Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2497	Laparoscopy: Plus sterilisation	04.00	+	40.000	305.60 (268.10)	40.000	305.60 (268.10)	5.000	239.80 (210.40) T
2499	Laparoscopy: Plus biopsy (excluding after-care)	04.00	+	18.000	137.50 (120.60)	18.000	137.50 (120.60)	5.000	239.80 (210.40) T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	04.00	+	51.000	389.60 (341.80)	51.000	389.60 (341.80)	5.000	239.80 (210.40) T
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	04.00	+	18.000	137.50 (120.60)	18.000	137.50 (120.60)	5.000	239.80 (210.40) T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	04.00	+	52.000	397.30 (348.50)	52.000	397.30 (348.50)	5.000	239.80 (210.40) T
2503	Laparoscopy: Plus ovarian drilling	04.00	+	40.000	305.60 (268.10)	40.000	305.60 (268.10)	5.000	239.80 (210.40) T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	04.00	+	107.000	817.50 (717.10)	107.000	817.50 (717.10)	5.000	239.80 (210.40) T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	04.00	+	52.000	397.30 (348.50)	52.000	397.30 (348.50)	5.000	239.80 (210.40) T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	04.00		58.000	443.10 (388.70)	58.000	443.10 (388.70)		
12.6	**Ovaries**								
2525	Wedge resection of ovaries, unilateral or bilateral	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	4.000	191.80 (168.20) T
2527	Removal of ovarian tumour or cyst	04.00		187.000	1428.70 (1253.20)	149.600	1142.90 (1002.50)	4.000	191.80 (168.20) T
2529	Oophorectomy: Uni- or bilateral	04.00		134.500	1027.60 (901.40)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
2531	Ovarian carcinoma debulking and omentectomy	04.00		357.000	2727.50 (2392.50)	285.600	2182.00 (1914.00)	6.000	287.70 (252.40) T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	04.00		469.000	3583.20 (3143.20)	375.200	2866.50 (2514.50)	6.000	287.70 (252.40) T
12.7	**Miscellaneous procedures**								
2535	Exenteration: Anterior Exenteration	04.00		402.000	3071.30 (2694.10)	321.600	2457.00 (2155.30)	8.000	383.60 (336.50) T
2537	Exenteration: Posterior Exenteration	04.00		402.000	3071.30 (2694.10)	321.600	2457.00 (2155.30)	8.000	383.60 (336.50) T
2539	Exenteration: Total	04.00		625.000	4775.00 (4188.60)	500.000	3820.00 (3350.90)	8.000	383.60 (336.50) T
2541	Presacral neurectomy	04.00		98.000	748.70 (656.80)	98.000	748.70 (656.80)	5.000	239.80 (210.40) T
2543	Moschowitz operation	04.00		120.000	916.80 (804.20)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	04.00		193.100	1475.30 (1294.10)	154.480	1180.20 (1035.30)	5.000	239.80 (210.40) T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	04.00		195.000	1489.80 (1306.80)	156.000	1191.80 (1045.40)	5.000	239.80 (210.40) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	04.00		149.000	1138.40 (998.60)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
2547	Operations for stress incontinence: Burch colposuspension	04.00		161.000	1230.00 (1078.90)	128.800	984.00 (863.20)	5.000	239.80 (210.40) T
2548	Operation for stress incontinence: Use of tape	04.00		229.400	1752.60 (1537.40)	183.520	1402.10 (1229.90)	5.000	239.80 (210.40) T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	04.00		196.000	1497.40 (1313.50)	156.800	1198.00 (1050.90)	5.000	239.80 (210.40) T
2551	Laparotomy	04.00		196.000	1497.40 (1313.50)	156.800	1198.00 (1050.90)	4.000	191.80 (168.20) T
2552	Removal benign retroperitoneal tumour	04.00		223.000	1703.70 (1494.50)	178.400	1363.00 (1195.60)	6.000	287.70 (252.40) T
2553	Radical removal of malignant retroperitoneal tumour	04.00		250.000	1910.00 (1676.00)	200.000	1528.00 (1340.80)	7.000	335.65 (294.35) T
2554	Drainage of pelvic abscess per abdomen	04.00		342.000	2614.80 (2345.60)	273.600	2091.80 (1876.50)	7.000	335.65 (294.35) T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	04.00		180.000	1375.20 (1206.30)	144.000	1100.20 (965.10)	6.000	287.70 (252.40) T
2558	Drainage intra-abdominal abscess: Delayed closure	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)	5.000	239.80 (210.40) T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	04.00		268.000	2047.50 (1796.10)	214.400	1638.00 (1436.80)	6.000	287.70 (252.40) T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	6.000	287.70 (252.40) T
2565	Implantation hormone pellets (excluding after-care)	04.00		51.000	389.60 (341.80)	51.000	389.60 (341.80)	6.000	287.70 (252.40) T
2570	Ligation of internal iliac vessels (when not part of another procedure)	04.00		3.000	22.90 (20.10)	3.000	22.90 (20.10)		
