

DEPARTMENT OF LABOUR

NOTICE 193 OF 2019

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED**ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2019.
2. Medical Tariffs increase for 2019 is 6.4%
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2019 and Exclude 15% Vat.


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MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 05/12/2018

Kommunikasie-en-Inligingstelsel • Ditheletsano Isa Puso • Tekuchumana taHulumende • EzokuXhumana koMbuso • Dikgokahano Isa Mmuso
Vhuvahlidzani ha Muvhuso • Dikgokagano Isa Mmuso • liNkonzo zoNzibelelwano lukaRhulumente • Vuhlanganisi bya Mfumo • UkuThintanisa koMbuso

Batho Pele - putting people first

GENERAL INFORMATION

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted, as long as it is exercised reasonably and without prejudice to the employee or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act, the Compensation Fund may refer an injured employee to a specialist medical practitioner designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered with the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not included such documents can not be processed but will be returned to the sender to add the ID number.

The tariff amounts published in the tariff guides to medical services rendered in terms of the Compensation for Occupational Injuries and Diseases Act do not include VAT. All accounts for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.

The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.

Please note that there are VAT exempted codes in the private ambulance tariff structure.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 Referrals to another medical service provider should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.
6. Service providers should not generate the following:
- a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za ●**

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
 - All pharmacy or medication accounts must be accompanied by the original scripts
 - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

	Specialist Spesialis		General practitioner Algemene Praktikus		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
RULES GOVERNING THE TARIFF							
PLEASE NOTE: The interpretations/comments as published in the SAMA Medical Doctors' Coding Manual (MDCM) must also be adhered to when rendering health care services under the Compensation for Occupational Injuries and Diseases Act, 1993							
A. Consultations: Definitions							
(a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receives additional remuneration							
(b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling							
(c) Hospital visits: Where a procedure or operation was performed, hospital visits are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code							
B. Normal hours and after hours: Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after hours. Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. Please note: items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period)							
C. Comparable services: The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees or in the SAMA guideline, shall be based on the fee in respect of a comparable service. For procedures/services not in this tariff of fees but in the SAMA guideline, item 6999 (unlisted procedure or service code), should be used with the SAMA code. Motivation for the use of a comparable item must be provided. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23)							
D. Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. In the case of an injured employee, the relevant consultation fee is payable by the employee.) In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be							

		Specialist Spesialis		General practitioner Algemene Praktisus		Anaesthetic		Narkose	
		U/E	R	U/E	R	U/E	R	T/M	
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital, as that routine pre-operative visit is included in the global surgical fee for the procedure								
F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself								
G.	Post-operative care (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding FOUR months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed) ● Tensy anders vermeld, sluit die gelde ten opsigte van 'n operasie of prosedure normale nasorg in oor 'n tydperk wat nie VIER maande oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie) (b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon it shall be his/her own responsibility to arrange for the service to be rendered without extra charge (c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charged (d) Normal aftercare refers to uncomplicated post-operative period not requiring any further surgical incision (e) Abnormal aftercare refers to post-operative complications and treatment not requiring any further incisions and will be considered for payment								
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for four months								
I.	Pathological investigations performed by clinicians: Fees for all pathological investigations performed by members of other disciplines (where permissible) - refer to modifier 0097: Items that resort under Clinical and Anatomical Pathology: See section for Pathology								
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged								
K.	Services of a specialist, upon referral: Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists								
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged								
M.	Surgical procedure planned to be performed later: In cases where, during a consultation/visit, a surgical procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion								
N.	Rendering of accounts for occupational injuries and diseases								

	Specialist Spesialis		General practitioner Algemene Praktikus		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
(a) "Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention (b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded (c) The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation (d) A single fee for a consultation/visit shall be paid to a medical practitioner for the once-off treatment of an injured employee who thereafter passes into the permanent care of another medical practitioner, not a partner or assistant of the first. The responsibility of furnishing the First Medical Report in such a case rests with the second practitioner							
O. Costly or prolonged medical services or procedures (a) An employee should be hospitalised only when and for the length of period that his condition justifies full-time medical assistance (b) Occupational therapy/Physiotherapy: The same principals as set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when an employee is referred to a therapist (c) In case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Compensation Fund if liability is accepted for such treatment							
P. Travelling fees (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if the practitioner had to travel more than 16 kilometres in total (b) If more than one patient is attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms (d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such a hospital, except in cases of emergency (services not voluntarily scheduled) (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled)							
INTENSIVE CARE RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE							
Q. Intensive care/High care: Units in respect of item codes 1204 to 1210 (Categories 1 to 3) EXCLUDE the following (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit fee for the initial assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive care/high care unit (b) Cost of any drugs and/or materials (c) Any other cost that may be incurred before, during or after the consultation/visit and/or the therapy							

