	287.200	2194.20 (1924.70)	3.000	143.90 (126.20) TM
0954	Posterior fusion for spinal deformity: 7 to 12 levels	04.00		547.000	4179.10 (3665.90)	437.600	3343.30 (2932.70)	3.000	143.90 (126.20) TM
0955	Posterior fusion for spinal deformity: 13 or more levels	04.00		593.000	4530.50 (3974.10)	474.400	3624.40 (3179.30)	3.000	143.90 (126.20) TM
0956	Anterior fusion for spinal deformity: 2 or 3 levels	04.00		410.000	3132.40 (2747.70)	328.000	2505.90 (2198.20)	3.000	143.90 (126.20) TM
0957	Anterior fusion for spinal deformity: 4 to 7 levels	04.00		444.000	3392.20 (2975.60)	355.200	2713.70 (2380.40)	3.000	143.90 (126.20) TM
0958	Anterior fusion for spinal deformity: 8 or more levels	04.00		539.000	4118.00 (3612.30)	431.200	3294.40 (2889.80)	3.000	143.90 (126.20) TM
MODIFIER									
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								04.00
3.8.7 Special areas: All spinal problems									
0943	Laminectomy with decompression of nerve roots and disc removal: One level	04.00		240.000	1833.60 (1608.40)	192.000	1466.90 (1286.80)	3.000	143.90 (126.20) TM
0960	Posterior non-segmental instrumentation	04.00		167.000	1275.90 (1119.20)	133.600	1020.70 (895.40)	5.000	239.80 (210.40) TM
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	04.00		176.000	1344.60 (1179.50)	140.800	1075.70 (943.60)	5.000	239.80 (210.40) TM
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	04.00		201.000	1535.60 (1347.00)	180.800	1228.50 (1077.60)	5.000	239.80 (210.40) TM
0966	Posterior segmental instrumentation: 13 or more vertebrae	04.00		245.000	1871.80 (1641.90)	196.000	1497.40 (1313.50)	5.000	239.80 (210.40) TM
0968	Anterior instrumentation: 2 to 3 vertebrae	04.00		159.000	1214.80 (1065.60)	127.200	971.80 (852.50)	5.000	239.80 (210.40) TM
0969	Skull or skull-femoral traction including two weeks after-care	04.00		64.000	489.00 (428.90)	64.000	489.00 (428.90)		
0970	Anterior instrumentation: 4 to 7 vertebrae	04.00		185.000	1413.40 (1239.80)	148.000	1130.70 (991.80)	5.000	239.80 (210.40) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0971	Halo-splint and POP jacket including two weeks after-care	04.00		116.000	886.20 (777.40)	116.000	886.20 (777.40)		
0972	Anterior instrumentation: 8 or more vertebrae	04.00		206.000	1573.80 (1380.50)	164.800	1259.10 (1104.50)	5.000	239.80 (210.40) TM
0974	Additional pelvic fixation of instrumentation other than sacrum	04.00		108.000	825.10 (723.80)	108.000	825.10 (723.80)	5.000	239.80 (210.40) TM
5750	Reinsertion of instrumentation	04.00		276.000	2108.60 (1849.60)	220.800	1686.90 (1479.70)	6.000	287.70 (252.40) TM
5751	Removal of posterior non-segmental instrumentation	04.00		173.000	1321.70 (1159.40)	138.400	1057.40 (927.50)	6.000	287.70 (252.40) TM
5752	Removal of posterior segmental instrumentation	04.00		175.000	1337.00 (1172.80)	140.000	1069.60 (938.20)	6.000	287.70 (252.40) TM
5753	Removal of anterior instrumentation	04.00		204.000	1558.60 (1367.20)	163.200	1246.80 (1093.70)	6.000	287.70 (252.40) TM
5755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels	04.00		295.000	2253.80 (1977.00)	236.000	1803.00 (1581.60)	3.000	143.90 (126.20) TM
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	04.00		304.000	2322.60 (2037.40)	243.200	1858.00 (1629.80)	3.000	143.90 (126.20) TM
5757	Laminectomy for decompression without foraminotomy or discectomy more than two levels	04.00		321.000	2452.40 (2151.20)	256.800	1962.00 (1721.10)	3.000	143.90 (126.20) TM
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	04.00	+	63.000	481.30 (422.20)	63.000	481.30 (422.20)	3.000	143.90 (126.20) TM
5759	Laminectomy for decompression discectomy, etc. revision operation	04.00		352.000	2689.30 (2359.00)	281.600	2151.40 (1887.20)	4.000	191.80 (168.20) TM
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	04.00		301.000	2299.60 (2017.20)	240.800	1839.70 (1613.80)	3.000	143.90 (126.20) TM
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	04.00	+	68.000	519.50 (455.70)	68.000	519.50 (455.70)	3.000	143.90 (126.20) TM
