

Code	Description	Ver	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
			RVU	Fee	RVU	Fee	RVU	Fee
16.5	Intra-ocular foreign body							
3071	Intra-ocular foreign body: Anterior to Iris	04.00	127.000	970.30 (851.10)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	04.00	210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	6.000	287.70 (252.40) T
16.6	Strabismus							
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	04.00	20.000	152.80 (134.00)	20.000	152.80 (134.00)		
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	04.00	175.600	1341.60 (1176.80)	140.480	1073.30 (941.50)	5.000	239.80 (210.40) T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	04.00	200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)	5.000	239.80 (210.40) T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation: one or two muscles	04.00	120.000	916.80 (804.20)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	04.00	150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
16.7	Globe							
3079	Transcleral biopsy	04.00	132.000	1008.50 (884.60)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3080	Examination of eyes under general anaesthetic where no surgery is done	04.00	80.000	611.20 (536.10)	80.000	611.20 (536.10)	4.000	191.80 (168.20) T
3081	Treatment of minor perforating injury	04.00	161.600	1234.60 (1083.00)	129.280	987.70 (868.40)	6.000	287.70 (252.40) T
3083	Treatment of major perforating injury	04.00	267.500	2043.70 (1792.70)	214.000	1635.00 (1434.20)	6.000	287.70 (252.40) T
3085	Enucleation or Evisceration	04.00	105.000	802.20 (703.70)	105.000	802.20 (703.70)	5.000	239.80 (210.40) T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	04.00	160.000	1222.40 (1072.30)	128.000	977.90 (857.80)	5.000	239.80 (210.40) T
3088	Hydroxyapatite insertion (additional to item 3087)	04.00	40.000	305.60 (268.10)	40.000	305.60 (268.10)	5.000	239.80 (210.40) T
3089	Subconjunctival injection if not done at time of operation	04.00	10.000	76.40 (67.00)	10.000	76.40 (67.00)	5.000	239.80 (210.40) T
3090	Intra vitreal injection drug	05.06	47.600	363.70 (319.00)	47.600	363.70 (319.00)	4.000	191.80 (168.20) T
3091	Retrolbulbar injection (if not done at time of operation)	04.00	16.000	122.20 (107.20)	16.000	122.20 (107.20)	4.000	191.80 (168.20) T
3092	External laser treatment for superficial lesions	04.00	53.000	404.90 (355.20)	53.000	404.90 (355.20)		
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	04.00	209.000	1596.80 (1400.70)	167.200	1277.40 (1120.50)	6.000	287.70 (252.40) T
3094	Implantation of intra vitreal drug delivery system	04.00	247.600	1891.70 (1659.40)	198.080	1513.30 (1327.50)	4.000	191.80 (168.20) T

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3095	Biopsy of vitreous body or anterior chamber contents	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	6.000	287.70 (252.40) T
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopathy	04.00		130.000	993.20 (871.20)	120.000	916.80 (804.20)	7.000	335.70 (294.50) T
3097	Anterior vitrectomy	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	6.000	287.70 (252.40) T
3098	Removal of silicon from globe	04.00		280.000	2139.20 (1876.50)	224.000	1711.40 (1501.20)	6.000	287.70 (252.40) T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	04.00		419.000	3201.20 (2808.10)	335.200	2560.90 (2246.40)	6.000	287.70 (252.40) T
3100	Leisectomy done at time of posterior vitrectomy	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)	7.000	335.70 (294.50) T
16.8	Orbit								
3101	Drainage of orbital abscess	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	5.000	239.80 (210.40) T
3103	Orbit: Removal of tumour	04.00		240.000	1833.60 (1608.40)	192.000	1466.90 (1286.80)	5.000	239.80 (210.40) T
3104	Removal orbital prosthesis	04.00		212.700	1625.00 (1425.40)	170.160	1300.00 (1140.40)	5.000	239.80 (210.40) T
