| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 0447 | Fracture (reduction under general anaesthetic): Other: Simple | 04.00 | | 26.000 | 202.30 (177.40) | 26.000 | 202.30 (177.40) | 3.000 | 146.50 (128.50) T |
| 0449 | Fracture (reduction under general anaesthetic): Other: Compound | 04.00 | | 52.000 | 404.60 (354.90) | 52.000 | 404.60 (354.90) | 3.000 | 146.50 (128.50) TM |
| 0451 | Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed | 04.00 | | - | - ß | - | - ß | 3.000 | 146.50 (128.50) T |
| 0452 | Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest | 04.00 | | 230.000 | 1789.40 (1569.60) | 184.000 | 1431.50 (1255.70) | 3.000 | 146.50 (128.50) TM |
| 0455 | Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical | 04.00 | | - | - ß | - | - ß | 3.000 | 146.50 (128.50) TM |
| 0456 | Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest | 04.00 | | - | - ß | - | - ß | 3.000 | 146.50 (128.50) TM |
| 0461 | Fracture (reduction under general anaesthetic): Compression fracture: Cervical | 04.00 | | - | - v | - | - v | 3.000 | 146.50 (128.50) TM |
| 0462 | Fracture (reduction under general anaesthetic): Compression fracture: Rest | 04.00 | | - | - v | - | - v | 3.000 | 146.50 (128.50) TM |
| 0463 | Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical | 04.00 | | - | - v | - | - v | 3.000 | 146.50 (128.50) TM |
| 0464 | Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest | 04.00 | | - | - v | - | - v | 3.000 | 146.50 (128.50) TM |
| **3.1.1.1** | **Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures** | | | | | | | | |
| 0465 | Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier) | 04.00 | | 288.000 | 2240.60 (1965.50) | 230.400 | 1792.50 (1572.40) | 3.000 | 146.50 (128.50) TM |
| 0473 | Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable) | 04.00 | | 43.000 | 334.50 (293.50) | 43.000 | 334.50 (293.50) | 3.000 | 146.50 (128.50) T |
| 0475 | Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna | 04.00 | | 282.000 | 2194.00 (1924.50) | 225.600 | 1755.20 (1539.60) | 3.000 | 146.50 (128.50) TM |
| 0479 | Bonegrafting or internal fixation for malunion or non-union: Other bones | 04.00 | | 154.000 | 1198.10 (1051.00) | 123.200 | 958.50 (840.80) | 3.000 | 146.50 (128.50) TM |
| **3.1.2** | **Bony operations** | | | | | | | | |
| **3.1.2.1** | **Bony operations: Bone grafting** | | | | | | | | |
| 0497 | Resection of bone or tumour with or without grafting (benign) | 04.00 | | 282.000 | 2194.00 (1924.50) | 225.600 | 1755.20 (1539.60) | 3.000 | 146.50 (128.50) TM |
| 0498 | Resection of bone or tumour with or without grafting (malignant) - does not include digits | 04.00 | | 340.000 | 2645.20 (2320.40) | 272.000 | 2116.20 (1856.30) | 3.000 | 146.50 (128.50) TM |
| 0499 | Grafts to cysts: Large bones | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) TM |
| 0501 | Grafts to cysts: Small bones | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0503 | Grafts to cysts: Cartilage graft | 04.00 | | 206.000 | 1602.70 (1405.90) | 164.800 | 1282.10 (1124.70) | 3.000 | 146.50 (128.50) TM |
| 0505 | Grafts to cysts: Inter-metacarpal bone graft | 04.00 | | 147.000 | 1143.70 (1003.20) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |

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| 0507 | Removal of autogenous bone for grafting (not subject to general modifier 0005) | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 3.000 | 146.50 (128.50) TM |
| **3.1.2.2** | **Bony operations: Acute or chronic osteomyelitis** | | | | | | | | |
| 0509 | Acute or chronic osteomyelitis: Conservative treatment | 04.00 | | - | - v | - | - v | | |
| 0511 | Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care | 04.00 | | | | | | | |
| 0512 | Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| **3.1.2.3** | **Bony operations: Osteotomy** | | | | | | | | |
| 0514 | Osteotomy: Sternum: Repair of pectus excavatum | 04.00 | | 330.000 | 2567.40 (2252.10) | 264.000 | 2053.90 (1801.70) | 3.000 | 146.50 (128.50) TM |
| 0515 | Osteotomy: Sternum: Repair of pectus carinatum | 04.00 | | 330.000 | 2567.40 (2252.10) | 264.000 | 2053.90 (1801.70) | 3.000 | 146.50 (128.50) TM |
| 0516 | Osteotomy: Pelvic | 04.00 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 3.000 | 146.50 (128.50) TM |
| 0521 | Osteotomy: Femoral: Proximal | 04.00 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 3.000 | 146.50 (128.50) TM |
| 0527 | Osteotomy: Knee region | 04.11 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 3.000 | 146.50 (128.50) TM |
| 0528 | Osteotomy: Os Calcis (Dwyer operation) | 04.00 | | 115.000 | 894.70 (784.80) | 115.000 | 894.70 (784.80) | 3.000 | 146.50 (128.50) TM |
| 0530 | Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation | 04.00 | | 120.000 | 933.60 (818.90) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0531 | Rotational osteotomy of tibia and fibula - stand alone procedure | 04.00 | | 278.900 | 2169.80 (1903.40) | 223.120 | 1735.90 (1522.70) | 3.000 | 146.50 (128.50) TM |
| 0532 | Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0533 | Osteotomy: Single metatarsal | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | 3.000 | 146.50 (128.50) TM |
| 0534 | Osteotomy: Multiple metatarsal osteotomies | 04.00 | | 150.000 | 1167.00 (1023.70) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| **3.1.2.4** | **Bony operations: Exostosis** | | | | | | | | |
| 0535 | Exostosis: Excision: Readily accessible sites | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | 3.000 | 146.50 (128.50) TM |
| 0537 | Exostosis: Excision: Less accessible sites | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) TM |
| **3.1.2.5** | **Bony operations: Biopsy** | | | | | | | | |
| 0539 | Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable) | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 4.000 | 195.30 (171.30) T |
| 0541 | Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable) | 04.00 | | 32.000 | 249.00 (218.40) | 32.000 | 249.00 (218.40) | 4.000 | 195.30 (171.30) T |
| 0543 | Biopsy: Open (modifier 0005 not applicable): Readily accessible site | 04.00 | | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | | |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 0545 | Biopsy: Open (modifier 0005 not applicable): Less accessible site | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | | |
| **3.2** | **Joints** | | | | | | | | |
| **3.2.1** | **Joints: Dislocations** | | | | | | | | |
| 0547 | Joint: Dislocation: Clavicle either end | 04.00 | | 38.000 | 295.60 (259.30) | 38.000 | 295.60 (259.30) | 3.000 | 146.50 (128.50) TM |
| 0549 | Joint: Dislocation: Shoulder | 04.00 | | 51.000 | 396.80 (348.10) | 51.000 | 396.80 (348.10) | 3.000 | 146.50 (128.50) TM |
| 0551 | Joint: Dislocation: Elbow | 04.00 | | 51.000 | 396.80 (348.10) | 51.000 | 396.80 (348.10) | 3.000 | 146.50 (128.50) TM |
| 0552 | Joint: Dislocation: Wrist | 04.00 | | 77.000 | 599.10 (525.50) | 77.000 | 599.10 (525.50) | 3.000 | 146.50 (128.50) TM |
| 0553 | Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation | 04.00 | | 130.000 | 1011.40 (887.20) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0555 | Joint: Dislocation: Lunate | 04.00 | | 77.000 | 599.10 (525.50) | 77.000 | 599.10 (525.50) | 3.000 | 146.50 (128.50) TM |
| 0556 | Joint: Dislocation: Carpo-metacarpo dislocation | 04.00 | | 51.000 | 396.80 (348.10) | 51.000 | 396.80 (348.10) | 3.000 | 146.50 (128.50) TM |
| 0557 | Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand) | 04.00 | | 26.000 | 202.30 (177.40) | 26.000 | 202.30 (177.40) | 3.000 | 146.50 (128.50) TM |
| 0559 | Joint: Dislocation: Hip | 04.00 | | 109.000 | 848.00 (743.90) | 109.000 | 848.00 (743.90) | 3.000 | 146.50 (128.50) TM |
| 0561 | Joint: Dislocation: Knee | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) TM |
| 0563 | Joint: Dislocation: Patella | 04.00 | | 32.000 | 249.00 (218.40) | 32.000 | 249.00 (218.40) | 3.000 | 146.50 (128.50) TM |
| 0565 | Joint: Dislocation: Ankle | 04.00 | | 90.000 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | 3.000 | 146.50 (128.50) TM |
| 0567 | Joint: Dislocation: Sub-Talar dislocation | 04.00 | | 90.000 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | 3.000 | 146.50 (128.50) TM |
| 0569 | Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal | 04.00 | | 77.000 | 599.10 (525.50) | 77.000 | 599.10 (525.50) | 3.000 | 146.50 (128.50) TM |
| 0571 | Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot) | 04.00 | | 14.000 | 108.90 (95.50) | 14.000 | 108.90 (95.50) | 3.000 | 146.50 (128.50) TM |
| 0573 | Joint: Dislocation: Spine with or without paralysis | 04.00 | | - | - v | - | - v | | |
| **3.2.2** | **Joints: Operations for dislocations** | | | | | | | | |
| 0578 | Operations for dislocations: Recurrent dislocation of shoulder | 04.00 | | 200.000 | 1556.00 (1364.90) | 160.000 | 1244.80 (1091.90) | 3.000 | 146.50 (128.50) TM |
| 0579 | Operations for dislocations: Recurrent dislocation of all other joints | 04.00 | | 161.000 | 1252.60 (1098.80) | 128.800 | 1002.10 (879.00) | 3.000 | 146.50 (128.50) TM |
| **3.2.3** | **Joints: Capsular operations** | | | | | | | | |
| 0582 | Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) | 04.00 | | 51.000 | 396.80 (348.10) | 51.000 | 396.80 (348.10) | 3.000 | 146.50 (128.50) TM |

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| 0583 | Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) TM |
| 0585 | Capsulectomy digital joint | 04.00 | | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | 3.000 | 146.50 (128.50) TM |
| 0586 | Multiple percutaneous capsulotomies of metacarpophalangeal joints | 04.00 | | 90.000 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | 3.000 | 146.50 (128.50) TM |
| 0587 | Release of digital joint contracture | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| **3.2.4** | **Joints: Synovectomy** | | | | | | | | |
| 0589 | Synovectomy: Digital joint | 04.00 | | 77.000 | 599.10 (525.50) | 77.000 | 599.10 (525.50) | 3.000 | 146.50 (128.50) TM |
| 0592 | Synovectomy: Large joint | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0593 | Tendon synovectomy | 04.00 | | 203.700 | 1584.80 (1390.20) | 162.960 | 1267.80 (1112.10) | 3.000 | 146.50 (128.50) TM |
| **3.2.5** | **Joints: Arthrodesis** | | | | | | | | |
| 0597 | Arthrodesis: Shoulder | 04.00 | | 224.000 | 1742.70 (1528.70) | 179.200 | 1394.20 (1223.00) | 3.000 | 146.50 (128.50) TM |
| 0598 | Arthrodesis: Elbow | 04.00 | | 180.000 | 1400.40 (1228.40) | 144.000 | 1120.30 (982.70) | 3.000 | 146.50 (128.50) TM |
| 0599 | Arthrodesis: Wrist | 04.00 | | 180.000 | 1400.40 (1228.40) | 144.000 | 1120.30 (982.70) | 3.000 | 146.50 (128.50) TM |
| 0600 | Arthrodesis: Digital joint | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0601 | Arthrodesis: Hip | 04.00 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 3.000 | 146.50 (128.50) TM |
| 0602 | Arthrodesis: Knee | 04.00 | | 180.000 | 1400.40 (1228.40) | 144.000 | 1120.30 (982.70) | 3.000 | 146.50 (128.50) TM |
| 0603 | Arthrodesis: Ankle | 04.00 | | 180.000 | 1400.40 (1228.40) | 144.000 | 1120.30 (982.70) | 3.000 | 146.50 (128.50) TM |
| 0604 | Arthrodesis: Sub-talar | 04.00 | | 130.000 | 1011.40 (887.20) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0605 | Arthrodesis: Stabilisation of foot (triple-arthrodesis) | 04.00 | | 180.000 | 1400.40 (1228.40) | 144.000 | 1120.30 (982.70) | 3.000 | 146.50 (128.50) TM |
| 0607 | Arthrodesis: Mid-tarsal wedge resection | 04.00 | | 180.000 | 1400.40 (1228.40) | 144.000 | 1120.30 (982.70) | 3.000 | 146.50 (128.50) TM |
| **3.2.6** | **Joints: Arthroplasty** | | | | | | | | |
| 0614 | Arthroplasty: Debridement large joints | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0615 | Arthroplasty: Excision medial or lateral end of clavicle | 04.00 | | 116.000 | 902.50 (791.60) | 116.000 | 902.50 (791.60) | 3.000 | 146.50 (128.50) TM |
| 0617 | Shoulder: Acromioplasty | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) TM |