		Specialist Specialis		General practitioner or Algemene Praktisier		Anaesthetic		Narkose	
		U/E	R	U/E	R	U/E	R	T/M	
	(d) Blood gases and chemistry tests, including arterial puncture to obtain specimens (e) Procedural item codes 1202 and 1212 to 1221 but INCLUDE the following (f) Performing and interpreting of a resting ECG (g) Interpretation of blood gases, chemistry tests and x-rays (h) Intravenous treatment (item codes 0206 and 0207) R. Multiple organ failure: Units for item codes 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include cardio-respiratory resuscitation (item 1211) S. Ventilation: Units for item codes 1212, 1213 and 1214 (ventilation) include the following (a) Measurement of minute volume, vital capacity, time- and vital capacity studies (b) Testing and connecting the machine (c) Setting up and coupling patient to machine: setting machine, synchronising patient with machine (d) Instruction to nursing staff (e) All subsequent visits for the first 24 hours T. Ventilation (item codes 1212 to 1214) does not form part of normal post-operative care, but may not be added to item code 1204: Category 1: Cases requiring intensive monitoring RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING NOTE In the event of Complex medical cases (Poly-trauma, Traumatic Brain injury, Spinal injuries, etc.), the first Radiological Investigations (e.g MRI, CT scan, Ultrasound and Angiography), Authorisation will not be required provided there was a valid indication. All second and Subsequent specialised Radiological investigations for Complex medical cases, will need a pre-authorisation. Non-Complex medical cases/elective cases will need pre-authorisation for all specialised radiological investigations. W. (a) Complete Annexure A and Annexure B, submit report of the investigation and an invoice. (b) Item code 6270 - Proper motivation must be submitted upon which the Compensation Fund will consider approval for payment RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY Note (a) Prior approval must be obtained from the Compensation Fund before any treatment resorting under this section is carried out (b) Where approval has been obtained, treatment must be limited to 12 sessions only, after which the patient must be referred back to the referring doctor for an evaluation and report to the Compensation Fund Va. Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure Vb. When adding psychotherapy items to a first or follow-up consultation item, the clinician must ensure that the time stipulated in the psychotherapy items are adhered to (i.e. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes) RULES GOVERNING THE SECTION RADIOLOGY								