3105	Orbit: Exenteration	04.00		275.000	2101.00 (1843.00)	220.000	1680.80 (1474.40)	5.000	239.80 (210.40) T
3107	Orbitotomy requiring bone flap	04.00		393.000	3002.50 (2633.80)	314.400	2402.00 (2107.00)	5.000	239.80 (210.40) T
3108	Eye socket reconstruction	04.00		206.000	1573.80 (1380.50)	164.800	1259.10 (1104.50)	5.000	239.80 (210.40) T
3109	Hydroxyapatite implantation in eye cavity when enucleation or enucleation was done previously	04.00		300.000	2292.00 (2010.50)	240.000	1833.60 (1608.40)	5.000	239.80 (210.40) T
3110	Second stage hydroxyapatite implantation	04.00		110.000	840.40 (737.20)	110.000	840.40 (737.20)	5.000	239.80 (210.40) T
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	04.00		-	- F	-	- F	-	-
3112	Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens as for corneal erosion, ulcer, abrasion or corneal wound.	09.01		12.200	93.20 (81.80)	12.200	93.20 (81.80)		
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	04.00		200.000	1528.00 (1340.40)	160.000	1222.40 (1072.30)		
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	04.00		78.850	602.40 (528.40)				
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	04.00		166.000	1268.20 (1112.50)	132.800	1014.60 (890.00)		
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	04.00		135.200	1032.90 (906.10)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
3117	Removal of foreign body: On the basis of fee per consultation	04.00		-	- F	-	- F	4.000	191.80 (168.20) T
3118	Curettage of cornea after removal of foreign body (after-care excluded)	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		

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3119	Tattooing	04.00		26.000	198.60 (174.20)	26.000	198.60 (174.20)	4.000	191.80 (168.20) T
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
3121	Corneal graft (Lamellar or full thickness)	04.00		289.000	2208.00 (1936.80)	231.200	1766.40 (1549.50)	6.000	287.70 (252.40) T
3122	Epikeratophakia	04.00		289.000	2208.00 (1936.80)	231.200	1766.40 (1549.50)		
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	04.00		254.000	1940.60 (1702.30)	203.200	1552.40 (1361.80)	6.000	287.70 (252.40) T
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	04.00		9.000	68.80 (60.40)	9.000	68.80 (60.40)		
3125	Keratotomy	04.00		127.000	970.30 (851.10)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	04.00	+	52.180	398.70 (349.70)	52.180	398.70 (349.70)		
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	4.000	191.80 (168.20) T
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
3129	Additional to item 3128 for the use of own diamond knives	04.00	+	40.000	305.60 (268.10)	40.000	305.60 (268.10)		
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	04.00		96.900	740.30 (649.40)	96.900	740.30 (649.40)	4.000	191.80 (168.20) T
3131	Cornea: Paracentesis	04.00		53.000	404.90 (355.20)	53.000	404.90 (355.20)	4.000	191.80 (168.20) T
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	04.00		150.000	1146.00 (1005.30)	120.000	916.80 (804.20)	6.000	287.70 (252.40) T
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	04.00		116.300	888.50 (779.40)	116.300	888.50 (779.40)	4.000	191.80 (168.20) T
3136	Conjunctival flap or graft (not for use with pterygium surgery)	04.00		95.700	731.10 (641.30)	95.700	731.10 (641.30)	6.000	287.70 (252.40) T
3138	Removal corneal epithelium and chelating agent for band keratopathy	04.00		69.500	531.00 (465.80)	69.500	531.00 (465.80)	4.000	191.80 (168.20) T
16.10	Ducts								
3133	Probing and/or syringing, per duct	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	4.000	191.80 (168.20) T
3135	Insert polythene tubes	04.00		51.800	395.80 (347.20)	51.800	395.80 (347.20)	4.000	191.80 (168.20) T
3137	Excision of lacrimal sac: Unilateral	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3139	Dacrocystorhinostomy (Single) with or without polythene tube	04.00		210.000	1604.40 (1407.40)	168.000	1283.50 (1125.90)	5.000	239.80 (210.40) T