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| 0619 | Shoulder: Partial replacement | 04.00 | | 277.000 | 2155.10 (1890.40) | 221.600 | 1724.00 (1512.30) | 5.000 | 244.20 (214.20) TM |
| 0620 | Shoulder: Total replacement | 04.00 | | 416.000 | 3236.50 (2839.00) | 332.800 | 2589.20 (2271.20) | 5.000 | 244.20 (214.20) TM |
| 0621 | Elbow: Excision head of radius | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) TM |
| 0622 | Elbow: Excision | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) TM |
| 0623 | Elbow: Partial replacement | 04.00 | | 188.000 | 1462.60 (1283.00) | 150.400 | 1170.10 (1026.40) | 3.000 | 146.50 (128.50) TM |
| 0624 | Elbow: Total replacement | 04.00 | | 282.000 | 2194.00 (1924.50) | 225.600 | 1755.20 (1539.60) | 3.000 | 146.50 (128.50) TM |
| 0625 | Wrist: Excision distal end of ulna | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) TM |
| 0626 | Wrist: Excision single bone | 04.00 | | 110.000 | 855.80 (750.70) | 110.000 | 855.80 (750.70) | 3.000 | 146.50 (128.50) TM |
| 0627 | Wrist: Excision proximal row | 04.00 | | 166.000 | 1291.50 (1132.90) | 132.800 | 1033.20 (906.30) | 3.000 | 146.50 (128.50) TM |
| 0631 | Wrist: Total replacement | 04.00 | | 249.000 | 1937.20 (1699.30) | 199.200 | 1549.80 (1359.50) | 3.000 | 146.50 (128.50) TM |
| 0635 | Digital Joint: Total replacement | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) TM |
| 0637 | Hip: Total replacement | 04.00 | | 416.000 | 3236.50 (2839.00) | 332.800 | 2589.20 (2271.20) | 3.000 | 146.50 (128.50) TM |
| 0641 | Hip: Prosthetic replacement of femoral head | 04.00 | | 288.000 | 2240.60 (1965.50) | 230.400 | 1792.50 (1572.40) | 3.000 | 146.50 (128.50) TM |
| 0643 | Hip: Girdlestone | 04.00 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 3.000 | 146.50 (128.50) TM |
| 0645 | Knee: Partial replacement | 04.00 | | 277.000 | 2155.10 (1890.40) | 221.600 | 1724.00 (1512.30) | 3.000 | 146.50 (128.50) TM |
| 0646 | Knee: Total replacement | 04.00 | | 416.000 | 3236.50 (2839.00) | 332.800 | 2589.20 (2271.20) | 3.000 | 146.50 (128.50) TM |
| 0649 | Ankle: Total replacement | 04.00 | | 290.400 | 2259.30 (1981.90) | 232.320 | 1807.40 (1585.50) | 3.000 | 146.50 (128.50) TM |
| 0650 | Ankle: Astragalectomy | 04.00 | | 154.000 | 1198.10 (1051.00) | 123.200 | 958.50 (840.80) | 3.000 | 146.50 (128.50) TM |
| **3.2.7** | **Joints: Miscellaneous (joints)** | | | | | | | | |
| 0661 | Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable) | 04.00 | | 9.000 | 70.00 (61.40) | 9.000 | 70.00 (61.40) | 3.000 | 146.50 (128.50) T |
| 0663 | Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint | 04.00 | | 7.500 | 58.40 (51.20) | 7.500 | 58.40 (51.20) | 3.000 | 146.50 (128.50) T |
| 0665 | Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each) | 04.00 | | 4.000 | 31.10 (27.30) | 4.000 | 31.10 (27.30) | 3.000 | 146.50 (128.50) T |
| 0667 | Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable) | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | 3.000 | 146.50 (128.50) T |

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| 0669 | Manipulation knee or shoulder joint under general anaesthetic (not including after-care) (modifier 0005 not applicable) | 09.01 | | 14.000 | 108.90 (95.50) | 14.000 | 108.90 (95.50) | 3.000 | 146.50 (128.50) T |
| 0669A | Manipulation hip joint under general anaesthetic (not including after-care) (modifier 0005 not applicable) | 09.01 | | 14.000 | 108.90 (95.50) | 14.000 | 108.90 (95.50) | 4.000 | 195.30 (171.30) T |
| | Only the consultation fee should be charged when manipulation of a large joint is performed without general anaesthetic | 09.01 | | | | | | | |
| 0673 | Meniscectomy or operation for other internal derangement of knee | 04.00 | | 109.000 | 848.00 (743.90) | 109.000 | 848.00 (743.90) | 3.000 | 146.50 (128.50) TM |
| **3.2.8** | **Joints: Joint ligament reconstruction or suture** | | | | | | | | |
| 0675 | Joint ligament reconstruction or suture: Ankle: Collateral | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0677 | Joint ligament reconstruction or suture: Knee: Collateral | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0678 | Joint ligament reconstruction or suture: Knee: Cruciate | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0679 | Joint ligament reconstruction or suture: Ligament augmentation procedure of knee | 04.00 | | 280.000 | 2178.40 (1910.90) | 224.000 | 1742.70 (1528.70) | 3.000 | 146.50 (128.50) TM |
| 0680 | Joint ligament reconstruction or suture: Digital joint ligament | 04.00 | | 165.000 | 1283.70 (1126.10) | 132.000 | 1027.00 (900.80) | 3.000 | 146.50 (128.50) TM |
| **3.3** | **Amputations** | | | | | | | | |
| **3.3.1** | **Amputations: Specific Amputations** | | | | | | | | |
| 0682 | Amputation: Fore-quarter amputation | 04.00 | | 294.000 | 2287.30 (2006.40) | 235.200 | 1829.90 (1605.10) | 9.000 | 439.50 (385.50) TM |
| 0683 | Amputation: Through shoulder | 04.00 | | 148.000 | 1151.40 (1010.00) | 120.000 | 933.60 (818.90) | 5.000 | 244.20 (214.20) TM |
| 0685 | Amputation: Upper arm or fore-arm | 04.00 | | 116.000 | 902.50 (791.60) | 116.000 | 902.50 (791.60) | 3.000 | 146.50 (128.50) TM |
| 0687 | Partial amputation of the hand: One ray | 04.00 | | 102.000 | 793.60 (696.10) | 102.000 | 793.60 (696.10) | 3.000 | 146.50 (128.50) TM |
| 0691 | Amputation: Whole or part of finger | 06.04 | | 116.800 | 908.70 (797.10) | 116.800 | 908.70 (797.10) | 3.000 | 146.50 (128.50) TM |
| 0693 | Hindquarter amputation | 04.00 | | 420.000 | 3267.60 (2866.30) | 336.000 | 2614.10 (2293.10) | 6.000 | 293.00 (257.00) TM |
| 0695 | Amputation: Through hip joint region | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 6.000 | 293.00 (257.00) TM |
| 0697 | Amputation: Through thigh | 04.00 | | 205.000 | 1594.90 (1399.00) | 164.000 | 1275.90 (1119.20) | 6.000 | 293.00 (257.00) TM |
| 0699 | Amputation: Below knee, through knee or Syme | 04.00 | | 194.000 | 1509.30 (1324.00) | 155.200 | 1207.50 (1059.20) | 5.000 | 244.20 (214.20) TM |
| 0701 | Amputation: Trans-metatarsal or trans-tarsal | 04.00 | | 142.000 | 1104.80 (969.10) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0703 | Amputation: Foot: One ray | 04.00 | | 97.000 | 754.70 (662.00) | 97.000 | 754.70 (662.00) | 3.000 | 146.50 (128.50) TM |
| 0705 | Amputation: Toe | 04.00 | | 66.000 | 513.50 (450.40) | 66.000 | 513.50 (450.40) | 3.000 | 146.50 (128.50) TM |

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| **3.3.2** | **Amputations: Post-amputation reconstruction** | | | | | | | | |
| 0706 | Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler | 04.00 | | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) | 3.000 | 146.50 (128.50) TM |
| 0707 | Post-amputation reconstruction: Krukenberg reconstruction | 04.00 | | 206.000 | 1602.70 (1405.90) | 164.800 | 1282.10 (1124.70) | 3.000 | 146.50 (128.50) TM |
| 0709 | Post-amputation reconstruction: Metacarpal transfer | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) TM |
| 0711 | Post-amputation reconstruction: Pollicisation of the finger (to include all stages) | 04.00 | | 282.000 | 2194.00 (1924.50) | 225.600 | 1755.20 (1539.60) | 3.000 | 146.50 (128.50) TM |
| 0712 | Post-amputation reconstruction: Toe to thumb transfer | 04.00 | | 800.000 | 6224.00 (5459.60) | 640.000 | 4979.20 (4367.70) | 3.000 | 146.50 (128.50) TM |
| **3.4** | **Muscles, tendons and fasciae** | | | | | | | | |
| **3.4.1** | **Muscles, tendons and fasciae: Investigations** | | | | | | | | |
| 0713 | Electromyography | 04.00 | | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) | 3.000 | 146.50 (128.50) T |
| 0714 | Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730) | 06.04 | | 57.000 | 443.50 (389.00) | 57.000 | 443.50 (389.00) | 3.000 | 146.50 (128.50) T |
| 0715 | Strength duration curve per session | 04.00 | | 10.500 | 81.70 (71.70) | 10.500 | 81.70 (71.70) | 3.000 | 146.50 (128.50) T |
| 0717 | Electrical examination of single nerve or muscle | 04.00 | | 9.000 | 70.00 (61.40) | 9.000 | 70.00 (61.40) | 3.000 | 146.50 (128.50) T |
| 0718 | Oxidative study for mitochondrial function | 04.00 | | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | | |
| 0721 | Voltage integration during isometric contraction | 04.00 | | 12.000 | 93.40 (81.90) | 12.000 | 93.40 (81.90) | 3.000 | 146.50 (128.50) T |
| 0723 | Tonometry with edrophonium | 04.00 | | 8.000 | 62.20 (54.60) | 8.000 | 62.20 (54.60) | 3.000 | 146.50 (128.50) T |
| 0725 | Isometric tension studies with edrophonium | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | 3.000 | 146.50 (128.50) T |
| 0727 | Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral | 04.00 | | 8.000 | 62.20 (54.60) | 8.000 | 62.20 (54.60) | 3.000 | 146.50 (128.50) T |
| 0728 | Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral | 04.00 | | 14.000 | 108.90 (95.50) | 14.000 | 108.90 (95.50) | 3.000 | 146.50 (128.50) T |
| 0729 | Tendon reflex time | 04.00 | | 7.000 | 54.50 (47.80) | 7.000 | 54.50 (47.80) | 3.000 | 146.50 (128.50) T |
| 0730 | Limb brain somatosensory studies (per limb) | 04.00 | | 49.000 | 381.20 (334.40) | 49.000 | 381.20 (334.40) | | |
| 0731 | Vision and audio-sensory studies | 04.00 | | 49.000 | 381.20 (334.40) | 49.000 | 381.20 (334.40) | | |
| 0733 | Motor nerve conduction studies (single nerve) | 04.00 | | 26.000 | 202.30 (177.40) | 26.000 | 202.30 (177.40) | | |
| 0735 | Examinations of sensory nerve conduction by sweep averages (single nerve) | 04.00 | | 31.000 | 241.20 (211.60) | 31.000 | 241.20 (211.60) | 3.000 | 146.50 (128.50) T |

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| 0737 | Biopsy for motor nerve terminals and end plates | 04.00 | | 20.000 | 155.60 (136.50) | 20.000 | 155.60 (136.50) | 3.000 | 146.50 (128.50) T |
| 0739 | Combined muscle biopsy with end plates and nerve terminal biopsy | 04.00 | | 34.000 | 264.50 (232.00) | 34.000 | 264.50 (232.00) | 8.000 | 390.60 (342.70) T |
| 0740 | Muscle fatigue studies | 04.00 | | 20.000 | 155.60 (136.50) | 20.000 | 155.60 (136.50) | 3.000 | 146.50 (128.50) T |
| 0741 | Muscle biopsy | 04.00 | | 20.000 | 155.60 (136.50) | 20.000 | 155.60 (136.50) | 8.000 | 390.60 (342.70) T |
| 0742 | Global fee for all muscle studies, including histochemical studies | 04.00 | | 262.000 | 2038.40 (1788.00) | | | | |
| 4701 | Biochemical estimations on muscle biopsy specimens: Creatine kinase | 04.00 | | 20.250 | 157.50 (138.20) | | | | |
| 4703 | Biochemical estimations on muscle biopsy specimens: Adenylate kinase | 04.00 | | 33.300 | 259.10 (227.30) | | | | |
| 4705 | Biochemical estimations on muscle biopsy specimens: Pyruvate kinase | 04.00 | | 5.700 | 44.30 (38.90) | | | | |
| 4707 | Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase | 04.00 | | 1.600 | 12.40 (10.90) | | | | |
| 4709 | Biochemical estimations on muscle biopsy specimens: Adenylate deaminase | 04.00 | | 9.900 | 77.00 (67.60) | | | | |
| 4711 | Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase | 04.00 | | 13.700 | 106.60 (93.50) | | | | |
| 4713 | Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase | 04.00 | | 25.900 | 201.50 (176.80) | | | | |
| 4715 | Biochemical estimations on muscle biopsy specimens: Enolase | 04.00 | | 32.700 | 254.40 (223.20) | | | | |
| 4717 | Biochemical estimations on muscle biopsy specimens: Phosphofructokinase | 04.00 | | 37.700 | 293.30 (257.30) | | | | |
| 4719 | Biochemical estimations on muscle biopsy specimens: Aldolase | 04.00 | | 15.750 | 122.50 (107.50) | | | | |
| 4721 | Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase | 04.00 | | 11.060 | 86.00 (75.50) | | | | |
| 4723 | Biochemical estimations on muscle biopsy specimens: Phosphorylase | 04.00 | | 34.700 | 270.00 (236.80) | | | | |
| 4725 | Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase | 04.00 | | 40.300 | 313.50 (275.00) | | | | |
| 4727 | Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase | 04.00 | | 28.800 | 224.10 (196.50) | | | | |
| 4729 | Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study | 04.00 | | 43.000 | 334.50 (293.50) | | | | |
| 4731 | Biochemical estimations on muscle biopsy specimens: H-response study (per nerve) | 04.00 | | 14.000 | 108.90 (95.50) | | | | |
| 4733 | Biochemical estimations on muscle biopsy specimens: Late response study (per nerve) | 04.00 | | 20.000 | 155.60 (136.50) | | | | |
| 4735 | Biochemical estimations on muscle biopsy specimens: Single fibre studies | 04.00 | | 71.000 | 552.40 (484.50) | | | | |
| 4737 | Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine) | 04.00 | | 69.000 | 536.80 (470.90) | | | | |