5763	Anterior disc removal and spinal decompression cervical: One level	04.00		344.000	2628.20 (2305.40)	275.200	2102.50 (1844.30)	3.000	143.90 (126.20) TM
5764	Anterior disc removal and spinal decompression cervical: Each additional level	04.00	+	81.000	618.80 (542.80)	81.000	618.80 (542.80)	3.000	143.90 (126.20) TM
5765	Vertebral corpectomy for spinal decompression: One level	04.00		466.000	3560.20 (3123.00)	372.800	2848.20 (2498.40)	3.000	143.90 (126.20) TM
5766	Vertebral corpectomy for spinal decompression: Each additional level	04.00		88.000	672.30 (589.70)	88.000	672.30 (589.70)	3.000	143.90 (126.20) TM
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	04.00		71.000	542.40 (475.80)	71.000	542.40 (475.80)		
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								04.00
0987	Repair of orbital floor (blowout fracture)	04.00		184.600	1410.30 (1237.10)	147.680	1128.30 (989.70)	4.000	191.80 (168.20) TM
0988	Genioplasty	04.00		263.000	2009.30 (1762.50)	210.400	1607.50 (1410.10)	4.000	191.80 (168.20) TM

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	04.00		202.200	1544.80 (1355.10)	161.760	1235.80 (1084.00)	4.000	191.80 (168.20) TM
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	04.00		302.000	2307.30 (2023.90)	241.600	1845.80 (1619.10)	4.000	191.80 (168.20) TM
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	04.00		433.000	3308.10 (2901.80)	346.400	2646.50 (2321.50)	4.000	191.80 (168.20) TM
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	04.00		970.000	7410.80 (6500.70)	776.000	5928.60 (5200.50)	4.000	191.80 (168.20) TM
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	04.00		302.000	2307.30 (2023.90)	241.600	1845.80 (1619.10)	4.000	191.80 (168.20) TM
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	04.00		1103.000	8426.90 0 (7392.00)	882.400	6741.50 (5913.60)	4.000	191.80 (168.20) TM
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	04.00		1654.000	12636.60 0 (11084.70)	1323.200	10109.20 (8867.70)	4.000	191.80 (168.20) TM
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	04.00		-	- F	-	- F		
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	04.00		302.000	2307.30 (2023.90)	241.600	1845.80 (1619.10)	3.000	143.90 (126.20) TM
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	04.00		184.000	1405.80 (1233.20)	147.200	1124.60 (986.50)	3.000	143.90 (126.20) TM
1001	Temporo-mandibular joint: Reconstruction for dysfunction	04.00		206.000	1573.80 (1380.50)	164.800	1259.10 (1104.50)	4.000	191.80 (168.20) TM
1003	Manipulation: Immobilisation and follow-up of fractured nose	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	3.000	143.90 (126.20) TM
1005	Nasal fracture without manipulation	04.00		-	- F	-	- F		
1007	Mandibulectomy	04.00		320.000	2444.80 (2144.60)	256.000	1955.80 (1715.60)	5.000	239.80 (210.40) TM
1009	Maxillectomy	04.00		382.500	2922.30 (2563.40)	306.000	2337.80 (2050.70)	4.000	191.80 (168.20) TM
1011	Bone graft to mandible	04.00		206.000	1573.80 (1380.50)	164.800	1259.10 (1104.50)	4.000	191.80 (168.20) TM
1012	Adjustment of occlusion by ramisection	04.00		227.000	1734.30 (1521.30)	181.600	1387.40 (1217.00)	4.000	191.80 (168.20) TM
1013	Fracture of arch of zygoma without displacement	04.00		-	- F	-	- F		
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	04.00		131.000	1000.80 (877.90)	120.000	916.80 (804.20)	3.000	143.90 (126.20) TM
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	04.00		262.000	2001.70 (1755.90)	209.600	1601.30 (1404.60)	3.000	143.90 (126.20) TM
4	Respiratory System								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	04.00		51.940	396.80 (348.10)	51.940	396.80 (348.10)		
1019	ENT endoscopy in rooms with rigid endoscope	04.00		12.000	91.70 (80.40)				
1020	Repair of perforated septum: Any method	06.04		141.900	1084.10 (951.00)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T