3141	Sealing Punctum surgical or by cautery: Per eye	04.00		24.900	190.20 (166.80)	24.900	190.20 (166.80)	4.000	191.80 (168.20) T

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3142	Sealing Punctum with plugs: Per eye	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)	4.000	191.80 (168.20) T
3143	Three-snip operation	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)	4.000	191.80 (168.20) T
3145	Repair of caniculus: Primary procedure	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3147	Repair of caniculus: Secondary procedure	04.00		175.000	1337.00 (1172.80)	140.000	1069.60 (938.20)	4.000	191.80 (168.20) T
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3151	Excision of iris tumour	04.00		185.000	1413.40 (1239.80)	148.000	1130.70 (991.80)	6.000	287.70 (252.40) T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	04.00		105.000	802.20 (703.70)	105.000	802.20 (703.70)	4.000	191.80 (168.20) T
3155	Iridocyclectomy for tumour	04.00		266.000	2032.20 (1782.60)	212.800	1625.80 (1426.10)	6.000	287.70 (252.40) T
3157	Division of anterior synechiae as isolated procedure	04.00		132.000	1008.50 (884.60)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3158	Repair iris as in dialysis: Anterior chamber reconstruction	04.00		142.400	1087.90 (954.30)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
16.12	Lids								
3161	Tarsorrhaphy	04.00		47.000	359.10 (315.00)	47.000	359.10 (315.00)	4.000	191.80 (168.20) T
3163	Excision of superficial lid tumour	04.00		47.000	359.10 (315.00)	47.000	359.10 (315.00)	4.000	191.80 (168.20) T
3165	Repair of skin laceration lid: Simple	04.00		27.300	208.60 (183.00)	27.300	208.60 (183.00)	4.000	191.80 (168.20) T
3167	Diathermy to wart on lid margin	04.00		12.000	91.70 (80.40)	12.000	91.70 (80.40)	4.000	191.80 (168.20) T
3169	Electrolysis of any number of eyelashes: Per eye	04.00		15.000	114.60 (100.50)	15.000	114.60 (100.50)		
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	04.00		20.400	155.90 (136.80)	20.400	155.90 (136.80)	4.000	191.80 (168.20) T
3173	Epicanthal folds	04.00		128.700	983.30 (862.50)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	04.00		25.000	191.00 (167.50)				
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	04.00		35.000	267.40 (234.60)				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	04.00		187.000	1428.70 (1252.20)	149.600	1142.90 (1002.50)	4.000	191.80 (168.20) T

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16.12.1 Lids: Entropion or ectropion by									
3177	Entropion or ectropion by Cautery	04.00		10,000	76.40 (67.00)	10,000	76.40 (67.00)	4,000	191.80 (168.20) T
3179	Entropion or ectropion by Suture	04.00		49,400	377.40 (331.10)	49,400	377.40 (331.10)	4,000	191.80 (168.20) T
3181	Entropion or ectropion by Open operation	04.00		111,500	851.90 (747.30)	111,500	851.90 (747.30)	4,000	191.80 (168.20) T
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	04.00		122,600	936.70 (821.70)	122,600	936.70 (821.70)	4,000	191.80 (168.20) T
16.12.2 Lids: Reconstruction of eyelid									
3185	Staged procedure for partial or total loss of eyelid: First stage	04.00		259,000	1978.80 (1735.80)	207,200	1583.00 (1388.50)	4,000	191.80 (168.20) T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	04.00		206,000	1573.80 (1380.50)	164,800	1259.10 (1104.50)	4,000	191.80 (168.20) T
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	04.00		136,500	1042.90 (914.80)	120,000	916.80 (804.20)	4,000	191.80 (168.20) T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	04.00		150,200	1147.50 (1006.60)	120,160	918.00 (805.30)	4,000	191.80 (168.20) T
3172	Blepharoplasty lower eyelid plus fat pad	04.00		125,800	961.10 (843.10)	120,000	916.80 (804.20)	4,000	191.80 (168.20) T
16.12.3 Lids: Ptosis									
