Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6.3.1.1	**Cardiac surgery: Open heart surgery: Congenital conditions**								
1323	Atrial septal defect: Osteum secundum	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	15.000	732.50 (642.50) T
1325	Atrial septal defect: Sinus venosus or osteum primum	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1327	Atrial septal defect: Ventricular septal defect	04.00		603.800	4697.60 (4120.70)	483.040	3758.10 (3296.50)	15.000	732.50 (642.50) T
1329	Atrial septal defect: Fallot's tetralogy	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1330	Atrial septal defect: Pulmonary stenosis	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	15.000	732.50 (642.50) T
1331	Transposition of large vessels (venous repair)	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1332	Transposition of great arteries (arterial repair)	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
1333	Ebstein's Anomaly	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	04.00		548.800	4269.70 (3745.30)	439.040	3415.70 (2996.30)	20.000	976.60 (856.70) T
1335	Total anomalous venous drainage	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	04.00		658.900	5126.20 (4496.70)	527.120	4101.00 (3597.40)	20.000	976.60 (856.70) T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	15.000	732.50 (642.50) T
1338	Fontan type repair	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
6.3.1.2	**Cardiac surgery: Open heart surgery: Acquired conditions**								
1339	Mitral valve replacement	04.00		657.000	5111.50 (4483.70)	525.600	4089.20 (3587.00)	15.000	732.50 (642.50) T
1340	Mitral valvuloplasty	04.00		688.000	5352.60 (4695.30)	550.400	4282.10 (3756.20)	15.000	732.50 (642.50) T
1341	Aortic valve replacement	04.00		623.800	4853.20 (4257.20)	499.040	3882.50 (3405.70)	15.000	732.50 (642.50) T
1342	Tricuspid annulo plasty	04.00		188.000	1462.60 (1283.00)	150.400	1170.10 (1026.40)	15.000	732.50 (642.50) T
1343	Double valve replacement	04.00		968.900	7538.00 (6612.30)	775.120	6030.40 (5289.90)	15.000	732.50 (642.50) T
1344	Acute dissecting aneurysm repair	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	04.00		1000.000	7780.00 (6824.60)	800.000	6224.00 (5459.60)	15.000	732.50 (642.50) T
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)		

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1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)		
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	04.00		750.000	5835.00 (5118.40)	600.000	4668.00 (4094.70)	15.000	732.50 (642.50) T
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	04.00		781.000	6076.20 (5330.00)	624.800	4860.90 (4264.00)	15.000	732.50 (642.50) T
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	04.00		813.000	6325.10 (5548.40)	650.400	5060.10 (4438.70)	15.000	732.50 (642.50) T
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	04.00		875.000	6807.50 (5971.50)	700.000	5446.00 (4777.20)	15.000	732.50 (642.50) T
1352	Cardiac aneurysm	04.00		563.000	4380.10 (3842.20)	450.400	3504.10 (3073.80)	15.000	732.50 (642.50) T
1353	Ascending/descending thoracic aortic aneurysm repair	04.00		625.000	4862.50 (4265.40)	500.000	3890.00 (3412.30)	15.000	732.50 (642.50) T
1354	Arrhythmia surgery	04.00		688.000	5352.60 (4695.30)	550.400	4282.10 (3756.20)	15.000	732.50 (642.50) T
1355	Cardiac tumour	04.00		625.000	4862.50 (4265.40)	500.000	3890.00 (3412.30)	15.000	732.50 (642.50) T
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	04.00		188.000	1462.60 (1283.00)	150.400	1170.10 (1026.40)	15.000	732.50 (642.50) T
1358	Harvesting of radial artery	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)		
6.4	**Peripheral vascular system**								
MODIFIER GOVERNING THIS SECTION									
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								04.00
6.4.1	**Peripheral vascular system: Investigations**								
1357	Skin temperature test: Response to reflex heating	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
1359	Skin temperature test: Response to reflex cooling	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
1361	Cold sensitivity test	04.00		17.000	132.30 (116.00)	17.000	132.30 (116.00)		
1363	Oscillometry test	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
1365	Sweating test	04.00		17.000	132.30 (116.00)	17.000	132.30 (116.00)		
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	04.00		26.300	204.60 (179.50)	26.300	204.60 (179.50)		
1367	Doppler blood tests	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
5369	Doppler arterial pressures	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
5371	Doppler arterial pressures with exercise	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)		
5373	Doppler segmental pressures and wave forms	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)		
5375	Venous doppler examination (both limbs)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
5377	Venous plethysmography	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)		

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				RVU	Fee	RVU	Fee	RVU	Fee
5379	Supra-orbital doppler test	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
5381	Carotid non-invasive complex tests	04.00		39.000	303.40 (266.20)	39.000	303.40 (266.20)		
6.4.2	**Peripheral vascular system: Arterio-venous abnormalities**								
1369	Fistula or aneurysm (as for grafting of various arteries)	04.00							
6.4.3	**Arteries**								
6.4.3.1	**Peripheral vascular system: Arteries: Aorta-iliac and major branches**								
1372	Abdominal aorta and iliac artery: Unruptured	04.00		540.000	4201.20 (3685.30)	432.000	3361.00 (2948.20)	15.000	732.50 (642.50) T
1373	Abdominal aorta and iliac artery: Ruptured	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	15.000	732.50 (642.50) T
1375	Grafting and/or thrombo-endarterectomy for thrombosis	04.00		444.000	3454.30 (3030.10)	355.200	2763.50 (2424.10)	15.000	732.50 (642.50) T
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	04.00		594.000	4621.30 (4053.80)	475.200	3697.10 (3243.00)	15.000	732.50 (642.50) T
6.4.3.2	**Peripheral vascular system: Arteries: Iliac artery**								
1379	Prosthetic grafting and/or thrombo-endarterectomy	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	13.000	634.80 (556.80) T
6.4.3.3	**Peripheral vascular system: Arteries: Peripheral**								
1385	Prosthetic grafting	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	5.000	244.20 (214.20) T
1387	Grafting vein: Vein grafting proximal to knee joint	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	5.000	244.20 (214.20) T
1388	Grafting vein: Distal to knee joint	04.00		444.000	3454.30 (3030.10)	355.200	2763.50 (2424.10)	5.000	244.20 (214.20) T
1389	Grafting vein: Endarterectomy when not part of another specified procedure	04.00		264.000	2053.90 (1801.70)	211.200	1643.10 (1441.30)	5.000	244.20 (214.20) T
1390	Grafting vein: Carotid endarterectomy	04.00		321.000	2497.40 (2190.70)	256.800	1997.90 (1752.50)	15.000	732.50 (642.50) T
1393	Embolectomy: Peripheral embolectomy transfemoral	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	5.000	244.20 (214.20) T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	04.00		125.000	972.50 (853.10)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	04.00		264.000	2053.90 (1801.70)	211.200	1643.10 (1441.30)	15.000	732.50 (642.50) T
1397	Profundoplasty	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
1399	Distal tibial (ankle region)	04.00		456.000	3547.70 (3112.00)	364.800	2838.10 (2489.60)	5.000	244.20 (214.20) T
1401	Femoro-femoral	04.00		254.000	1976.10 (1733.40)	203.200	1580.90 (1386.80)	5.000	244.20 (214.20) T

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1402	Carotid-subclavian	04.00		288.000	2240.60 (1965.50)	230.400	1792.50 (1572.40)	8.000	390.60 (342.70) T
1403	Axillo-femoral: (Bifemoral + 50%)	04.00		288.000	2240.60 (1965.50)	230.400	1792.50 (1572.40)	8.000	390.60 (342.70) T
6.4.4	**Peripheral vascular system: Veins**								
1407	Ligation of saphenous vein	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) T
1408	Placement of Hickman catheter or similar	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	4.000	195.30 (171.30) T
1410	Litigation of inferior vena cava: Abdominal	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	8.000	390.60 (342.70) T
1412	Umbrella operation on inferior vena cava: Abdominal	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	8.000	390.60 (342.70) T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	04.00		141.000	1097.00 (962.30)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	04.00		247.000	1921.70 (1685.70)	197.600	1537.30 (1348.50)	3.000	146.50 (128.50) T
1417	Extensive sub-fascial ligation of perforating veins	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1419	Lesser varicose vein procedures	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	3.000	146.50 (128.50) T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	11.000	537.10 (471.20) T
1427	Thrombectomy: Illio-femoral	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	6.000	293.00 (257.00) T
6.4.5	**Peripheral vascular system: Portal hypertension**								
1429	Porto-caval shunt	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	11.000	537.10 (471.20) T
6.5	**Cardiac rehabilitation**								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)		
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
	Please note : a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.	04.00							
7	**Lympho Reticular System**								
7.1	**Spleen**								
1435	Splenectomy (in all cases)	04.00		221.300	1721.70 (1510.30)	177.040	1377.40 (1208.20)	9.000	439.50 (385.50) T
1436	Splenorrhaphy	04.00		231.800	1803.40 (1581.90)	185.440	1442.70 (1265.50)	9.000	439.50 (385.50) T

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				RVU	Fee	RVU	Fee	RVU	Fee
7.2	**Lymph nodes and lymphatic channels**								
1439	Excision of lymph node for biopsy: Neck or axilla	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	4.000	195.30 (171.30) T
1441	Excision of lymph node for biopsy: Groin	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	3.000	146.50 (128.50) T
1443	Simple excision of lymph nodes for tuberculosis	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	3.000	146.50 (128.50) T
1445	Radical excision of lymph nodes of neck: Total: Unilateral	04.00		315.000	2450.70 (2149.70)	252.000	1960.60 (1719.80)	5.000	244.20 (214.20) T
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	04.00		235.000	1828.30 (1603.80)	188.000	1462.60 (1283.00)	5.000	244.20 (214.20) T
1449	Radical excision of lymph nodes of axilla	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	4.000	195.30 (171.30) T
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)	5.000	244.20 (214.20) T
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	4.000	195.30 (171.30) T
1453	Radical excision of lymph nodes of groin: Inguinal	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	04.00		39.000	303.40 (266.20)	39.000	303.40 (266.20)	5.000	244.20 (214.20) T
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	6.000	293.00 (257.00) T
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte phaeresis	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	5.000	244.20 (214.20) T
1457	Bone marrow biopsy: By trephine	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1459	Staging laparotomy for lymphoma (including splenectomy	04.00		245.000	1906.10 (1672.00)	196.000	1524.90 (1337.60)	7.000	341.80 (299.80) T
8	**Digestive System**								
MODIFIERS GOVERNING THIS SECTION									
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								04.00
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	04.00		21.000	163.38 (143.32)	21.000	163.38 (143.32)		
8.1	**Oral cavity**								
1461	All dental procedures	04.00						4.000	195.30 (171.30) T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	4.000	195.30 (171.30) T

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1465	Surgical biopsy of tongue or palate: Under local anaesthetic	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	4.000	195.30 (171.30) T