13	**Obstetric Procedures**	04.00		225.000	1719.00 (1507.90)	180.000	1375.20 (1206.30)	8.000	383.60 (336.50) T
RULES GOVERNING THIS SECTION									
1)	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								04.00
13.1	**Pre-natal care and procedures**								
2603	External cephalic version (excluding after-care)	04.00		22.000	168.10 (147.50)	22.000	168.10 (147.50)		
2605	Amniocentesis (excluding after-care)	04.00		36.000	275.00 (241.20)	36.000	275.00 (241.20)		
2607	Amnioscopy (excluding after-care)	04.00		18.000	137.50 (120.60)	18.000	137.50 (120.60)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2609	Intra-uterine transfusion of foetus or cordocentesis	04.00		134.000	1023.80 (898.10)	120.000	916.80 (804.20)		
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	04.00		16.000	122.20 (107.20)	16.000	122.20 (107.20)		
2611	Chorion villus sampling (excluding after-care)	04.00		54.000	412.60 (361.90)	54.000	412.60 (361.90)		
13.2	**Confinements**								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	04.11		282.000	2154.50 (1889.90)	225.600	1723.60 (1511.90)	6.000	287.70 (252.40) T
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit). See modifier 0011 for emergency caesarean section (all hours)	04.00		267.000	2039.90 (1789.40)	213.600	1631.90 (1431.50)	6.000	287.70 (252.40) T
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	04.00		190.000	1451.60 (1273.30)	152.000	1161.30 (1018.70)		
	Global obstetric care includes o All modes of delivery (including Caesarean) o All inductions of labour (medical or surgical) o Intrapartum paracervical and pudential blocks o Intrapartum amnioscopy o Foetal blood sampling o Application of scalp leads o Symphysiotomy o Manual removal of placenta o Repair cervical tears o Correction of uterine inversion o Drainage of vulval haematoma o Repair third degree tear o Repair second degree tear o Repair episiotomy o Resuscitation of newborn by obstetrician o Tracheal intubation o Missed confinement	04.00							
	Global obstetric care excludes o Prenatal consultations o Prenatal procedures (Items 2603 - 2611) o Emergency hysterectomy for obstetrical reasons o Abdominal operation for repair of ruptured gravid uterus o Intensive care for obstetrical emergencies o Tubal ligation performed as a post-partum procedure o Post-partum complications occurring after discharge from the hospital								04.00
13.3	**Operative procedures (excluding antenatal care)**								
2653	Caesarean-hysterectomy	04.00		335.000	2559.40 (2245.10)	268.000	2047.50 (1796.10)	9.000	431.60 (378.60) T
2657	Post-partum hysterectomy	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	8.000	383.60 (336.50) T
2669	Abdominal operation for ruptured gravid uterus: Repair	04.00		250.000	1910.00 (1675.40)	200.000	1528.00 (1340.40)	9.000	431.60 (378.60) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14	**Nervous System**								
14.1	**Diagnostic procedures**								
2681	Visual evoked potentials (VEP): Unilateral	04.00		50.000	382.00 (335.10)				
2682	Visual evoked potentials (VEP): Bilateral	04.00		88.000	672.30 (589.70)				
2683	Electro-retinography (Ganzfeld method): Unilateral	04.00		60.000	458.40 (402.10)				
2684	Electro-retinography (Ganzfeld method): Bilateral	04.00		105.000	802.20 (703.70)				
2685	Electro-oculography: Unilateral	04.00		30.000	229.20 (201.10)				
2686	Electro-oculography: Bilateral	04.00		53.000	404.90 (355.20)				
2687	VEP stable condition (photic drive): Unilateral	04.00		50.000	382.00 (335.10)				
2689	VEP stable condition (photic drive): Bilateral	04.00		88.000	672.30 (589.70)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	04.00		150.000	1146.00 (1005.30)				
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry	04.00							
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	04.00		48.000	366.70 (321.70)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	04.00		6.000	45.80 (40.20)	6.000	45.80 (40.20)		
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	04.00		220.000	1680.80 (1474.40)				
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	04.00		80.000	611.20 (536.10)				
2709	Full spinogram including bilateral median and posterior-tibial studies	04.00		140.000	1069.60 (938.20)				
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)	04.00							
2711	Electro-encephalography: Taking of record	04.00		36.100	275.80 (241.90)	36.100	275.80 (241.90)		
2712	Electro-encephalography: Interpretation	04.00		24.000	183.40 (160.90)	24.000	183.40 (160.90)		
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	06.02		18.400	140.60 (123.30)	18.400	140.60 (123.30) Z		