		Specialist Spesialis		General practitioner Algemene Praktikus		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used							
Z.	No fee to is subject to more than one reduction							
RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES								
AA.	Procedures exclude the cost of isotope used							
RULE GOVERNING THE SECTION RADIATION ONCOLOGY								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes							
RULE GOVERNING ULTRASOUND EXAMINATIONS								
EE.	(a) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner performing the scan. A copy of the letter of motivation must be attached to the first account rendered to the Compensation Fund by the radiologist							
	(b) In case of a referral to a radiologist, no motivation is required from the radiologist himself							
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 (T U R) 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 code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973							
RULE GOVERNING THE SECTION RADIOLOGY								
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years.							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
MODIFIERS GOVERNING THE TARIFF CODES								
MODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF								
0001	Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable	100	2 664.00					
MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO PROVIDE A REPORT ON X-RAYS								
0002	Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere							
0005	Multiple therapeutic procedures/operations under the same anaesthetic (a) Unless otherwise identified in the tariff , when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identifiable and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation , 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures (b) In case of multiple fractures and/or dislocations the above values also prevail (c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedure are performed under the same general anaesthetic, modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedures and provide a diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other therapeutic procedures performed under the same anaesthetic (d) Please note: When more than one small procedure is performed and the tariff makes provision for item codes for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) modifier 0005 is not applicable as the fee is already a reduced fee (e) Plus ("+") means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to modifier 0005 (see also modifier 0082) APPLICATION OF MODIFIER 0005 IN CASES WHERE BONE GRAFT PROCEDURES AND INSTRUMENTATION ARE PERFORMED IN COMBINATION WITH ARTHRODESIS (FUSION) (f) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for additionally (g) Modifier 0005 (Multiple procedures/operations under the same anaesthetic) would be applicable when an arthrodesis is performed in addition to another procedure, e.g. osteotomy or laminectomy							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0006	A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable							
0007	(a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation – 15.00 clinical procedure units irrespective of the number of items of equipment provided (b) Use of own equipment in hospital or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15.00 clinical procedure units irrespective of the number of items of equipment provided (c) Use of own equipment by <u>Audiologists</u> in the rooms: Basic sound booth. - Used once per claim for compensation purposes. - To be added to the consultation fee, with a descriptor.	15	382.05	15	382.05			
0008	Specialist surgeon assistant: Where a procedure REQUIRES a registered specialist surgeon assistant, the tariff is 33,33% (1/3) of the fee for the specialist surgeon	4.76	121.24	4.76	121.24			
0009	Assistant: The fee for an assistant is 20% of the fee for a specialist surgeon, with a minimum of 36.00 clinical procedure units - the minimum fee payable may not be less than 36,00 clinical procedures units	36	916.92	36	916.92			
0010	Local anaesthetic (a) A fee for a local anaesthetic administered by the practitioner may only be charged for (1) an operation or a procedure with a value of greater than 30.00 clinical procedure units (i.e. 31.00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value of greater than 50.00 clinical procedure units (b) The fee for a local anaesthetic administered shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0035: Anaesthetic administered by an anaesthesiologist/ anaesthetist, shall be applicable in such a case (c) The fee for a local anaesthetic administered is not applicable to radiological procedures such as angiography and myelography (d) No fee may be levied for the topical application of local anaesthetic (e) Please note: Modifier 0010: Local anaesthetic administered by the operator may not be added onto the surgeon's account for procedures that were performed under general anaesthetic	31	789.57	31	789.57			
		50	1 273.50	50	1 273.50			
0011	Theatre procedures for emergency surgery: Any bona fide, justifiable emergency procedure, only applicable during after-hour periods – see general rule B, undertaken in an operating theatre, will justify the charging of an additional 12.00 clinical procedure units per half-hour or part thereof, of the operating time for all members of the surgical team. Modifier 0011 does not apply to patients on scheduled lists (PLEASE INDICATE TIME IN MINUTES)	12	305.64	12	305.64			
0013	Endoscopic examinations done at operations : Where a <u>related</u> endoscopic examination is performed at an operation by the surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged							
0014	Operations previously performed by other surgeons (a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(b) Where an operation is performed which has previously been performed by another surgeon, e.g. a revision or repeat operation, the fee may be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff							
	INJECTIONS, INFUSIONS AND INHALATION SEDATION MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE							
0015	Intravenous infusions : Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after an operation, no extra fees shall be charged as the after-treatment is included in the global fee for the procedure. Should the practitioner performing the operation prefer to request another practitioner to perform post-operative intravenous infusions, the practitioner himself (and not the Compensation Fund) shall be responsible for remunerating such practitioner for the infusions							
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged according to item 0131 (not chargeable together with a consultation item)							
	MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35							
0018	Surgical modifier for persons with a BMI of higher than 35 (calculated according to $\text{kg/m}^2 = \text{weight in kilograms divided by height in metres squared}$): Fee for the procedure +50% of the fee for surgeons; 50% increase in anaesthetic time units for anaesthesiologists							
	MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHESIA FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS GUIDE TO TARIFFS							
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by adding the basic anaesthetic units (allocated to each procedure that can be performed under anaesthesia indicated in the anaesthetic column) and the time units (calculated according to the formula in modifier 0023) and the appropriate modifiers (see modifiers 0037-0044). In case of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations, add units as laid down by modifiers 5441 to 5448							
0023	The basic anaesthetic units are laid down in the guide to tariffs and are reflected in the anaesthetic column. These basic anaesthetic units reflect the anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthesia, at 2.00 anaesthetic units is per 15 minute period or part thereof for the first hour. Should the duration of the anaesthesia be longer than one (1) hour the number of units shall be increased to 3.00 anaesthetic units per 15 minute period or part thereof after the first hour	2	238.04	2	238.04			
0024	Pre-operative assessment not followed by a procedure: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, the assessment will be regarded as a consultation at a hospital or nursing home and the appropriate hospital consultation fee should be charged	3	357.06	3	357.06			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0025	Calculation of anaesthesia time: Anaesthesia time is calculated from the time that the anaesthesiologist/ anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative nursing supervision. Where prolonged personal professional attention is necessary for the well-being and safety of a patient, the additional time spent can be charged for at the same rate as indicated above for anaesthesia time. The anaesthesiologist/anaesthetist must record the exact anaesthesia time and the additional time spent supervising the patient on the account submitted							
0027	More than one procedure under the same anaesthesia: Where more than one operation is performed under the same anaesthesia, the basic anaesthetic units will be that of the operation with the highest number of units							
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthesia, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case of a general practitioner administering the anaesthesia							
0031	Intravenous infusion and transfusions: Administering intravenous infusions and transfusions are considered to be a normal part of administering anaesthesia. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time							
0032	Patients in the prone position: Anaesthesia administered to patients in the prone position shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one additional anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no additional units should be added							
0033	Participating in the general care of patients : When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthesia, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035: Anaesthetic administered by a specialist anaesthesiologist/ anaesthetist and modifier 0036: Anaesthetic administered by a general practitioner	4	476.08	4	476.08			
0034	Head and neck procedures: All anaesthesia administered for diagnostic, surgical or X-ray procedures on the head and neck shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no extra units should be added	1	119.02	1	119.02			
0035	Anaesthesia administered by an anaesthesiologist/ anaesthetist: No anaesthesia administered by an anaesthesiologist/anaesthetist shall carry a total value of less than 7.00 anaesthetic units comprising basic units, time units and the appropriate modifiers	4 7	476.08 833.14	4 7	476.08 833.14			

