

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									
1132	Bronchoscopy: Diagnostic bronchoscopy								04.00
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	04.00		65.000	496.60 (435.60)	65.000	496.60 (435.60)	6.000	287.70 (252.40) T
1134	Bronchoscopy: Bronchoscopy with laser	04.00		80.000	611.20 (536.10)	80.000	611.20 (536.10)	8.000	383.60 (336.50) T
1136	Nebulisation (in rooms)	04.00		75.000	573.00 (502.60)			8.000	383.60 (336.50) T
1137	Bronchial lavage	04.00		12.000	91.70 (80.40)	12.000	91.70 (80.40)	12.000	91.70 (80.40)
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	04.00						8.000	383.60 (336.50) T
4.5 Pleura									
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	12.000	575.40 (504.70) T
1141	Insertion of intercostal catheter (under water drainage)	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	3.000	143.90 (126.20) T
1142	Intra-pleural block	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	6.000	287.70 (252.40) T
1143	Paracentesis chest: Diagnostic	04.00		36.000	275.00 (241.20)	36.000	275.00 (241.20)	36.000	275.00 (241.20) C
1145	Paracentesis chest: Therapeutic	04.00		8.000	61.10 (53.60)	8.000	61.10 (53.60)	3.000	143.90 (126.20) T
1147	Pneumothorax: Induction (diagnostic)	04.00		13.000	99.30 (87.10)	13.000	99.30 (87.10)	3.000	143.90 (126.20) T
1149	Pleurectomy	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)		
1151	Decortication of lung	04.00		250.000	1910.00 (1675.40)	200.000	1528.00 (1340.40)	11.000	527.50 (462.70) T
		04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	11.000	527.50 (462.70) T

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1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	04.00	55.000	420.20 (368.60)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		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)		764.00 (670.20)	100.000	764.00 (670.20)	11.000 527.50 (462.70) T

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4.6.2	Pulmonary function tests								
	When these procedures are performed by an anaesthetist and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.							09.01	
	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	
1186	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	
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	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	
1190	Determination of resistance to airflow in paediatric patients, impulse oscillometry	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) c	
1192	Peak expiratory flow only	04.00	10.000	76.40 (67.00)	10.000	76.40 (67.00)	10.000	76.40 (67.00) c	
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	04.00	5.000	38.20 (33.50)	5.000	38.20 (33.50)	5.000	38.20 (33.50) c	
1195	Thoracic gas volume	04.00	37.760	288.50 (253.10)					
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods	04.00	37.930	289.80 (254.20)					
1197	Compliance and resistance, using oesophageal balloon	04.00	45.310	346.20 (303.70)					
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	24.000	183.40 (160.90)	24.000	183.40 (160.90)	24.000	183.40 (160.90) c	
1199	Pulmonary stress testing: For determination of VO2 max	04.00	55.890	427.00 (374.60)	55.890	427.00 (374.60)			
1200	Carbon monoxide diffusing capacity, any method	04.00	96.500	737.30 (646.80)	96.500	737.30 (646.80)			
1201	Maximum inspiratory/expiratory pressure	04.00	38.060	290.80 (255.10)					
4.7	Intensive care	04.00	5.000	38.20 (33.50)	5.000	38.20 (33.50)	5.000	38.20 (33.50) c	
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)								
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	

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4.7.1 1202	Intensive care: (In intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures 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) ♀
4.7.2 1204	Intensive care: (In intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care 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 (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	30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) ♀
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) ♀
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) ♀
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 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	30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) ♀