	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							
2714	Cisternal puncture and/or intrathecal injections	04.00		15.000	114.60 (100.50)	15.000	114.60 (100.50)		
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	04.00		136.000	1039.00 (911.40)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	04.00		30.000	229.20 (201.10)				
2717	Electromyography: First	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)		
2718	Electromyography: Subsequent	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)		
2719	Overnight polysomnogram and sleep staging: Hire	04.00		125.000	955.00 (837.70)				
2720	Overnight polysomnogram and sleep staging: Interpretation	04.00		23.000	175.70 (154.10)				
2721	Daytime polysomnogram: Hire	04.00		125.000	955.00 (837.70)				
2722	Daytime polysomnogram: Interpretation	04.00		17.000	129.90 (113.90)				
2723	Multiple sleep latency test: Interpretation	04.00		125.000	955.00 (837.70)				
2724	Overnight continuous positive airways pressure (CPAP) titration	04.00		155.000	1184.20 (1038.80)	124.000	947.40 (831.10)		
2725	Angiography carotis: Unilateral	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)	4.000	191.80 (168.20) T
2726	Angiography carotis: Bilateral	04.00		44.000	336.20 (294.90)	44.000	336.20 (294.90)	4.000	191.80 (168.20) T
2727	Vertebral artery: Direct needling	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	4.000	191.80 (168.20) T
2729	Vertebral catheterisation	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	4.000	191.80 (168.20) T
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	06.02		60.000	458.40 (402.10) Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	04.00		14.500	110.80 (97.20)			4.000	191.80 (168.20) T
2733	Cortical Stimulation	04.00		58.900	450.00 (394.70)	58.900	450.00 (394.70)		
2734	Sodium Amytal Testing (WADA test)	04.00		88.700	677.70 (594.50)	88.700	677.70 (594.50)	13.000	623.40 (546.80) T
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	04.00		31.500	240.70 (211.10)	-	- v		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
2739	Ventricular needling without burring: Tapping only	04.00		16.000	122.20 (107.20)	16.000	122.20 (107.20)	4.000	191.80 (168.20) T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	04.00		43.000	328.50 (288.20)	43.000	328.50 (288.20)	4.000	191.80 (168.20) T
2743	Subdural tapping: First sitting	04.00		15.000	114.60 (100.50)	15.000	114.60 (100.50)	4.000	191.80 (168.20) T
2745	Subdural tapping: Subsequent	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	4.000	191.80 (168.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	04.00		36.100	275.80 (241.90)	36.100	275.80 (241.90)		
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	04.00		24.500	187.20 (164.20)	24.500	187.20 (164.20)		
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	04.00		36.100	275.80 (241.90)	36.100	275.80 (241.90)		
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	04.00		24.500	187.20 (164.20)	24.500	187.20 (164.20)		
6010	Electroenchephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	04.00		294.600	2250.70 (1974.30)	235.680	1800.60 (1579.50)		
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	04.00		128.600	982.50 (861.80)	120.000	916.80 (804.20)		
14.2	Introduction of burr holes for								
2747	Ventriculography	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
2749	Catheterisation for ventriculography and/or drainage	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
2751	Biopsy of brain tumour	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
2753	Subdural haematoma or hygroma	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
2755	Subdural empyema	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
2757	Brain abscess	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
14.3	**Nerve procedures**								
2759	Nerve biopsy: Peripheral	04.00		37.000	282.70 (248.00)	37.000	282.70 (248.00)	4.000	191.80 (168.20) T
2763	Nerve biopsy: Cranial nerves: Extra-cranial	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)	4.000	191.80 (168.20) T
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	04.00		26.000	198.60 (174.20)	26.000	198.60 (174.20)	4.000	191.80 (168.20) T
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	04.00		25.000	191.00 (167.50)				
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	04.00		30.000	229.20 (201.10)				
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	04.00		35.000	267.40 (234.60)				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	04.00		35.000	267.40 (234.60)				