		Specialist Spesialls		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0036	Anaesthesia administered by general practitioners: The anaesthetic units (basic units plus time units plus the appropriate modifiers) used to calculate the fee for anaesthesia administered by a general practitioner lasting one hour or less shall be the same as that for an anaesthesiologist. For anaesthesia lasting more than one hour, the units used to calculate the fee for anaesthesia administered by a general practitioner will be 4/5 (80%) of that applicable to a specialist anaesthesiologist, provided that no anaesthesia lasting longer than one hour shall carry a total value of less than 7.00 anaesthetic unit. Please note that the 4/5 (80%) principle will be applied to all anaesthesia administered by general practitioners with the provision that no anaesthesia totalling more than 11.00 units would be reduced to less than 11.00 units in total. The monetary value of the unit is the same for both anaesthesiologists/anaesthetists ●	7	833.14	7	833.14			
	Note: Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448) ●							
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3.00 anaesthetic units					3	357.06	
0038	Peri-operative blood salvage: Add 4.00 anaesthetic units for intra-operative blood salvage and 4.00 anaesthetic units for post-operative blood salvage					4	476.08	
0039	Deliberate control of blood pressure: All cases up to one hour: Add 3.00 anaesthetic units, thereafter add 1 (one) additional anaesthetic unit per quarter hour or part thereof (PLEASE INDICATE THE TIME IN MINUTES)					3	357.06	
						1	119.02	
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3.00 anaesthetic units					3	357.06	
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3.00 anaesthetic units					3	357.06	
	MUSCULO-SKELETAL SYSTEM MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS Modifiers 5441 to 5448							
	Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)							
5441	Add one (1.00) anaesthetic unit, except where the procedure refers to the skeletal bones named in modifiers 5442 to 5448					1	119.02	
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2.00) anaesthetic units					2	238.04	
5443	Maxillary and orbital bones: Add three (3.00) anaesthetic units					3	357.06	
5444	Shaft of femur: Add four (4.00) anaesthetic units					4	476.08	
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5.00) anaesthetic units ●					5	595.10	
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8.00) anaesthetic units					8	952.16	
0045	Post-operative alleviation of pain (a) When a regional or nerve block is performed in theatre for post-operative pain relief, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique (b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique (c) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain in the ward or nursing facility, it will be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility							

	Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
(d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID's (non-steroidal anti-inflammatory drugs)							
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST UTILISING AN INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)							
0100 Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable					75	1 910.25	
MUSCULO-SKELETAL SYSTEM MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF							
0046 Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, the full fee for the initial treatment is applicable							
0047 A fracture NOT requiring reduction shall be charged on a fee per service basis PROVIDED that the cumulative amount does NOT exceed the fee for a reduction							
0048 Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27.00 clinical procedure units (not including after-care)	27	687.69	27	687.69			
0049 Except where otherwise specified, in cases of compound [open] fractures, 77.00 clinical procedure units (specialists and general practitioners) are to be added to the units for the fractures including debridement [a fee for the debridement may not be charged for separately]	77	1 961.19	77	1 961.19			
0050 In cases of a compound [open] fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either modifier 0049: Cases of compound [open] fractures, or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either modifier 0049: Cases of compound [open] fractures or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable) ●	115.5	2 941.79	115.5	2 941.79			
0051 Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists and general practitioners add 77.00 clinical procedure units	77	1 961.19	77	1 961.19			
0052 Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixation and/or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and general practitioners for HAND or FOOT fracture/osteotomy: Add to the appropriate procedure code	81.1	2 065.62	81.1	2 065.62			
0053 Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) into of fingers and toes]: Specialists and general practitioners add 32.00 clinical procedure units	32	815.04	32	815.04			
0055 Dislocation requiring open reduction: Units for the specific joint plus 77.00 clinical procedure units for specialists and general practitioners	77	1 961.19	77	1 961.19			
0057 Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total by 50% and add to the total for the first foot							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100% of the fee							
	MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE							
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed							
	MODIFIERS GOVERNING THE SUBSECTION REPLANTATION SURGERY							
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure							
0064	Where a replantation procedure (or toe to thumb transfer) is unsuccessful no further surgical fee is payable for amputation of the non-viable parts							
	MODIFIER GOVERNING THE SECTION LARYNX							
0067	Microsurgery of the larynx: Add 25% to the fee for the procedure performed. (For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified in the Tariff Guide)							
	MODIFIERS GOVERNING NASAL SURGERY							
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee for the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083							
	MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORACOSCOPE							
0070	Add 45.00 clinical procedure units to procedure(s) performed through a thoracoscope	45	1 146.15	45	1 146.15			
	MODIFIER GOVERNING FEES FOR ENDOSCOPIC PROCEDURES							
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33,33% (1/3) of that fee (plus "+" codes excluded) will apply where endoscopic procedures are performed with own equipment							
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in own procedure rooms. 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 guide	21	534.87	21	534.87			
	MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT							
0077	(a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatment modalities for which separate fees may be charged (Only applicable if services are provided by a specialist in physical medicine) (b) The number of treatment sessions for a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatment sessions are necessary liability for payment must be arranged in advance with the Compensation Fund Note: Physiotherapy administered by a non-specialist medical practitioner who is already in charge of the general treatment of the employee concerned, or by any partner, assistant or employee of such practitioner, or any other practitioner or radiologist should be embarked upon only with the express approval of the Commissioner. Such approval should be requested in advance							
	MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (Items 2957, 2974 or 2975): Individual psychotherapy (specify type)							
	MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY							
0001	Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable	100	2 664.00					
0002	Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere							
0080	Multiple examinations: Full Fee							
0081	Repeat examinations: No reduction							
0082	Plus ("+") means that this item code is complementary to a preceding item code and is therefore not subject to reduction. The amount for plus ("+") procedures must not be added to the amount for the definitive item and must appear on a separate line on the account							
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used							
	Note In respect of fees payable when X-rays are taken by general practitioners							
	If the services of a radiologist were normally available, it is expected that these should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take the initial X-ray photograph himself provided he submitted a report to the effect that it was in the best interest of the employee for him to have done so. Subsequent X-ray photographs of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner							
	1. When a general practitioner takes X-ray photographs with his own equipment, if the services of a specialist radiologist were not available, he may claim at the prescribed fee							
	2. (i) If a general practitioner ordered an X-ray examination at a provincial hospital where the services of a specialist radiologist are available, it is expected that the radiologist shall read the photographs for which he is entitled to one third of the prescribed fee							
	(ii) If the radiographer of the hospital was not available and the general practitioner had to take the X-ray photographs himself, he may claim 50% of the prescribed fee for the service. In that case, however, he should get written confirmation of his X-ray findings from the radiologist as soon as possible. The radiologist may then claim one third of the prescribed fee for such service							
	3. If a general practitioner ordered an X-ray examination at a provincial hospital where no specialist radiological services are available, the general practitioner will not be paid for reading the X-ray photographs as such a service is considered to be an integral part of routine diagnosis, but if he was requested by the Compensation Fund to submit a written report on the X-ray findings, he may claim two thirds of the prescribed fee in respect thereof							
	4. If a general practitioner had to take and read X-ray photographs at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0084	Charging for films and thermal paper by non-radiologists: In the case of radiological services rendered by non-radiologists where films, thermal paper or magnetic media are used, these media is charged for according to the film price of 2007, as compiled by the Radiological Society of South Africa (this list is available on request at radsoc@iafrica.com)							
0085	Left side: Add to items 6500-6519 as appropriate when the left side is examined. The absence of the modifier indicates that the right side is examined							
0086	MODIFIER GOVERNING VASCULAR STUDIES Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to an increase in terms of modifier 0080: Multiple examinations PLEASE NOTE Modifier 0083 is not applicable to Section 19.8 of the tariff Rules applicable to vascular studies (a) The machine fee (items 3536 to 3550) includes the cost of the following All runs (runs may not be billed for separately) All film costs (modifier 0084 is not applicable) All fluoroscopies (item 3601 does not apply) ● All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, anti-embolic agents, drugs and contrast media) (b) The machine fee (item codes 3536 to 3550) may only be charged for once per case per day by the owner of the equipment and is only applicable to radiology practices (c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team should charge at their respective full rates as per modifiers and the applicable codes (d) If a procedure is performed by a non-radiologist and a radiologist as a team, in a facility not owned by the radiologist, modifier 6301 and modifier 6302 applies MODIFIERS GOVERNING VASCULAR STUDIES AND INTERVENTIONAL RADIOLOGY PROCEDURES 6300 If a procedure lasts less than 30 minutes only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account) 6301 If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) 6302 When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) 6303 When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure 6305 When multiple catheterisation procedures are performed (item codes 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20.00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS 0160 Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Real time): Fee for body part examined plus 30% of the units 0165 Use of contrast during ultrasound study: add 6.00 ultrasound units							
		6	151.02					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES							
0090	Radiologist's fee for participation in a team: 30.00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is personally involved, and not for interpretation of images only)	30	799.20	30	799.20			
	MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING							
6100	In order to charge the full fee (600.00 magnetic resonance units for an examination of a specific single anatomical region, the investigation should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes	600	15 984.00					
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged - also applicable to all radiotherapy planning studies, per region							
6102	All post-contrast studies (except bone tumour) including perfusion studies should be charged at 50% of the fee							
	Note: In cases where a Magnetic Resonance Imaging of any anatomical region is deemed necessary, written motivation must be submitted by the practitioner who requested the examination and attached to the account upon which the Compensation Fund will consider approval of payment							
	MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY							
0093	The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus							
	MODIFIERS GOVERNING THE SECTION PATHOLOGY							
0097	Pathology tests performed by non-pathologists: Where item codes resorting under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee should be charged at two-thirds of the pathologists tariff							
0099	Stat basis tests: For tests performed on a stat basis, an additional fee of 50% of the fee for the particular pathology service shall apply, with the following provisos (a) Stat tests may only be requested by the referring practitioner and not by the pathologist (b) Specimens must be collected on a stat basis where applicable (c) Test must be performed on a stat basis (d) Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained (e) This modifier will only apply during normal working hours and will never be used in combination with item code 4547: After-hours service							