1467	Drainage of intra-oral abscess	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	4.000	195.30 (171.30) T
1469	Local excision of mucosal lesion of oral cavity	04.00		23.000	178.90 (157.00)	23.000	178.90 (157.00)	4.000	195.30 (171.30) T
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	04.00		549.000	4271.20 (3746.70)	439.200	3417.00 (2997.30)	7.000	341.80 (299.80) T
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	04.00		-	- q	-	- q	7.000	341.80 (299.80) T
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	6.000	293.00 (257.00) T
1477	Cleft palate: Secondary repair	04.00		174.200	1355.30 (1188.80)	139.360	1084.20 (951.10)	6.000	293.00 (257.00) T
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	6.000	293.00 (257.00) T
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	6.000	293.00 (257.00) T
1480	Repair of oronasal fistula (large) e.g. distant flap	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	6.000	293.00 (257.00) T
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1482	Repair of oronasal fistula (large): Second stage	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1483	Alveolar periosteal or other flaps for arch closure	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1486	Closure of anterior nasal floor	04.00		138.000	1073.60 (941.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
8.2	**Lips**								
1484	Cleft lip repair: Lip adhesion (cleft lip)	04.00		95.000	739.10 (648.30)	95.000	739.10 (648.30)	5.000	244.20 (214.20) T
1485	Local excision of benign lesion of lip	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	4.000	195.30 (171.30) T
1487	Resection for lip malignancy	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	4.000	195.30 (171.30) T
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	5.000	244.20 (214.20) T
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	04.00		251.600	1957.40 (1717.10)	201.280	1566.00 (1373.60)	5.000	244.20 (214.20) T
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	04.00		329.900	2566.60 (2251.40)	263.920	2053.30 (1801.10)	5.000	244.20 (214.20) T
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	5.000	244.20 (214.20) T
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	04.00		251.600	1957.40 (1717.10)	201.280	1566.00 (1373.60)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	5.000	244.20 (214.20) T
1495	Abbé or Estlander type flap (all stages included)	04.00		273.100	2124.70 (1863.80)	218.480	1699.80 (1491.00)	5.000	244.20 (214.20) T
1497	Vermilionectomy	04.00		94.900	738.30 (647.70)	94.900	738.30 (647.70)	4.000	195.30 (171.30) T
1499	Lip reconstruction following an injury: Direct repair	04.00		105.600	821.60 (720.70)	105.600	821.60 (720.70)	4.000	195.30 (171.30) T
1501	Lip reconstruction following an injury or tumour removal: Flap repair	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	04.00		206.000	1602.70 (1405.90)	164.800	1282.10 (1124.70)	4.000	195.30 (171.30) T
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	04.00		104.000	809.10 (709.80)	104.000	809.10 (709.80)	4.000	195.30 (171.30) T
8.3	**Tongue**								
1505	Partial glossectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
1507	Local excision of lesion of tongue	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	4.000	195.30 (171.30) T
8.4	**Palate, uvula and salivary glands**								
1509	Wide excision of lesion of palate	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1511	Radical resection of palate (including skin graft)	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	7.000	341.80 (299.80) T
1513	Excision of ranula	04.00		85.600	666.00 (584.20)	85.600	666.00 (584.20)	5.000	244.20 (214.20) T
1515	Excision of sublingual salivary gland	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1517	Excision of submandibular salivary gland	04.00		146.000	1135.90 (996.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1519	Excision of submandibular salivary gland with suprahyoid dissection	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1521	Excision of submandibular salivary gland: With radical neck dissection	04.00		352.000	2738.60 (2402.20)	281.600	2190.80 (1921.80)	6.000	293.00 (257.00) T
1523	Local resection of parotid tumour	04.00		169.600	1319.50 (1157.40)	135.680	1055.60 (926.00)	5.000	244.20 (214.20) T
1525	Partial parotidectomy	04.00		310.000	2411.80 (2115.60)	248.000	1929.40 (1692.50)	5.000	244.20 (214.20) T
1526	Total parotidectomy with preservation of facial nerve	04.00		358.500	2789.10 (2446.60)	286.800	2231.30 (1957.30)	5.000	244.20 (214.20) T
1527	Total parotidectomy	04.00		358.500	2789.10 (2446.60)	286.800	2231.30 (1957.30)	5.000	244.20 (214.20) T
1529	Parotidectomy: Extracapsular	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1531	Drainage of parotid abscess	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	4.000	195.30 (171.30) T
1533	Closure of salivary fistula	04.00		91.000	708.00 (621.00)	91.000	708.00 (621.00)	4.000	195.30 (171.30) T
1535	Dilatation of salivary duct	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T
1537	Operative removal of salivary calculus	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)	4.000	195.30 (171.30) T
1539	Salivary duct: Meatotomy	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T
1541	Branchial cyst and/or fistula: Excision	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1543	Excision of cystic hygroma	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1544	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
8.5	**Oesophagus**								
1545	Oesophagoscopy with rigid instrument: First and subsequent	04.00		47.000	365.70 (320.80)	47.000	365.70 (320.80)	4.000	195.30 (171.30) T
1549	Oesophagoscopy with dilatation of stricture	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	4.000	195.30 (171.30) T
1550	Oesophagoscopy with removal of foreign body	04.00		70.000	544.60 (477.70)	70.000	544.60 (477.70)	4.000	195.30 (171.30) T
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	4.000	195.30 (171.30) T
1554	Per-oral small bowel biopsy	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	4.000	195.30 (171.30) T
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	15.000	732.50 (642.50) T
1557	Oesophageal dilatation	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	4.000	195.30 (171.30) T
1559	Oesophagectomy: Two stage	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	11.000	537.10 (471.20) T
1560	Oesophagectomy: Three stage	04.00		550.000	4279.00 (3753.50)	440.000	3423.20 (3002.80)	11.000	537.10 (471.20) T
1561	Thoraco-abdominal oesophagogastrectomy	04.00		500.000	3890.00 (3412.30)	400.000	3112.00 (2729.80)	11.000	537.10 (471.20) T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	11.000	537.10 (471.20) T
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	11.000	537.10 (471.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1566	Private fee: Gastroplasty	04.00		325.000	2528.50 (2218.00)	260.000	2022.80 (1774.40)	8.000	390.60 (342.70) T
1567	Bochdalek hernia repair in newborn	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	14.000	683.60 (599.70) T
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	11.000	537.10 (471.20) T
1569	Heller's operation	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	14.000	683.60 (599.70) T
1575	Insertion of indwelling oesophageal tube by laparotomy	04.00		142.000	1104.80 (969.10)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1578	Oesophageal motility (4 channel + pneumograph)	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	4.000	195.30 (171.30) T
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	11.000	537.10 (471.20) T
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	04.00		110.000	855.80 (750.70)	110.000	855.80 (750.70)	4.000	195.30 (171.30) T
1581	Removal of benign oesophageal tumours	04.00		285.000	2217.30 (1945.00)	228.000	1773.80 (1556.00)	11.000	537.10 (471.20) T
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1583	Excision of intrathoracic oesophageal diverticulum	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	11.000	537.10 (471.20) T
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)		
1585	24 Hour oesophageal pH studies: Interpretation	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)		
8.6	**Stomach**								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	04.00		48.750	379.30 (332.70) Z	48.750	379.30 (332.70) Z	4.000	195.30 (171.30) T
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	194.50 (170.60) Z	25.000	194.50 (170.60) Z	4.000	195.30 (171.30) T
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	04.00	+	34.000	264.50 (232.00)	34.000	264.50 (232.00)	6.000	293.00 (257.00) T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	04.00	+	25.000	194.50 (170.60) Z	25.000	194.50 (170.60) Z	4.000	195.30 (171.30) T
1593	Augmented histamine test: Gastric intubation with x-ray screening	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
1597	Gastrostomy or Gastrotomy	04.00		147.500	1147.60 (1006.60)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1598	Gastrotomy with suture repair of bleeding ulcer	05.03		251.200	1954.30 (1714.30) Z	200.960	1563.50 (1371.50) Z	6.000	293.00 (257.00) T
1599	Pyloromyotomy (Rammstedt)	04.00		116.000	902.50 (791.60)	116.000	902.50 (791.60)	6.000	293.00 (257.00) T
1601	Local excision of ulcer or benign neoplasm	04.00		195.600	1521.80 (1334.90)	156.480	1217.40 (1067.90)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1603	Vagotomy: Abdominal	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1604	Vagotomy: Thoracic	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	11.000	537.10 (471.20) T
1605	Truncal or selective with drainage procedures	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	6.000	293.00 (257.00) T
1607	Vagotomy and antrectomy	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	6.000	293.00 (257.00) T
1609	Highly selective vagotomy	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	6.000	293.00 (257.00) T
1611	Pyloroplasty	04.00		180.200	1402.00 (1229.80)	144.160	1121.60 (983.80)	6.000	293.00 (257.00) T
1613	Gastroenterostomy	04.00		203.600	1584.00 (1389.50)	162.880	1267.20 (1111.60)	6.000	293.00 (257.00) T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	7.000	341.80 (299.80) T
1617	Partial gastrectomy	04.00		328.300	2554.20 (2240.50)	262.640	2043.30 (1792.40)	7.000	341.80 (299.80) T
1619	Total gastrectomy	04.00		384.430	2990.90 (2623.60)	307.540	2392.70 (2098.80)	7.000	341.80 (299.80) T
1621	Revision of gastrectomy or gastro-enterostomy	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	7.000	341.80 (299.80) T
1625	Gastro-esophageal operation for portal hypertension (Tanner)	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	11.000	537.10 (471.20) T
8.7	**Duodenum**								
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
1627	Duodenal intubation (under X-ray screening)	04.00		8.000	62.20 (54.60)				
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	04.00		21.000	163.40 (143.30)				
1631	Duodenal intubation: Under 3 years of age	06.04		15.000	116.70 (102.40)				
8.8	**Intestines**								
1632	H2 breath test (intestines)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)		
1633	Complete test using lactose or lactulose	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)		
1634	Enterotomy or Enterostomy	04.11		202.600	1576.20 (1382.70)	162.080	1261.00 (1106.10)	6.000	293.00 (257.00) T
1635	Intestinal obstruction of the newborn	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	7.000	341.80 (299.80) T
1637	Operation for relief of intestinal obstruction	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	7.000	341.80 (299.80) T
1639	Resection of small bowel with enterostomy or anastomosis	04.00		244.900	1905.30 (1671.30)	195.920	1524.30 (1337.10)	6.000	293.00 (257.00) T

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				RVU	Fee	RVU	Fee	RVU	Fee
1641	Entero-enterostomy or entero-colostomy for bypass	04.00		213.100	1657.90 (1454.30)	170.480	1326.30 (1163.50)	6.000	293.00 (257.00) T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	05.03		150.000	1167.00 (1023.70) Z	120.000	933.60 (818.90) Z		