Code	Description	Var	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1022	Functional reconstruction of nasal septum	04.00		121.200	926.00 (812.30)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)	4.000	191.80 (168.20) T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	06.04		64.600	493.50 (432.90)	64.600	493.50 (432.90)	4.000	191.80 (168.20) T
1027	Dacryocystorhinostomy	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	5.000	239.80 (210.40) T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	06.04		62.600	478.30 (419.60)	62.600	478.30 (419.60)	4.000	191.80 (168.20) T
1030	Endoscopic turbinectomy: Laser or microdebrider	04.00		90.000	687.60 (603.20)	90.000	687.60 (603.20)	5.000	239.80 (210.40) T
1031	Removal of single nasal polyp at rooms (at initial consultation only)	04.00		25.400	194.10 (170.30)	25.400	194.10 (170.30)		
1033	Removal of multiple polyps in hospital under general anaesthetic	04.00		81.800	625.00 (548.20)	81.800	625.00 (548.20)	4.000	191.80 (168.20) T
1034	Autogenous nasal bone transplant: Bone removal included	04.00		100.000	764.00 (670.20)	100.000	764.00 (670.20)	4.000	191.80 (168.20) T
1035	Functional endoscopic sinus surgery: Unilateral	04.00		140.000	1069.60 (938.20)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
1036	Functional endoscopic sinus surgery: Bilateral	04.00		245.000	1871.80 (1641.90)	196.000	1497.40 (1313.50)	4.000	191.80 (168.20) T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	04.00		8.000	61.10 (53.60)	8.000	61.10 (53.60)		
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	4.000	191.80 (168.20) T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	04.00		40.000	305.60 (268.10)	40.000	305.60 (268.10)	6.000	287.70 (252.40) T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	04.00		60.000	458.40 (402.10)	60.000	458.40 (402.10)	6.000	287.70 (252.40) T
1045	Ligation anterior ethmoidal artery	04.00		135.400	1034.50 (907.50)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
1047	Caldwell-Luc operation: Unilateral	04.00		137.300	1049.00 (920.20)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
1049	Ligation internal maxillary artery	04.00		196.000	1497.40 (1313.50)	156.800	1198.00 (1050.90)	6.000	287.70 (252.40) T
1050	Vidian neurectomy (transantral or transnasal)	04.00		113.000	863.30 (757.30)	113.000	863.30 (757.30)	4.000	191.80 (168.20) T
1051	Removal nasopharyngeal fibroma	04.00		285.000	2177.40 (1910.00)	228.000	1741.90 (1528.00)	6.000	287.70 (252.40) T
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	4.000	191.80 (168.20) T
1053	Frontal sinus drainage, trephine operation	04.00		93.100	711.30 (623.90)	93.100	711.30 (623.90)	4.000	191.80 (168.20) T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	06.04		37.300	285.00 (250.00)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1055	External frontal ethmoidectomy	04.00		190.700	1456.90 (1278.00)	152.560	1165.60 (1022.50)	4.000	191.80 (168.20) T
1057	External ethmoidectomy and/or sphenoidectomy	04.00		199.400	1523.40 (1336.30)	159.520	1218.70 (1069.00)	4.000	191.80 (168.20) T
1058	Sublabial transeptal sphenoidotomy	04.00		137.000	1046.70 (918.20)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
1059	Frontal osteomyelitis	04.00		194.000	1482.20 (1300.20)	155.200	1185.70 (1040.10)	4.000	191.80 (168.20) T
1060	Obliteration of frontal sinus	04.00		291.100	2224.00 (1950.90)	232.880	1779.20 (1560.70)	4.000	191.80 (168.20) T
1061	Lateral rhinotomy	04.00		164.000	1253.00 (1099.10)	131.200	1002.40 (879.30)	4.000	191.80 (168.20) T
1062	Excision nasolabial cyst	04.00		186.100	1421.80 (1247.20)	148.880	1137.40 (997.70)	4.000	191.80 (168.20) T
1063	Removal of foreign bodies from nose: At rooms	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
1065	Removal of foreign body from nose: Under general anaesthetic	04.00		38.600	294.90 (258.70)	38.600	294.90 (258.70)	4.000	191.80 (168.20) T
1067	Proof puncture at rooms: Unilateral	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	4.000	191.80 (168.20) T