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| 4739 | Biochemical estimations on muscle biopsy specimens: Dystrophin estimation | 04.00 | | 82.000 | 638.00 (559.60) | | | | |
| 4744 | Biochemical estimations on muscle biopsy specimens: Tension/caffeine/halothane procedure in malignant hyperthermia | 04.00 | | 143.000 | 1112.50 (975.90) | | | | |
| 4745 | Biochemical estimations on muscle biopsy specimens: Electron microscopy | 04.00 | | 75.000 | 583.50 (511.80) | | | | |
| **3.4.2** | **Muscles, tendons and fasciae: Decompression Operations** | | | | | | | | |
| 0743 | Major compartmental decompression | 04.00 | | 132.000 | 1027.00 (900.80) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0744 | Decompression operation: Fasciotomy only | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | 3.000 | 146.50 (128.50) T |
| **3.4.3** | **Muscles, tendons and fasciae: Muscle and tendon repair** | | | | | | | | |
| 0745 | Muscle and tendon repair: Biceps humeri | 04.00 | | 109.000 | 848.00 (743.90) | 109.000 | 848.00 (743.90) | 3.000 | 146.50 (128.50) T |
| 0746 | Muscle and tendon repair: Removal of calcification in Rotator cuff | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) TM |
| 0747 | Muscle and tendon repair: Rotator cuff | 04.00 | | 134.000 | 1042.50 (914.50) | 120.000 | 933.60 (818.90) | 4.000 | 195.30 (171.30) T |
| 0748 | Muscle and tendon repair: Debridement rotator cuff | 04.00 | | 139.700 | 1086.90 (953.40) | 120.000 | 933.60 (818.90) | 4.000 | 195.30 (171.30) T |
| 0749 | Muscle and tendon repair: Scapulopexy - stand alone procedure | 04.00 | | 271.900 | 2115.40 (1855.60) | 217.520 | 1692.30 (1484.50) | 4.000 | 195.30 (171.30) T |
| 0755 | Muscle and tendon repair: Infrapatellar of quadriceps tendon | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0757 | Muscle and tendon repair: Achilles tendon repair | 04.00 | | 197.600 | 1537.30 (1348.50) | 158.080 | 1229.90 (1078.80) | 4.000 | 195.30 (171.30) T |
| 0759 | Muscle and tendon repair: Other single tendon | 04.00 | | 77.000 | 599.10 (525.50) | 77.000 | 599.10 (525.50) | 3.000 | 146.50 (128.50) T |
| 0763 | Muscle and tendon repair: Tendon or ligament injection | 04.00 | | 9.000 | 70.00 (61.40) | 9.000 | 70.00 (61.40) | 3.000 | 146.50 (128.50) T |
| 0767 | Hand: Flexor tendon suture: Primary (per tendon) | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0769 | Hand: Flexor tendon suture: Secondary (per tendon) | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) T |
| 0771 | Extensor tendon suture: Primary (per tendon) | 04.00 | | 129.700 | 1009.10 (885.10) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0773 | Extensor tendon suture: Secondary (per tendon) | 04.00 | | 80.000 | 622.40 (546.00) | 80.000 | 622.40 (546.00) | 3.000 | 146.50 (128.50) T |
| 0774 | Repair of Boutonniere deformity or Mallet finger with graft | 04.00 | | 183.700 | 1429.20 (1253.70) | 146.960 | 1143.30 (1002.90) | 3.000 | 146.50 (128.50) T |
| **3.4.4** | **Muscles, tendons and fasciae: Tendon graft** | | | | | | | | |
| 0775 | Free tendon graft | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) T |

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| 0776 | Reconstruction of pulley for flexor tendon | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 3.000 | 146.50 (128.50) T |
| 0777 | Tendon graft: Finger: Flexor | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) T |
| 0779 | Tendon graft: Finger: Extensor | 04.00 | | 122.000 | 949.20 (832.60) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0780 | Two stage flexor tendon graft using silastic rod | 04.00 | | 240.000 | 1867.20 (1637.90) | 192.000 | 1493.80 (1310.30) | 3.000 | 146.50 (128.50) T |
| **3.4.5** | **Muscles, tendons and fasciae: Tendolysis** | | | | | | | | |
| 0781 | Tendon freeing operation, except where specified elsewhere | 04.00 | | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | 3.000 | 146.50 (128.50) T |
| 0782 | Carpal tunnel syndrome | 04.00 | | 98.700 | 767.90 (673.60) | 98.700 | 767.90 (673.60) | 3.000 | 146.50 (128.50) T |
| 0783 | Tenolysis: De Quervain | 04.00 | | 38.000 | 295.60 (259.30) | 38.000 | 295.60 (259.30) | 3.000 | 146.50 (128.50) T |
| 0784 | Trigger finger | 04.00 | | 38.000 | 295.60 (259.30) | 38.000 | 295.60 (259.30) | 3.000 | 146.50 (128.50) T |
| 0785 | Flexor tendon freeing operation following free tendon graft or suture | 04.00 | | 186.800 | 1453.30 (1274.80) | 149.440 | 1162.60 (1019.90) | 3.000 | 146.50 (128.50) T |
| 0787 | Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon | 04.00 | | 180.900 | 1407.40 (1234.60) | 144.720 | 1125.90 (987.70) | 3.000 | 146.50 (128.50) T |
| 0788 | Intrinsic tendon release per finger | 04.00 | | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | 3.000 | 146.50 (128.50) T |
| 0789 | Central tendon tenotomy for Boutonniere deformity | 04.00 | | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | 3.000 | 146.50 (128.50) T |
| **3.4.6** | **Muscles, tendons and fasciae: Tenodesis** | | | | | | | | |
| 0790 | Tenodesis: Digital joint | 04.00 | | 90.000 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | 3.000 | 146.50 (128.50) T |
| **3.4.7** | **Muscles, tendons and fasciae: Muscle tendon and facia transfer** | | | | | | | | |
| 0791 | Single tendon transfer | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) T |
| 0792 | Multiple tendon transfer | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0793 | Hamstring to quadriceps transfer | 04.00 | | 141.000 | 1097.00 (962.30) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0794 | Pectoralis major or Latissimus dorsi transfer to biceps tendon | 04.00 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 5.000 | 244.20 (214.20) T |
| 0795 | Tendon transfer at elbow | 04.00 | | 116.000 | 902.50 (791.60) | 116.000 | 902.50 (791.60) | 3.000 | 146.50 (128.50) T |
| 0802 | Radial club hand repair - stand alone procedure | 04.00 | | 360.300 | 2803.10 (2458.90) | 288.240 | 2242.50 (1967.10) | 3.000 | 146.50 (128.50) T |
| 0803 | Hand tendons: Single tendon transfer (first) | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) T |

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| 0809 | Hand tendons: Substitution for intrinsic paralysis of hand | 04.00 | | 224.000 | 1742.70 (1528.70) | 179.200 | 1394.20 (1223.00) | 3.000 | 146.50 (128.50) T |
| 0811 | Hand tendons: Opponens tendon transfer (including obtaining of graft) | 04.00 | | 220.600 | 1716.30 (1505.50) | 176.480 | 1373.00 (1204.40) | 3.000 | 146.50 (128.50) T |
| **3.4.8** | **Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening** | | | | | | | | |
| 0812 | Percutaneous Tenotomy: All sites | 04.00 | | 38.000 | 295.60 (259.30) | 38.000 | 295.60 (259.30) | 3.000 | 146.50 (128.50) T |
| 0813 | Torticollis | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 5.000 | 244.20 (214.20) T |
| 0815 | Scalenotomy | 04.00 | | 132.000 | 1027.00 (900.80) | 120.000 | 933.60 (818.90) | 5.000 | 244.20 (214.20) T |
| 0817 | Scalenotomy with excision of first rib | 04.00 | | 190.000 | 1478.20 (1296.70) | 152.000 | 1182.60 (1037.30) | 3.000 | 146.50 (128.50) TM |
| 0821 | Tennis elbow | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) T |
| 0822 | Open release elbow (Mitals) - stand alone procedure | 04.00 | | 278.200 | 2164.40 (1898.60) | 222.560 | 1731.50 (1518.90) | 3.000 | 146.50 (128.50) TM |
| 0823 | Excision or slide for Volkmann's Contracture | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) T |
| 0825 | Hip: Open muscle release | 04.00 | | 116.000 | 902.50 (791.60) | 116.000 | 902.50 (791.60) | 7.000 | 341.80 (299.80) T |
| 0829 | Knee: Quadriceps plasty | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) T |
| 0831 | Knee: Open tenotomy | 04.00 | | 141.000 | 1097.00 (962.30) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) T |
| 0835 | Calf | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 4.000 | 195.30 (171.30) T |
| 0837 | Open elongation tendon Achilles | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 4.000 | 195.30 (171.30) T |
| 0838 | Percutaneous "Hoke" elongation tendo Achilles | 04.00 | | 79.300 | 617.00 (541.20) | 79.300 | 617.00 (541.20) | 4.000 | 195.30 (171.30) T |
| 0845 | Foot: Plantar fasciotomy | 04.00 | | 70.000 | 544.60 (477.70) | 70.000 | 544.60 (477.70) | 3.000 | 146.50 (128.50) T |
| 0846 | Foot: Postero-medial release for club-foot | 04.00 | | 192.000 | 1493.80 (1310.30) | 153.600 | 1195.00 (1048.30) | 3.000 | 146.50 (128.50) T |
| **3.5** | **Bursae and ganglia** | | | | | | | | |
| 0847 | Excision: Semimembranosus | 04.00 | | 90.000 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | 4.000 | 195.30 (171.30) T |
| 0849 | Excision: Prepatellar | 04.00 | | 45.000 | 350.10 (307.10) | 45.000 | 350.10 (307.10) | 3.000 | 146.50 (128.50) T |
| 0851 | Excision: Olecranon | 04.00 | | 81.800 | 636.40 (558.20) | 81.800 | 636.40 (558.20) | 3.000 | 146.50 (128.50) T |
| 0853 | Excision: Small bursa or ganglion | 04.00 | | 80.900 | 629.40 (552.10) | 80.900 | 629.40 (552.10) | 3.000 | 146.50 (128.50) T |

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| 0855 | Excision: Compound palmar ganglion or synovectomy | 04.00 | | 128.000 | 995.80 (873.50) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) T |
| 0857 | Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable) | 04.00 | | 9.000 | 70.00 (61.40) | 9.000 | 70.00 (61.40) | 3.000 | 146.50 (128.50) T |
| **3.6** | **Musculo-skeletal system: Miscellaneous** | | | | | | | | |
| **3.6.1** | **Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet** | | | | | | | | |
| 0859 | Leg equalisation and congenital hips and feet: Leg shortening | 04.00 | | 282.000 | 2194.00 (1924.50) | 225.600 | 1755.20 (1539.60) | 3.000 | 146.50 (128.50) TM |
| 0861 | Leg equalisation and congenital hips and feet: Leg lengthening | 04.00 | | 416.000 | 3236.50 (2839.00) | 332.800 | 2589.20 (2271.20) | 3.000 | 146.50 (128.50) TM |
| 0863 | Leg equalisation and congenital hips and feet: Epiphysiodesis at one level | 04.00 | | 116.000 | 902.50 (791.60) | 116.000 | 902.50 (791.60) | 3.000 | 146.50 (128.50) TM |
| 0865 | Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip | 04.00 | | 109.000 | 848.00 (743.90) | 109.000 | 848.00 (743.90) | 3.000 | 146.50 (128.50) TM |
| 0867 | Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips | 06.04 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0868 | Open reduction of congenital dislocation of the hip | 04.00 | | 186.000 | 1447.10 (1269.40) | 148.800 | 1157.70 (1015.50) | 3.000 | 146.50 (128.50) TM |
| 0869 | Subsequent plasters | 04.00 | | 32.000 | 249.00 (218.40) | 32.000 | 249.00 (218.40) | | |
| 0873 | Congenital club foot: Manipulation and plaster: One foot | 04.00 | | 26.000 | 202.30 (177.40) | 26.000 | 202.30 (177.40) | 3.000 | 146.50 (128.50) T |
| 0874 | Ponseti technique assistant (medical practitioner) | 05.03 | | 13.000 | 101.10 (88.70) Z | 13.000 | 101.10 (88.70) Z | | |
| **3.6.2** | **Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis** | | | | | | | | |
| 0883 | Removal of internal fixatives or prosthesis: Readily accessible | 04.00 | | 36.600 | 284.70 (249.80) | 36.600 | 284.70 (249.80) | 3.000 | 146.50 (128.50) |
| 0884 | Removal of internal fixatives: Less accessible | 04.00 | | 75.500 | 587.40 (515.30) | 75.500 | 587.40 (515.30) | 3.000 | 146.50 (128.50) |
| 0885 | Removal of prosthesis for infection soon after operation | 04.00 | | 128.000 | 995.80 (873.50) | 120.000 | 933.60 (818.90) | 6.000 | 293.00 (257.00) |
| 0886 | Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint | 04.00 | + | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | 6.000 | 293.00 (257.00) TM |
| **3.7** | **Plasters (exclusive of after-care)** | | | | | | | | |
| 0887 | Limb cast (excluding after-care) (modifier 0005 not applicable) | 04.00 | | 13.000 | 101.10 (88.70) ò | 13.000 | 101.10 (88.70) ò | 3.000 | 146.50 (128.50) T |
| 0889 | Spica, plaster jacket or hinged cast brace (excluding after-care) | 04.00 | | 32.000 | 249.00 (218.40) | 32.000 | 249.00 (218.40) | 4.000 | 195.30 (171.30) T |
| 0891 | Turnbuckle cast for scoliosis (excluding after-care) | 04.00 | | 51.000 | 396.80 (348.10) | 51.000 | 396.80 (348.10) | 5.000 | 244.20 (214.20) T |
| 0893 | Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care) | 04.00 | | 19.000 | 147.80 (129.70) | 19.000 | 147.80 (129.70) | 5.000 | 244.20 (214.20) T |