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	05.03		90.000	700.20 (614.20) Z	90.000	700.20 (614.20) Z		
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	04.00		185.200	1440.90 (1263.90)	148.160	1152.70 (1011.10)	6.000	293.00 (257.00) T
1647	Closure of intestinal fistula	04.00		258.000	2007.20 (1760.70)	206.400	1605.80 (1408.60)	6.000	293.00 (257.00) T
1649	Excision of Meckel's diverticulum	04.00		179.800	1398.80 (1227.10)	143.840	1119.10 (981.60)	6.000	293.00 (257.00) T
1651	Excision of lesion of mesentery	04.00		171.600	1335.00 (1171.10)	137.280	1068.00 (936.90)	4.000	195.30 (171.30) T
1652	Laparotomy for mesenteric thrombosis	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	8.000	390.60 (342.70) T
1653	Total colonoscopy: With hospital equipment (including biopsy)	04.00		90.000	700.20 (614.20) Z	90.000	700.20 (614.20) Z	4.000	195.30 (171.30) T
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	04.00	+	30.000	233.40 (204.70) Z	30.000	233.40 (204.70) Z	4.000	195.30 (171.30) T
1656	Left-sided colonoscopy	04.00		60.000	466.80 (409.50) Z	60.000	466.80 (409.50) Z	4.000	195.30 (171.30) T
1657	Right or left hemicolectomy or segmental colectomy	04.00		325.000	2528.50 (2218.00)	260.000	2022.80 (1774.40)	6.000	293.00 (257.00) T
1658	Reconstruction of colon after Hartman's procedure	04.00		359.400	2796.10 (2452.70)	287.520	2236.90 (1962.20)	6.000	293.00 (257.00) T
1661	Colotomy: Including removal of tumour or foreign body	04.00		205.700	1600.30 (1403.80)	164.560	1280.30 (1123.00)	6.000	293.00 (257.00) T
1663	Total colectomy	04.00		390.000	3034.20 (2661.60)	312.000	2427.40 (2129.30)	6.000	293.00 (257.00) T
1665	Colostomy or ileostomy isolated procedure	04.00		233.800	1819.00 (1595.60)	187.040	1455.20 (1276.50)	6.000	293.00 (257.00) T
1666	Continent ileostomy pouch (all types)	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	6.000	293.00 (257.00) T
1667	Colostomy: Closure	04.00		179.100	1393.40 (1222.30)	143.280	1114.70 (977.80)	5.000	244.20 (214.20) T
1668	Revision of ileostomy pouch	04.00		375.000	2917.50 (2559.20)	300.000	2334.00 (2047.40)	6.000	293.00 (257.00) T
1669	Total proctocolectomy and ileostomy	04.00		480.000	3734.40 (3275.80)	384.000	2987.50 (2620.60)	7.000	341.80 (299.80) T
1670	Proctocolectomy, ileostomy and ileostomy pouch	04.00		540.000	4201.20 (3685.30)	432.000	3361.00 (2948.20)	7.000	341.80 (299.80) T
1671	Colomyotomy (Reilly operation)	04.00		185.000	1439.30 (1262.50)	148.000	1151.40 (1010.00)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
8.9	**Appendix**								
1673	Drainage of appendix abscess	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1675	Appendicectomy	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	4.000	195.30 (171.30) T
8.10	**Rectum and anus**								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	04.00		48.750	379.30 (332.70) Z	48.750	379.30 (332.70) Z	3.000	146.50 (128.50) T
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	04.00	+	25.000	194.50 (170.60) Z	25.000	194.50 (170.60) Z	3.000	146.50 (128.50) T
1679	Sigmoidoscopy with removal of polyps, first and subsequent	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
1681	Proctoscopy with removal of polyps: First time	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)	3.000	146.50 (128.50) T
1683	Proctoscopy with removal of polyps: Subsequent times	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1685	Endoscopic fulguration of tumour	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	04.00		381.300	2966.50 (2602.20)	305.040	2373.20 (2081.80)	6.000	293.00 (257.00) T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	04.00		445.000	3462.10 (3036.90)	356.000	2769.70 (2429.50)	8.000	390.60 (342.70) T
1689	Perineal resection of rectum	04.00		141.000	1097.00 (962.30)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.	04.00							
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	04.00		409.300	3184.40 (2793.30)	327.440	2547.50 (2234.60)	7.000	341.80 (299.80) T
1692	Abdomino-perineal resection of rectum: Perineal surgeon	04.00		158.500	1233.10 (1081.70)	126.800	986.50 (865.40)		
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	4.000	195.30 (171.30) T
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	7.000	341.80 (299.80) T
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	6.000	293.00 (257.00) T
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	6.000	293.00 (257.00) T
1701	Repair of prolapsed rectum: Abdominal: Perineal	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1705	Incision and drainage of peri-anal abscess	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
1707	Drainage of submucous abscess	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
1709	Drainage of ischio-rectal abscess	04.00		87.000	676.90 (593.70)	87.000	676.90 (593.70)	3.000	146.50 (128.50) T
1711	Excision of pelvi-rectal fistula	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	5.000	244.20 (214.20) T
1713	Excision of fistula-in-ano	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	3.000	146.50 (128.50) T
1715	Operation for fissure-in-ano	04.00		66.800	519.70 (455.90)	66.800	519.70 (455.90)	3.000	146.50 (128.50) T
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1721	Sclerosing injection for haemorrhoids: Per injection	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
1723	Haemorrhoidectomy	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1725	Drainage of external thrombosed pile	04.00		12.500	97.30 (85.30)	12.500	97.30 (85.30)	3.000	146.50 (128.50) T
1727	Multiple procedures (haemorrhoids, fissure, etc.)	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	3.000	146.50 (128.50) T
1728	Biopsy of ano-rectal wall, for congenital megacolon	05.03		60.600	471.50 (413.60) Z	60.600	471.50 (413.60) Z	5.000	244.20 (214.20) T
1729	Excision of anal skin tags	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1731	Operation for low imperforate anus	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	6.000	293.00 (257.00) T
1733	Anoplasty: Y-V-plasty	04.00		41.000	319.00 (279.80)	41.000	319.00 (279.80)	3.000	146.50 (128.50) T
1735	Anal sphincteroplasty for incontinence	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
1737	Dilation of ano-rectal stricture	04.00		12.500	97.30 (85.30)	12.500	97.30 (85.30)	3.000	146.50 (128.50) T
1739	Closure of recto-vesical fistula	04.00		241.000	1875.00 (1644.70)	192.800	1500.00 (1315.80)	5.000	244.20 (214.20) T
1741	Closure of recto-urethral fistula	04.00		241.000	1875.00 (1644.70)	192.800	1500.00 (1315.80)	5.000	244.20 (214.20) T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)		
8.11	**Liver**								
1743	Needle biopsy of liver	04.00		30.300	235.70 (206.80)	30.300	235.70 (206.80)	3.000	146.50 (128.50) T
1745	Biopsy of liver by laparotomy	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1747	Drainage of liver abscess or cyst	04.00		179.100	1393.40 (1222.30)	143.280	1114.70 (977.80)	7.000	341.80 (299.80) T
1748	Body composition measured by bio-electrical impedance	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		
1749	Hemi-hepatectomy: Right	04.00		564.000	4387.90 (3849.10)	451.200	3510.30 (3079.20)	9.000	439.50 (385.50) T
1751	Hemi-hepatectomy: Left	04.00		521.100	4054.20 (3556.30)	416.880	3243.30 (2845.00)	9.000	439.50 (385.50) T
1752	Extended right or left hepatectomy	04.00		570.900	4441.60 (3896.10)	456.720	3553.30 (3116.90)	9.000	439.50 (385.50) T
1753	Partial or segmental hepatectomy	04.00		378.000	2940.80 (2579.70)	302.400	2352.70 (2063.70)	9.000	439.50 (385.50) T
1754	Hepatico-jejunostomy	04.00		369.200	2872.40 (2519.60)	295.360	2297.90 (2015.70)	9.000	439.50 (385.50) T
1755	Liver transplant	04.00		1400.800	10898.20 (9559.80)	1120.640	8718.60 (7647.90)	15.000	732.50 (642.50) T
1756	Harvesting donor hepatectomy	04.00		616.200	4794.00 (4205.30)	492.960	3835.20 (3364.20)	5.000	244.20 (214.20) T
1757	Suture of liver wound or injury	04.00		214.200	1666.50 (1461.80)	171.360	1333.20 (1169.50)	9.000	439.50 (385.50) T
8.12	**Biliary tract**								
1759	Cholecystostomy	04.00		171.600	1335.00 (1171.10)	137.280	1068.00 (936.90)	6.000	293.00 (257.00) T
1761	Cholecystectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
1762	Cholecystectomy and operative cholangiogram	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	6.000	293.00 (257.00) T
1763	With exploration of common bile duct	04.00		264.500	2057.80 (1805.10)	211.600	1646.20 (1444.10)	6.000	293.00 (257.00) T
1765	Exploration of common bile duct: Secondary operation	04.00		327.700	2549.50 (2236.40)	262.160	2039.60 (1789.10)	6.000	293.00 (257.00) T
1767	Reconstruction of common bile duct	04.00		371.700	2891.80 (2536.70)	297.360	2313.50 (2029.40)	6.000	293.00 (257.00) T
1768	Resection bile duct tumour with reconstruction	04.00		327.700	2549.50 (2236.40)	262.160	2039.60 (1789.10)	6.000	293.00 (257.00) T
1769	Cholecysto-enterostomy or gastrostomy	04.00		236.300	1838.40 (1612.60)	189.040	1470.70 (1290.10)	6.000	293.00 (257.00) T
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	06.04	+	25.600	199.20 (174.70)	25.600	199.20 (174.70)	6.000	293.00 (257.00) T
1773	Transduodenal sphincteroplasty	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
1774	Balloon dilatation of common bile duct strictures	04.00		125.000	972.50 (853.10)	100.000	778.00 (682.50)	6.000	293.00 (257.00) T
1775	Excision choledochal cyst with reconstruction	04.00		327.700	2549.50 (2236.40)	262.160	2039.60 (1789.10)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1777	Porto-enterostomy for biliary atresia	04.00		400.000	3112.00 (2729.80)	320.000	2489.60 (2183.90)	11.000	537.10 (471.20) T
8.13	**Pancreas**								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	04.00		105.900	823.90 (722.70)	105.900	823.90 (722.70)	4.000	195.30 (171.30) T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	04.00	+	15.820	123.10 (108.00)	15.820	123.10 (108.00)	4.000	195.30 (171.30) T
1780	Gastric and duodenal intubation	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1781	Procedure (excluding laboratory tests)	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)		
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	04.00	+	30.000	233.40 (204.70)	30.000	233.40 (204.70)	4.000	195.30 (171.30) T
1783	Drainage of pancreatic abscess	04.00		239.300	1861.80 (1633.10)	191.440	1489.40 (1306.50)	6.000	293.00 (257.00) T
1784	Debridement pancreatic necrosis	04.00		348.400	2710.60 (2377.70)	278.720	2168.40 (1902.10)	6.000	293.00 (257.00) T
1785	Internal drainage of pancreatic cyst	04.00		250.600	1949.70 (1710.20)	200.480	1559.70 (1368.20)	6.000	293.00 (257.00) T
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	04.00	+	30.000	233.40 (204.70)	30.000	233.40 (204.70)	6.000	293.00 (257.00) T
1786	Internal drainage of pancreatic cyst with Roux-Y	04.00		306.800	2386.90 (2093.80)	245.440	1909.50 (1675.00)	6.000	293.00 (257.00) T
1787	Operative pancreatogram: ADD	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)		
1788	Biopsy of pancreas	04.00		177.700	1382.50 (1212.70)	142.160	1106.00 (970.20)	6.000	293.00 (257.00) T
1789	Pancreatico-duodenectomy	04.00		704.800	5483.30 (4810.00)	563.840	4386.70 (3848.00)	8.000	390.60 (342.70) T
1791	Local, partial or subtotal pancreatectomy	04.00		351.300	2733.10 (2397.50)	281.040	2186.50 (1918.00)	8.000	390.60 (342.70) T
1793	Distal pancreatectomy with internal drainage	04.00		377.400	2936.20 (2575.60)	301.920	2348.90 (2060.50)	8.000	390.60 (342.70) T
8.14	**Peritoneal cavity**								
1797	Pneumo-peritoneum: First	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	4.000	195.30 (171.30) T
1799	Pneumo-peritoneum: Repeat	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	4.000	195.30 (171.30) T
1800	Peritoneal lavage	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)		
1801	Diagnostic paracentesis: Abdomen	04.00		8.000	62.20 (54.60)	8.000	62.20 (54.60)		
1803	Therapeutic paracentesis: Abdomen	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)		
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	04.00	+	45.000	350.10 (307.10)	45.000	350.10 (307.10)	5.000	244.20 (214.20) T