3193	Repair by superior rectus, levator or frontalis muscle operation	04.00		190,000	1451.60 (1273.30)	152,000	1161.30 (1018.70)	4,000	191.80 (168.20) T
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	04.00		137,600	1051.30 (922.20)	120,000	916.80 (804.20)	4,000	191.80 (168.20) T
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	04.00		166,000	1268.20 (1112.50)	132,800	1014.60 (890.00)	4,000	191.80 (168.20) T
16.13 Conjunctiva									
3199	Repair of conjunctiva by grafting	04.00		132,000	1008.50 (884.60)	120,000	916.80 (804.20)	4,000	191.80 (168.20) T
3200	Repair of lacerated conjunctiva	04.00		47,000	359.10 (315.00)	47,000	359.10 (315.00)	4,000	191.80 (168.20) T
16.14 Eyes: General									
	OWN EQUIPMENT USED IN TREATMENT:								
	Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	04.00		109,000	832.80 (730.50)				04.00
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of the indicated amount per minute may be charged	09.00		2,250	17.20 (15.10)	2,250	17.20 (15.10)		
3196	Diamond knife: Use of own diamond knife during intraocular surgery	04.00		12,000	91.70 (80.40)				
3198	Excimer laser: Hire fee (per eye)	04.00		284,130	2170.80 (1904.20)				
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	04.00		109,000	832.80 (730.50)				

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3202	Phako emulsification apparatus: Hire fee	04.00		109.000	832.80 (730.50)				
3203	Vitreotomy apparatus: Hire fee	04.00		120.000	916.80 (804.20)				
17	Ear								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								09.01
	Repair / modification of hearing aid: report this service using item 0201 and supply invoice								09.01
17.1	External ear (Pinna)								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								09.01
	Repair / modification of hearing aid: report this service using 0201 and supply invoice								09.01
3267	Major congenital deformity reconstruction of external ear: Unilateral	04.00		138.000	1054.30 (924.80)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
3269	Major congenital deformity reconstruction of external ear: Bilateral	04.00		242.000	1848.90 (1621.80)	193.600	1479.10 (1297.50)	5.000	239.80 (210.40) T
3270	Excision of superficial pre-auricular fistula	04.00		55.000	420.20 (368.60)	55.000	420.20 (368.60)	4.000	191.80 (168.20) T
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	04.00			-	-	-		
3272	Excision of complicated pre-auricular fistula	04.00		140.000	1069.60 (938.20)	120.000	916.80 (804.20)	4.000	191.80 (168.20) T
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	04.00			-	-	-		
3205	External ear canal: Removal of foreign body: Under general anaesthetic	04.00		21.000	160.40 (140.70)	21.000	160.40 (140.70)	4.000	191.80 (168.20) T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	04.00		164.000	1253.00 (1099.10)	131.200	1002.40 (879.30)	4.000	191.80 (168.20) T
3217	Meatus atresia: Congenital	04.00		277.000	2116.30 (1856.40)	221.600	1693.00 (1485.10)	4.000	191.80 (168.20) T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	04.00		77.000	588.30 (516.10)	77.000	588.30 (516.10)	4.000	191.80 (168.20) T
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	04.00		215.000	1642.60 (1440.90)	172.000	1314.10 (1152.70)	4.000	191.80 (168.20) T
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	04.00		8.000	61.10 (53.60)	8.000	61.10 (53.60)		
3207	Myringotomy: Unilateral	04.00		28.000	213.90 (187.60)	28.000	213.90 (187.60)	4.000	191.80 (168.20) T
3209	Myringotomy: Bilateral	04.00		46.000	351.40 (308.20)	46.000	351.40 (308.20)	4.000	191.80 (168.20) T
3211	Unilateral myringotomy with insertion of ventilation tube	04.00		38.000	290.30 (254.60)	38.000	290.30 (254.60)	4.000	191.80 (168.20) T
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	04.00		57.000	435.50 (382.00)	57.000	435.50 (382.00)	4.000	191.80 (168.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	04.00		65.000	496.60 (435.60)	65.000	496.60 (435.60)	4.000	191.80 (168.20) T