1069	Proof puncture, uni- or bilateral under general anaesthetic	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	4.000	191.80 (168.20) T
1071	Proetz treatment (consultation fee only to be charged for first treatment)	04.00		4.000	30.60 (26.80)	4.000	30.60 (26.80)		
1077	Septum abscess: At rooms, including after-care	04.00		8.000	61.10 (53.60)	8.000	61.10 (53.60)		
1079	Septum abscess: Under general anaesthetic	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	4.000	191.80 (168.20) T
1081	Oro-antral fistula (without Caldwell-Luc)	04.00		111.800	854.20 (749.30)	111.800	854.20 (749.30)	4.000	191.80 (168.20) T
1083	Choanal atresia: Intranasal approach	04.00		113.000	863.30 (757.30)	113.000	863.30 (757.30)	5.000	239.80 (210.40) T
1084	Choanal atresia: Transpalatal approach	04.00		194.000	1482.20 (1300.20)	155.200	1185.70 (1040.10)	7.000	335.70 (294.50) T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	5.000	239.80 (210.40) T
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	5.000	239.80 (210.40) T
1089	Forehead rhinoplasty (all stages): Total	04.00		552.000	4217.30 (3699.40)	441.600	3373.80 (2959.50)	5.000	239.80 (210.40) T
1091	Forehead rhinoplasty (all stages): Partial	04.00		414.000	3163.00 (2774.60)	331.200	2530.40 (2219.60)	5.000	239.80 (210.40) T
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	04.00		138.000	1054.30 (924.80)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
1095	Full nasal reconstruction for secondary cleft lip deformity	04.00		357.900	2734.40 (2398.60)	286.320	2187.50 (1918.90)	5.000	239.80 (210.40) T
1097	Partial nasal reconstruction for cleft lip deformity	04.00		199.700	1525.70 (1338.30)	159.760	1220.60 (1070.70)	5.000	239.80 (210.40) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1099	Columella reconstruction or lengthening	04.00		138.000	1054.30 (924.80)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
MODIFIERS GOVERNING NASAL OPERATIONS									
0069	When endoscopic instruments are used during Intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								04.00
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)	4.000	191.80 (168.20) T
1102	Laser tonsillectomy	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)	6.000	287.70 (252.40) T
1105	Removal of adenoids	04.11		40.000	305.60 (268.10)	40.000	305.60 (268.10)	4.000	191.80 (168.20) T
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	04.00		168.300	1285.80 (1127.90)	134.640	1028.60 (902.30)	5.000	239.80 (210.40) T
1107	Opening of quinsy: At rooms	04.00		12.000	91.70 (80.40)	12.000	91.70 (80.40)	6.000	287.70 (252.40) T
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	04.00		85.000	649.40 (569.60)	85.000	649.40 (569.60)	5.000	239.80 (210.40) T
1109	Opening of quinsy: Under general anaesthetic	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	6.000	287.70 (252.40) T
1110	Ludwig's Angina: Drainage	04.00		42.000	320.90 (281.50)	42.000	320.90 (281.50)	9.000	431.60 (378.60) T
1111	Post tonsillectomy or adenoidectomy haemorrhage	04.00		46.000	351.40 (308.20)	46.000	351.40 (308.20)	6.000	287.70 (252.40) T
1112	Pharyngeal pouch operation	04.11		231.800	1771.00 (1553.50)	185.440	1416.80 (1242.80)	5.000	239.80 (210.40) T
1113	Retropharyngeal abscess: Internal approach	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	6.000	287.70 (252.40) T
1115	Retropharyngeal abscess: External approach	04.00		85.000	649.40 (569.60)	85.000	649.40 (569.60)	6.000	287.70 (252.40) T
1116	Functional reconstruction of palate and uvula	04.00		168.300	1285.80 (1127.90)	134.640	1028.60 (902.30)	5.000	239.80 (210.40) T
4.3	Larynx								
1117	Laryngeal intubation	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
1118	Laryngeal stroboscopy with video capture	04.00		39.000	298.00 (261.40)	39.000	298.00 (261.40)	6.000	287.70 (252.40) T
1119	Laryngectomy without block dissection of the neck	04.00		430.000	3285.20 (2881.80)	344.000	2628.20 (2305.40)	7.000	335.70 (294.50) T