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Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1809	Laparotomy	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	4.000	195.30 (171.30) T
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	7.000	341.80 (299.80) T
1811	Suture of burst abdomen	04.00		188.300	1465.00 (1285.10)	150.640	1172.00 (1028.10)	7.000	341.80 (299.80) T
1812	Laparotomy for control of surgical haemorrhage	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	9.000	439.50 (385.50) T
1813	Drainage of sub-phrenic abscess	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	7.000	341.80 (299.80) T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	04.00		248.400	1932.60 (1695.20)	198.720	1546.00 (1356.20)	5.000	244.20 (214.20) T
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	4.000	195.30 (171.30) T
9	**Herniae**								
1819	Inguinal or femoral hernia: Adult	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1821	Inguinal or femoral hernia: Child under 14 years	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	4.000	195.30 (171.30) T
1823	Inguinal hernia: Infant under one year	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	4.000	195.30 (171.30) T
1825	Recurrent inguinal or femoral hernia	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	4.000	195.30 (171.30) T
1827	Strangulated hernia or femoral hernia	04.00		238.000	1851.60 (1624.20)	190.400	1481.30 (1299.40)	7.000	341.80 (299.80) T
1829	Epigastric hernia	04.00		93.300	725.90 (636.70)	93.300	725.90 (636.70)	4.000	195.30 (171.30) T
1831	Umbilical hernia: Adult	04.00		140.000	1089.20 (955.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
1833	Umbilical hernia: Child under 14 years	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	4.000	195.30 (171.30) T
1835	Incisional hernia	04.00		166.800	1297.70 (1138.30)	133.440	1038.20 (910.70)	4.000	195.30 (171.30) T
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	04.00	+	77.000	599.10 (525.50)	77.000	599.10 (525.50)	4.000	195.30 (171.30) T
1837	Repair of omphalocele in new-born (one or more procedures)	04.00		275.000	2139.50 (1876.80)	220.000	1711.60 (1501.40)	7.000	341.80 (299.80) T
10	**Urinary System**								
RULES GOVERNING THE SECTION URINARY SYSTEM									
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
10.1	**Kidney**								
1839	Renal biopsy: Per kidney: Open	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	5.000	244.20 (214.20) T
1841	Renal biopsy: Needle	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
1843	Peritoneal dialysis: First day	04.00		33.000	256.70 (225.20)	33.000	256.70 (225.20)		
1845	Peritoneal dialysis: Every subsequent day	04.00		33.000	256.70 (225.20)	33.000	256.70 (225.20)		
1847	Haemodialysis: Per hour or part thereof	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)		
1849	Haemodialysis: Maximum: Eight hours	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)		
1851	Haemodialysis: Thereafter per week	04.00		55.000	427.90 (375.40)	55.000	427.90 (375.40)		
1852	Continuous haemodiafiltration per day in intensive or high care unit	04.00		33.000	256.70 (225.20)	33.000	256.70 (225.20)		
1853	Nephrectomy: Primary nephrectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	5.000	244.20 (214.20) T
1855	Nephrectomy: Secondary nephrectomy	04.00		267.000	2077.30 (1822.20)	213.600	1661.80 (1457.70)	5.000	244.20 (214.20) T
1857	Radical with regional lymph adenectomy for tumour	04.11		280.000	2178.40 (1910.90)	224.000	1742.70 (1528.70)	6.000	293.00 (257.00) T
1859	Nephrectomy: Partial	04.00		267.000	2077.30 (1822.20)	213.600	1661.80 (1457.70)	5.000	244.20 (214.20) T
1861	Symphysiotomy for horse-shoe kidney	04.00		287.000	2232.90 (1958.60)	229.600	1786.30 (1566.90)	6.000	293.00 (257.00) T
1863	Nephro-ureterectomy	04.00		305.000	2372.90 (2081.50)	244.000	1898.30 (1665.20)	5.000	244.20 (214.20) T
1865	Nephrotomy with drainage nephrostomy	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	6.000	293.00 (257.00) T
1869	Nephrolithotomy	04.00		227.000	1766.10 (1549.20)	181.600	1412.80 (1239.30)	5.000	244.20 (214.20) T
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	04.00		284.000	2209.50 (1938.20)	227.200	1767.60 (1550.50)	5.000	244.20 (214.20) T
1871	Staghorn stone: Surgical	04.00		341.000	2653.00 (2327.20)	272.800	2122.40 (1861.70)	6.000	293.00 (257.00) T
1873	Suture renal laceration (renorraphy)	04.00		193.000	1501.50 (1317.10)	154.400	1201.20 (1053.70)	6.000	293.00 (257.00) T
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	04.00		34.000	264.50 (232.00)	34.000	264.50 (232.00)	3.000	146.50 (128.50) T
1877	Operation for renal cyst: Marsupialisation or excision	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1879	Closure renal fistula	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1881	Pyeloplasty	06.04		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
1883	Pyelostomy	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1885	Pyelolithotomy	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	04.00		223.000	1734.90 (1521.90)	178.400	1388.00 (1217.50)	5.000	244.20 (214.20) T
1889	Nephrectomy for Allograft: Living or dead	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	5.000	244.20 (214.20) T
1891	Perinephric abscess or renal abscess: Drainage	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	7.000	341.80 (299.80) T
1893	Aberrant renal vessels: Repositioning with pyeloplasty	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
1894	Auto transplantation of kidney	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	10.000	488.30 (428.30) T
1895	Allo transplantation of kidney	04.00		420.000	3267.60 (2866.30)	336.000	2614.10 (2293.10)	10.000	488.30 (428.30) T
10.2	**Ureter**								
1897	Ureterorraphy: Suture of ureter	04.11		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1898	Ureterorraphy: Lumbar approach	04.11		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1899	Ureteroplasty	04.00		181.000	1408.20 (1235.20)	144.800	1126.50 (988.20)	5.000	244.20 (214.20) T
1901	Ureterolysis	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T
1902	Ureterolysis: Lumbar approach	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1903	Ureterectomy only	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1905	Ureterolithotomy	04.00		265.800	2067.90 (1814.00)	212.640	1654.30 (1451.20)	5.000	244.20 (214.20) T
1907	Cutaneous ureterostomy: Unilateral	04.00		108.000	840.20 (737.10)	108.000	840.20 (737.10)	5.000	244.20 (214.20) T
1909	Cutaneous ureterostomy: Bilateral	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
1911	Uretero-enterostomy: Unilateral	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1913	Uretero-enterostomy: Bilateral	04.00		240.000	1867.20 (1637.90)	192.000	1493.80 (1310.30)	5.000	244.20 (214.20) T
1915	Uretero-ureterostomy	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1917	Transuretero-ureterostomy	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1919	Closure of ureteric fistula	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1921	Immediate deligation of ureter	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1923	Ureterolysis for retrocaval ureter with anastomosis	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	5.000	244.20 (214.20) T
1925	Uretero-pyelostomy	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
1927	Uretero-neo-cystostomy: Unilateral	04.00		316.100	2459.30 (2157.20)	252.880	1967.40 (1725.80)	5.000	244.20 (214.20) T
1929	Uretero-neo-cystostomy: Bilateral	04.00		474.150	3688.90 (3235.90)	379.320	2951.10 (2588.70)	5.000	244.20 (214.20) T
1931	Uretero-neo-cystostomy: With Boariplasty	04.00		351.800	2737.00 (2400.90)	281.440	2189.60 (1920.70)	5.000	244.20 (214.20) T
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
1935	Uretero-ileal conduit	04.00		388.000	3018.60 (2647.90)	310.400	2414.90 (2118.30)	5.000	244.20 (214.20) T
1937	Replacement of ureter by bowel segment: Unilateral	04.00		277.000	2155.10 (1890.40)	221.600	1724.00 (1512.30)	5.000	244.20 (214.20) T
1939	Replacement of ureter by bowel segment: Bilateral	04.00		485.000	3773.30 (3309.90)	388.000	3018.60 (2647.90)	5.000	244.20 (214.20) T
1941	Ureterostomy-in-situ: Unilateral	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1943	Ureterostomy-in-situ: Bilateral	04.00		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	5.000	244.20 (214.20) T
10.3	**Bladder**								
1952	J J Stent catheter	04.00	+	44.000	342.30 (300.30)	44.000	342.30 (300.30)	3.000	146.50 (128.50) T
1953	With hydrodilatation of the bladder for interstitial cystitis	04.00	+	5.000	38.90 (34.10)	5.000	38.90 (34.10)	3.000	146.50 (128.50) T
1954	Uretroscopy	04.00	+	35.000	272.30 (238.90)			3.000	146.50 (128.50) T
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	04.00	+	35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
1957	With dilatation of the ureter or ureters	04.00	+	25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1959	With manipulation of ureteral calculus	04.00	+	20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
1961	With removal of foreign body or calculus from urethra or bladder	04.00	+	20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
1963	With fulguration or treatment of minor lesions, with or without biopsy	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1964	And control of haemorrhage and blood clot evacuation	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
1965	And catheterisation of the ejaculatory duct	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1967	With ureteric meatotomy: Unilateral or bilateral	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1969	And cold biopsy	04.00	+	15.000	116.70 (102.40)	15.000	116.70 (102.40)	3.000	146.50 (128.50) T
1971	With cryosurgery for bladder or prostatic disease	04.00	+	55.000	427.90 (375.40)	55.000	427.90 (375.40)	3.000	146.50 (128.50) T
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	04.00	+	35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
1975	Ultraviolet cystoscopy for bladder tumour	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T
1976	Optic urethrotomy	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	3.000	146.50 (128.50) T
1977	Transurethral resection of ejaculatory duct	04.00		60.700	472.20 (414.30)	60.700	472.20 (414.30)	3.000	146.50 (128.50) T
1979	Internal urethrotomy: Female	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	3.000	146.50 (128.50) T
1981	Internal urethrotomy: Male	04.00		76.200	592.80 (520.00)	76.200	592.80 (520.00)	3.000	146.50 (128.50) T
1983	Transurethral resection of bladder tumour	04.00		100.000	778.00 (682.50)	100.000	778.00 (682.50)	5.000	244.20 (214.20) T
1984	Transurethral resection of bladder tumours: Large multiple tumours	04.00		115.000	894.70 (784.80)	115.000	894.70 (784.80)	5.000	244.20 (214.20) T
1985	Transurethral resection of bladder neck: Female or child	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	5.000	244.20 (214.20) T
1986	Transurethral resection of bladder neck: Male	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
1987	Litholapaxy	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	5.000	244.20 (214.20) T
1989	Cystometrogram	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1991	Flometric bladder, studies with videocystograph	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
1992	Without videocystograph	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	3.000	146.50 (128.50) T
1993	Voiding cysto-urethrogram	04.00		21.000	163.40 (143.30)	21.000	163.40 (143.30)	3.000	146.50 (128.50) T
1994	Rigiscan examination	04.00		66.000	513.50 (450.40)	66.000	513.50 (450.40)		
1995	Percutaneous aspiration of bladder	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1996	Bladder catheterisation: Male (not at operation)	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	3.000	146.50 (128.50) T
1997	Bladder catheterisation: Female (not at operation)	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		

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				RVU	Fee	RVU	Fee	RVU	Fee