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	04.00		255.000	1948.20 (1708.90)	204.000	1558.60 (1367.20)	5.000	239.80 (210.40) T
3237	Exploratory tympanotomy	04.00		158.900	1214.00 (1064.90)	127.120	971.20 (851.90)	5.000	239.80 (210.40) T
3243	Myringoplasty	04.00		138.000	1054.30 (924.80)	120.000	916.80 (804.20)	5.000	239.80 (210.40) T
3245	Functional reconstruction of tympanic membrane	04.00		277.000	2116.30 (1856.40)	221.600	1693.00 (1485.10)	5.000	239.80 (210.40) T
3249	Stapedotomy and stapedectomy	04.00		277.000	1856.40 (1656.40)	221.600	1693.00 (1485.10)	5.000	239.80 (210.40) T
3257	Cortical mastoidectomy	04.00		188.500	1440.10 (1263.20)	150.800	1152.10 (1010.60)	5.000	239.80 (210.40) T
3259	Radical mastoidectomy (excluding minor procedures)	04.00		277.400	2119.30 (1859.00)	221.920	1695.50 (1487.30)	5.000	239.80 (210.40) T
3261	Muscle grafting to mastoid cavity without tympanoplasty	04.00		180.000	1375.20 (1206.30)	144.000	1100.20 (965.10)	5.000	239.80 (210.40) T
3263	Autogenous bone graft to mastoid cavity	04.00		180.000	1375.20 (1206.30)	144.000	1100.20 (965.10)	5.000	239.80 (210.40) T
3264	Tympanomastoidectomy	04.00		375.000	2865.00 (2513.20)	300.000	2292.00 (2010.50)	5.000	239.80 (210.40) T
3265	Reconstruction of posterior canal wall, following radical mastoid	04.00		320.000	2444.80 (2144.60)	256.000	1955.80 (1715.60)	5.000	239.80 (210.40) T
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	04.00		30.000	229.20 (201.10)	30.000	229.20 (201.10)	5.000	239.80 (210.40) T
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	04.00		9.000	68.80 (60.40)	9.000	68.80 (60.40)	4.000	191.80 (168.20) T
3224	Electroneurography (ENOG)	04.00		75.000	573.00 (502.60)	75.000	573.00 (502.60)	4.000	191.80 (168.20) T
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	04.00		297.000	2269.10 (1990.40)	237.600	1815.30 (1592.40)	5.000	239.80 (210.40) T
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	04.00		436.000	3331.00 (2921.90)	348.800	2664.80 (2337.50)	5.000	239.80 (210.40) T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	04.00		436.000	3331.00 (2921.90)	348.800	2664.80 (2337.50)	5.000	239.80 (210.40) T
3232	Exploration of facial nerve: Facio-assessory 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

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	04.00		50.000	382.00 (335.10)				
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	04.00		88.000	672.30 (589.70)				
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	04.00		60.000	458.40 (402.10)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	04.00		105.000	802.20 (703.70)				
2695	Audiology 40Hz response: Unilateral	04.00		30.000	229.20 (201.10)				
2696	Audiology 40Hz response: Bilateral	04.00		53.000	404.90 (355.20)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	04.00		30.000	229.20 (201.10)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	04.00		53.000	404.90 (355.20)				
2699	Electro-cochleography: Unilateral	04.00		50.000	382.00 (335.10)				
2700	Electro-cochleography: Bilateral	04.00		88.000	672.30 (589.70)				
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	04.00		140.000	1069.60 (938.20)				
3248	Otoacoustic emission performed as a screening test	05.03		33.240	254.00 (222.80) Z	33.240	254.00 (222.80) Z	4.000	191.80 (168.20) T
3250	Otoacoustic emission (high risk patients only)	04.00		66.480	507.90 (445.50)	66.480	507.90 (445.50)		
3273	Pure tone audiometry (air conduction)	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3274	Pure tone audiometry (bone conduction with masking)	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3275	Impedance audiometry (tympanometry)	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	06.04		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