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	04.00		50.000	382.00 (335.10)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.3.1	**Nerve procedures: Nerve repair or suture**								
2767	Suture brachial plexus (see also items 2837 and 2839)	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	6.000	287.70 (252.40) T
2769	Suture: Large nerve: Primary	04.00		134.000	1023.80 (898.10)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
2771	Suture: Large nerve: Secondary	04.00		202.000	1543.30 (1353.80)	161.600	1234.60 (1083.00)	5.000	239.80 (210.40) T
2773	Digital nerve: Primary	04.00		65.000	496.60 (435.60)	65.000	496.60 (435.60)	3.000	143.90 (126.20) T
2775	Digital nerve: Secondary	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) T
2777	Nerve graft: Simple	04.00		202.000	1543.30 (1353.80)	161.600	1234.60 (1083.00)	4.000	191.80 (168.20) T
2779	Fascicular: First fasciculus	04.00		202.000	1543.30 (1353.80)	161.600	1234.60 (1083.00)	4.000	191.80 (168.20) T
2781	Fascicular: Each additional fasciculus	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)	4.000	191.80 (168.20) T
2783	Fascicular: Nerve flap: To include all stages	04.00		224.000	1711.40 (1501.20)	179.200	1369.10 (1201.00)	4.000	191.80 (168.20) T
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	04.00		124.000	947.40 (831.10)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
2787	Fascicular: Grafting of facial nerve	04.00		215.000	1642.60 (1440.90)	172.000	1314.10 (1152.70)	5.000	239.80 (210.40) T
14.3.2	**Nerve procedures: Neurectomy**								
2789	Trigeminal ganglion: Injection of alcohol	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
2791	Trigeminal ganglion: Injection of cortisone	04.00		65.000	496.60 (435.60)	65.000	496.60 (435.60)	3.000	143.90 (126.20) T
2793	Trigeminal ganglion: Coagulation through high frequency	04.00		170.000	1298.80 (1139.30)	136.000	1039.00 (911.40)	3.000	143.90 (126.20) T
2799	Procedures for pain relief: Intrathecal injections for pain	04.00		36.000	275.00 (241.20)	36.000	275.00 (241.20)	4.000	191.80 (168.20) T
2800	Procedures for pain relief: Plexus nerve block	04.00		36.000	275.00 (241.20)	36.000	275.00 (241.20)	36.000	275.00 (241.20) ç
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	04.00		36.000	275.00 (241.20)	36.000	275.00 (241.20)		
	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							
2802	Procedures for pain relief: Peripheral nerve block	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)	25.000	191.00 (167.50) ç
2803	Alcohol injection in peripheral nerves for pain: Unilateral	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)	3.000	143.90 (126.20) T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	04.00	+	10.000	76.40 (67.00)	10.000	76.40 (67.00)	10.000	76.40 (67.00) ç

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2805	Alcohol injection in peripheral nerves for pain: Bilateral	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	3.000	143.90 (126.20) T
2809	Peripheral nerve section for pain	04.00		45.000	343.80 (301.60)	45.000	343.80 (301.60)	3.000	143.90 (126.20) T
2811	Pudendal neurectomy: Bilateral	04.00		116.000	886.20 (777.40)	116.000	886.20 (777.40)	3.000	143.90 (126.20) T
2813	Obturator or Stoffels	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) T
2815	Interdigital	04.00		82.300	628.80 (551.60)	82.300	628.80 (551.60)	3.000	143.90 (126.20) T
2825	Excision: Neuroma: Peripheral	04.00		109.500	836.60 (733.90)	109.500	836.60 (733.90)	3.000	143.90 (126.20) T
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	04.00		100.000	764.00 (670.20)	100.000	764.00 (670.20)	3.000	143.90 (126.20) T
2829	Neurolysis: Minor	04.00		51.000	389.60 (341.80)	51.000	389.60 (341.80)	3.000	143.90 (126.20) T
2831	Neurolysis: Major	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	3.000	143.90 (126.20) T
2833	Neurolysis: Digital	04.00		96.000	733.40 (643.30)	96.000	733.40 (643.30)	3.000	143.90 (126.20) T
2835	Scalenotomy	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
2837	Brachial plexus, suture or neurolysis (item 2767)	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	6.000	287.70 (252.40) T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	04.00		895.200	6839.30 (5999.40)	716.160	5471.50 (4799.60)	6.000	287.70 (252.40) T
2841	Carpal Tunnel	04.00		64.000	489.00 (428.90)	64.000	489.00 (428.90)	3.000	143.90 (126.20) T
2843	Lumbar sympathectomy: Unilateral	04.00		153.000	1168.90 (1025.40)	122.400	935.10 (820.30)	4.000	191.80 (168.20) T