1999	Percutaneous cystostomy	04.00		24.000	186.70 (163.80)	24.000	186.70 (163.80)	3.000	146.50 (128.50) T
1945	Instillation of radio-opaque material for cystography or urethrocystography	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)	3.000	146.50 (128.50) T
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
1949	Cystoscopy: Hospital equipment	04.00		44.000	342.30 (300.30)	44.000	342.30 (300.30)	3.000	146.50 (128.50) T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
2001	Total cystectomy: After previous urinary diversion	04.00		294.000	2287.30 (2006.40)	235.200	1829.90 (1605.10)	8.000	390.60 (342.70) T
2003	Total cystectomy: With conduit construction and ureteric anastomosis	04.00		554.700	4315.60 (3785.60)	443.760	3452.50 (3028.50)	8.000	390.60 (342.70) T
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	04.00		650.000	5057.00 (4436.00)	520.000	4045.60 (3548.80)	8.000	390.60 (342.70) T
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	04.00		700.000	5446.00 (4777.20)	560.000	4356.80 (3821.80)	8.000	390.60 (342.70) T
2007	Partial cystectomy	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	8.000	390.60 (342.70) T
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	04.00		462.000	3594.40 (3152.90)	369.600	2875.50 (2522.40)	8.000	390.60 (342.70) T
2010	Reversion of temporary conduit	04.00		360.000	2800.80 (2456.80)	288.000	2240.60 (1965.50)	8.000	390.60 (342.70) T
2011	Partial cystectomy with uretero-neo-cystostomy	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	6.000	293.00 (257.00) T
2012	Reversion of conduit with major urinary tract reconstruction	04.00		600.000	4668.00 (4094.70)	480.000	3734.40 (3275.80)	8.000	390.60 (342.70) T
2013	Diverticulectomy (independent procedure): Multiple or single	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2015	Suprapubic cystostomy	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	5.000	244.20 (214.20) T
2016	Abdomino-neo-urethrostomy	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	5.000	244.20 (214.20) T
2017	Open loop fulguration or excision of bladder tumour	04.00		101.000	785.80 (689.30)	101.000	785.80 (689.30)	5.000	244.20 (214.20) T
2019	Operation for vesico-vaginal or urethra-vaginal fistula	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)	5.000	244.20 (214.20) T
2020	Repair of vesico vaginal fistula: Abdominal approach	04.00		255.000	1983.90 (1740.30)	204.000	1587.10 (1392.20)	5.000	244.20 (214.20) T
2021	Vesico-plication (Hamilton Stewart)	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	04.11		195.000	1517.10 (1330.80)	156.000	1213.70 (1064.60)	5.000	244.20 (214.20) T
2025	Vesico-urethropexy with rectus sling	04.11		229.400	1784.70 (1565.60)	183.520	1427.80 (1252.40)	5.000	244.20 (214.20) T
2027	Open operation for ureterocele: Unilateral	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T
2029	Open operation for ureterocele: Bilateral	04.00		207.000	1610.50 (1412.70)	165.600	1288.40 (1130.10)	5.000	244.20 (214.20) T
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	04.00		264.000	2053.90 (1801.70)	211.200	1643.10 (1441.30)	8.000	390.60 (342.70) T
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	04.00		53.000	412.30 (361.70)	53.000	412.30 (361.70)	8.000	390.60 (342.70) T
2035	Cutaneous vesicostomy	04.00		118.000	918.00 (805.30)	118.000	918.00 (805.30)	5.000	244.20 (214.20) T
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2039	Operation for ruptured bladder	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2042	Enterocystoplasty plus bowel anastomosis	04.00		419.900	3266.80 (2865.60)	335.920	2613.50 (2292.50)	5.000	244.20 (214.20) T
2043	Cysto-lithotomy	04.00		132.000	1027.00 (900.80)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2045	Excision of patent-urachus or urachal cyst	04.00		112.000	871.40 (764.40)	112.000	871.40 (764.40)	5.000	244.20 (214.20) T
2047	Drainage of perivesical or prevesical abscess	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	5.000	244.20 (214.20) T
2049	Evacuation of clots from bladder: Other than post-operative	04.00		132.100	1027.70 (901.50)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2050	Evacuation of clots from bladder: Post-operative	04.00						4.000	195.30 (171.30) T
2051	Simple bladder lavage: Including catheterisation	04.00		12.000	93.40 (81.90)	12.000	93.40 (81.90)	3.000	146.50 (128.50) T
2053	Bladder neck plasty: Male	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2057	Bladder neck plasty: Female	04.00		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
10.4	**Urethra**								
2059	Open biopsy of urethra: Male	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2061	Open biopsy of urethra: Female	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
2069	Dilatation of female urethra	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)	3.000	146.50 (128.50) T
2071	Urethrorraphy: Suture of urethral wound or injury	04.00		139.000	1081.40 (948.60)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2073	External urethrotomy: Pendulous urethra (anterior)	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2075	Urethraplasty: Pendulous urethra: First stage	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	4.000	195.30 (171.30) T
2077	Urethraplasty: Pendulous urethra: Second stage	04.00		145.000	1128.10 (989.60)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2079	Reconstruction of female urethra	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2081	Reconstruction or repair of male anterior urethra (one stage)	04.00		261.600	2035.20 (1785.30)	209.280	1628.20 (1428.20)	4.000	195.30 (171.30) T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	6.000	293.00 (257.00) T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	6.000	293.00 (257.00) T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	04.00		294.000	2287.30 (2006.40)	235.200	1829.90 (1605.10)	6.000	293.00 (257.00) T
2087	Urethral diverticulectomy: Male or female	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	04.00		86.000	669.10 (586.90)	86.000	669.10 (586.90)		
2089	Marsupialisation of urethral diverticula: Male or female	04.00		115.100	895.50 (785.50)	115.100	895.50 (785.50)	4.000	195.30 (171.30) T
2091	Total urethrectomy: Female	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2093	Total urethrectomy: Male	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
2095	Drainage of simple localised perineal urinary extravasation	04.00		128.800	1002.10 (879.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	05.05		137.000	1065.90 (935.00)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2099	Fulguration for urethral caruncle or polyp	04.00		53.600	417.00 (365.80)	53.600	417.00 (365.80)	3.000	146.50 (128.50) T
2101	Excision of urethral caruncle	04.00		53.600	417.00 (365.80)	53.600	417.00 (365.80)	3.000	146.50 (128.50) T
2103	Simple urethral meatotomy	04.00		26.300	204.60 (179.50)	26.300	204.60 (179.50)	3.000	146.50 (128.50) T
2105	Incision of deep peri-urethral abscess: Female	04.00		123.100	957.70 (840.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2107	Incision of deep peri-urethral abscess: Male	04.00		123.100	957.70 (840.10)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2109	Badenoch pull-through for intractable stricture or incontinence	04.00		181.000	1408.20 (1235.20)	144.800	1126.50 (988.20)	5.000	244.20 (214.20) T
2111	External sphincterotomy	06.04		108.000	840.20 (737.10)	108.000	840.20 (737.10)	5.000	244.20 (214.20) T
2113	Drainage of Skene gland abscess or cyst	04.00		42.300	329.10 (288.70)	42.300	329.10 (288.70)	3.000	146.50 (128.50) T
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	5.000	244.20 (214.20) T
2116	Urethral meatoplasty	04.00		101.500	789.70 (692.70)	101.500	789.70 (692.70)	3.000	146.50 (128.50) T
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	04.00		150.300	1169.30 (1025.70)	120.240	935.50 (820.60)	3.000	146.50 (128.50) T
2121	Closure of urethrovaginal fistula: Including diversionary procedures	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	5.000	244.20 (214.20) T
11	**Male Genital System**								
11.1	**Penis**								
2123	Biopsy of penis (independent procedure)	04.00		52.100	405.30 (355.60)	52.100	405.30 (355.60)	3.000	146.50 (128.50) T
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	06.04		16.600	129.10 (113.30)	16.600	129.10 (113.30)	3.000	146.50 (128.50) T
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	06.04		41.600	323.60 (283.90)	41.600	323.60 (283.90)	3.000	146.50 (128.50) T
2129	Electrodesiccation: Limited number	04.00		20.800	161.80 (142.00)	20.800	161.80 (142.00)	3.000	146.50 (128.50) T
2131	Electrodesiccation: Multiple extensive	04.00		41.600	323.60 (283.90)	41.600	323.60 (283.90)	3.000	146.50 (128.50) T
2132	Ligation of abnormal venous drainage	04.00		106.100	825.50 (724.10)	106.100	825.50 (724.10)	3.000	146.50 (128.50) T
2133	Circumcision: Clamp procedure	04.00		42.300	329.10 (288.70)	42.300	329.10 (288.70)	3.000	146.50 (128.50) T
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	04.00		36.800	286.30 (251.10)	36.800	286.30 (251.10)	3.000	146.50 (128.50) T
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	04.00		101.000	785.80 (689.30)	101.000	785.80 (689.30)	3.000	146.50 (128.50) T
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	04.00		188.600	1467.30 (1287.10)	150.880	1173.80 (1029.70)	3.000	146.50 (128.50) T
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	04.00		224.600	1747.40 (1532.80)	179.680	1397.90 (1226.20)	3.000	146.50 (128.50) T
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	3.000	146.50 (128.50) T
2153	Reconstructive operation for epispadias with incontinence	04.00		168.000	1307.00 (1146.50)	134.400	1045.60 (917.20)	3.000	146.50 (128.50) T
2154	Induction of artificial erection	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	3.000	146.50 (128.50) T
2155	Hypospadias: Urethral reconstruction	04.00		187.000	1454.90 (1276.20)	149.600	1163.90 (1021.00)	3.000	146.50 (128.50) T
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	04.00		84.000	653.50 (573.30)	84.000	653.50 (573.30)	3.000	146.50 (128.50) T
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	3.000	146.50 (128.50) T
2161	Total amputation of penis: Without gland dissection	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	4.000	195.30 (171.30) T
2163	Total amputation of penis: With gland-dissection	04.00		336.000	2614.10 (2293.10)	268.800	2091.30 (1834.40)	6.000	293.00 (257.00) T
2165	Partial amputation of penis: With gland-dissection	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	6.000	293.00 (257.00) T
2167	Partial amputation of penis: Without gland-dissection	04.00		84.000	653.50 (573.30)	84.000	653.50 (573.30)	4.000	195.30 (171.30) T
2169	Injection procedure for Peyronie's disease	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	04.00		42.000	326.80 (286.60)	42.000	326.80 (286.60)	3.000	146.50 (128.50) T
2173	Priapism operation: Shunt procedure: Any type	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	4.000	195.30 (171.30) T
2174	Priapism operation: Stab shunt	04.00		114.400	890.00 (780.70)	114.400	890.00 (780.70)	4.000	195.30 (171.30) T
11.2	**Testis and epididymis**								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								04.00
2175	Testis biopsy: Needle (independent procedure)	04.00		18.500	143.90 (126.30)	18.500	143.90 (126.30)	3.000	146.50 (128.50) T
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	04.00		58.900	458.20 (402.00)	58.900	458.20 (402.00)	3.000	146.50 (128.50) T
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	04.00		58.900	458.20 (402.00)	58.900	458.20 (402.00)	3.000	146.50 (128.50) T
2181	Epididymis biopsy: Needle	04.00		86.100	669.90 (587.60)	86.100	669.90 (587.60)	3.000	146.50 (128.50) T
2183	Puncture aspiration hydrocele with or without injection of medication	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	3.000	146.50 (128.50) T