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|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| **3.8** | **Musculo-skeletal system: Special areas** | | | | | | | | |
| **3.8.1** | **Special areas: Foot and Ankle** | | | | | | | | |
| 0895 | Club foot: Revision club foot release - stand alone procedure | 04.00 | | 302.700 | 2355.00 (2065.80) | 242.160 | 1884.00 (1652.60) | 3.000 | 146.50 (128.50) TM |
| 0896 | Club foot: Posterior release only - stand alone procedure | 04.00 | | 159.300 | 1239.40 (1087.20) | 127.440 | 991.50 (869.70) | 3.000 | 146.50 (128.50) TM |
| 0900 | Excision tarsal coalition - stand alone procedure | 04.00 | | 141.500 | 1100.90 (965.70) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0901 | Tenotomy: Single tendon | 04.00 | | 63.300 | 492.50 (432.00) | 63.300 | 492.50 (432.00) | 3.000 | 146.50 (128.50) TM |
| 0903 | Hammer toe: One toe | 04.00 | | 99.500 | 774.10 (679.00) | 99.500 | 774.10 (679.00) | 3.000 | 146.50 (128.50) TM |
| 0905 | Filleting of toe or Ruiz-Mora procedure | 04.00 | | 99.500 | 774.10 (679.00) | 99.500 | 774.10 (679.00) | 3.000 | 146.50 (128.50) TM |
| 0906 | Arthrodesis Hallux | 04.00 | | 148.000 | 1151.40 (1010.00) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0907 | Silver bunionectomy or similar for Hallux Valgus | 04.00 | | 126.200 | 981.80 (861.30) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| | Not to be charged with item 0911 | 09.01 | | | | | | | |
| 0909 | Excision arthroplasty | 04.00 | | 145.200 | 1129.70 (990.90) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 0910 | Cheilectomy or metatarsophangeal implant Hallux | 04.00 | | 183.000 | 1423.70 (1248.90) | 146.400 | 1139.00 (999.10) | 3.000 | 146.50 (128.50) TM |
| 0911 | Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure | 04.00 | | 189.200 | 1472.00 (1291.20) | 151.360 | 1177.60 (1033.00) | 3.000 | 146.50 (128.50) TM |
| | Not to be charged with item 0907 | 09.01 | | | | | | | |
| 5730 | Hallux Valgus double osteotomy etc. | 04.00 | | 182.600 | 1420.60 (1246.20) | 146.080 | 1136.50 (996.90) | 3.000 | 146.50 (128.50) TM |
| 5731 | Distal soft tissue procedure for Hallux Valgus | 04.00 | | 173.600 | 1350.60 (1184.70) | 138.880 | 1080.50 (947.80) | 3.000 | 146.50 (128.50) TM |
| 5732 | Aitkin procedure or similar | 04.00 | | 166.800 | 1297.70 (1138.30) | 133.440 | 1038.20 (910.70) | 3.000 | 146.50 (128.50) T |
| 5734 | Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID) | 04.00 | | 91.000 | 708.00 (621.00) | 91.000 | 708.00 (621.00) | 3.000 | 146.50 (128.50) TM |
| 5735 | Repair angular deformity toe (lesser toes) | 04.00 | | 97.200 | 756.20 (663.30) | 97.200 | 756.20 (663.30) | 3.000 | 146.50 (128.50) TM |
| 5736 | Sesamoidectomy | 04.00 | | 97.800 | 760.90 (667.40) | 97.800 | 760.90 (667.40) | 3.000 | 146.50 (128.50) TM |
| 5737 | Repair major foot tendons e.g. Tib Post | 04.00 | | 147.300 | 1146.00 (1005.30) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 5738 | Repair of dislocating peroneal tendons | 04.00 | | 173.200 | 1347.50 (1182.00) | 138.560 | 1078.00 (945.60) | 3.000 | 146.50 (128.50) T |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 5739 | Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot | 04.00 | | 202.300 | 1573.90 (1380.60) | 161.840 | 1259.10 (1104.50) | 3.000 | 146.50 (128.50) TM |
| 5740 | Steindler strip - plantar fascia | 04.00 | | 97.200 | 756.20 (663.30) | 97.200 | 756.20 (663.30) | 3.000 | 146.50 (128.50) T |
| 5741 | Kelikian syndactilly (one web space) | 04.00 | | 97.200 | 756.20 (663.30) | 97.200 | 756.20 (663.30) | 3.000 | 146.50 (128.50) T |
| 5742 | Tendon transfer foot | 04.00 | | 172.000 | 1338.20 (1173.80) | 137.600 | 1070.50 (939.10) | 3.000 | 146.50 (128.50) T |
| 5743 | Capsulotomy metatarsophalangeal joints: Foot | 04.00 | | 86.800 | 675.30 (592.40) | 86.800 | 675.30 (592.40) | 3.000 | 146.50 (128.50) T |
| **3.8.2** | **Big toe (refer to section 3.8.1 for procedures on big toe)** | | | | | | | | |
| **3.8.3** | **Special areas: Reimplantations** | | | | | | | | |
| 0912 | Replantation of amputated upper limb proximal to wrist joint | 04.00 | | 730.000 | 5679.40 (4981.90) | 584.000 | 4543.50 (3985.50) | 3.000 | 146.50 (128.50) TM |
| 0913 | Replantation of thumb | 04.00 | | 670.000 | 5212.60 (4572.50) | 536.000 | 4170.10 (3658.00) | 3.000 | 146.50 (128.50) TM |
| 0914 | Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable) | 04.00 | | 580.000 | 4512.40 (3958.20) | 464.000 | 3609.90 (3166.60) | 3.000 | 146.50 (128.50) TM |
| 0915 | Replantation operation through the palm | 04.00 | | 1270.000 | 9880.60 (8667.20) | 1016.000 | 7904.50 (6933.80) | 3.000 | 146.50 (128.50) TM |
| **3.8.4** | **Special areas: Hands: (Note: Skin: See Integumentary System)** | | | | | | | | |
| 0919 | Tumours: Epidermoid cysts | 04.00 | | 35.000 | 272.30 (238.90) | 35.000 | 272.30 (238.90) | 3.000 | 146.50 (128.50) TM |
| 0920 | Tumours: Ganglion or fibroma | 04.00 | | 77.500 | 603.00 (528.90) | 77.500 | 603.00 (528.90) | 3.000 | 146.50 (128.50) TM |
| 0921 | Tumours: Nodular synovitis (Giant cell tumour of tendon sheath) | 04.00 | | 86.000 | 669.10 (586.90) | 86.000 | 669.10 (586.90) | 3.000 | 146.50 (128.50) TM |
| 0922 | Removal of foreign bodies requiring incision: Under local anaesthetic | 04.00 | | 19.000 | 147.80 (129.70) | 19.000 | 147.80 (129.70) | 3.000 | 146.50 (128.50) TM |
| 0923 | Removal of foreign bodies requiring incision: Under general or regional anaesthetic | 04.00 | | 32.000 | 249.00 (218.40) | 32.000 | 249.00 (218.40) | 3.000 | 146.50 (128.50) TM |
| 0924 | Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum | 05.01 | | 37.000 | 287.90 (252.50) | 37.000 | 287.90 (252.50) | 3.000 | 146.50 (128.50) TM |
| | Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners. | 04.00 | | | | | | | |
| 0925 | Crushed hand injuries: Subsequent dressing changes under general anaesthetic | 04.00 | | 16.000 | 124.50 (109.20) | 16.000 | 124.50 (109.20) | 3.000 | 146.50 (128.50) TM |