2845	Lumbar sympathectomy: Bilateral	04.00		268.000	2047.50 (1796.10)	214.400	1638.00 (1436.80)	6.000	287.70 (252.40) T
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	04.00						11.000	527.50 (462.70) T
2847	Cervical sympathectomy: Unilateral	04.00		153.000	1168.90 (1025.40)	122.400	935.10 (820.30)	4.000	191.80 (168.20) T
2848	Cervical sympathectomy: Bilateral	04.00		268.000	2047.50 (1796.10)	214.400	1638.00 (1436.80)	6.000	287.70 (252.40) T
2849	Sympathetic block: Other levels: Unilateral	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)	3.000	143.90 (126.20) T
2851	Sympathetic block: Other levels: Bilateral	04.00		35.000	267.40 (234.60)	35.000	267.40 (234.60)	3.000	143.90 (126.20) T
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)	4.000	191.80 (168.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.4	**Skull procedures**								
2855	Removal of skull tumour: With or without plastic repair: Small	04.00		170.000	1298.80 (1139.30)	136.000	1039.00 (911.40)	5.000	239.80 (210.40) T
2857	Removal of skull tumour: With or without plastic repair: Major	04.00		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	8.000	383.60 (336.50) T
2859	Repair of depressed fracture of skull: Without brain laceration: Major	04.00		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	8.000	383.60 (336.50) T
2860	Repair of depressed fracture of skull: Without brain laceration: Small	04.00		170.000	1298.80 (1139.30)	136.000	1039.00 (911.40)	8.000	383.60 (336.50) T
2861	Repair of depressed fracture of skull: With brain lacerations: Small	04.00		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	8.000	383.60 (336.50) T
2862	Repair of depressed fracture of skull: With brain lacerations: Major	04.00		375.000	2865.00 (2513.20)	300.000	2292.00 (2010.50)	8.000	383.60 (336.50) T
2863	Cranioplasty	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	8.000	383.60 (336.50) T
2864	Encephalocele (excluding frontal)	04.11		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	8.000	383.60 (336.50) T
2865	Craniostenosis: Few suturae	04.00		213.000	1627.30 (1427.50)	170.400	1301.90 (1142.00)	9.000	431.60 (378.60) T
2867	Craniostenosis: Multiple suturae	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	9.000	431.60 (378.60) T
14.5	**Shunt procedures**								
2869	Ventriculo-cisternostomy	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	8.000	383.60 (336.50) T
2871	Ventriculo-caval shunt	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	11.000	527.50 (462.70) T
2873	Ventriculo-peritoneal shunt	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	8.000	383.60 (336.50) T
2875	Theco-peritoneal C.S.F. shunt	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	8.000	383.60 (336.50) T
14.6	**Aneurysm repair**								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	15.000	719.30 (631.00) T
2877	Extracranial to intracranial vascular	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	15.000	719.30 (631.00) T
2878	Posterior fossa arteriovenous anomalies	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	15.000	719.30 (631.00) T
14.7	**Posterior fossa surgery**								
2879	Glosso pharyngeal nerve	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	6.000	287.70 (252.40) T
2881	Eighth nerve: Intracranial	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	8.000	383.60 (336.50) T
2883	Eighth nerve: Extracranial	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	4.000	191.80 (168.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2884	Sub-temporal section of the trigeminal nerve	04.00		375.000	2865.00 (2513.20)	300.000	2292.00 (2010.50)	9.000	431.60 (378.60) T
2885	Trigeminal tractotomy	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	9.000	431.60 (378.60) T
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	9.000	431.60 (378.60) T
2887	Vestibular nerve	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	9.000	431.60 (378.60) T
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	06.04		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	11.000	527.50 (462.70) T
2891	Posterior fossa tumour removal: Glioma, secondary deposits	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	11.000	527.50 (462.70) T
2893	Posterior fossa tumour removal: Abscess	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	11.000	527.50 (462.70) T
2895	Excision of tumour of glomus jugulare: Intracranial	04.00		420.000	3208.80 (2814.70)	336.000	2567.00 (2251.80)	11.000	527.50 (462.70) T