2185	Operation for maldescended testicle: Including herniotomy	04.00		135.000	1050.30 (921.30)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2187	Operation for torsion appendix testis	04.00		119.200	927.40 (813.50)	119.200	927.40 (813.50)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2189	Operation for torsion testis with fixation of contralateral testis	04.00		119.200	927.40 (813.50)	119.200	927.40 (813.50)	4.000	195.30 (171.30) T
2191	Orchidectomy (total or subcapsular): Unilateral	04.00		98.000	762.40 (668.80)	98.000	762.40 (668.80)	3.000	146.50 (128.50) T
2193	Orchidectomy (total or subcapsular): Bilateral	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2195	Radical operation for malignant testis: Excluding gland dissection	04.00		155.300	1208.20 (1059.90)	124.240	966.60 (847.90)	6.000	293.00 (257.00) T
2197	Operation for hydrocele or spermatocele	04.00		99.800	776.40 (681.10)	99.800	776.40 (681.10)	4.000	195.30 (171.30) T
2199	Varicocelectomy	04.00		106.100	825.50 (724.10)	106.100	825.50 (724.10)	4.000	195.30 (171.30) T
2201	Abdominal ligation of spermatic vein for varicocele	04.00		112.800	877.60 (769.80)	112.800	877.60 (769.80)	4.000	195.30 (171.30) T
2203	Epididymectomy: Unilateral	04.00		114.400	890.00 (780.70)	114.400	890.00 (780.70)	3.000	146.50 (128.50) T
2205	Epididymectomy: Bilateral	04.00		158.200	1230.80 (1079.60)	126.560	984.60 (863.70)	3.000	146.50 (128.50) T
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	04.00		55.900	434.90 (381.50)	55.900	434.90 (381.50)	3.000	146.50 (128.50) T
2209	Vasotomy: Unilateral or bilateral	04.00		70.400	547.70 (480.40)	70.400	547.70 (480.40)	3.000	146.50 (128.50) T
2210	Vasogram, seminal vesiculogram: Unilateral	04.00		58.100	452.00 (396.50)	58.100	452.00 (396.50)	3.000	146.50 (128.50) T
2211	Vasogram, seminal vesiculogram: Bilateral	04.00		58.100	452.00 (396.50)	58.100	452.00 (396.50)	3.000	146.50 (128.50) T
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	04.00		91.200	709.50 (622.40)	91.200	709.50 (622.40)	4.000	195.30 (171.30) T
2213	Suture or repair of testicular injury	04.00		110.300	858.10 (752.70)	110.300	858.10 (752.70)	4.000	195.30 (171.30) T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	04.00		90.000	700.20 (614.20)	90.000	700.20 (614.20)	4.000	195.30 (171.30) T
2217	Excision of local lesion of testis or epididymis	04.00		90.800	706.40 (619.70)	90.800	706.40 (619.70)	4.000	195.30 (171.30) T
2219	Vaso-vasostomy: Unilateral	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2221	Vaso-vasostomy: Bilateral	04.00		117.000	910.30 (798.50)	117.000	910.30 (798.50)	3.000	146.50 (128.50) T
2223	Epididymo-vasostomy: Unilateral	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2225	Epididymo-vasostomy: Bilateral	04.00		117.000	910.30 (798.50)	117.000	910.30 (798.50)	3.000	146.50 (128.50) T
2227	Incision and drainage of scrotal wall abscess	04.00		42.700	332.20 (291.40)	42.700	332.20 (291.40)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2229	Excision of Mullerian duct cyst	04.00		189.000	1470.40 (1289.80)	151.200	1176.30 (1031.90)	4.000	195.30 (171.30) T
2231	Excision of lesion of spermatic cord	04.00		84.000	653.50 (573.30)	84.000	653.50 (573.30)	3.000	146.50 (128.50) T
2233	Seminal Vesiculectomy	04.00		220.000	1711.60 (1501.40)	176.000	1369.30 (1201.10)	5.000	244.20 (214.20) T
11.3	**Prostate**								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	04.00		23.300	181.30 (159.00)	23.300	181.30 (159.00)	3.000	146.50 (128.50) T
2237	Biopsy prostate: Incisional, any approach	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	4.000	195.30 (171.30) T
2239	Transurethral drainage of prostatic abscess	04.00		117.400	913.40 (801.20)	117.400	913.40 (801.20)	4.000	195.30 (171.30) T
2241	Perineal drainage of prostatic abscess	04.00		77.000	599.10 (525.50)	77.000	599.10 (525.50)	4.000	195.30 (171.30) T
2243	Trans-urethral cryo-surgical removal of prostate	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2245	Trans-urethral resection of prostate	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2249	Trans-urethral resection of post-operative bladder neck contracture	04.00		126.000	980.30 (859.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2251	Prostatectomy: Perineal: Sub-total	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2253	Prostatectomy: Perineal: Radical	04.00		336.000	2614.10 (2293.10)	268.800	2091.30 (1834.40)	8.000	390.60 (342.70) T
2254	Pelvic lymph adenectomy	04.11		175.000	1361.50 (1194.30)	140.000	1089.20 (955.40)	8.000	390.60 (342.70) T
2255	Supra-pelvic, transversical	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2257	Retropubic: Sub-total	04.00		252.000	1960.60 (1719.80)	201.600	1568.40 (1375.80)	6.000	293.00 (257.00) T
2259	Retropubic: Radical	04.00		336.000	2614.10 (2293.10)	268.800	2091.30 (1834.40)	8.000	390.60 (342.70) T
2260	Prostate brachytherapy	04.00		230.000	1789.40 (1569.60)	184.000	1431.50 (1255.70)	8.000	390.60 (342.70) T
12	**Female Genital System**								
12.1	**Vulva and introitus**								
2271	Removal of tag or polyp	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)	3.000	146.50 (128.50) T
2272	Removal of small superficial benign lesions	04.00		23.000	178.90 (157.00)	23.000	178.90 (157.00)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2273	Biopsy with suture in theatre (excluding after-care)	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	3.000	146.50 (128.50) T
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	3.000	146.50 (128.50) T
2275	Reduction labial hypertrophy	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	4.000	195.30 (171.30) T
2277	Removal of extensive benign vulva tumour	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	4.000	195.30 (171.30) T
2279	Secondary perineal repair: Repair second degree tear	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	6.000	293.00 (257.00) T
2280	Secondary perineal repair: Repair third degree tear	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	6.000	293.00 (257.00) T
2281	Excision of inclusion cyst	04.00		43.000	334.50 (293.50)	43.000	334.50 (293.50)	4.000	195.30 (171.30) T
2283	Hymenectomy	04.00		43.000	334.50 (293.50)	43.000	334.50 (293.50)	4.000	195.30 (171.30) T
2285	Drainage haematocolpos	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	4.000	195.30 (171.30) T
2287	Clitoris repair for injury: Including skin graft, if required	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	4.000	195.30 (171.30) T
2288	Clitoral reduction	04.00		160.000	1244.80 (1091.90)	128.000	995.80 (873.50)	4.000	195.30 (171.30) T
2289	Denervation or alcohol infiltration vulva (Woodruff)	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	4.000	195.30 (171.30) T
2291	Vulva: Undercutting skin (ball)	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)	4.000	195.30 (171.30) T
2293	Vulva and introitus: Drainage of abscess	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	3.000	146.50 (128.50) T
2295	Bartholin gland: Bartholin abscess marsupialisation	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)	3.000	146.50 (128.50) T
2297	Bartholin gland: Bartholin gland excision	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2299	Bartholin gland: Bartholin radical excision for malignant lesion	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	6.000	293.00 (257.00) T
2301	Operation for enlarging introitus: Fenton plasty	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2303	Operation for enlarging introitus: Bilateral Z-plastic	04.00		88.000	684.60 (600.60)	88.000	684.60 (600.60)	4.000	195.30 (171.30) T
2305	Vulvectomy: Partial	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	4.000	195.30 (171.30) T
2307	Vulvectomy	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
2309	Radical vulvectomy with bilateral lymphdenectomy	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	04.00		402.000	3127.60 (2743.50)	321.600	2502.00 (2194.80)	6.000	293.00 (257.00) T
12.2	**Vaginal procedures and operations**								
2312	Artificial insemination	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)		
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	04.00		25.500	198.40 (174.00)	25.500	198.40 (174.00)	3.000	146.50 (128.50) T
2314	Intra uterine insemination	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)		
2315	Simms Hühner test plus wet smear	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)	3.000	146.50 (128.50) T
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)	3.000	146.50 (128.50) T
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	04.00		56.000	435.70 (382.20)	56.000	435.70 (382.20)	3.000	146.50 (128.50) T
2319	Excision of cysts or tumours	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2321	Drainage of vaginal abscess	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2322	Pudendal nerve block	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
2323	Reconstruction of vagina after atresia	04.00		107.000	832.50 (730.20)	107.000	832.50 (730.20)	5.000	244.20 (214.20) T
2325	Construction of artificial vagina: Labial fusion	04.00		179.000	1392.60 (1221.60)	143.200	1114.10 (977.30)	4.000	195.30 (171.30) T
2327	Construction of artificial vagina: Macindoe type	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	5.000	244.20 (214.20) T
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	04.11		241.000	1875.00 (1644.70)	192.800	1500.00 (1315.80)	6.000	293.00 (257.00) T
2331	Vaginal septum removal	04.00		107.000	832.50 (730.20)	107.000	832.50 (730.20)	4.000	195.30 (171.30) T
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	04.00		243.300	1892.90 (1660.40)	194.640	1514.30 (1328.30)	6.000	293.00 (257.00) T
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	04.00		243.300	1892.90 (1660.40)	194.640	1514.30 (1328.30)	6.000	293.00 (257.00) T
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	04.00		166.900	1298.50 (1139.00)	133.520	1038.80 (911.20)	6.000	293.00 (257.00) T
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	04.00		166.900	1298.50 (1139.00)	133.520	1038.80 (911.20)	6.000	293.00 (257.00) T
2339	Colpotomy: Diagnostic (excluding after-care)	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T
2341	Colpotomy: Therapeutic, with or without sterilisation	04.00		103.000	801.30 (702.90)	103.000	801.30 (702.90)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2343	Vaginal hysterectomy: Without repair	04.00		210.500	1637.70 (1436.60)	168.400	1310.20 (1149.30)	6.000	293.00 (257.00) T
2345	Vaginal hysterectomy: With repair	04.00		231.700	1802.60 (1581.30)	185.360	1442.10 (1265.00)	6.000	293.00 (257.00) T
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	6.000	293.00 (257.00) T
2361	Vaginal hysterectomy and repair for total prolapse	04.00		320.000	2489.60 (2183.90)	256.000	1991.70 (1747.10)	6.000	293.00 (257.00) T
2363	Fothergill or Manchester repair operation	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	5.000	244.20 (214.20) T
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	04.00		232.000	1805.00 (1583.30)	185.600	1444.00 (1266.60)	5.000	244.20 (214.20) T
2366	Posterior repair alone	04.00		107.000	832.50 (730.20)	107.000	832.50 (730.20)	5.000	244.20 (214.20) T
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	5.000	244.20 (214.20) T
2368	Uterovesical fistula	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	5.000	244.20 (214.20) T
2369	Repair of Vesico- or urethro-vaginal fistula	04.00		179.000	1392.60 (1221.60)	143.200	1114.10 (977.30)	5.000	244.20 (214.20) T
2370	Repair of VVF - Obstetric or radiation	04.00		232.000	1805.00 (1583.30)	185.600	1444.00 (1266.60)	5.000	244.20 (214.20) T
2371	Closure of uretero-vaginal fistula	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	5.000	244.20 (214.20) T
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	5.000	244.20 (214.20) T
2373	Closure of recto-vaginal fistula	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2374	Closure of recto-vaginal fistula: Obstetric or radiation	04.00		151.000	1174.80 (1030.50)	120.800	939.80 (824.40)	5.000	244.20 (214.20) T
2375	Colpocleisis	04.00		129.000	1003.60 (880.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2377	Le Fort operation	04.00		129.000	1003.60 (880.40)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2379	Schauta operation	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	8.000	390.60 (342.70) T