17.5.2	Inner ear: Balance tests	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3251	Minimal caloric test (excluding consultation fee)	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
3252	Bithermal Halpike caloric test (excluding consultation fee)	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)		
3253	Electro-nystagmography for spontaneous and positional nystagmus	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)		
3254	Video nystagmography (monocular)	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)		
3255	Caloric test done with electronystagmography	04.00		70.000	534.80 (469.10)	70.000	534.80 (469.10)		

Code	Description	Ver	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
			RVU	Fee	RVU	Fee	RVU	Fee
3256	Video nystagmoscopy (binocular)	04.00	50.000	382.00 (335.10)	50.000	382.00 (335.10)		
3258	Otolith repositioning manoeuvre	04.00	14.000	107.00 (93.90)	14.000	107.00 (93.90)	4.000	191.80 (168.20) T
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	04.00	71.480	546.10 (479.00) Z	71.480	546.10 (479.00) Z		
17.5.3	Inner ear surgery							
3233	Labyrinthectomy via the middle ear or mastoid	04.00	277.000	2116.30 (1856.40)	221.600	1693.00 (1485.10)	5.000	239.80 (210.40) T
3240	Endolymphatic sac surgery	04.00	277.000	2116.30 (1856.40)	221.600	1693.00 (1485.10)	4.000	191.80 (168.20) T
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	04.00	310.000	2368.40 (2077.50)	248.000	1894.70 (1662.00)	5.000	239.80 (210.40) T
3246	Cochlear implant surgery	04.00	340.500	2601.40 (2281.90)	272.400	2081.10 (1825.50)	5.000	239.80 (210.40) T
17.6	Microsurgery of the skull base							
17.6.1	Microsurgery of the skull base: Middle fossa approach (i.e. transtemporal or supralabyrinthine)							
3229	Facial nerve: Exploration of the labyrinthine segment	04.00	420.000	3208.80 (2814.70)	336.000	2567.00 (2251.80)	5.000	239.80 (210.40) T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	06.04	510.000	3896.40 (3417.90)	408.000	3117.10 (2734.30)	11.000	527.50 (462.70) T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	06.04	620.000	4736.80 (4155.10)	496.000	3789.40 (3324.00)	11.000	527.50 (462.70) T
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	04.00	530.000	4049.20 (3551.90)	424.000	3239.40 (2841.60)	11.000	527.50 (462.70) T
5224	Removal of acoustic neuroma via the middle fossa approach	04.00	660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	11.000	527.50 (462.70) T
17.6.2	Microsurgery of the skull base: Translabyrinthine approach							
3239	Acoustic neuroma removal translabyrinthine	04.00	660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	11.000	527.50 (462.70) T
5227	Cochleo-vestibular neurectomy	04.00	660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	5.000	239.80 (210.40) T
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	04.00	530.000	4049.20 (3551.90)	424.000	3239.40 (2841.60)	11.000	527.50 (462.70) T
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontine angle							
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	06.04	660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	11.000	527.50 (462.70) T
17.6.4	Microsurgery of the skull base: Intradural fossa approach type A							
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	04.00	660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	11.000	527.50 (462.70) T
17.6.5	Microsurgery of the skull base: Intradural fossa approach type B							
5238	Removal of tumour of the petrous apex	04.00	710.000	5424.40 (4758.20)	568.000	4339.50 (3806.60)	11.000	527.50 (462.70) T
		04.00	620.000	4736.80 (4155.10)	496.000	3789.40 (3324.00)	11.000	527.50 (462.70) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5239	Removal of tumour of the clivus	04.00		620.000	4736.80 (4155.10)	496.000	3789.40 (3324.00)	11.000	527.50 (462.70) T