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) ♀
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) ♀
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) 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	50.000	382.00 (335.10)	50.000	382.00 (335.10)	50.000	382.00 (335.10) ♀

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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)
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)
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)
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)
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)
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)
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)
1219	Hyperalimentation (daily tariff)	04.00	15.000	114.60 (100.50)				15.000	114.60 (100.50)	15.000 114.60 (100.50)
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged 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)
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)
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 bloodless 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)	30.000 229.20 (201.10)

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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 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.	04.00							
5	Mediastinal Procedures	09.01							
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	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							
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						
1233	Electrocardiogram: With and without effort	04.00	9.000	68.80 (60.40)	9.000	68.80 (60.40)		
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	06.04	13.000	99.30 (87.10)	13.000	99.30 (87.10)		
		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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	04.00		65.000	496.60 (435.60)	65.000	496.60 (435.60)	6.000	287.70 (252.40) T
1248	Paracentesis of pericardium	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	9.000	431.60 (378.60) T
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	04.00		51.000	389.60 (341.80)	51.000	389.60 (341.80)		
MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER									
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
6.2 Invasive Cardiology									
Right and left cardiac catheterisation without coronary angiography (with or without biopsy)									
1249									
1250	Endomyocardial biopsy	04.00		140.000	1069.60 (938.20)			9.000	431.60 (378.60) T
1251	Transeptal puncture	04.00		70.000	534.80 (469.10)	70.000	534.80 (469.10)	9.000	431.60 (378.60) T
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	04.00		70.000	534.80 (469.10)	70.000	534.80 (469.10)	9.000	431.60 (378.60) T
1253	Right heart catheterisation (with or without biopsy)	04.00		140.000	1069.60 (938.20)			9.000	431.60 (378.60) T
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	04.00		70.000	534.80 (469.10)			9.000	431.60 (378.60) T
1255	Tilt test	04.00		40.000	305.60 (268.10)	40.000	305.60 (268.10)	9.000	431.60 (378.60) T
1256	Invasive cardiology: Electrophysiological study Ventricular stimulation study	04.00		31.300	239.10 (209.70)	31.300	239.10 (209.70)		
1257	Full electrophysiological study	04.00		160.000	1222.40 (1072.30)			9.000	431.60 (378.60) T
6.2.3 Invasive cardiology: Pacemakers									
1258	Pacemaker: Permanent - single chamber	04.00		300.000	2292.00 (2010.50)			9.000	431.60 (378.60) T
1259	Pacemaker: Permanent - dual chamber	04.00		155.000	1184.20 (1038.80)	124.000	947.40 (831.10)	9.000	431.60 (378.60) T
1260	AV nodal ablation	04.00		230.000	1757.20 (1541.40)	184.000	1405.80 (1233.20)	9.000	431.60 (378.60) T
1261	Accessory pathway ablation	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	9.000	431.60 (378.60) T
1262	Electrophysiological mapping	04.00		600.000	4584.00 (4021.10)	480.000	3667.20 (3216.80)	9.000	431.60 (378.60) T
1263	Insertion transvenous implantable defibrillator	04.00		500.000	3820.00 (3350.90)	400.000	3056.00 (2680.70)		
		04.00		212.000	1619.70 (1420.80)	169.600	1295.70 (1136.60)	15.000	719.30 (631.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1264	Test for implantable transvenous defibrillator	04.00		120.000	916.80 (804.20)	120.000	916.80 (804.20)	15.000	719.30 (631.00) T