2381	Vaginectomy	04.00		268.000	2085.00 (1829.00)	214.400	1668.00 (1463.20)	8.000	390.60 (342.70) T
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	04.00		429.000	3337.60 (2927.70)	343.200	2670.10 (2342.20)	8.000	390.60 (342.70) T
2385	Vaginal laceration or trauma: Repair	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
12.3	**Cervix**								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	06.05		20.000	155.60 (136.50)	20.000	155.60 (136.50)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2391	Cervix: Canal reconstruction	04.00		147.000	1143.70 (1003.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	04.00		14.000	108.90 (95.50)	14.000	108.90 (95.50)		
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	04.00		22.000	171.20 (150.10)	22.000	171.20 (150.10)	3.000	146.50 (128.50) T
2396	Laser or harmonic scalpel treatment of the cervix	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	3.000	146.50 (128.50) T
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	04.00		31.000	241.20 (211.60)	31.000	241.20 (211.60)	3.000	146.50 (128.50) T
2399	Punch biopsy (excluding after-care)	04.00		9.000	70.00 (61.40)	9.000	70.00 (61.40)	3.000	146.50 (128.50) T
2400	Biopsy during pregnancy (excluding after-care)	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
2403	Wedge biopsy: Cervix (excluding after-care)	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)	3.000	146.50 (128.50) T
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	04.00		24.000	186.70 (163.80)	24.000	186.70 (163.80)	3.000	146.50 (128.50) T
2405	Cone biopsy: Cervix (excluding after-care)	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2407	Amputation: Cervix	04.00		67.000	521.30 (457.20)	67.000	521.30 (457.20)	3.000	146.50 (128.50) T
2409	Cervix encirclage: McDonald stitch	04.00		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
2411	Cervix encirclage: Shirodkar suture	04.00		60.000	466.80 (409.50)	60.000	466.80 (409.50)	3.000	146.50 (128.50) T
2413	Cervix encirclage: Lash	04.00		49.000	381.20 (334.40)	49.000	381.20 (334.40)	3.000	146.50 (128.50) T
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	04.00		5.000	38.90 (34.10)	5.000	38.90 (34.10)		
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	04.00		30.000	233.40 (204.70)	30.000	233.40 (204.70)	3.000	146.50 (128.50) T
2417	Repair of tears: Emmet repair of tears	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2418	Repair of tears: Sturmdorff repair of tears	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2421	Extirpation of cervical stump: Vaginal	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2423	Extirpation of cervical stump: Abdominal	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2425	Removal of cervical polyps (excluding after-care)	04.00		13.000	101.10 (88.70)	13.000	101.10 (88.70)	3.000	146.50 (128.50) T
2427	Removal of cervical myomata	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	3.000	146.50 (128.50) T
2429	Colposcopy (excluding after-care)	04.00		27.000	210.10 (184.30)	27.000	210.10 (184.30)	3.000	146.50 (128.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
12.4	**Uterus**								
2433	Embryo transfer	04.00		45.000	350.10 (307.10)	45.000	350.10 (307.10)	4.000	195.30 (171.30) T
2434	Endometrial biopsy (excluding after-care)	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)	3.000	146.50 (128.50) T
2435	Hysterosalpingogram (excluding after-care)	04.00		22.000	171.20 (150.10)	22.000	171.20 (150.10)	3.000	146.50 (128.50) T
2436	Hysteroscopy (excluding after-care)	04.00		40.000	311.20 (273.00)	40.000	311.20 (273.00)	3.000	146.50 (128.50) T
2437	Hysteroscopy and D&C (excluding after-care)	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)	3.000	146.50 (128.50) T
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	3.000	146.50 (128.50) T
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	04.00		63.000	490.10 (429.90)	63.000	490.10 (429.90)	3.000	146.50 (128.50) T
2440	Hysteroscopy and polypectomy (excluding after-care)	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	3.000	146.50 (128.50) T
2441	Hysteroscopy and myomectomy (excluding after-care)	04.00		130.000	1011.40 (887.20)	120.000	933.60 (818.90)	3.000	146.50 (128.50) T
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	06.04		18.000	140.00 (122.80)	18.000	140.00 (122.80)	3.000	146.50 (128.50) T
2443	Dilatation and curettage (D&C) (excluding after-care)	06.04		35.000	272.30 (238.90)	35.000	272.30 (238.90)	3.000	146.50 (128.50) T
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	06.04		45.000	350.10 (307.10)	45.000	350.10 (307.10)	3.000	146.50 (128.50) T
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	04.00		71.000	552.40 (484.50)	71.000	552.40 (484.50)	4.000	195.30 (171.30) T
2448	Termination of pregnancy before 12 weeks	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2449	Evacuation: Missed abortion: Before 12 weeks gestation	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2451	Evacuation: Missed abortion: After 12 weeks gestation	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	4.000	195.30 (171.30) T
2453	Evacuation hydatidiform mole	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	5.000	244.20 (214.20) T
2455	Evacuation uterus post-partum	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)	6.000	293.00 (257.00) T
2461	Ventrosuspension	04.00		80.000	622.40 (546.00)	80.000	622.40 (546.00)	4.000	195.30 (171.30) T
2463	Uteroplasty: Strassman	04.00		143.000	1112.50 (975.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2465	Uteroplasty: Tompkins	04.00		143.000	1112.50 (975.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2467	Myomectomy	04.00		143.000	1112.50 (975.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	04.00		254.100	1976.90 (1734.10)	203.280	1581.50 (1387.30)	6.000	293.00 (257.00) T
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	04.00		252.200	1962.10 (1721.20)	201.760	1569.70 (1376.90)	6.000	293.00 (257.00) T
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	04.00		355.000	2761.90 (2422.70)	284.000	2209.50 (1938.20)	6.000	293.00 (257.00) T
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	04.00		472.800	3678.40 (3226.70)	378.240	2942.70 (2581.30)	8.000	390.60 (342.70) T
2477	Abdominal hysterotomy with or without sterilisation	04.00		188.000	1462.60 (1283.00)	150.400	1170.10 (1026.40)	6.000	293.00 (257.00) T
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	04.00		200.000	1556.00 (1364.90)	160.000	1244.80 (1091.90)	6.000	293.00 (257.00) T
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	04.00		120.000	933.60 (818.90)				
12.5	**Fallopian tubes**								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								04.00
2481	Insufflation Fallopian tubes (excluding after-care)	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	3.000	146.50 (128.50) T
2483	Salpingolysis	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2485	Salpingostomy	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	4.000	195.30 (171.30) T
2487	Tuboplasty tubal anastomosis or re-implantation	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	4.000	195.30 (171.30) T
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	04.00		125.000	972.50 (853.10)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	6.000	293.00 (257.00) T
2491	Ectopic pregnancy - after 12 weeks	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	6.000	293.00 (257.00) T
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	04.00		94.000	731.30 (641.50)	94.000	731.30 (641.50)	5.000	244.20 (214.20) T
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically	04.00							
2493	Diagnostic laparoscopy (excluding after-care)	04.00		94.400	734.40 (644.20)	94.400	734.40 (644.20)	5.000	244.20 (214.20) T
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	04.00	+	18.000	140.00 (122.80)	18.000	140.00 (122.80)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2497	Laparoscopy: Plus sterilisation	04.00	+	40.000	311.20 (273.00)	40.000	311.20 (273.00)	5.000	244.20 (214.20) T
2499	Laparoscopy: Plus biopsy (excluding after-care)	04.00	+	18.000	140.00 (122.80)	18.000	140.00 (122.80)	5.000	244.20 (214.20) T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	04.00	+	51.000	396.80 (348.10)	51.000	396.80 (348.10)	5.000	244.20 (214.20) T
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	04.00	+	18.000	140.00 (122.80)	18.000	140.00 (122.80)	5.000	244.20 (214.20) T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	04.00	+	52.000	404.60 (354.90)	52.000	404.60 (354.90)	5.000	244.20 (214.20) T
2503	Laparoscopy: Plus ovarian drilling	04.00	+	40.000	311.20 (273.00)	40.000	311.20 (273.00)	5.000	244.20 (214.20) T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT) .	04.00	+	107.000	832.50 (730.20)	107.000	832.50 (730.20)	5.000	244.20 (214.20) T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	04.00	+	52.000	404.60 (354.90)	52.000	404.60 (354.90)	5.000	244.20 (214.20) T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	04.00		58.000	451.20 (395.80)	58.000	451.20 (395.80)		
12.6	**Ovaries**								
2525	Wedge resection of ovaries, unilateral or bilateral	04.00		105.000	816.90 (716.60)	105.000	816.90 (716.60)	4.000	195.30 (171.30) T
2527	Removal of ovarian tumour or cyst	04.00		187.000	1454.90 (1276.20)	149.600	1163.90 (1021.00)	4.000	195.30 (171.30) T
2529	Oophorectomy: Uni- or bilateral	04.00		134.500	1046.40 (917.90)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2531	Ovarian carcinoma debulking and omentectomy	04.00		357.000	2777.50 (2436.40)	285.600	2222.00 (1949.10)	6.000	293.00 (257.00) T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	04.00		469.000	3648.80 (3200.70)	375.200	2919.10 (2560.60)	6.000	293.00 (257.00) T
12.7	**Miscellaneous procedures**								
2535	Exenteration: Anterior Exenteration	04.00		402.000	3127.60 (2743.50)	321.600	2502.00 (2194.80)	8.000	390.60 (342.70) T
2537	Exenteration: Posterior Exenteration	04.00		402.000	3127.60 (2743.50)	321.600	2502.00 (2194.80)	8.000	390.60 (342.70) T
2539	Exenteration: Total	04.00		625.000	4862.50 (4265.40)	500.000	3890.00 (3412.30)	8.000	390.60 (342.70) T
2541	Presacral neurectomy	04.00		98.000	762.40 (668.80)	98.000	762.40 (668.80)	5.000	244.20 (214.20) T
2543	Moschowitz operation	04.00		120.000	933.60 (818.90)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	04.00		193.100	1502.30 (1317.80)	154.480	1201.90 (1054.30)	5.000	244.20 (214.20) T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	04.00		195.000	1517.10 (1330.80)	156.000	1213.70 (1064.60)	5.000	244.20 (214.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	04.00		149.000	1159.20 (1016.90)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2547	Operations for stress incontinence: Burch colposuspension	04.00		161.000	1252.60 (1098.80)	128.800	1002.10 (879.00)	5.000	244.20 (214.20) T
2548	Operation for stress incontinence: Use of tape	04.00		229.400	1784.70 (1565.60)	183.520	1427.80 (1252.40)	5.000	244.20 (214.20) T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	5.000	244.20 (214.20) T
2551	Laparotomy	04.00		196.000	1524.90 (1337.60)	156.800	1219.90 (1070.10)	4.000	195.30 (171.30) T
2552	Removal benign retroperitoneal tumour	04.00		223.000	1734.90 (1521.90)	178.400	1388.00 (1217.50)	6.000	293.00 (257.00) T
2553	Radical removal of malignant retroperitoneal tumour	04.00		350.000	2723.00 (2388.60)	280.000	2178.40 (1910.90)	8.000	390.60 (342.70) T
2554	Drainage of pelvic abscess per abdomen	04.00		180.000	1400.40 (1228.40)	144.000	1120.30 (982.70)	6.000	293.00 (257.00) T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)	5.000	244.20 (214.20) T
2558	Drainage intra-abdominal abscess: Delayed closure	04.00		268.000	2085.00 (1829.00)	214.400	1668.00 (1463.20)	6.000	293.00 (257.00) T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	04.00		210.000	1633.80 (1433.20)	168.000	1307.00 (1146.50)	6.000	293.00 (257.00) T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	04.00		51.000	396.80 (348.10)	51.000	396.80 (348.10)	6.000	293.00 (257.00) T