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	04.00		520.000	3972.80 (3484.90)	416.000	3178.20 (2787.90)	8.000	383.60 (336.50) T
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	04.00		520.000	3972.80 (3484.90)	416.000	3178.20 (2787.90)	11.000	527.50 (462.70) T
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	04.00		600.000	4584.00 (4021.10)	480.000	3667.20 (3216.80)	11.000	527.50 (462.70) T
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	11.000	527.50 (462.70) T
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	04.00		520.000	3972.80 (3484.90)	416.000	3178.20 (2787.90)	11.000	527.50 (462.70) T
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	04.00		600.000	4584.00 (4021.10)	480.000	3667.20 (3216.80)	8.000	383.60 (336.50) T
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	04.00		660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	8.000	383.60 (336.50) T
18	Physical Treatment								
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	04.00	+	0.750	5.73 (5.03)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	04.00		13.500	103.10 (90.40)				
3281	Ultrasonic therapy	04.00		10.000	76.40 (67.00)				
3282	Shortwave diathermy	04.00		10.000	76.40 (67.00)				
3284	Sensory nerve conduction studies	04.00		31.000	236.80 (207.70)				
3285	Motor nerve conduction studies	04.00		26.000	198.60 (174.20)				
3287	Spinal joint and ligament injection	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)		
3288	Epidural injection	04.00		36.000	275.00 (241.20)				
3289	Multiple injections: First joint	04.00		7.500	57.30 (50.30)				
3290	Multiple injections: Each additional joint	04.00		4.500	34.40 (30.20)				
3291	Tendon or ligament injection	04.00		9.000	68.80 (60.40)				
3292	Aspiration of joint or inter-articular injection	04.00		9.000	68.80 (60.40)				
3293	Aspiration or injection of bursa or ganglion	04.00		9.000	68.80 (60.40)				
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	06.05		20.000	152.80 (134.00)				
3295	Paravertebral root block: Unilateral	04.00		20.000	152.80 (134.00)				

Code	Description	Ver	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology		
			RVU	Fee	RVU	Fee	RVU	Fee	
3296	Paravertebral root block: Bilateral	04.00	30.000	229.20 (201.10)					
3297	Manipulation of spine performed by a specialist in Physical Medicine	04.00	14.000	107.00 (93.90)					
3298	Spinal traction	04.00	6.000	45.80 (40.20)					
3299	Manipulation of large joints: Under general anaesthesia	04.00	14.000	107.00 (93.90)					
3299a	Manipulation of large joints: Under general anaesthesia	05.01	14.000	107.00 (93.90)			3.000	143.90 (126.20) T	
3300	Manipulation of large joints: Without anaesthetic	04.00		- F				191.80 (168.20) T	
3301	Muscle fatigue studies	04.00	20.000	152.80 (134.00)					
3302	Strength duration curve per session	04.00	10.500	80.20 (70.40)					
3303	Electrocardiography	04.00	75.000	573.00 (502.60)					
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	04.00	10.000	76.40 (67.00)	10.000	76.40 (67.00)			
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT									
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged.								04.00
19	Radiology								
Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values									
RULES GOVERNING THE SECTION RADIOLOGY									
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								04.00
Z.	No fee is subject to more than one reduction								
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								04.00
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners.								04.00
A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025")									
MODIFIERS GOVERNING THE SECTION									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								04.00
0080	Multiple examinations: Full Fee								
0081	Repeat examinations: No reduction								
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction								04.00