	Specialist Spesialiste		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
I. CONSULTATIONS							
The amounts in this section are calculated according to the Consultation Services unit values, 0181, 0182, 0183, 0184, 0186 and 0151							
GENERAL PRACTITIONERS AND ALL SPECIALISTS							
a. Only one of items 0181-0186 as appropriate may be charged for a single service and not combinations thereof b. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration c. Only item 0146 may be charged as appropriate thereof d. A subsequent visit refers to a voluntarily scheduled visit performed for the same condition within four (4) months after the first visit (although the symptoms or complaints may differ from those presented during the first visit) e. Items 0181, 0182, 0183, 0184 and 0186 include remuneration for the completion of the first, progress and final medical reports. Item 0186 may be charged for a visit to complete a final medical report							
NEW PATIENT (NB: Indicate time in minutes)							
0181	Visit for a new problem / new patient with problem focused history, examination and management up to 20 minutes	16.5	426.18	15	389.25		
0182	Visit for a new problem / new patient with problem focused history, examination and management up to 30 minutes	31.5	817.43	30	778.50		
0183	Visit for a new problem / new patient with problem focused history, examination and management up to 45 minutes	36	934.20	33	856.35		
FOLLOW-UP VISIT							
0184	Follow-up visit for the evaluation and management of a patient	16.5	426.18	15	389.25		
FINAL VISIT							
0186	Follow-up visit for the evaluation and management of a patient with a Final Medical Report (Rule G not applicable)	31.5	817.43	30	778.50		
CONSULTATIONS: SPECIALISTS AND GENERAL PRACTITIONERS							
0145	For consultation / visit away from the doctor's home or rooms: ADD to item 0181. Confirm where visit took place. Please note that item 0145 is not applicable for pre-anaesthetic assessments and may not be added to items 0151	+	6	152.82	6	162.82	
0146	Emergency or unscheduled consultation/visit at the doctor's home or rooms: ADD to items 0181, 0182 and 0183 as appropriate. (General Rule B refers)	+	8	203.76	8	203.76	
0147	For after hours emergency or unscheduled consultation/ visit away from the doctor's home or rooms: ADD to items 0181, 0182 and 0183 as appropriate (General Rule B refers)	+	14	356.58	14	356.58	
0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care (may only be charged once per day) (not to be used with items 0146 or ICU items 1204-1214)		15	382.06	15	382.06	
PRE-ANAESTHETIC ASSESSMENT							
a. Pre-anaesthetic consultations for all major vascular, cardio-thoracic and orthopaedic cases will attract a unit value of at least 32.00 units							
b. Only item 0146 may be charged							
0151	Pre-anaesthetic assessment of patient (all hours). Problem focused history, clinical examination and decision making	32	830.40	32	830.40		
AUDIOLOGY & SPEECH THERAPY CONSULTATIONS							
1011	Consultation 5 - 30 min		22.5				
1012	Consultation 31 - 45 min		37.5				
1013	Consultation 46 - 60 min		52.5				
GENERAL							
0136	Special medical examination requested by the Compensation Commissioner	146.21	3 724.00				
Note :							
• Amount applicable from 2003/03/03 until 2005/01/27 (VAT inclusive)							
• Amount applicable from 2005/01/28 until 31/03/2014 (VAT inclusive)							
• Amount applicable from 2014/04/01 until 31/03/2019 (VAT inclusive)							
2018	Discontinued 01/04/2019						
2058	Discontinued 01/04/2019						