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| **3.8.5** | **Special areas: Spine** | | | | | | | | |
| | Please note the following with regard to section 3.8.5: Spine<br>a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together:<br>1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis.<br>2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition.<br>b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy. | | | | | | | | 04.00 |
| 0927 | Excision of one vertebral body, for a lesion within the body (no decompression) | 04.00 | | 207.000 | 1610.50 (1412.70) | 165.600 | 1288.40 (1130.10) | 3.000 | 146.50 (128.50) TM |
| 0928 | Excision of each additional vertebral segment for a lesion within the body (no decompression) | 04.00 | + | 42.000 | 326.80 (286.60) | 42.000 | 326.80 (286.60) | 3.000 | 146.50 (128.50) TM |
| 0929 | Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable) | 04.00 | | 14.000 | 108.90 (95.50) | 14.000 | 108.90 (95.50) | 5.000 | 244.20 (214.20) TM |
| 0930 | Posterior osteotomy of spine: One vertebral segment | 04.00 | | 339.000 | 2637.40 (2313.50) | 271.200 | 2109.90 (1850.80) | 3.000 | 146.50 (128.50) TM |
| 0931 | Posterior spinal fusion: One level | 04.00 | | 385.000 | 2995.30 (2627.50) | 308.000 | 2396.20 (2102.00) | 3.000 | 146.50 (128.50) TM |
| 0932 | Posterior osteotomy of spine: Each additional vertebral segment | 04.00 | + | 103.000 | 801.30 (702.90) | 103.000 | 801.30 (702.90) | 3.000 | 146.50 (128.50) TM |
| 0933 | Anterior spinal osteotomy with disc removal: One vertebral segment | 04.00 | | 315.000 | 2450.70 (2149.70) | 252.000 | 1960.60 (1719.80) | 3.000 | 146.50 (128.50) TM |
| 0936 | Anterior spinal osteotomy with disc removal: Each additional vertebral segment | 04.00 | + | 103.000 | 801.30 (702.90) | 103.000 | 801.30 (702.90) | 3.000 | 146.50 (128.50) TM |
| 0938 | Anterior fusion base of skull to C2 | 04.00 | | 449.000 | 3493.20 (3064.20) | 359.200 | 2794.60 (2451.40) | 4.000 | 195.30 (171.30) TM |
| 0939 | Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0940 | Trans-thoracic anterior exposure of the spine if done by a second surgeon | 04.00 | | 160.000 | 1244.80 (1091.90) | 128.000 | 995.80 (873.50) | 3.000 | 146.50 (128.50) TM |
| 0941 | Anterior interbody fusion: One level | 04.00 | | 360.000 | 2800.80 (2456.80) | 288.000 | 2240.60 (1965.50) | 3.000 | 146.50 (128.50) TM |
| 0942 | Anterior interbody fusion: Each additional level | 04.00 | + | 102.000 | 793.60 (696.10) | 102.000 | 793.60 (696.10) | 3.000 | 146.50 (128.50) TM |
| 0944 | Posterior fusion: Occiput to C2 | 04.00 | | 390.000 | 3034.20 (2661.60) | 312.000 | 2427.40 (2129.30) | 4.000 | 195.30 (171.30) TM |
| 0946 | Posterior spinal fusion: Each additional level | 04.00 | + | 111.000 | 863.60 (757.50) | 111.000 | 863.60 (757.50) | 3.000 | 146.50 (128.50) TM |
| 0948 | Posterior interbody lumbar fusion: One level | 04.00 | | 364.000 | 2831.90 (2484.10) | 291.200 | 2265.50 (1987.30) | 3.000 | 146.50 (128.50) TM |
| 0950 | Posterior interbody lumbar fusion: Each additional interspace | 04.00 | + | 95.000 | 739.10 (648.30) | 95.000 | 739.10 (648.30) | 3.000 | 146.50 (128.50) TM |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 0959 | Excision of coccyx | 04.00 | | 96.000 | 746.90 (655.20) | 96.000 | 746.90 (655.20) | 3.000 | 146.50 (128.50) TM |
| 0961 | Costo-transversectomy | 04.00 | | 198.000 | 1540.40 (1351.30) | 158.400 | 1232.40 (1081.00) | 3.000 | 146.50 (128.50) TM |
| 0963 | Antero-lateral decompression of spinal cord or anterior debridement | 04.00 | | 326.000 | 2536.30 (2224.80) | 260.800 | 2029.00 (1779.80) | 3.000 | 146.50 (128.50) T |
| **MODIFIER** | | | | | | | | | |
| 0061 | Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed | | | | | | | | 04.00 |
| **3.8.6** | **Special areas: Spinal deformities** | | | | | | | | |
| | Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees). | | | | | | | | 04.00 |
| 0952 | Posterior fusion for spinal deformity: Up to 6 levels | 04.00 | | 359.000 | 2793.00 (2450.00) | 287.200 | 2234.40 (1960.00) | 3.000 | 146.50 (128.50) TM |
| 0954 | Posterior fusion for spinal deformity: 7 to 12 levels | 04.00 | | 547.000 | 4255.70 (3733.00) | 437.600 | 3404.50 (2986.40) | 3.000 | 146.50 (128.50) TM |
| 0955 | Posterior fusion for spinal deformity: 13 or more levels | 04.00 | | 593.000 | 4613.50 (4047.00) | 474.400 | 3690.80 (3237.60) | 3.000 | 146.50 (128.50) TM |
| 0956 | Anterior fusion for spinal deformity: 2 or 3 levels | 04.00 | | 410.000 | 3189.80 (2798.10) | 328.000 | 2551.80 (2238.50) | 3.000 | 146.50 (128.50) TM |
| 0957 | Anterior fusion for spinal deformity: 4 to 7 levels | 04.00 | | 444.000 | 3454.30 (3030.10) | 355.200 | 2763.50 (2424.10) | 3.000 | 146.50 (128.50) TM |
| 0958 | Anterior fusion for spinal deformity: 8 or more levels | 04.00 | | 539.000 | 4193.40 (3678.40) | 431.200 | 3354.70 (2942.80) | 3.000 | 146.50 (128.50) TM |
| **MODIFIER** | | | | | | | | | |
| 0065 | Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere | | | | | | | | 04.00 |
| **3.8.7** | **Special areas: All spinal problems** | | | | | | | | |
| 0943 | Laminectomy with decompression of nerve roots and disc removal: One level | 04.00 | | 240.000 | 1867.20 (1637.90) | 192.000 | 1493.80 (1310.30) | 3.000 | 146.50 (128.50) TM |
| 0960 | Posterior non-segmental instrumentation | 04.00 | | 167.000 | 1299.30 (1139.70) | 133.600 | 1039.40 (911.80) | 5.000 | 244.20 (214.20) TM |
| 0962 | Posterior segmental instrumentation: 2 to 6 vertebrae | 04.00 | | 176.000 | 1369.30 (1201.10) | 140.800 | 1095.40 (960.90) | 5.000 | 244.20 (214.20) TM |
| 0964 | Posterior segmental instrumentation: 7 to 12 vertebrae | 04.00 | | 201.000 | 1563.80 (1371.70) | 160.800 | 1251.00 (1097.40) | 5.000 | 244.20 (214.20) TM |
| 0966 | Posterior segmental instrumentation:13 or more vertebrae | 04.00 | | 245.000 | 1906.10 (1672.00) | 196.000 | 1524.90 (1337.60) | 5.000 | 244.20 (214.20) TM |
| 0968 | Anterior instrumentation: 2 to 3 vertebrae | 04.00 | | 159.000 | 1237.00 (1085.10) | 127.200 | 989.60 (868.10) | 5.000 | 244.20 (214.20) TM |
| 0969 | Skull or skull-femoral traction including two weeks after-care | 04.00 | | 64.000 | 497.90 (436.80) | 64.000 | 497.90 (436.80) | | |
| 0970 | Anterior instrumentation: 4 to 7 vertebrae | 04.00 | | 185.000 | 1439.30 (1262.50) | 148.000 | 1151.40 (1010.00) | 5.000 | 244.20 (214.20) TM |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 0971 | Halo-splint and POP jacket including two weeks after-care | 04.00 | | 116.000 | 902.50 (791.60) | 116.000 | 902.50 (791.60) | | |
| 0972 | Anterior instrumentation: 8 or more vertebrae | 04.00 | | 206.000 | 1602.70 (1405.90) | 164.800 | 1282.10 (1124.70) | 5.000 | 244.20 (214.20) TM |
| 0974 | Additional pelvic fixation of instrumentation other than sacrum | 04.00 | | 108.000 | 840.20 (737.10) | 108.000 | 840.20 (737.10) | 5.000 | 244.20 (214.20) TM |
| 5750 | Reinsertion of instrumentation | 04.00 | | 276.000 | 2147.30 (1883.60) | 220.800 | 1717.80 (1506.90) | 6.000 | 293.00 (257.00) TM |
| 5751 | Removal of posterior non-segmental instrumentation | 04.00 | | 173.000 | 1345.90 (1180.60) | 138.400 | 1076.80 (944.50) | 6.000 | 293.00 (257.00) TM |
| 5752 | Removal of posterior segmental instrumentation | 04.00 | | 175.000 | 1361.50 (1194.30) | 140.000 | 1089.20 (955.40) | 6.000 | 293.00 (257.00) TM |
| 5753 | Removal of anterior instrumentation | 04.00 | | 204.000 | 1587.10 (1392.20) | 163.200 | 1269.70 (1113.80) | 6.000 | 293.00 (257.00) TM |
| 5755 | Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels | 04.00 | | 295.000 | 2295.10 (2013.20) | 236.000 | 1836.10 (1610.60) | 3.000 | 146.50 (128.50) TM |
| 5756 | Laminectomy with full decompression for spondylolisthesis (Gill procedure) | 04.00 | | 304.000 | 2365.10 (2074.70) | 243.200 | 1892.10 (1659.70) | 3.000 | 146.50 (128.50) TM |
| 5757 | Laminectomy for decompression without foraminotomy or diskectory more than two levels | 04.00 | | 321.000 | 2497.40 (2190.70) | 256.800 | 1997.90 (1752.50) | 3.000 | 146.50 (128.50) TM |
| 5758 | Laminectomy with decompression of nerve roots and disc removal: Each additional level | 04.00 | + | 63.000 | 490.10 (429.90) | 63.000 | 490.10 (429.90) | 3.000 | 146.50 (128.50) TM |
| 5759 | Laminectomy for decompression diskectomy, etc. revision operation | 04.00 | | 352.000 | 2738.60 (2402.20) | 281.600 | 2190.80 (1921.80) | 4.000 | 195.30 (171.30) TM |
| 5760 | Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level | 04.00 | | 301.000 | 2341.80 (2054.20) | 240.800 | 1873.40 (1643.40) | 3.000 | 146.50 (128.50) TM |
| 5761 | Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level | 04.00 | + | 68.000 | 529.00 (464.10) | 68.000 | 529.00 (464.10) | 3.000 | 146.50 (128.50) TM |
| 5763 | Anterior disc removal and spinal decompression cervical: One level | 04.00 | | 344.000 | 2676.30 (2347.60) | 275.200 | 2141.10 (1878.10) | 3.000 | 146.50 (128.50) TM |
| 5764 | Anterior disc removal and spinal decompression cervical: Each additional level | 04.00 | + | 81.000 | 630.20 (552.80) | 81.000 | 630.20 (552.80) | 3.000 | 146.50 (128.50) TM |
| 5765 | Vertebral corpectomy for spinal decompression: One level | 04.00 | | 466.000 | 3625.50 (3180.20) | 372.800 | 2900.40 (2544.20) | 3.000 | 146.50 (128.50) TM |
| 5766 | Vertebral corpectomy for spinal decompression: Each additional level | 04.00 | | 88.000 | 684.60 (600.60) | 88.000 | 684.60 (600.60) | 3.000 | 146.50 (128.50) TM |
| 5770 | Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable) | 04.00 | | 71.000 | 552.40 (484.50) | 71.000 | 552.40 (484.50) | | |
| **3.9** | **Facial bone procedures** | | | | | | | | |
| | Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 | | | | | | | | 04.00 |
| 0987 | Repair of orbital floor (blowout fracture) | 04.00 | | 184.600 | 1436.20 (1259.80) | 147.680 | 1149.00 (1007.90) | 4.000 | 195.30 (171.30) TM |
| 0988 | Genioplasty | 04.00 | | 263.000 | 2046.10 (1794.90) | 210.400 | 1636.90 (1435.90) | 4.000 | 195.30 (171.30) TM |