0083	A reduction of 33.33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								04.00
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								04.00
19.1	Skeleton								
19.1.1	Skeleton: Limbs								
3305	Finger, toe	04.00					6.300	68.20 (59.80)	

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3309	Smith-Petersen or equivalent control, in theatre	04.00				38.700	418.90 (367.50)		
3311	Stress studies, e.g. joint	04.00				7.700	83.30 (73.10)		
3313	Full length study, both legs	04.00				15.500	167.80 (147.20)		
3315	Skeletal survey under 5 years	04.00				19.900	215.40 (188.90)		
3317	Skeletal survey over 5 years	04.00				28.000	303.00 (265.80)		
3319	Arthrography per joint	04.00				15.400	166.70 (146.20)		
3320	Introduction of contrast medium or air; ADD	04.00	+			13.800	149.40 (131.10)		
6500	Hand	04.00				7.700	83.30 (73.10)		
6501	Wrist (specify region)	04.00				7.700	83.30 (73.10)		
6503	Scaphoid	04.00				7.700	83.30 (73.10)		
6504	Radius and ulna	04.00				7.700	83.30 (73.10)		
6505	Elbow	04.00				7.700	83.30 (73.10)		
6506	Humerus	04.00				7.700	83.30 (73.10)		
6507	Shoulder	04.00				7.700	83.30 (73.10)		
6508	Acromio-Clavicular joint	04.00				7.700	83.30 (73.10)		
6509	Clavicle	04.00				7.700	83.30 (73.10)		
6510	Scapula	04.00				7.700	83.30 (73.10)		
6511	Foot	04.00				7.700	83.30 (73.10)		
6512	Ankle	04.00				7.700	83.30 (73.10)		
6513	Calcaneus	04.00				7.700	83.30 (73.10)		
6514	Tibia and fibula	04.00				7.700	83.30 (73.10)		
6515	Knee	04.00				7.700	83.30 (73.10)		
6516	Patella	04.00				7.700	83.30 (73.10)		
6517	Femur	04.00				7.700	83.30 (73.10)		
6518	Hip	04.00				7.700	83.30 (73.10)		
6519	Sesamoid Bone	04.00				7.700	83.30 (73.10)		
19.1.2	Skeleton: Spinal column	04.00				7.700	83.30 (73.10)		
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	04.00				11.000	119.10 (104.50)		
3325	Stress studies	04.00				11.000	119.10 (104.50)		
3329	Scoliosis studies	04.00				21.000	227.30 (199.40)		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	04.00				11.000	119.10 (104.50)		
3333	Myelography: Lumbar	04.00				28.900	312.80 (274.40)	4.000	191.80 (168.20)T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3334	Myelography: Thoracic	04.00				22.200	240.30 (210.80) T	4.000	191.80 (168.20) T
3335	Myelography: Cervical	04.00				35.500	384.20 (337.00)	4.000	191.80 (168.20) T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	04.00						4.000	191.80 (168.20) T
3344	Introduction of contrast medium	04.00	+			18.700	202.40 (177.50)		191.80 (168.20) T
3345	Discography	04.00				34.600	374.50 (328.50)	4.000	191.80 (168.20) T
3347	Introduction of contrast medium per disc level: ADD	04.00	+			28.200	305.20 (267.70)		
19.1.3	Skeleton: Skull								
3349	Skull studies	04.00				15.700	169.90 (149.00)		
3351	Paranasal sinuses	04.00				11.000	119.10 (104.50)		
3353	Facial bones and/or orbits	04.00				12.600	136.40 (119.60)		
3355	Mandible	04.00				9.400	101.70 (89.20)		
3357	Nasal bone	04.00				7.800	84.40 (74.00)		
3359	Mastoid: Bilateral	04.00				18.000	194.80 (170.90)		
3361	Teeth: One quadrant	04.00				3.700	40.00 (35.10)		
3363	Teeth: Two quadrants	04.00				6.300	68.20 (59.80)		
3365	Teeth: Full mouth	04.00				11.000	119.10 (104.50)		
3366	Teeth: Rotation tomography of the teeth and jaws	04.00				13.300	143.90 (126.20)		
3367	Teeth: Tempero-mandibular joints: Per side	04.00				11.000	119.10 (104.50)		
3369	Teeth: Tomography: Per side	04.00				11.000	119.10 (104.50)		
3371	Localisation of foreign body in the eye	04.00				15.700	169.90 (149.00)		
3381	Ventriculography	04.00				27.300	295.50 (259.20)	4.000	191.80 (168.20) T
3385	Post-nasal studies: Lateral neck	04.00				6.300	68.20 (59.80)		
3387	Maxillo-facial cephalometry	04.00				8.800	95.20 (83.50)		
3389	Dacrycystography	04.00				11.000	119.10 (104.50)	4.000	191.80 (168.20) T
3391	For introduction of contrast medium: ADD	04.00	+			11.000	119.10 (104.50)		