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
II. MEDICINE, MATERIAL, AND SUPPLIES								
0196	Chronic medicine and/or material indicator: Use this item to indicate medicine and/or material that are dispensed for chronic conditions							
0200	Cost of prostheses and/or internal fixation cost price + 20% with a maximum markup of R8840.73							
0201	(a) Cost of material: This item provides for a charge for material and special medicine used in treatment. Material to be charged for at cost price plus 35%. Charges for medicine used in treatment not to exceed the retail Ethical Price List (b) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used (c) External fixation apparatus (non-disposable): An amount equivalent to 20% of the purchase price of the apparatus may be charged where such apparatus is used (d) In case of minor injuries requiring additional material (e.g. suturing material) payment shall be considered provided the claim is motivated (e) Medicine, bandages and other essential material for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from his own stock provided a relevant prescription is attached to his account. Charges for medicine used in treatment not to exceed the retail Ethical Price List (f) Unless otherwise stated (attach invoice), for hospitalised patients, medication is included in per diem hospital tariff. Medical practitioners cannot claim for medication for such patients							
0202	Setting of sterile tray: A fee of 10.00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201	10	254.70	10	254.70			
0194	Procurement cost for human donor material. No mark up is allowed. Only applicable to Ophthalmologist, invoice to be attached							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
iii.	PROCEDURES The amounts in this section are calculated according to the Clinical Procedure unit values							
6999	UNLISTED PROCEDURE/SERVICE Unlisted procedure/service code: A procedure/service may be provided that is not listed in the Compensation Fund tariffs. Please quote the correct SAMA code with item 6999							
1.	INTRAVENOUS TREATMENT							
0206	Intravenous infusions (push-in) Insertion of cannula - chargeable once per 24 hour	6	152.82	6	152.82			
0207	Intravenous infusions (cut-down): Cut-down and Insertion of cannula - chargeable once per 24 hours	8	203.76	8	203.76			
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	6	152.82	6	152.82			
	Note: How to charge for intravenous infusions Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours) For managing the infusion as such e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultation ●							
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	3.25	82.78	3.25	82.78			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
2. INTEGUMENTARY SYSTEM							
2.1 Allergy							
0217 Allergy: Patch tests: First patch	4	101.88	4	101.88			
0219 Allergy: Patch tests: Each additional patch	2	50.94	2	50.94			
0218 Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	2.8	71.32	2.8	71.32			
0220 Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens	1.9	48.39	1.9	48.39			
0221 Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): per antigen	2.8	71.32	2.8	71.32			
2.2 Skin (general)							
0255 Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail	20	509.40	20	509.40	3	357.06	+T
0257 Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement: complete excision of pilonidal cyst or sinus	87	2 215.89	87	2 215.89	3	357.06	+T
0259 Removal of foreign body superficial to deep fascia (except hands)	20	509.40	20	509.40	3	357.06	+T
0261 Removal of foreign body deep to deep fascia (except hands).	31	789.57	31	789.57	3	357.06	+T
Note: See item 0922 and 0923 for removal of foreign bodies in hands							
2.3 Major plastic repair							
Note: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act, it is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment ●							
0289 Large skin graft, composite skin graft, large full thickness free skin graft	234	5 959.98	187.2	4 767.98	4	476.08	+T
0290 Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	410	10 442.70	328	8 354.16	4	476.08	+T
0291 Reconstructive procedures (including all stages) grating by micro-vascular re-anastomosis	800	20 376.00	640	16 300.80	4	476.08	+T
0292 Distant flaps: First stage	206	5 246.82	164.8	4 197.46	4	476.08	+T
0293 Contour grafts (excluding cost of material)	206	5 246.82	164.8	4 197.46	4	476.08	+T
0294 Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses	1200	30 564.00	960	24 451.20	6	714.12	+T
0295 Local skin flaps (large, complicated)	206	5 246.82	164.8	4 197.46	4	476.08	+T
0296 Other procedures of major technical nature	206	5 246.82	164.8	4 197.46	4	476.08	+T
0297 Subsequent major procedures for repair of same lesion (Modifier 0006 not applicable)	104	2 648.88	104	2 648.88	4	476.08	+T