1265	Renewal of pacemaker unit only, team fee	04.00		125.000	955.00 (837.70)	120.000	916.80 (804.20)	9.000	431.60 (378.60) T
1266	Resiting pacemaker generator	04.00		80.000	611.20 (536.10)	80.000	611.20 (536.10)		
1267	Repositioning of catheter electrode	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	9.000	431.60 (378.60) T
1268	Threshold testing: Own equipment	04.00		15.000	114.60 (100.50)				
1269	Threshold testing: Hospital equipment	04.00		11.000	84.00 (73.70)				
1270	Programming of atrio-ventricular sequential pacemaker	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)		
1273	Insertion of temporary pacemaker (modification not applicable)	04.00		120.000	916.80 (804.20)	120.000	916.80 (804.20)	9.000	431.60 (378.60) T
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	04.00		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	9.000	431.60 (378.60) T
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	04.00		260.000	1986.40 (1742.50)	208.000	1589.10 (1393.90)	13.000	623.40 (546.80) T
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	04.00		140.000	1069.60 (938.20)	120.000	916.80 (804.20)	13.000	623.40 (546.80) T
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	04.00		60.000	458.40 (402.10)	60.000	458.40 (402.10)	13.000	623.40 (546.80) T
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	04.00		40.000	305.60 (268.10)	40.000	305.60 (268.10)	13.000	623.40 (546.80) T
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	04.00		60.000	458.40 (402.10)	60.000	458.40 (402.10)	13.000	623.40 (546.80) T
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	04.00		40.000	305.60 (268.10)	40.000	305.60 (268.10)	13.000	623.40 (546.80) T
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy: Pulmonary valve valvuloplasty: Aortic valve valvuloplasty: Coarctation dilation: Mitral valve valvuloplasty	04.00		260.000	1986.40 (1742.50)	208.000	1589.10 (1393.90)	15.000	719.30 (631.00) T
1283	Use of balloon procedure as in item 1282: Second cardiologist	04.00		140.000	1069.60 (938.20)	120.000	916.80 (804.20)	15.000	719.30 (631.00) T
1284	Atherectomy: Single lesion: First cardiologist	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)		
1285	Atherectomy: Single lesion: Second cardiologist	04.00		180.000	1375.20 (1206.30)	144.000	1100.20 (965.10)		
1286	Insertion of intravascular stent: First cardiologist	04.00		100.000	764.00 (670.20)	100.000	764.00 (670.20)		
1287	Insertion of intravascular stent: Second cardiologist	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)		
	The insertion of a stent(s) (item 1286 & 1267) may only be charged once per vessel regardless of the number of stents inserted in this vessel.	09.01							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1290	Use of balloon procedures including: First paediatric cardiologist (33); Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	04.00		300.000	2292.00 (2010.50)			15.000	719.30 (631.00) T
1291	Use of balloon procedure as in item 1290; Second paediatric cardiologist (33)	04.00		160.000	1222.40 (1072.30)			15.000	719.30 (631.00) T
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	12.000	575.40 (504.70) T
1289	Paediatric cardiac catheterisation: Infants below the age of one year	04.00		263.000	2009.30 (1762.50)	210.400	1607.50 (1410.10)	12.000	575.40 (504.70) T
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	04.00		320.000	2444.80 (2144.60)	256.000	1955.80 (1715.60)	13.000	623.40 (546.80) T
1295	Pericardiectomy for constrictive pericarditis	04.00		400.000	3056.00 (2680.70)	320.000	2444.80 (2144.60)	15.000	719.30 (631.00) T
1297	Coarctation of aorta	04.00		425.000	3247.00 (2848.20)	340.000	2597.60 (2278.60)	15.000	719.30 (631.00) T
1299	Systemo-pulmonary anastomosis	04.00		425.000	3247.00 (2848.20)	340.000	2597.60 (2278.60)	15.000	719.30 (631.00) T
1301	Mitral valvotomy: Closed heart technique	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	15.000	719.30 (631.00) T
1302	Heart transplant	04.00		875.000	6685.00 (5864.00)	700.000	5348.00 (4691.20)	15.000	719.30 (631.00) T
1303	Harvesting donor heart	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)	5.000	239.80 (210.40) T
1305	Operative implantation of cardiac pacemaker by thoracotomy	04.00		220.000	1680.80 (1474.40)	176.000	1344.60 (1179.50)	15.000	719.30 (631.00) T