2897	Excision of tumour of glomus jugulare: Extracranial	04.00		420.000	3208.80 (2814.70)	336.000	2567.00 (2251.80)	9.000	431.60 (378.60) T
2898	Excision of tumour of glomus jugulare: Hemispherectomy	04.00		500.000	3820.00 (3350.90)	400.000	3056.00 (2680.70)	15.000	719.30 (631.00) T
14.7.1	**Posterior fossa surgery: Supratentorial procedures**								
2899	Craniectomy for extra-dural haematoma or empyema	04.00		375.000	2865.00 (2513.20)	300.000	2292.00 (2010.50)	11.000	527.50 (462.70) T
14.8	**Craniotomy for**								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	11.000	527.50 (462.70) T
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	11.000	527.50 (462.70) T
2903	Craniotomy for Abscess, Glioma	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	11.000	527.50 (462.70) T
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	11.000	527.50 (462.70) T
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	11.000	527.50 (462.70) T
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	04.11		375.000	2865.00 (2513.20)	300.000	2292.00 (2010.50)	11.000	527.50 (462.70) T
2907	Craniotomy for Temporal lobectomy	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	11.000	527.50 (462.70) T
2908	Craniotomy for Torkildsen anastomosis	04.00		375.000	2865.00 (2513.20)	300.000	2292.00 (2010.50)	11.000	527.50 (462.70) T
2909	Craniotomy for CSF-leaks	04.00		450.000	3438.00 (3015.80)	360.000	2750.40 (2412.60)	11.000	527.50 (462.70) T
2910	Craniotomy for removal of arteriovenous malformation	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	11.000	527.50 (462.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.8.1	**Craniotomy for Stereo-tactic cerebral and spinal cord procedures**								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	4.000	191.80 (168.20) T
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	04.00		196.000	1497.40 (1313.50)	156.800	1198.00 (1050.90)	4.000	191.80 (168.20) T
2915	Transnasal hypophysectomy	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	11.000	527.50 (462.70) T
2916	Transfrontal hypophysectomy	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	11.000	527.50 (462.70) T
2917	Transnasal hypophyseal implants	04.00		172.000	1314.10 (1152.70)	137.600	1051.30 (922.20)	11.000	527.50 (462.70) T
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	04.00		-	-	-	-		
14.9	**Spinal operations**								
	See section 3.8.7 for laminectomy procedures								04.00
2923	Chordotomy: Unilateral	04.00		178.000	1359.90 (1192.90)	142.400	1087.90 (954.30)	3.000	143.90 (126.20) TM
2925	Chordotomy: Open	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	3.000	143.90 (126.20) TM
2927	Rhizotomy: Extradural, but intraspinal	04.00		320.000	2444.80 (2144.60)	256.000	1955.80 (1715.60)	3.000	143.90 (126.20) TM
2928	Rhizotomy: Intradural	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	3.000	143.90 (126.20) TM
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	8.000	383.60 (336.50) T
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	8.000	383.60 (336.50) T
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	3.000	143.90 (126.20) TM
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	04.00		350.000	2674.00 (2345.60)	280.000	2139.20 (1876.50)	8.000	383.60 (336.50) T
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	04.00		320.000	2444.80 (2144.60)	256.000	1955.80 (1715.60)	7.000	335.70 (294.50) T
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	04.00		225.000	1719.00 (1507.90)	180.000	1375.20 (1206.30)	3.000	143.90 (126.20) T
2937	Repair of meningocele, involving nerve tissue	04.00		250.000	1910.00 (1675.40)	200.000	1528.00 (1340.40)	9.000	431.60 (378.60) T
2938	Simple	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	9.000	431.60 (378.60) T
2939	Excision of arterial vascular malformations and cysts of the spinal cord	04.00		700.000	5348.00 (4691.20)	560.000	4278.40 (3753.00)	9.000	431.60 (378.60) T
2940	Lumbar osteophyte removal	04.00		187.000	1428.70 (1253.20)	149.600	1142.90 (1002.50)	3.000	143.90 (126.20) TM
2941	Cervical or thoracic osteophyte removal	04.00		285.000	2177.40 (1910.00)	228.000	1741.90 (1528.00)	3.000	143.90 (126.20) TM

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				RVU	Fee	RVU	Fee	RVU	Fee
14.10	**Arterial ligations**								
2951	Carotis: Trauma	04.00		120.000	916.80 (804.20)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
2953	Carotis: For aneurysm (AV anomaly)	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	8.000	383.60 (336.50) T