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	04.00		35.000	267.40 (234.60)				
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	04.00		81.100	619.60 (543.50)	81.100	619.60 (543.50)	6.000	287.70 (252.40) T
1126	Post laryngectomy for voice restoration	04.00		139.500	1065.80 (934.90)	120.000	916.80 (804.20)	9.000	431.60 (378.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1127	Tracheotomy	04.00		90.000	687.60 (603.20)	90.000	687.60 (603.20)	9.000	431.60 (378.60) T
1128	Endolaryngeal operations	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)	8.000	383.60 (336.50) T
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	04.00		294.400	2249.20 (1973.00)	235.520	1799.40 (1578.40)	8.000	383.60 (336.50) T
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	04.00		41.400	316.30 (277.50)	41.400	316.30 (277.50)	6.000	287.70 (252.40) T
1131	Direct laryngoscopy plus foreign body removal	04.00		64.600	493.50 (432.90)	64.600	493.50 (432.90)	6.000	287.70 (252.40) T
MODIFIERS									
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (For other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								04.00
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								04.00
1132	Bronchoscopy: Diagnostic bronchoscopy	04.00		65.000	496.60 (435.60)	65.000	496.60 (435.60)	6.000	287.70 (252.40) T
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	04.00		80.000	611.20 (536.10)	80.000	611.20 (536.10)	8.000	383.60 (336.50) T
1134	Bronchoscopy: Bronchoscopy with laser	04.00		75.000	573.00 (502.60)			8.000	383.60 (336.50) T
1136	Nebulisation (in rooms)	04.00		12.000	91.70 (80.40)	12.000	91.70 (80.40)	12.000	91.70 (80.40) c
1137	Bronchial lavage	04.00						8.000	383.60 (336.50) T
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	12.000	575.40 (504.70) T
4.5	Pleura								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	3.000	143.90 (126.20) T
1141	Insertion of intercostal catheter (under water drainage)	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	6.000	287.70 (252.40) T
1142	Intra-pleural block	04.00		36.000	275.00 (241.20)	36.000	275.00 (241.20)	36.000	275.00 (241.20) c
1143	Paracentesis chest: Diagnostic	04.00		8.000	61.10 (53.60)	8.000	61.10 (53.60)	3.000	143.90 (126.20) T
1145	Paracentesis chest: Therapeutic	04.00		13.000	99.30 (87.10)	13.000	99.30 (87.10)	3.000	143.90 (126.20) T
1147	Pneumothorax: Induction (diagnostic)	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)		
1149	Pleurectomy	04.00		250.000	1910.00 (1675.40)	200.000	1528.00 (1340.40)	11.000	527.50 (462.70) T
1151	Decortication of lung	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	11.000	527.50 (462.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	04.00		55.000	420.20 (368.60)	55.000	420.20 (368.60)	3.000	143.90 (126.20) T
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	04.00		32.000	244.50 (214.50)	32.000	244.50 (214.50)	5.000	239.80 (210.40) T
1157	Pneumonectomy	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	11.000	527.50 (462.70) T
1159	Pulmonary lobectomy	04.00		389.500	2975.80 (2610.40)	311.600	2380.60 (2088.20)	11.000	527.50 (462.70) T
1161	Segmental lobectomy	04.00		365.000	2788.60 (2446.10)	292.000	2230.90 (1956.90)	11.000	527.50 (462.70) T
1163	Excision tracheal stenosis: Cervical	04.00		375.000	2865.00 (2513.20)	300.000	2292.00 (2010.50)	8.000	383.60 (336.50) T
1164	Excision tracheal stenosis: Intra thoracic	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	12.000	575.40 (504.70) T
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	04.00		215.000	1642.60 (1440.90)	172.000	1314.10 (1152.70)	12.000	575.40 (504.70) T
1168	Thoracoplasty: Complete	04.00		250.000	1910.00 (1675.40)	200.000	1528.00 (1340.40)	11.000	527.50 (462.70) T
1169	Thoracoplasty: Limited (osteoplastic)	04.00		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	11.000	527.50 (462.70) T
1171	Drainage empyema (including six weeks after treatment)	04.00		170.000	1298.80 (1139.30)	136.000	1039.00 (911.40)	11.000	527.50 (462.70) T