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|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 0989 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I | 04.00 | | 202.200 | 1573.10 (1379.90) | 161.760 | 1258.50 (1103.90) | 4.000 | 195.30 (171.30) TM |
| 0990 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II | 04.00 | | 302.000 | 2349.60 (2061.00) | 241.600 | 1879.60 (1648.80) | 4.000 | 195.30 (171.30) TM |
| 0991 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III | 04.00 | | 433.000 | 3368.70 (2955.00) | 346.400 | 2695.00 (2364.00) | 4.000 | 195.30 (171.30) TM |
| 0992 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy | 04.00 | | 970.000 | 7546.60 (6619.80) | 776.000 | 6037.30 (5295.90) | 4.000 | 195.30 (171.30) TM |
| 0993 | Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy | 04.00 | | 302.000 | 2349.60 (2061.00) | 241.600 | 1879.60 (1648.80) | 4.000 | 195.30 (171.30) TM |
| 0994 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee) | 04.00 | | 1103.000 | 8581.30 (7527.50) | 882.400 | 6865.10 (6022.00) | 4.000 | 195.30 (171.30) TM |
| 0995 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee) | 04.00 | | 1654.000 | 12868.10 (11287.80) | 1323.200 | 10294.50 (9030.30) | 4.000 | 195.30 (171.30) TM |
| 0996 | Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement | 04.00 | | - | - F | - | - F | | |
| 0997 | Mandible: Fractured nose and zygoma: Open reduction and fixation | 04.00 | | 302.000 | 2349.60 (2061.00) | 241.600 | 1879.60 (1648.80) | 3.000 | 146.50 (128.50) TM |
| 0999 | Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation | 04.00 | | 184.000 | 1431.50 (1255.70) | 147.200 | 1145.20 (1004.60) | 3.000 | 146.50 (128.50) TM |
| 1001 | Temporo-mandibular joint: Reconstruction for dysfunction | 04.00 | | 206.000 | 1602.70 (1405.90) | 164.800 | 1282.10 (1124.70) | 4.000 | 195.30 (171.30) TM |
| 1003 | Manipulation: Immobilisation and follow-up of fractured nose | 04.00 | | 35.000 | 272.30 (238.90) | 35.000 | 272.30 (238.90) | 3.000 | 146.50 (128.50) TM |
| 1005 | Nasal fracture without manipulation | 04.00 | | - | - F | - | - F | | |
| 1007 | Mandibulectomy | 04.00 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 5.000 | 244.20 (214.20) TM |
| 1009 | Maxillectomy | 04.00 | | 382.500 | 2975.90 (2610.40) | 306.000 | 2380.70 (2088.30) | 4.000 | 195.30 (171.30) TM |
| 1011 | Bone graft to mandible | 04.00 | | 206.000 | 1602.70 (1405.90) | 164.800 | 1282.10 (1124.70) | 4.000 | 195.30 (171.30) TM |
| 1012 | Adjustment of occlusion by ramisection | 04.00 | | 227.000 | 1766.10 (1549.20) | 181.600 | 1412.80 (1239.30) | 4.000 | 195.30 (171.30) TM |
| 1013 | Fracture of arch of zygoma without displacement | 04.00 | | - | - F | - | - F | | |
| 1015 | Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks) | 04.00 | | 131.000 | 1019.20 (894.00) | 120.000 | 933.60 (818.90) | 3.000 | 146.50 (128.50) TM |
| 1017 | Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks) | 04.00 | | 262.000 | 2038.40 (1788.00) | 209.600 | 1630.70 (1430.40) | 3.000 | 146.50 (128.50) TM |
| **4** | **Respiratory System** | | | | | | | | |
| **4.1** | **Nose and sinuses** | | | | | | | | |
| 1018 | Flexible nasopharyngolaryngoscope examination | 04.00 | | 51.940 | 404.10 (354.50) | 51.940 | 404.10 (354.50) | | |
| 1019 | ENT endoscopy in rooms with rigid endoscope | 04.00 | | 12.000 | 93.40 (81.90) | | | | |
| 1020 | Repair of perforated septum: Any method | 06.04 | | 141.900 | 1104.00 (968.40) | 120.000 | 933.60 (818.90) | 4.000 | 195.30 (171.30) T |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 1022 | Functional reconstruction of nasal septum | 04.00 | | 121.200 | 942.90 (827.10) | 120.000 | 933.60 (818.90) | 4.000 | 195.30 (171.30) T |
| 1024 | Insertion of silastic obturator into nasal septum perforation (excluding material) | 04.00 | | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | 4.000 | 195.30 (171.30) T |
| 1025 | Intranasal antrostomy (modifier 0005 to apply to opposite side of nose) | 06.04 | | 64.600 | 502.60 (440.90) | 64.600 | 502.60 (440.90) | 4.000 | 195.30 (171.30) T |
| 1027 | Dacrocystorhinostomy | 04.00 | | 210.000 | 1633.80 (1433.20) | 168.000 | 1307.00 (1146.50) | 5.000 | 244.20 (214.20) T |
| 1029 | Turbinectomy (modifier 0005 to apply to opposite side of nose) | 06.04 | | 62.600 | 487.00 (427.20) | 62.600 | 487.00 (427.20) | 4.000 | 195.30 (171.30) T |
| 1030 | Endoscopic turbinectomy: Laser or microdebrider | 04.00 | | 90.000 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | 5.000 | 244.20 (214.20) T |
| 1031 | Removal of single nasal polyp at rooms (at initial consultation only) | 04.00 | | 25.400 | 197.60 (173.30) | 25.400 | 197.60 (173.30) | | |
| 1033 | Removal of multiple polyps in hospital under general anaesthetic | 04.00 | | 81.800 | 636.40 (558.20) | 81.800 | 636.40 (558.20) | 4.000 | 195.30 (171.30) T |
| 1034 | Autogenous nasal bone transplant: Bone removal included | 04.00 | | 100.000 | 778.00 (682.50) | 100.000 | 778.00 (682.50) | 4.000 | 195.30 (171.30) T |
| 1035 | Functional endoscopic sinus surgery: Unilateral | 04.00 | | 140.000 | 1089.20 (955.40) | 120.000 | 933.60 (818.90) | 4.000 | 195.30 (171.30) T |
| 1036 | Functional endoscopic sinus surgery: Bilateral | 04.00 | | 245.000 | 1906.10 (1672.00) | 196.000 | 1524.90 (1337.60) | 4.000 | 195.30 (171.30) T |
| 1037 | Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic | 04.00 | | 8.000 | 62.20 (54.60) | 8.000 | 62.20 (54.60) | | |
| 1039 | Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic | 04.00 | | 35.000 | 272.30 (238.90) | 35.000 | 272.30 (238.90) | 4.000 | 195.30 (171.30) T |
| 1041 | Control severe epistaxis requiring hospitalisation: Anterior plugging | 04.00 | | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) | 6.000 | 293.00 (257.00) T |
| 1043 | Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | 6.000 | 293.00 (257.00) T |
| 1045 | Ligation anterior ethmoidal artery | 04.00 | | 135.400 | 1053.40 (924.00) | 120.000 | 933.60 (818.90) | 6.000 | 293.00 (257.00) T |
| 1047 | Caldwell-Luc operation: Unilateral | 04.00 | | 137.300 | 1068.20 (937.00) | 120.000 | 933.60 (818.90) | 4.000 | 195.30 (171.30) T |
| 1049 | Ligation internal maxillary artery | 04.00 | | 196.000 | 1524.90 (1337.60) | 156.800 | 1219.90 (1070.10) | 6.000 | 293.00 (257.00) T |
| 1050 | Vidian neurectomy (transantral or transnasal) | 04.00 | | 113.000 | 879.10 (771.20) | 113.000 | 879.10 (771.20) | 4.000 | 195.30 (171.30) T |
| 1051 | Removal nasopharyngeal fibroma | 04.00 | | 285.000 | 2217.30 (1945.00) | 228.000 | 1773.80 (1556.00) | 6.000 | 293.00 (257.00) T |
| 1052 | Instrumental examination of the nasopharynx including biopsy under general anaesthetic | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 4.000 | 195.30 (171.30) T |
| 1053 | Frontal sinus drainage, trephine operation | 04.00 | | 93.100 | 724.30 (635.40) | 93.100 | 724.30 (635.40) | 4.000 | 195.30 (171.30) T |
| 1054 | Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose) | 06.04 | | 37.300 | 290.20 (254.60) | | | | |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 1055 | External frontal ethmoidectomy | 04.00 | | 190.700 | 1483.60 (1301.40) | 152.560 | 1186.90 (1041.20) | 4.000 | 195.30 (171.30) T |
| 1057 | External ethmoidectomy and/or sphenoidectomy | 04.00 | | 199.400 | 1551.30 (1360.80) | 159.520 | 1241.10 (1088.70) | 4.000 | 195.30 (171.30) T |
| 1058 | Sublabial transseptal sphenoidotomy | 04.00 | | 137.000 | 1065.90 (935.00) | 120.000 | 933.60 (818.90) | 4.000 | 195.30 (171.30) T |
| 1059 | Frontal osteomyelitis | 04.00 | | 194.000 | 1509.30 (1324.00) | 155.200 | 1207.50 (1059.20) | 4.000 | 195.30 (171.30) T |
| 1060 | Obliteration of frontal sinus | 04.00 | | 291.100 | 2264.80 (1986.60) | 232.880 | 1811.80 (1589.30) | 4.000 | 195.30 (171.30) T |
| 1061 | Lateral rhinotomy | 04.00 | | 164.000 | 1275.90 (1119.20) | 131.200 | 1020.70 (895.40) | 4.000 | 195.30 (171.30) T |
| 1062 | Excision nasolabial cyst | 04.00 | | 186.100 | 1447.90 (1270.10) | 148.880 | 1158.30 (1016.00) | 4.000 | 195.30 (171.30) T |
| 1063 | Removal of foreign bodies from nose: At rooms | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | | |
| 1065 | Removal of foreign body from nose: Under general anaesthetic | 04.00 | | 38.600 | 300.30 (263.40) | 38.600 | 300.30 (263.40) | 4.000 | 195.30 (171.30) T |
| 1067 | Proof puncture at rooms: Unilateral | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | 4.000 | 195.30 (171.30) T |
| 1069 | Proof puncture, uni- or bilateral under general anaesthetic | 04.00 | | 35.000 | 272.30 (238.90) | 35.000 | 272.30 (238.90) | 4.000 | 195.30 (171.30) T |
| 1071 | Proetz treatment (consultation fee only to be charged for first treatment) | 04.00 | | 4.000 | 31.10 (27.30) | 4.000 | 31.10 (27.30) | | |
| 1077 | Septum abscess: At rooms, including after-care | 04.00 | | 8.000 | 62.20 (54.60) | 8.000 | 62.20 (54.60) | | |
| 1079 | Septum abscess: Under general anaesthetic | 04.00 | | 35.000 | 272.30 (238.90) | 35.000 | 272.30 (238.90) | 4.000 | 195.30 (171.30) T |
| 1081 | Oro-antral fistula (without Caldwell-Luc) | 04.00 | | 111.800 | 869.80 (763.00) | 111.800 | 869.80 (763.00) | 4.000 | 195.30 (171.30) T |
| 1083 | Choanal atresia: Intranasal approach | 04.00 | | 113.000 | 879.10 (771.20) | 113.000 | 879.10 (771.20) | 5.000 | 244.20 (214.20) T |
| 1084 | Choanal atresia: Transpalatal approach | 04.00 | | 194.000 | 1509.30 (1324.00) | 155.200 | 1207.50 (1059.20) | 7.000 | 341.80 (299.80) T |
| 1085 | Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip | 04.00 | | 350.000 | 2723.00 (2388.60) | 280.000 | 2178.40 (1910.90) | 5.000 | 244.20 (214.20) T |
| 1087 | Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction | 04.00 | | 210.000 | 1633.80 (1433.20) | 168.000 | 1307.00 (1146.50) | 5.000 | 244.20 (214.20) T |
| 1089 | Forehead rhinoplasty (all stages): Total | 04.00 | | 552.000 | 4294.60 (3767.20) | 441.600 | 3435.60 (3013.70) | 5.000 | 244.20 (214.20) T |
| 1091 | Forehead rhinoplasty (all stages): Partial | 04.00 | | 414.000 | 3220.90 (2825.40) | 331.200 | 2576.70 (2260.30) | 5.000 | 244.20 (214.20) T |
| 1093 | Forehead rhinoplasty (all stages): Rhinophyma without skin graft | 04.00 | | 138.000 | 1073.60 (941.80) | 120.000 | 933.60 (818.90) | 5.000 | 244.20 (214.20) T |
| 1095 | Full nasal reconstruction for secondary cleft lip deformity | 04.00 | | 357.900 | 2784.50 (2442.50) | 286.320 | 2227.60 (1954.00) | 5.000 | 244.20 (214.20) T |
| 1097 | Partial nasal reconstruction for cleft lip deformity | 04.00 | | 199.700 | 1553.70 (1362.90) | 159.760 | 1242.90 (1090.30) | 5.000 | 244.20 (214.20) T |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 1099 | Columella reconstruction or lengthening | 04.00 | | 138.000 | 1073.60 (941.80) | 120.000 | 933.60 (818.90) | 5.000 | 244.20 (214.20) T |
| **MODIFIERS GOVERNING NASAL OPERATIONS** | | | | | | | | | |
| 0069 | When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083 | | | | | | | | 04.00 |
| **4.2** | **Throat** | | | | | | | | |
| 1101 | Tonsillectomy (dissection of the tonsils) | 04.00 | | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) | 4.000 | 195.30 (171.30) T |
| 1102 | Laser tonsillectomy | 04.00 | | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) | 6.000 | 293.00 (257.00) T |
| 1105 | Removal of adenoids | 04.11 | | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) | 4.000 | 195.30 (171.30) T |
| 1106 | Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser) | 04.00 | | 168.300 | 1309.40 (1148.60) | 134.640 | 1047.50 (918.90) | 5.000 | 244.20 (214.20) T |
| 1107 | Opening of quinsy: At rooms | 04.00 | | 12.000 | 93.40 (81.90) | 12.000 | 93.40 (81.90) | 6.000 | 293.00 (257.00) T |
| 1108 | Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon | 04.00 | | 85.000 | 661.30 (580.10) | 85.000 | 661.30 (580.10) | 5.000 | 244.20 (214.20) T |
| 1109 | Opening of quinsy: Under general anaesthetic | 04.00 | | 35.000 | 272.30 (238.90) | 35.000 | 272.30 (238.90) | 6.000 | 293.00 (257.00) T |
| 1110 | Ludwig's Angina: Drainage | 04.00 | | 42.000 | 326.80 (286.60) | 42.000 | 326.80 (286.60) | 9.000 | 439.50 (385.50) T |
| 1111 | Post tonsillectomy or adenoidectomy haemorrhage | 04.00 | | 46.000 | 357.90 (313.90) | 46.000 | 357.90 (313.90) | 6.000 | 293.00 (257.00) T |
| 1112 | Pharyngeal pouch operation | 04.11 | | 231.800 | 1803.40 (1581.90) | 185.440 | 1442.70 (1265.50) | 5.000 | 244.20 (214.20) T |
| 1113 | Retropharyngeal abscess: Internal approach | 04.00 | | 35.000 | 272.30 (238.90) | 35.000 | 272.30 (238.90) | 6.000 | 293.00 (257.00) T |
| 1115 | Retropharyngeal abscess: External approach | 04.00 | | 85.000 | 661.30 (580.10) | 85.000 | 661.30 (580.10) | 6.000 | 293.00 (257.00) T |
| 1116 | Functional reconstruction of palate and uvula | 04.00 | | 168.300 | 1309.40 (1148.60) | 134.640 | 1047.50 (918.90) | 5.000 | 244.20 (214.20) T |
| **4.3** | **Larynx** | | | | | | | | |
| 1117 | Laryngeal intubation | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | | |
| 1118 | Laryngeal stroboscopy with video capture | 04.00 | | 39.000 | 303.40 (266.20) | 39.000 | 303.40 (266.20) | 6.000 | 293.00 (257.00) T |
| 1119 | Laryngectomy without block dissection of the neck | 04.00 | | 430.000 | 3345.40 (2934.60) | 344.000 | 2676.30 (2347.60) | 7.000 | 341.80 (299.80) T |
| 1123 | Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202) | 04.00 | | 35.000 | 272.30 (238.90) | | | | |
| 1125 | Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care) | 04.00 | | 81.100 | 631.00 (553.50) | 81.100 | 631.00 (553.50) | 6.000 | 293.00 (257.00) T |
| 1126 | Post laryngectomy for voice restoration | 04.00 | | 139.500 | 1085.30 (952.00) | 120.000 | 933.60 (818.90) | 9.000 | 439.50 (385.50) T |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 1127 | Tracheotomy | 04.00 | | 90.000 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | 9.000 | 439.50 (385.50) T |
| 1128 | Endolaryngeal operations | 04.00 | | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) | 8.000 | 390.60 (342.70) T |
| 1129 | External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure | 04.00 | | 294.400 | 2290.40 (2009.20) | 235.520 | 1832.30 (1607.30) | 8.000 | 390.60 (342.70) T |
| 1130 | Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used) | 04.00 | | 41.400 | 322.10 (282.50) | 41.400 | 322.10 (282.50) | 6.000 | 293.00 (257.00) T |
| 1131 | Direct laryngoscopy plus foreign body removal | 04.00 | | 64.600 | 502.60 (440.90) | 64.600 | 502.60 (440.90) | 6.000 | 293.00 (257.00) T |
| **MODIFIERS** | | | | | | | | | |
| 0067 | Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff) | | | | | | | | 04.00 |
| **4.4** | **Bronchial procedures** | | | | | | | | |
| | Note: Please specify on account if a biopsy was performed together with the bronchoscopy | | | | | | | | 04.00 |
| 1132 | Bronchoscopy: Diagnostic bronchoscopy | 04.00 | | 65.000 | 505.70 (443.60) | 65.000 | 505.70 (443.60) | 6.000 | 293.00 (257.00) T |
| 1133 | Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body | 04.00 | | 80.000 | 622.40 (546.00) | 80.000 | 622.40 (546.00) | 8.000 | 390.60 (342.70) T |
| 1134 | Bronchoscopy: Bronchoscopy with laser | 04.00 | | 75.000 | 583.50 (511.80) | | | 8.000 | 390.60 (342.70) T |
| 1136 | Nebulisation (in rooms) | 04.00 | | 12.000 | 93.40 (81.90) | 12.000 | 93.40 (81.90) | 12.000 | 93.40 (81.90) ç |
| 1137 | Bronchial lavage | 04.00 | | | | | | 8.000 | 390.60 (342.70) T |
| 1138 | Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause) | 04.00 | | 350.000 | 2723.00 (2388.60) | 280.000 | 2178.40 (1910.90) | 12.000 | 586.00 (514.00) T |
| **4.5** | **Pleura** | | | | | | | | |
| 1139 | Pleural needle biopsy (no after-care) (modifier 0005 not applicable) | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 3.000 | 146.50 (128.50) T |
| 1141 | Insertion of intercostal catheter (under water drainage) | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 6.000 | 293.00 (257.00) T |
| 1142 | Intra-pleural block | 04.00 | | 36.000 | 280.10 (245.70) | 36.000 | 280.10 (245.70) | 36.000 | 280.10 (245.70) ç |
| 1143 | Paracentesis chest: Diagnostic | 04.00 | | 8.000 | 62.20 (54.60) | 8.000 | 62.20 (54.60) | 3.000 | 146.50 (128.50) T |
| 1145 | Paracentesis chest: Therapeutic | 04.00 | | 13.000 | 101.10 (88.70) | 13.000 | 101.10 (88.70) | 3.000 | 146.50 (128.50) T |
| 1147 | Pneumothorax: Induction (diagnostic) | 04.00 | | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) | | |
| 1149 | Pleurectomy | 04.00 | | 250.000 | 1945.00 (1706.10) | 200.000 | 1556.00 (1364.90) | 11.000 | 537.10 (471.20) T |
| 1151 | Decortication of lung | 04.00 | | 350.000 | 2723.00 (2388.60) | 280.000 | 2178.40 (1910.90) | 11.000 | 537.10 (471.20) T |