1307	Re-exploration after cardiac surgery	04.00		215.000	1642.60 (1440.90)	172.000	1314.10 (1152.70)	15.000	719.30 (631.00) T
1308	Heart and lung transplant	04.00		1000.00	7640.00 (6701.80)	800.000	6112.00 (5361.40)	15.000	719.30 (631.00) T
1309	Harvesting donor heart and lungs	04.00		120.000	916.80 (804.20)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
1311	Pericardial drainage	04.00		140.000	1069.60 (938.20)	120.000	916.80 (804.20)	13.000	623.40 (546.80) T
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	04.00		25.000	191.00 (167.50)				
1320	Repeat open heart surgery (additional fee above procedure fee)	04.00		250.000	1910.00 (1675.40)	200.000	1528.00 (1340.40)	15.000	719.30 (631.00) T
1321	Stand-by fee for coronary angioplasty	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)	30.000	229.20 (201.10) C
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	04.00		20.000	152.80 (134.00)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6.3.1.1 Cardiac surgery: Open heart surgery: Congenital conditions									
1323	Atrial septal defect: Ostium secundum	04.00		500.000	3820.00 (3350.90)	400.000	3056.00 (2680.70)	15.000	719.30 (631.00) T
1325	Atrial septal defect: Sinus venosus or ostium primum	04.00		563.000	4301.30 (3773.10)	450.400	3441.10 (3018.50)	15.000	719.30 (631.00) T
1327	Atrial septal defect: Ventricular septal defect	04.00		603.800	4613.00 (4046.50)	483.040	3690.40 (3237.20)	15.000	719.30 (631.00) T
1329	Atrial septal defect: Fallot's tetralogy	04.00		563.000	4301.30 (3773.10)	450.400	3441.10 (3018.50)	15.000	719.30 (631.00) T
1330	Atrial septal defect: Pulmonary stenosis	04.00		500.000	3820.00 (3350.90)	400.000	3056.00 (2680.70)	15.000	719.30 (631.00) T
1331	Transposition of large vessels (venous repair)	04.00		563.000	4301.30 (3773.10)	450.400	3441.10 (3018.50)	15.000	719.30 (631.00) T
1332	Transposition of great arteries (arterial repair)	04.00		750.000	5730.00 (5026.30)	600.000	4584.00 (4021.10)	15.000	719.30 (631.00) T
1333	Ebstein's Anomaly	04.00		563.000	4301.30 (3773.10)	450.400	3441.10 (3018.50)	15.000	719.30 (631.00) T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermia)	04.00		548.800	4192.80 (3677.90)	439.040	3354.30 (2942.40)	20.000	959.00 (841.20) T
1335	Total anomalous venous drainage	04.00		563.000	4301.30 (3773.10)	450.400	3441.10 (3018.50)	15.000	719.30 (631.00) T
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	04.00		658.900	5034.00 (4415.80)	527.120	4027.20 (3532.60)	20.000	959.00 (841.20) T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	04.00		500.000	3820.00 (3350.90)	400.000	3056.00 (2680.70)	15.000	719.30 (631.00) T
1338	Fontan type repair	04.00		750.000	5730.00 (5026.30)	600.000	4584.00 (4021.10)	15.000	719.30 (631.00) T
6.3.1.2 Cardiac surgery: Open heart surgery: Acquired conditions									
1339	Mitral valve replacement	04.00		657.000	5019.50 (4403.10)	525.600	4015.60 (3522.50)	15.000	719.30 (631.00) T
1340	Mitral valvuloplasty	04.00		658.000	5256.30 (4610.80)	550.400	4205.10 (3688.70)	15.000	719.30 (631.00) T
1341	Aortic valve replacement	04.00		623.800	4765.80 (4180.50)	499.040	3812.70 (3344.50)	15.000	719.30 (631.00) T
1342	Tricuspid annulo plasty	04.00		188.000	1436.30 (1259.90)	150.400	1149.10 (1008.00)	15.000	719.30 (631.00) T
1343	Double valve replacement	04.00		968.900	7402.40 (6493.30)	775.120	5921.90 (5194.60)	15.000	719.30 (631.00) T
1344	Acute dissecting aneurysm repair	04.00		750.000	5730.00 (5026.30)	600.000	4584.00 (4021.10)	15.000	719.30 (631.00) T
1345	Aortic arch aneurysm repair utilising deep hypothermia and circulatory arrest	04.00		1000.00	7640.00 (6701.80)	800.000	6112.00 (5361.40)	15.000	719.30 (631.00) T
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	04.00		100.000	764.00 (670.20)	100.000	764.00 (670.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	04.00		175.000	1337.00	140.000	1069.60		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	04.00		750.000	(1172.80)	600.000	(938.20)		
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	04.00		781.000	5730.00	624.800	4584.00	15.000	719.30
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	04.00		813.000	(5026.30)	650.400	(4021.10)	15.000	(631.00) T
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	04.00		875.000	5966.80	700.000	4773.50	15.000	719.30
1352	Cardiac aneurysm	04.00		563.000	(5234.00)	450.400	(4187.30)	15.000	(631.00) T