1173	Drainage of lung abscess (including six weeks after treatment)	04.00		170.000	1298.80 (1139.30)	136.000	1039.00 (911.40)	11.000	527.50 (462.70) T
1175	Thoracotomy (limited): For lung or pleural biopsy	04.00		115.000	878.60 (770.70)	115.000	878.60 (770.70)	11.000	527.50 (462.70) T
1177	Major: Diagnostic, as for inoperable carcinoma	04.00		215.000	1642.60 (1440.90)	172.000	1314.10 (1152.70)	11.000	527.50 (462.70) T
1179	Thoracoscopy	04.00		89.000	680.00 (596.50)	89.000	680.00 (596.50)	11.000	527.50 (462.70) T
1181	Lung transplant: Unilateral	04.00		600.000	4584.00 (4021.10)	480.000	3667.20 (3216.80)	15.000	719.30 (631.00) T
1182	Harvesting donor lung: Unilateral	04.00		120.000	916.80 (804.20)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
1183	Excision or plication of emphysematous cyst: Unilateral	04.00		250.000	1910.00 (1675.40)	200.000	1528.00 (1340.40)	11.000	527.50 (462.70) T
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	04.00		438.000	3346.30 (2935.40)	350.400	2677.10 (2348.30)	11.000	527.50 (462.70) T
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	04.00		100.000	764.00 (670.20)	100.000	764.00 (670.20)	11.000	527.50 (462.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.6.2	Pulmonary function tests								
	When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								09.01
1186	Flow volume test: Inspiration/expiration	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) c
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	50.000	382.00 (335.10) c
1189	Forced expirogram only	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	10.000	76.40 (67.00) g
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	04.00		45.310	346.20 (303.70)				
1191	N2 single breath distribution	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	10.000	76.40 (67.00) g
1192	Peak expiratory flow only	04.00		5.000	38.20 (33.50)	5.000	38.20 (33.50)	5.000	38.20 (33.50) c
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	04.00		37.760	288.50 (253.10)				
1195	Thoracic gas volume	04.00		37.930	289.80 (254.20)				
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	04.00		45.310	346.20 (303.70)				
1197	Compliance and resistance, using oesophageal balloon	04.00		24.000	183.40 (160.90)	24.000	183.40 (160.90)	24.000	183.40 (160.90) c
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	04.00		55.890	427.00 (374.60)	55.890	427.00 (374.60)		
1199	Pulmonary stress testing: For determination of VO2 max	04.00		96.500	737.30 (646.80)	96.500	737.30 (646.80)		
1200	Carbon monoxide diffusing capacity, any method	04.00		38.060	290.80 (255.10)				
1201	Maximum inspiratory/expiratory pressure	04.00		5.000	38.20 (33.50)	5.000	38.20 (33.50)	5.000	38.20 (33.50) c
4.7	Intensive care								
RULES GOVERNING THIS SECTION									
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221, but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								06.05
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								04.00
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								04.00
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.7.1	Intensive care: (In intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures								
1202	Insertion of central venous catheter via peripheral vein in neonates	04.00		40.000	305.60 (268.10)	40.000	305.60 (268.10)	40.000	305.60 (268.10) c
4.7.2	Intensive care: (In intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care								
1204	Intensive care: Category 1 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	09.01		30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) c
	(i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit. (ii) Item 1204 may not be charged by the surgeon who performed a surgical procedure. Intensive monitoring is regarded as normal postoperative care, which is included in the global fee attached to that surgical procedure. (iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.	09.01							