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|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 1153 | Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.) | 04.00 | | 55.000 | 427.90 (375.40) | 55.000 | 427.90 (375.40) | 3.000 | 146.50 (128.50) 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 | 249.00 (218.40) | 32.000 | 249.00 (218.40) | 5.000 | 244.20 (214.20) T |
| 1157 | Pneumonectomy | 04.00 | | 350.000 | 2723.00 (2388.60) | 280.000 | 2178.40 (1910.90) | 11.000 | 537.10 (471.20) T |
| 1159 | Pulmonary lobectomy | 04.00 | | 389.500 | 3030.30 (2658.20) | 311.600 | 2424.20 (2126.50) | 11.000 | 537.10 (471.20) T |
| 1161 | Segmental lobectomy | 04.00 | | 365.000 | 2839.70 (2491.00) | 292.000 | 2271.80 (1992.80) | 11.000 | 537.10 (471.20) T |
| 1163 | Excision tracheal stenosis: Cervical | 04.00 | | 375.000 | 2917.50 (2559.20) | 300.000 | 2334.00 (2047.40) | 8.000 | 390.60 (342.70) T |
| 1164 | Excision tracheal stenosis: Intra thoracic | 04.00 | | 350.000 | 2723.00 (2388.60) | 280.000 | 2178.40 (1910.90) | 12.000 | 586.00 (514.00) T |
| 1167 | Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks | 04.00 | | 215.000 | 1672.70 (1467.30) | 172.000 | 1338.20 (1173.80) | 12.000 | 586.00 (514.00) T |
| 1168 | Thoracoplasty: Complete | 04.00 | | 250.000 | 1945.00 (1706.10) | 200.000 | 1556.00 (1364.90) | 11.000 | 537.10 (471.20) T |
| 1169 | Thoracoplasty: Limited (osteoplastic) | 04.00 | | 200.000 | 1556.00 (1364.90) | 160.000 | 1244.80 (1091.90) | 11.000 | 537.10 (471.20) T |
| 1171 | Drainage empyema (including six weeks after treatment) | 04.00 | | 170.000 | 1322.60 (1160.20) | 136.000 | 1058.10 (928.10) | 11.000 | 537.10 (471.20) T |
| 1173 | Drainage of lung abscess (including six weeks after treatment) | 04.00 | | 170.000 | 1322.60 (1160.20) | 136.000 | 1058.10 (928.10) | 11.000 | 537.10 (471.20) T |
| 1175 | Thoracotomy (limited): For lung or pleural biopsy | 04.00 | | 115.000 | 894.70 (784.80) | 115.000 | 894.70 (784.80) | 11.000 | 537.10 (471.20) T |
| 1177 | Major: Diagnostic, as for inoperable carcinoma | 04.00 | | 215.000 | 1672.70 (1467.30) | 172.000 | 1338.20 (1173.80) | 11.000 | 537.10 (471.20) T |
| 1179 | Thoracoscopy | 04.00 | | 89.000 | 692.40 (607.40) | 89.000 | 692.40 (607.40) | 11.000 | 537.10 (471.20) T |
| 1181 | Lung transplant: Unilateral | 04.00 | | 600.000 | 4668.00 (4094.70) | 480.000 | 3734.40 (3275.80) | 15.000 | 732.50 (642.50) T |
| 1182 | Harvesting donor lung: Unilateral | 04.00 | | 120.000 | 933.60 (818.90) | 120.000 | 933.60 (818.90) | 5.000 | 244.20 (214.20) T |
| 1183 | Excision or plication of emphysematous cyst: Unilateral | 04.00 | | 250.000 | 1945.00 (1706.10) | 200.000 | 1556.00 (1364.90) | 11.000 | 537.10 (471.20) T |
| 1184 | Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy) | 04.00 | | 438.000 | 3407.60 (2989.20) | 350.400 | 2726.10 (2391.30) | 11.000 | 537.10 (471.20) T |
| 1185 | Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence | 04.00 | | 100.000 | 778.00 (682.50) | 100.000 | 778.00 (682.50) | 11.000 | 537.10 (471.20) T |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| **4.6.2** | **Pulmonary function tests** | | | | | | | | |
| | When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units. | | | | | | | | 09.01 |
| 1186 | Flow volume test: Inspiration/expiration | 04.00 | | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) ç |
| 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 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) ç |
| 1189 | Forced expirogram only | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) ç |
| 1190 | Determination of resistance to airflow in paediatric patients, impulse oscilimetry | 04.00 | | 45.310 | 352.50 (309.20) | | | | |
| 1191 | N2 single breath distribution | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) ç |
| 1192 | Peak expiratory flow only | 04.00 | | 5.000 | 38.90 (34.10) | 5.000 | 38.90 (34.10) | 5.000 | 38.90 (34.10) ç |
| 1193 | Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method | 04.00 | | 37.760 | 293.80 (257.70) | | | | |
| 1195 | Thoracic gas volume | 04.00 | | 37.930 | 295.10 (258.90) | | | | |
| 1196 | Determination of resistance to airflow, oscillary or plethysmographic methods | 04.00 | | 45.310 | 352.50 (309.20) | | | | |
| 1197 | Compliance and resistance, using oesophageal balloon | 04.00 | | 24.000 | 186.70 (163.80) | 24.000 | 186.70 (163.80) | 24.000 | 186.70 (163.80) ç |
| 1198 | Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry | 04.00 | | 55.890 | 434.80 (381.40) | 55.890 | 434.80 (381.40) | | |
| 1199 | Pulmonary stress testing: For determination of VO2 max | 04.00 | | 96.500 | 750.80 (658.60) | 96.500 | 750.80 (658.60) | | |
| 1200 | Carbon monoxide diffusing capacity, any method | 04.00 | | 38.060 | 296.10 (259.70) | | | | |
| 1201 | Maximum inspiratory/expiratory pressure | 04.00 | | 5.000 | 38.90 (34.10) | 5.000 | 38.90 (34.10) | 5.000 | 38.90 (34.10) ç |
| **4.7** | **Intensive care** | | | | | | | | |
| **RULES GOVERNING THIS SECTION** | | | | | | | | | |
| Q. | Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management) | | | | | | | | 06.05 |
| R. | Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation) | | | | | | | | 04.00 |
| S. | Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours. | | | | | | | | 04.00 |
| T. | Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring | | | | | | | | 04.00 |

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|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| **4.7.1** | **Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures** | | | | | | | | |
| 1202 | Insertion of central venous catheter via peripheral vein in neonates | 04.00 | | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) ç |
| **4.7.2** | **Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care** | | | | | | | | |
| 1204 | Intensive care: Category 1 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day | 09.01 | | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) ç |
| | (i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit.<br>(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.<br>(iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered. | 09.01 | | | | | | | |
| 1205 | Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day | 09.01 | | 100.000 | 778.00 (682.50) | 100.000 | 778.00 (682.50) | 100.000 | 778.00 (682.50) ç |
| 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 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) ç |
| 1207 | Intensive care: Category 2(ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day | 09.01 | | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) ç |
| | Please Note:<br>(i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109<br>(ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit.<br>(ii) 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).<br>(iii) 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)<br>(iv) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered. | 09.01 | | | | | | | |
| 1208 | Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner) | 09.01 | | 137.000 | 1065.90 (935.00) | 120.000 | 933.60 (818.90) | 137.000 | 1065.90 (935.00) ç |
| 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 | 451.20 (395.80) | 58.000 | 451.20 (395.80) | 58.000 | 451.20 (395.80) ç |
| 1210 | Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner) | 09.01 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) ç |
| | Please note:<br>(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.<br>(ii) Items 1208-1210 are used for category 3 patients with multiple organ failure.<br>(iv) 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 | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| **4.7.3** | **Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures** | | | | | | | | |
| | When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units. | | | | | | | | 09.01 |
| 1211 | Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc. | 04.00 | | | | | | | |
| 1212 | Ventilation: First day | 04.00 | | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) ç |
| 1213 | Ventilation: Subsequent days, per day | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) ç |
| 1214 | Ventilation: After two weeks, per day | 04.00 | | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) ç |
| 1215 | Insertion of arterial pressure cannula | 04.00 | | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) ç |
| 1216 | Insertion of Swan Ganz catheter for haemodynamics monitoring | 04.11 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) ç |
| 1217 | Insertion of central venous line via peripheral vein | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) ç |
| 1218 | Insertion of central venous line via subclavian or jugular veins | 04.00 | | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) ç |
| 1219 | Hyperalimentation (daily tariff) | 04.00 | | 15.000 | 116.70 (102.40) | 15.000 | 116.70 (102.40) | 15.000 | 116.70 (102.40) ç |
| 1220 | Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient) | 04.00 | | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) ç |
| 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 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) ç |
| **4.8** | **Hyperbaric Oxygen Therapy** | | | | | | | | |
| | Internationally recognized scientific indications for Hyperbaric Oxygen Therapy:<br><br>a. Arterial gas embolism (traumatic or iatrogenic).<br>b. Decompression sickness ('the bends')<br>c. Carbon monoxide poisoning<br>d. Gas gangrene<br>e. Crush injuries, compartment syndromes or acute traumatic ischaemias.<br>f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union)<br>g. Necrotising soft tissue infections (e.g. necrotising fasciitis)<br>h. Refractory osteomyelitis.<br>i. Bone and soft tissue radiation necrosis.<br>j. Compromised skin grafts and flaps.<br>k. Acute thermal burns.<br>l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia).<br>m. Cerebral abscesses | | | | | | | | 04.00 |
| 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 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | | |

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| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 4820 | Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT | 05.03 | | 101.130 | 786.80 (690.20) Z | 101.130 | 786.80 (690.20) 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 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | | |
| 4821 | Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT | 05.03 | | 131.260 | 1021.20 (895.80) Z | 131.260 | 1021.20 (895.80) 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 | 622.40 (546.00) | 80.000 | 622.40 (546.00) | | |
| 4822 | Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT | 05.03 | | 131.260 | 1021.20 (895.80) Z | 131.260 | 1021.20 (895.80) 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 | 700.20 (614.20) | 90.000 | 700.20 (614.20) | | |
| 4825 | USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT | 05.03 | | 214.180 | 1666.30 (1461.70) Z | 214.180 | 1666.30 (1461.70) 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 | 1478.20 (1296.70) | 190.000 | 1478.20 (1296.70) | | |
| 4826 | USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT | 05.03 | | 386.420 | 3006.30 (2637.10) Z | 386.420 | 3006.30 (2637.10) 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 | 2544.10 (2231.60) | 327.000 | 2544.10 (2231.60) | | |
| 4827 | USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT | 05.03 | | 680.850 | 5297.00 (4646.50) Z | 680.850 | 5297.00 (4646.50) Z | | |
| 4828 | USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT | 05.03 | | 678.280 | 5277.00 (4629.00) Z | 678.280 | 5277.00 (4629.00) Z | | |
| 4829 | USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT | 05.03 | | 671.850 | 5227.00 (4585.10) Z | 671.850 | 5227.00 (4585.10) Z | | |
| 4815 | Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units | 04.00 | | | | | | | |
| | When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units. | 09.01 | | | | | | | |
| **5** | **Mediastinal Procedures** | | | | | | | | |
| 1222 | Mediastinal tumours | 04.00 | | 285.000 | 2217.30 (1945.00) | 228.000 | 1773.80 (1556.00) | 11.000 | 537.10 (471.20) T |
| 1223 | Mediastinoscopy | 04.00 | | 95.000 | 739.10 (648.30) | 95.000 | 739.10 (648.30) | 5.000 | 244.20 (214.20) T |
| 1224 | Mediastinotomy | 04.00 | | 115.000 | 894.70 (784.80) | 115.000 | 894.70 (784.80) | 11.000 | 537.10 (471.20) T |
| 1225 | Excision of malignant chest wall tumours involving sternum and multiple ribs | 04.00 | | 350.000 | 2723.00 (2388.60) | 280.000 | 2178.40 (1910.90) | 11.000 | 537.10 (471.20) T |