2565	Implantation hormone pellets (excluding after-care)	04.00		3.000	23.30 (20.50)	3.000	23.30 (20.50)		
2570	Ligation of internal iliac vessels (when not part of another procedure)	04.00		225.000	1750.50 (1535.50)	180.000	1400.40 (1228.40)	8.000	390.60 (342.70) T
13	**Obstetric Procedures**								
RULES GOVERNING THIS SECTION									
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								04.00
13.1	**Pre-natal care and procedures**								
2603	External cephalic version (excluding after-care)	04.00		22.000	171.20 (150.10)	22.000	171.20 (150.10)		
2605	Amniocentesis (excluding after-care)	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)		
2607	Amnioscopy (excluding after-care)	04.00		18.000	140.00 (122.80)	18.000	140.00 (122.80)		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2609	Intra-uterine transfusion of foetus or cordocentesis	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)		
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)		
2611	Chorion villus sampling (excluding after-care)	04.00		54.000	420.10 (368.50)	54.000	420.10 (368.50)		
13.2	**Confinements**								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	04.11		282.000	2194.00 (1924.50)	225.600	1755.20 (1539.60)	6.000	293.00 (257.00) T
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit). See modifier 0011 for emergency caesarean section (all hours)	04.00		267.000	2077.30 (1822.20)	213.600	1661.80 (1457.70)	6.000	293.00 (257.00) T
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	04.00		190.000	1478.20 (1296.70)	152.000	1182.60 (1037.30)		
	Global obstetric care includes o All modes of delivery (including Caesarean) o All inductions of labour (medical or surgical) o Intrapartum paracervical and pudential blocks o Intrapartum amnioscopy o Foetal blood sampling o Application of scalp leads o Symphysiotomy o Manual removal of placenta o Repair cervical tears o Correction of uterine inversion o Drainage of vulval haematoma o Repair third degree tear o Repair second degree tear o Repair episiotomy o Resuscitation of newborn by obstetrician o Tracheal intubation o Missed confinement	04.00							
	Global obstetric care excludes o Prenatal consultations o Prenatal procedures (Items 2603 - 2611) o Emergency hysterectomy for obstetrical reasons o Abdominal operation for repair of ruptured gravid uterus o Intensive care for obstetrical emergencies o Tubal ligation performed as a post-partum procedure o Post-partum complications occurring after discharge from the hospital								04.00
13.3	**Operative procedures (excluding antenatal care)**								
2653	Caesarean-hysterectomy	04.00		335.000	2606.30 (2286.20)	268.000	2085.00 (1829.00)	9.000	439.50 (385.50) T
2657	Post-partum hysterectomy	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	8.000	390.60 (342.70) T
2669	Abdominal operation for ruptured gravid uterus: Repair	04.00		250.000	1945.00 (1706.10)	200.000	1556.00 (1364.90)	9.000	439.50 (385.50) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14	**Nervous System**								
14.1	**Diagnostic procedures**								
2681	Visual evoked potentials (VEP): Unilateral	04.00		50.000	389.00 (341.20)				
2682	Visual evoked potentials (VEP): Bilateral	04.00		88.000	684.60 (600.60)				
2683	Electro-retinography (Ganzfeld method): Unilateral	04.00		60.000	466.80 (409.50)				
2684	Electro-retinography (Ganzfeld method): Bilateral	04.00		105.000	816.90 (716.60)				
2685	Electro-oculography: Unilateral	04.00		30.000	233.40 (204.70)				
2686	Electro-oculography: Bilateral	04.00		53.000	412.30 (361.70)				
2687	VEP stable condition (photic drive): Unilateral	04.00		50.000	389.00 (341.20)				
2689	VEP stable condition (photic drive): Bilateral	04.00		88.000	684.60 (600.60)				
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	04.00		150.000	1167.00 (1023.70)				
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry	04.00							
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	04.00		48.000	373.40 (327.60)				
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	04.00		6.000	46.70 (40.90)	6.000	46.70 (40.90)		
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	04.00		220.000	1711.60 (1501.40)				
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	04.00		80.000	622.40 (546.00)				
2709	Full spinogram including bilateral median and posterior-tibial studies	04.00		140.000	1089.20 (955.40)				
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)	04.00							
2711	Electro-encephalography: Taking of record	04.00		36.100	280.90 (246.40)	36.100	280.90 (246.40)		
2712	Electro-encephalography: Interpretation	04.00		24.000	186.70 (163.80)	24.000	186.70 (163.80)		
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	06.02		18.400	143.20 (125.60)	18.400	143.20 (125.60) Z		
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.	09.01							
2714	Cisternal puncture and/or intrathecal injections	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)		
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	04.00		136.000	1058.10 (928.10)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	04.00		30.000	233.40 (204.70)				
2717	Electromyography: First	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)		
2718	Electromyography: Subsequent	04.00		75.000	583.50 (511.80)	75.000	583.50 (511.80)		
2719	Overnight polysomnogram and sleep staging: Hire	04.00		125.000	972.50 (853.10)				
2720	Overnight polysomnogram and sleep staging: Interpretation	04.00		23.000	178.90 (157.00)				
2721	Daytime polysomnogram: Hire	04.00		125.000	972.50 (853.10)				
2722	Daytime polysomnogram: Interpretation	04.00		17.000	132.30 (116.00)				
2723	Multiple sleep latency test: Interpretation	04.00		125.000	972.50 (853.10)				
2724	Overnight continuous positive airways pressure (CPAP) titration	04.00		155.000	1205.90 (1057.80)	124.000	964.70 (846.20)		
2725	Angiography carotis: Unilateral	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	4.000	195.30 (171.30) T
2726	Angiography carotis: Bilateral	04.00		44.000	342.30 (300.30)	44.000	342.30 (300.30)	4.000	195.30 (171.30) T
2727	Vertebral artery: Direct needling	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2729	Vertebral catheterisation	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	06.02		60.000	466.80 (409.50) Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	04.00		14.500	112.80 (99.00)			4.000	195.30 (171.30) T
2733	Cortical Stimulation	04.00		58.900	458.20 (402.00)	58.900	458.20 (402.00)		
2734	Sodium Amytal Testing (WADA test)	04.00		88.700	690.10 (605.30)	88.700	690.10 (605.30)	13.000	634.80 (556.80) T
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	04.00		31.500	245.10 (215.00)	-	- v		
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	04.00		7.000	54.50 (47.80)	7.000	54.50 (47.80)		
2739	Ventricular needling without burring: Tapping only	04.00		16.000	124.50 (109.20)	16.000	124.50 (109.20)	4.000	195.30 (171.30) T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	04.00		43.000	334.50 (293.50)	43.000	334.50 (293.50)	4.000	195.30 (171.30) T
2743	Subdural tapping: First sitting	04.00		15.000	116.70 (102.40)	15.000	116.70 (102.40)	4.000	195.30 (171.30) T
2745	Subdural tapping: Subsequent	04.00		10.000	77.80 (68.20)	10.000	77.80 (68.20)	4.000	195.30 (171.30) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	04.00		36.100	280.90 (246.40)	36.100	280.90 (246.40)		
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	04.00		24.500	190.60 (167.20)	24.500	190.60 (167.20)		
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	04.00		36.100	280.90 (246.40)	36.100	280.90 (246.40)		
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	04.00		24.500	190.60 (167.20)	24.500	190.60 (167.20)		
6010	Electroenchephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	04.00		294.600	2292.00 (2010.50)	235.680	1833.60 (1608.40)		
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	04.00		128.600	1000.50 (877.60)	120.000	933.60 (818.90)		
14.2	**Introduction of burr holes for**								
2747	Ventriculography	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2749	Catheterisation for ventriculography and/or drainage	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2751	Biopsy of brain tumour	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2753	Subdural haematoma or hygroma	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2755	Subdural empyema	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
2757	Brain abscess	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	8.000	390.60 (342.70) T
14.3	**Nerve procedures**								
2759	Nerve biopsy: Peripheral	04.00		37.000	287.90 (252.50)	37.000	287.90 (252.50)	4.000	195.30 (171.30) T
2763	Nerve biopsy: Cranial nerves: Extra-cranial	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	4.000	195.30 (171.30) T
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	04.00		26.000	202.30 (177.40)	26.000	202.30 (177.40)	4.000	195.30 (171.30) T
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	04.00		25.000	194.50 (170.60)				
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	04.00		30.000	233.40 (204.70)				
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	04.00		35.000	272.30 (238.90)				
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	04.00		35.000	272.30 (238.90)				
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	04.00		50.000	389.00 (341.20)				

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
14.3.1	**Nerve procedures: Nerve repair or suture**								
2767	Suture brachial plexus (see also items 2837 and 2839)	04.00		300.000	2334.00 (2047.40)	240.000	1867.20 (1637.90)	6.000	293.00 (257.00) T
2769	Suture: Large nerve: Primary	04.00		134.000	1042.50 (914.50)	120.000	933.60 (818.90)	5.000	244.20 (214.20) T
2771	Suture: Large nerve: Secondary	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	5.000	244.20 (214.20) T
2773	Digital nerve: Primary	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	3.000	146.50 (128.50) T
2775	Digital nerve: Secondary	04.00		96.000	746.90 (655.20)	96.000	746.90 (655.20)	3.000	146.50 (128.50) T
2777	Nerve graft: Simple	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	4.000	195.30 (171.30) T
2779	Fascicular: First fasciculus	04.00		202.000	1571.60 (1378.60)	161.600	1257.20 (1102.80)	4.000	195.30 (171.30) T
2781	Fascicular: Each additional fasciculus	04.00		50.000	389.00 (341.20)	50.000	389.00 (341.20)	4.000	195.30 (171.30) T
2783	Fascicular: Nerve flap: To include all stages	04.00		224.000	1742.70 (1528.70)	179.200	1394.20 (1223.00)	4.000	195.30 (171.30) T
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	04.00		124.000	964.70 (846.20)	120.000	933.60 (818.90)	6.000	293.00 (257.00) T
2787	Fascicular: Grafting of facial nerve	04.00		215.000	1672.70 (1467.30)	172.000	1338.20 (1173.80)	5.000	244.20 (214.20) T
14.3.2	**Nerve procedures: Neurectomy**								
2789	Trigeminal ganglion: Injection of alcohol	04.00		150.000	1167.00 (1023.70)	120.000	933.60 (818.90)	4.000	195.30 (171.30) T
2791	Trigeminal ganglion: Injection of cortisone	04.00		65.000	505.70 (443.60)	65.000	505.70 (443.60)	3.000	146.50 (128.50) T
2793	Trigeminal ganglion: Coagulation through high frequency	04.00		170.000	1322.60 (1160.20)	136.000	1058.10 (928.10)	3.000	146.50 (128.50) T
2799	Procedures for pain relief: Intrathecal injections for pain	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)	4.000	195.30 (171.30) T
2800	Procedures for pain relief: Plexus nerve block	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)	36.000	280.10 (245.70) ç
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	04.00		36.000	280.10 (245.70)	36.000	280.10 (245.70)		
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.	09.01							
2802	Procedures for pain relief: Peripheral nerve block	04.00		25.000	194.50 (170.60)	25.000	194.50 (170.60)	25.000	194.50 (170.60) ç
2803	Alcohol injection in peripheral nerves for pain: Unilateral	04.00		20.000	155.60 (136.50)	20.000	155.60 (136.50)	3.000	146.50 (128.50) T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	04.00	+	10.000	77.80 (68.20)	10.000	77.80 (68.20)	10.000	77.80 (68.20) ç