1205	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	09.01		100.000	764.00 (670.20)	100.000	764.00 (670.20)	100.000	764.00 (670.20) c
1206	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	09.01		50.000	382.00 (335.10)	50.000	382.00 (335.10)	50.000	382.00 (335.10) c
1207	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	09.01		30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) c
	Please Note: (i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 (ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit. (iii) Should a patient during the post-operative care period require active system support, the person who is responsible for the active systems support, may use items 1205-1207 (as appropriate). (iv) It would be acceptable for the surgeon who performed a surgical procedure of which the after-care is included, to charge fees according to the appropriate hospital follow-up visit (item 0109) (v) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.	09.01							
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	09.01		137.000	1046.70 (918.20)	120.000	916.80 (804.20)	137.000	1046.70 (918.20) c
1209	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	09.01		58.000	443.10 (388.70)	58.000	443.10 (388.70)	58.000	443.10 (388.70) c
1210	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	09.01		50.000	382.00 (335.10)	50.000	382.00 (335.10)	50.000	382.00 (335.10) c
	Please note: (i) Items 1208-1210 are used if more than one practitioner is involved in active system support on a category 2 patient in the intensive care unit. (ii) Items 1208-1210 are used for category 3 patients with multiple organ failure. (iii) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.	09.01							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4.7.3	Intensive care: (In intensive care or high care unit): Respiratory, cardiac, general: Procedures								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								09.01
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.	04.00							
1212	Ventilation: First day	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)	75.000	573.00 (502.60) g
1213	Ventilation: Subsequent days, per day	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	50.000	382.00 (335.10) g
1214	Ventilation: After two weeks, per day	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)	25.000	191.00 (167.50) g
1215	Insertion of arterial pressure cannula	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)	25.000	191.00 (167.50) g
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	04.11		50.000	382.00 (335.10)	50.000	382.00 (335.10)	50.000	382.00 (335.10) g
1217	Insertion of central venous line via peripheral vein	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	10.000	76.40 (67.00) g
1218	Insertion of central venous line via subclavian or jugular veins	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)	25.000	191.00 (167.50) g
1219	Hyperalimentation (daily tariff)	04.00		15.000	114.60 (100.50)	15.000	114.60 (100.50)	15.000	114.60 (100.50) g
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) g
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) g
4.8	Hyperbaric Oxygen Therapy								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy:								04.00
	a. Arterial gas embolism (traumatic or iatrogenic).								
	b. Decompression sickness ('the bends')								
	c. Carbon monoxide poisoning								
	d. Gas gangrene								
	e. Crush injuries, compartment syndromes or acute traumatic ischaemias.								
	f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union)								
	g. Necrotising soft tissue infections (e.g. necrotising fasciitis)								
	h. Refractory osteomyelitis.								
	i. Bone and soft tissue radiation necrosis.								
	j. Compromised skin grafts and flaps.								
	k. Acute thermal burns.								
	l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia).								