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|---|---|---|---|---|---|---|---|---|---|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 1226 | Removal of single rib with a lesion | 04.00 | | 282.000 | 2194.00 (1924.50) | 225.600 | 1755.20 (1539.60) | 11.000 | 537.10 (471.20) 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 | 155.60 (136.50) | 20.000 | 155.60 (136.50) | 20.000 | 155.60 (136.50) ç |
| | 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 | 35.00 (30.70) | | |
| 1229 | General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233) | 04.00 | | | | 6.500 | 50.60 (44.40) | | |
| | Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added | 04.00 | | | | | | | |
| 1230 | Physician's fee for interpreting an ECG: Without effort | 04.00 | | 6.000 | 46.70 (40.90) | | | | |
| 1231 | Physician's fee for interpreting an ECG: With and without effort | 06.04 | | 10.000 | 77.80 (68.20) | | | | |
| | A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation | 04.00 | | | | | | | |
| 1232 | Electrocardiogram: Without effort | 04.00 | | 9.000 | 70.00 (61.40) | 9.000 | 70.00 (61.40) | | |
| 1233 | Electrocardiogram: With and without effort | 06.04 | | 13.000 | 101.10 (88.70) | 13.000 | 101.10 (88.70) | | |
| 1234 | Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus | 04.00 | | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) | | |
| 1235 | Multi-stage treadmill test | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | | |
| 1236 | Electrocardiogram without effort: Under 4 years old | 06.04 | | 18.000 | 140.00 (122.80) | 18.000 | 140.00 (122.80) | | |
| 1237 | 24 Hour ambulatory blood pressure: Hire fee | 04.00 | | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | | |
| 1238 | 24 Hour ambulatory ECG monitoring (holter): Hire fee | 04.00 | | 55.000 | 427.90 (375.40) | 55.000 | 427.90 (375.40) | | |
| 1239 | 24 Hour ambulatory ECG monitoring (holter): Interpretation | 04.00 | | 27.000 | 210.10 (184.30) | 27.000 | 210.10 (184.30) | | |
| 1240 | Signal averaged electrocardiogram | 04.00 | | 80.000 | 622.40 (546.00) | 80.000 | 622.40 (546.00) | | |
| 1241 | X-ray Screening: Chest | 04.00 | | 4.000 | 31.10 (27.30) | 4.000 | 31.10 (27.30) | | |
| 1242 | X-ray screening: Prosthetic valves | 04.00 | | 10.000 | 77.80 (68.20) | 10.000 | 77.80 (68.20) | | |
| 1243 | Two week event triggered ambulatory ECG monitoring: Hire fee | 04.00 | | 55.000 | 427.90 (375.40) | 55.000 | 427.90 (375.40) | | |
| 1244 | Two week event triggered ambulatory ECG monitoring: Interpretation | 04.00 | | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) | | |
| 1245 | Angiography cerebral: First two series | 04.00 | | 34.300 | 266.90 (234.10) | 34.300 | 266.90 (234.10) | 4.000 | 195.30 (171.30) T |
| 1246 | Angiography peripheral: Per limb | 04.00 | | 25.000 | 194.50 (170.60) | 25.000 | 194.50 (170.60) | 4.000 | 195.30 (171.30) 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 | 505.70 (443.60) | 65.000 | 505.70 (443.60) | 6.000 | 293.00 (257.00) T |
| 1248 | Paracentesis of pericardium | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 9.000 | 439.50 (385.50) T |
| 1271 | Cardiological supervision of Dobutamine magnetic resonance stress testing | 04.00 | | 51.000 | 396.80 (348.10) | 51.000 | 396.80 (348.10) | | |
| **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% | 04.00 | | | | | | | |
| **6.2** | **Invasive Cardiology** | | | | | | | | |
| **6.2.1** | **Invasive cardiology: Cardiac catheterisation** | | | | | | | | |
| 1249 | Right and left cardiac catheterisation without coronary angiography (with or without biopsy) | 04.00 | | 140.000 | 1089.20 (955.40) | | | 9.000 | 439.50 (385.50) T |
| 1250 | Endomyocardial biopsy | 04.00 | | 70.000 | 544.60 (477.70) | 70.000 | 544.60 (477.70) | 9.000 | 439.50 (385.50) T |
| 1251 | Transeptal puncture | 04.00 | | 70.000 | 544.60 (477.70) | 70.000 | 544.60 (477.70) | 9.000 | 439.50 (385.50) T |
| 1252 | Left heart catheterisation with coronary angiography (with or without biopsy) | 04.00 | | 140.000 | 1089.20 (955.40) | | | 9.000 | 439.50 (385.50) T |
| 1253 | Right heart catheterisation (with or without biopsy) | 04.00 | | 70.000 | 544.60 (477.70) | | | 9.000 | 439.50 (385.50) T |
| 1254 | Catheterisation of coronary artery bypass grafts and/or internal mammary grafts | 04.00 | | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) | 9.000 | 439.50 (385.50) T |
| 1255 | Tilt test | 04.00 | | 31.300 | 243.50 (213.60) | 31.300 | 243.50 (213.60) | | |
| **6.2.2** | **Invasive cardiology: Electrophysiological study** | | | | | | | | |
| 1256 | Ventricular stimulation study | 04.00 | | 160.000 | 1244.80 (1091.90) | | | 9.000 | 439.50 (385.50) T |
| 1257 | Full electrophysiological study | 04.00 | | 300.000 | 2334.00 (2047.40) | | | 9.000 | 439.50 (385.50) T |
| **6.2.3** | **Invasive cardiology: Pacemakers** | | | | | | | | |
| 1258 | Pacemaker: Permanent - single chamber | 04.00 | | 155.000 | 1205.90 (1057.80) | 124.000 | 964.70 (846.20) | 9.000 | 439.50 (385.50) T |
| 1259 | Pacemaker: Permanent - dual chamber | 04.00 | | 230.000 | 1789.40 (1569.60) | 184.000 | 1431.50 (1255.70) | 9.000 | 439.50 (385.50) T |
| 1260 | AV nodal ablation | 04.00 | | 300.000 | 2334.00 (2047.40) | 240.000 | 1867.20 (1637.90) | 9.000 | 439.50 (385.50) T |
| 1261 | Accessory pathway ablation | 04.00 | | 600.000 | 4668.00 (4094.70) | 480.000 | 3734.40 (3275.80) | 9.000 | 439.50 (385.50) T |
| 1262 | Electrophysiological mapping | 04.00 | | 500.000 | 3890.00 (3412.30) | 400.000 | 3112.00 (2729.80) | | |
| 1263 | Insertion transvenous implantable defibrillator | 04.00 | | 212.000 | 1649.40 (1446.80) | 169.600 | 1319.50 (1157.40) | 15.000 | 732.50 (642.50) 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 | 933.60 (818.90) | 120.000 | 933.60 (818.90) | 15.000 | 732.50 (642.50) T |
| 1265 | Renewal of pacemaker unit only, team fee | 04.00 | | 125.000 | 972.50 (853.10) | 120.000 | 933.60 (818.90) | 9.000 | 439.50 (385.50) T |
| 1266 | Resiting pacemaker generator | 04.00 | | 80.000 | 622.40 (546.00) | 80.000 | 622.40 (546.00) | | |
| 1267 | Repositioning of catheter electrode | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | 9.000 | 439.50 (385.50) T |
| 1268 | Threshold testing: Own equipment | 04.00 | | 15.000 | 116.70 (102.40) | | | | |
| 1269 | Threshold testing: Hospital equipment | 04.00 | | 11.000 | 85.60 (75.10) | | | | |
| 1270 | Programming of atrio-ventricular sequential pacemaker | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | | |
| 1273 | Insertion of temporary pacemaker (modifier 0005 not applicable) | 04.00 | | 120.000 | 933.60 (818.90) | 120.000 | 933.60 (818.90) | 9.000 | 439.50 (385.50) T |
| 1275 | Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer | 04.00 | | 200.000 | 1556.00 (1364.90) | 160.000 | 1244.80 (1091.90) | 9.000 | 439.50 (385.50) T |
| **6.2.4** | **Invasive cardiology: Percutaneous translumical angioplasty** | | | | | | | | |
| 1276 | Percutaneous transluminal angioplasty: First cardiologist: Single lesion | 04.00 | | 260.000 | 2022.80 (1774.40) | 208.000 | 1618.20 (1419.50) | 13.000 | 634.80 (556.80) T |
| 1277 | Percutaneous transluminal angioplasty: Second cardiologist: Single lesion | 04.00 | | 140.000 | 1089.20 (955.40) | 120.000 | 933.60 (818.90) | 13.000 | 634.80 (556.80) T |
| 1278 | Percutaneous transluminal angioplasty: First cardiologist: Second lesion | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | 13.000 | 634.80 (556.80) T |
| 1279 | Percutaneous transluminal angioplasty: Second cardiologist: Second lesion | 04.00 | | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) | 13.000 | 634.80 (556.80) T |
| 1280 | Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each) | 04.00 | | 60.000 | 466.80 (409.50) | 60.000 | 466.80 (409.50) | 13.000 | 634.80 (556.80) T |
| 1281 | Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each) | 04.00 | | 40.000 | 311.20 (273.00) | 40.000 | 311.20 (273.00) | 13.000 | 634.80 (556.80) 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 | 2022.80 (1774.40) | 208.000 | 1618.20 (1419.50) | 15.000 | 732.50 (642.50) T |
| 1283 | Use of balloon procedure as in item 1282: Second cardiologist | 04.00 | | 140.000 | 1089.20 (955.40) | 120.000 | 933.60 (818.90) | 15.000 | 732.50 (642.50) T |
| 1284 | Atherectomy: Single lesion: First cardiologist | 04.00 | | 300.000 | 2334.00 (2047.40) | 240.000 | 1867.20 (1637.90) | | |
| 1285 | Atherectomy: Single lesion: Second cardiologist | 04.00 | | 180.000 | 1400.40 (1228.40) | 144.000 | 1120.30 (982.70) | | |
| 1286 | Insertion of intravascular stent: First cardiologist | 04.00 | | 100.000 | 778.00 (682.50) | 100.000 | 778.00 (682.50) | | |
| 1287 | Insertion of intravascular stent: Second cardiologist | 04.00 | | 50.000 | 389.00 (341.20) | 50.000 | 389.00 (341.20) | | |
| | 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 | 2334.00 (2047.40) | | | 15.000 | 732.50 (642.50) T |
| 1291 | Use of balloon procedure as in item 1290: Second paediatric cardiologist (33) | 04.00 | | 160.000 | 1244.80 (1091.90) | | | 15.000 | 732.50 (642.50) 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 | 1633.80 (1433.20) | 168.000 | 1307.00 (1146.50) | 12.000 | 586.00 (514.00) T |
| 1289 | Paediatric cardiac catheterisation: Infants below the age of one year | 04.00 | | 263.000 | 2046.10 (1794.90) | 210.400 | 1636.90 (1435.90) | 12.000 | 586.00 (514.00) T |
| **6.3** | **Cardiac surgery** | | | | | | | | |
| 1294 | Patent ductus arteriosus | 04.00 | | 320.000 | 2489.60 (2183.90) | 256.000 | 1991.70 (1747.10) | 13.000 | 634.80 (556.80) T |
| 1295 | Pericardiectomy for constrictive pericarditis | 04.00 | | 400.000 | 3112.00 (2729.80) | 320.000 | 2489.60 (2183.90) | 15.000 | 732.50 (642.50) T |
| 1297 | Coarctation of aorta | 04.00 | | 425.000 | 3306.50 (2900.40) | 340.000 | 2645.20 (2320.40) | 15.000 | 732.50 (642.50) T |
| 1299 | Systemo-pulmonary anastomosis | 04.00 | | 425.000 | 3306.50 (2900.40) | 340.000 | 2645.20 (2320.40) | 15.000 | 732.50 (642.50) T |
| 1301 | Mitral valvotomy: Closed heart technique | 04.00 | | 350.000 | 2723.00 (2388.60) | 280.000 | 2178.40 (1910.90) | 15.000 | 732.50 (642.50) T |
| 1302 | Heart transplant | 04.00 | | 875.000 | 6807.50 (5971.50) | 700.000 | 5446.00 (4777.20) | 15.000 | 732.50 (642.50) T |
| 1303 | Harvesting donor heart | 04.00 | | 75.000 | 583.50 (511.80) | 75.000 | 583.50 (511.80) | 5.000 | 244.20 (214.20) T |
| 1305 | Operative implantation of cardiac pacemaker by thoracotomy | 04.00 | | 220.000 | 1711.60 (1501.40) | 176.000 | 1369.30 (1201.10) | 15.000 | 732.50 (642.50) T |
| 1307 | Re-exploration after cardiac surgery | 04.00 | | 215.000 | 1672.70 (1467.30) | 172.000 | 1338.20 (1173.80) | 15.000 | 732.50 (642.50) T |
| 1308 | Heart and lung transplant | 04.00 | | 1000.000 | 7780.00 (6824.60) | 800.000 | 6224.00 (5459.60) | 15.000 | 732.50 (642.50) T |
| 1309 | Harvesting donor heart and lungs | 04.00 | | 120.000 | 933.60 (818.90) | 120.000 | 933.60 (818.90) | 5.000 | 244.20 (214.20) T |
| 1311 | Pericardial drainage | 04.00 | | 140.000 | 1089.20 (955.40) | 120.000 | 933.60 (818.90) | 13.000 | 634.80 (556.80) T |
| **6.3.1** | **Cardiac surgery: Open heart surgery** | | | | | | | | |
| 1312 | Evaluation of coronary angiogram by cardiothoracic surgeon | 04.00 | | 25.000 | 194.50 (170.60) | | | | |
| 1320 | Repeat open heart surgery (additional fee above procedure fee) | 04.00 | | 250.000 | 1945.00 (1706.10) | 200.000 | 1556.00 (1364.90) | 15.000 | 732.50 (642.50) T |
| 1321 | Stand-by fee for coronary angioplasty | 04.00 | | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) | 30.000 | 233.40 (204.70) ç |
| 1322 | Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour | 04.00 | | 20.000 | 155.60 (136.50) | | | | |