1353	Ascending/descending thoracic aortic aneurysm repair	04.00		625.000	6885.00	500.000	5348.00	15.000	719.30
1354	Arrhythmia surgery	04.00		688.000	(5864.00)	550.400	(4691.20)	15.000	(631.00) T
1355	Cardiac tumour	04.00		625.000	4301.30	500.000	3441.10	15.000	719.30
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	04.00		188.000	(3773.10)	140.000	(3018.50)	15.000	(631.00) T
1358	Harvesting of radial artery	04.00		175.000	4775.00	140.000	3820.00	15.000	719.30
6.4	Peripheral vascular system				(4188.60)		(3350.90)		
MODIFIER GOVERNING THIS SECTION					(4610.80)		4205.10		
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins				4775.00		3820.00		
6.4.1	Peripheral vascular system: Investigations				(4188.60)		(3350.90)		
1357	Skin temperature test: Response to reflex heating	04.00		15.000	1436.30	15.000	1149.10	15.000	719.30
1359	Skin temperature test: Response to reflex cooling	04.00		15.000	114.60	15.000	114.60	15.000	719.30
1361	Cold sensitivity test	04.00		15.000	(100.50)	15.000	(100.50)	15.000	(631.00) T
1363	Oscillometry test	04.00		17.000	114.60	17.000	114.60	15.000	719.30
1365	Sweating test	04.00		5.000	129.90	5.000	129.90	15.000	719.30
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	04.00		17.000	(113.90)	17.000	(113.90)	15.000	(631.00) T
1367	Doppler blood tests	04.00		26.300	129.90	26.300	129.90	15.000	719.30
5369	Doppler arterial pressures	04.00		6.000	200.90	6.000	200.90	15.000	719.30
5371	Doppler arterial pressures with exercise	04.00		6.000	(176.20)	6.000	(176.20)	15.000	(631.00) T
5373	Doppler segmental pressures and wave forms	04.00		6.000	45.80	6.000	45.80	15.000	719.30
5375	Venous doppler examination (both limbs)	04.00		10.000	45.80	10.000	45.80	15.000	719.30
5377	Venous plethysmography	04.00		12.000	76.40	12.000	76.40	15.000	719.30
		04.00		9.000	68.80	9.000	68.80	15.000	719.30
		04.00		16.000	122.20	16.000	122.20	15.000	719.30
		04.00			(107.20)		(107.20)	15.000	(631.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5379	Supra-orbital doppler test	04.00		5.000	38.20 (33.50)	5.000	38.20 (33.50)		
5381	Carotid non-invasive complex tests	04.00		39.000	298.00 (261.40)	39.000	298.00 (261.40)		
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)	04.00							
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	04.00							
1373	Abdominal aorta and iliac artery: Ruptured	04.00		540.000	4125.60 (3618.90)	432.000	3300.50 (2895.20)	15.000	719.30 (631.00) T
1375	Grafting and/or thrombo-endarterectomy for thrombosis	04.00		600.000	4584.00 (4021.10)	480.000	3667.20 (3216.80)	15.000	719.30 (631.00) T
1376	Aorta b. femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	04.00		444.000	3392.20 (2975.60)	365.200	2713.70 (2380.40)	15.000	719.30 (631.00) T
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	04.00		594.000	4538.20 (3980.90)	475.200	3630.50 (3184.60)	15.000	719.30 (631.00) T
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	13.000	623.40 (546.80) T
1387	Grafting vein: Vein grafting proximal to knee joint	04.00		255.000	1948.20 (1708.90)	204.000	1558.60 (1367.20)	5.000	239.80 (210.40) T
1388	Grafting vein: Distal to knee joint	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	5.000	239.80 (210.40) T
1389	Grafting vein: Endarterectomy when not part of another specified procedure	04.00		444.000	3392.20 (2975.60)	355.200	2713.70 (2380.40)	5.000	239.80 (210.40) T
1390	Grafting vein: Carotid endarterectomy	04.00		264.000	2017.00 (1769.30)	211.200	1613.60 (1415.40)	5.000	239.80 (210.40) T
1393	Embolectomy: Peripheral embolectomy transfemoral	04.00		321.000	2452.40 (2151.20)	256.800	1962.00 (1721.10)	15.000	719.30 (631.00) T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	04.00		158.000	1283.50 (1125.90)	134.400	1026.80 (900.70)	5.000	239.80 (210.40) T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure)	04.00		125.000	955.00 (837.70)	100.000	764.00 (670.20)	5.000	239.80 (210.40) T
1397	Profundoplasty	04.00		264.000	2017.00 (1769.30)	211.200	1613.60 (1415.40)	15.000	719.30 (631.00) T
1399	Distal tibial (ankle region)	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	5.000	239.80 (210.40) T
1401	Femoro-femoral	04.00		456.000	3483.80 (3056.00)	364.800	2787.10 (2444.80)	5.000	239.80 (210.40) T
		04.00		254.000	1940.60 (1702.30)	203.200	1552.40 (1361.80)	5.000	239.80 (210.40) T