2955	Removal of carotid body tumour (without vascular reconstruction)	04.00		335.600	2564.00 (2249.10)	268.480	2051.20 (1799.30)	8.000	383.60 (336.50) T
14.11	**Medical psychotherapy**								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	04.00		20.000	294.30 (258.20)	16.000	122.20 (107.20)		
2958	Psychoanalytic therapy: Per 60-minute session	04.00		60.000	882.80 (774.40)	48.000	366.70 (321.70)		
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	04.00		20.000	294.30 (258.20)	16.000	122.20 (107.20)		
2963	Pairs, marriage or sex therapy: Per 20-minute session	04.00		20.000	294.30 (258.20)	16.000	122.20 (107.20)		
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	04.00		26.000	382.60 (335.60)	8.000	61.10 (53.60)		
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	04.00		40.000	588.60 (516.30)	32.000	244.50 (214.50)		
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	04.00		60.000	882.80 (774.40)	48.000	366.70 (321.70)		
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	04.00		40.000	588.60 (516.30)	32.000	244.50 (214.50)		
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	04.00		60.000	882.80 (774.40)	48.000	366.70 (321.70)		
RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY									
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								04.00
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								04.00
14.12	**Physical treatment methods**								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)	04.00		15.000	220.70 (193.60)	17.000	129.90 (113.90)	3.000	143.90 (126.20) T
14.13	**Psychiatric examination methods**								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session	06.05		60.000	882.80 (774.40)	16.000	122.20 (107.20)		
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	04.00		20.000	294.30 (258.20)	16.000	122.20 (107.20)		
15	**Endocrine System**								
15.1	**Thyroid**								
2983	Lobectomy: Partial	04.00		198.100	1513.50 (1327.60)	158.480	1210.80 (1062.10)	5.000	239.80 (210.40) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2985	Lobectomy: Total	04.00		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	5.000	239.80 (210.40) T
2987	Thyroidectomy: Subtotal	04.00		266.000	2032.20 (1782.60)	212.800	1625.80 (1426.10)	5.000	239.80 (210.40) T
2989	Thyroidectomy: Total	04.00		279.000	2131.60 (1869.80)	223.200	1705.20 (1495.80)	5.000	239.80 (210.40) T
2991	Thyroglossal cyst or fistula excision	04.00		126.200	964.20 (845.80)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
15.2	**Parathyroid**								
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	04.00		275.000	2101.00 (1843.00)	220.000	1680.80 (1474.40)	5.000	239.80 (210.40) T
15.3	Adrenals								
2995	Adrenalectomy: Unilateral	04.00		225.000	1719.00 (1507.90)	180.000	1375.20 (1206.30)	9.000	431.60 (378.60) T
2997	Bilateral exploration of adrenal glands: Including removal	04.00		394.000	3010.20 (2640.50)	315.200	2408.10 (2112.40)	11.000	527.50 (462.70) T
15.4	**Hypophysis**								
2999	Transethmoidal hypophysectomy	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	11.000	527.50 (462.70) T
3000	Transnasal hypophysectomy (see also item 2915)	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	11.000	527.50 (462.70) T
15.5	**Endocrine system: General**								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	04.00		3.000	22.90 (20.10)	3.000	22.90 (20.10)		
16	**Eye**								
16.1	**Eye: Procedures performed in rooms**								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								04.00
16.1.1	Eye investigations								
3002	Gonioscopy	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
3006	Keratometry	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	04.00	+	11.680	89.20 (78.20)				
3012	Pre-surgical retinal examination before retinal surgery	04.00		32.000	244.50 (214.50)	32.000	244.50 (214.50)		
3013	Ocular motility assessment: Comprehensive examination	04.00		12.000	91.70 (80.40)	12.000	91.70 (80.40)		
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	04.00		9.000	68.80 (60.40)	9.000	68.80 (60.40)		
16.1.2	**Special eye investigations**								
3005	Endothelial cell count	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3007	Potential acuity measurement	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
3008	Contrast sensitivity test	04.00		7.000	53.50 (46.90)	7.000	53.50 (46.90)		
3010	Orthoptics consultation	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
3011	Orthoptic subsequent sessions	04.00		5.000	38.20 (33.50)	5.000	38.20 (33.50)		