	m. Cerebral abscesses								
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Low pressure table (1,5-1,8 ATA x 45-60 min): PROFESSIONAL COMPONENT	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	05.03		101.130	772.60 (677.70) Z	101.130	772.60 (677.70) Z		
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	04.00		60.000	458.40 (402.10)	60.000	458.40 (402.10)		
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	1002.80 (879.60) Z	131.260	1002.80 (879.60) Z		
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	04.00		80.000	611.20 (536.10)	80.000	611.20 (536.10)		
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	05.03		131.260	1002.80 (879.60) Z	131.260	1002.80 (879.60) Z		
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	04.00		90.000	687.60 (603.20)	90.000	687.60 (603.20)		
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	05.03		214.180	1636.30 (1435.40) Z	214.180	1636.30 (1435.40) Z		
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	04.00		190.000	1451.60 (1273.30)	190.000	1451.60 (1273.30)		
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	05.03		386.420	2952.20 (2589.60) Z	386.420	2952.20 (2589.60) Z		
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	04.00		327.000	2498.30 (2191.50)	327.000	2498.30 (2191.50)		
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		680.850	5201.70 (4562.90) Z	680.850	5201.70 (4562.90) Z		
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		678.280	5182.10 (4545.70) Z	678.280	5182.10 (4545.70) Z		
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	05.03		671.850	5132.90 (4502.50) Z	671.850	5132.90 (4502.50) Z		
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units	04.00							
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.	09.01							
5	Mediastinal Procedures								
1222	Mediastinal tumours	04.00		285.000	2177.40 (1910.00)	228.000	1741.90 (1528.00)	11.000	527.50 (462.70) T
1223	Mediastinoscopy	04.00		95.000	725.80 (636.70)	95.000	725.80 (636.70)	5.000	239.80 (210.40) T
1224	Mediastinotomy	04.00		115.000	878.60 (770.70)	115.000	878.60 (770.70)	11.000	527.50 (462.70) T
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	11.000	527.50 (462.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1226	Removal of single rib with a lesion	04.00		282.000	2154.50 (1889.90)	225.600	1723.60 (1511.90)	11.000	527.50 (462.70) T
6	Cardiovascular System								
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP									
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)	20.000	152.80 (134.00) C
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG	04.00							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	04.00				4.500	34.40 (30.20)		
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	04.00				6.500	49.70 (43.60)		
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added	04.00							
1230	Physician's fee for interpreting an ECG: Without effort	04.00		6.000	45.80 (40.20)				
1231	Physician's fee for interpreting an ECG: With and without effort	06.04		10.000	76.40 (67.00)				
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation	04.00							
1232	Electrocardiogram: Without effort	04.00		9.000	68.80 (60.40)	9.000	68.80 (60.40)		
1233	Electrocardiogram: With and without effort	06.04		13.000	99.30 (87.10)	13.000	99.30 (87.10)		
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	04.00		40.000	305.60 (268.10)	40.000	305.60 (268.10)		
1235	Multi-stage treadmill test	04.00		60.000	458.40 (402.10)	60.000	458.40 (402.10)		
1236	Electrocardiogram without effort: Under 4 years old	06.04		18.000	137.50 (120.60)	18.000	137.50 (120.60)		
1237	24 Hour ambulatory blood pressure: Hire fee	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)		
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	04.00		55.000	420.20 (368.60)	55.000	420.20 (368.60)		
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	04.00		27.000	206.30 (181.00)	27.000	206.30 (181.00)		
1240	Signal averaged electrocardiogram	04.00		80.000	611.20 (536.10)	80.000	611.20 (536.10)		
1241	X-ray Screening: Chest	04.00		4.000	30.60 (26.80)	4.000	30.60 (26.80)		
1242	X-ray screening: Prosthetic valves	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	04.00		55.000	420.20 (368.60)	55.000	420.20 (368.60)		
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)		
1245	Angiography cerebral: First two series	04.00		34.300	262.10 (229.90)	34.300	262.10 (229.90)	4.000	191.80 (168.20) T
1246	Angiography peripheral: Per limb	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)	4.000	191.80 (168.20) T