3015	Charting of visual field with manual perimeter	04.00		28.000	213.90 (187.60)	28.000	213.90 (187.60)		
3016	Retinal threshold test without storage facilities	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)		
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	04.00		74.000	565.40 (496.00)	74.000	565.40 (496.00)		
3018	Retinal threshold trend evaluation (additional to item 3017)	04.00		16.000	122.20 (107.20)	16.000	122.20 (107.20)		
3019	Ocular muscle function with Hess screen or perimeter	04.00		16.000	122.20 (107.20)	16.000	122.20 (107.20)		
3020	Special eye investigations: Pachymetry. Only when own instrument is used, per eye. Only in addition to corneal surgery	04.00		46.000	351.40 (308.20)	46.000	351.40 (308.20)		
3022	Digital fluorescein video angiography	04.00		68.000	519.50 (455.70)	68.000	519.50 (455.70)	9.000	431.60 (378.60) T
3023	Digital indocyanine video angiography	04.00		110.000	840.40 (737.20)	110.000	840.40 (737.20)	9.000	431.60 (378.60) T
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	04.00		12.000	91.70 (80.40)	12.000	91.70 (80.40)		
3025	Electronic tonography	04.00		19.000	145.20 (127.40)	19.000	145.20 (127.40)		
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	04.00		19.300	147.50 (129.40)	19.300	147.50 (129.40)		
3027	Fundus photography	04.00		21.000	160.40 (140.70)	21.000	160.40 (140.70)		
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	04.00		40.000	305.60 (268.10)	40.000	305.60 (268.10)		
3029	Anterior segment microphotography	04.00		21.000	160.40 (140.70)	21.000	160.40 (140.70)		
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	04.00		45.000	343.80 (301.60)	45.000	343.80 (301.60)		
3032	Eyelid and orbit photography	04.00		9.000	68.80 (60.40)	9.000	68.80 (60.40)		
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	04.00		16.000	122.20 (107.20)	16.000	122.20 (107.20)		
3034	Determination of lens implant power per eye	04.00		15.000	114.60 (100.50)	15.000	114.60 (100.50)		
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged	04.00		22.000	168.10 (147.50)	22.000	168.10 (147.50)		
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	04.00		36.000	275.00 (241.20)	36.000	275.00 (241.20)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
16.2	**Retina**								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	04.00		306.900	2344.70 (2056.80)	245.520	1875.80 (1645.40)	6.000	287.70 (252.40) T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	6.000	287.70 (252.40) T
3041	Pan retinal photocoagulation (per eye): Done in one sitting	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
3044	Removal of encircling band and/or buckling material	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	6.000	287.70 (252.40) T
16.3	**Cataract**								
3045	Cataract: Intra-capsular	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	7.000	335.70 (294.50) T
3047	Cataract: Extra-capsular (including capsulotomy)	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	7.000	335.70 (294.50) T
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	04.00		57.000	435.50 (382.00)	57.000	435.50 (382.00)	7.000	335.70 (294.50) T
3050	Repositioning of intra ocular lens	04.00		171.100	1307.20 (1146.70)	136.880	1045.80 (917.40)	7.000	335.70 (294.50) T
3051	Needling or capsulotomy	04.00		130.000	993.20 (871.20)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3052	Laser capsulotomy	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	4.000	191.80 (168.20) T
3057	Removal of lenticulus	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	7.000	335.70 (294.50) T
3058	Exchange of intra ocular lens	04.00		236.000	1803.00 (1581.60)	188.800	1442.40 (1265.30)	7.000	335.70 (294.50) T
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	7.000	335.70 (294.50) T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	04.00		4.000	30.60 (26.80)				
16.4	**Glaucoma**								
3061	Drainage operation	04.00		247.600	1891.70 (1659.40)	198.080	1513.30 (1327.50)	6.000	287.70 (252.40) T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	04.00		60.000	458.40 (402.10)	60.000	458.40 (402.10)	6.000	287.70 (252.40) T
3063	Cyclocryotherapy or cyclodiathermy	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	6.000	287.70 (252.40) T
3064	Laser trabeculoplasty	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	6.000	287.70 (252.40) T
3065	Removal of blood from anterior chamber	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	4.000	191.80 (168.20) T
3067	Goniotomy	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	7.000	335.70 (294.50) T