4862 Full thickness graft of the trunk, free grafting including direct closure of donor site <=20cm ²	136.50	3 476.66	120.00	3 056.40	5	595.10	+T
4863 Full thickness graft of the trunk, free grafting including closure of donor site, each additional 20cm ² (modifier 0005 not applicable)	25.80	652.03	25.80	652.03	5	595.10	+T
4864 Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site <=20cm ²	140.30	3 573.44	120.00	3 056.40	5	595.10	+T
4865 Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site, each additional 20cm ² (modifier 0005 not applicable)	23.00	585.81	23.00	585.81	5	595.10	+T
4866 Full thickness graft of the face, neck, axilla, genitalia, hands and /or feet, free grafting including donor site <=20cm ²	163.40	4 161.80	130	3 311.10	5	595.10	+T
4867 Full thickness graft of the face, neck, axilla, genitalia, hands and /or feet, free grafting including direct closure of donor site, each additional 20cm ² (modifier 0005 not applicable)	36.20	922.01	36.20	922.01	5	595.10	+T
4868 Full thickness graft of the nose, ears, eyelids, and /or lips free grafting including direct closure of donor site: <=20cm ² ●	183.50	4 673.75	146.80	3 739.00	5	595.10	+T
4869 Full thickness graft of the nose, ears, eyelids, and /or lips free grafting including direct closure of donor site: each additional 20cm ² (modifier 0005 not applicable)	43.10	1 097.76	43.10	1 097.76	5	595.10	+T
2.4 Lacerations, scars, cysts and other skin lesions							
0300 Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care	14	356.58	14	356.58	3	357.06	+T
0301 Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	7	178.29	7	178.29	3	357.06	+T
0302 Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	64	1 630.08	64	1 630.08	4	476.08	+T
0303 Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	128	3 260.16	120	3 056.40	4	476.08	+T
0304 Major debridement of wound, sloughectomy or secondary suture	50	1 273.50	50	1 273.50	3	357.06	+T
4830 Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm ● Debridement van subkutane weefsel: Sluit epidermis en dermis in: <= 20 cm ²	13.9	354.03	13.9	354.03	3	357.06	+T
4831 Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof	+ 5.3	134.99	5.3	134.99	3	357.06	+T
4832 Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm	36	916.92	36	916.92	5	595.10	+T
4833 Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof	+ 11.2	285.26	11.2	285.26	5	595.10	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm	62.5	1 591.88	62.5	1 591.88	6	714.12	+T+M
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof	19.5	496.67	19.5	496.67	6	714.12	+T+M
0305	Needle biopsy - soft tissue • Naaktdiagnose - sagte weefsel	25	636.75	25	636.75	3	357.06	+T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude • Uitsnyding en herstel deur middel van direkte hegting; eksisie naelvou of ander kleiner prosedures van dieselfde omvang	27	687.69	27	687.69	3	357.06	+T
0308	Each additional small procedure done at the same time • Elke bykomende klein prosedure wat gelyktydig gedoen word	14	356.58	14	356.58	3	357.06	+T
0310	Radical excision of nailbed • Radikale verwydering van naelbed	38	967.86	38	967.86	3	357.06	+T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude • Waar herstel deur middel van groot veltransplantaat of groot plaaslike velflap benodig word, of ander prosedures van soortgelyke omvang	104	2 648.88	104	2 648.88	4	476.08	+T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude • Waar herstel deur middel van klein veltransplantaat of klein plaaslike velflap benodig word, of ander prosedures van soortgelyke omvang	55	1 400.85	55	1 400.85	3	357.06	+T
4856	Split thickness autograft of the trunk, arms and/or legs <=100 ² cm • Split dikte autotransplantaat van die toraks, arms en/of bene <=100 ² cm	153.6	3 912.19	122.88	3 129.75	5	595.10	+T
4857	Split thickness autograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (modifier 0005 not applicable) • Split dikte autotransplantaat van die toraks, arms en/of bene: elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)	31.5	802.31	31.5	802.31	5	595.10	+T
4858	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 ² cm (1% of body area for infants and children) • Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone <=100 ² cm (1% Liggaamsarea vir babas en kinders)	172	4 380.84	137.6	3 504.67	5	595.10	+T
4859	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 ² cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable) • Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	51.6	1 314.25	51.6	1 314.25	5	595.10	+T
4872	Acellular dermal allograft of the trunk, arms and/or legs <=100 ² cm (1% of body area for infants and children) • Aseellulêre veltransplantaat van die toraks, arms en/of bene <=100 ² cm (1% Liggaamsarea vir babas en kinders)	66.3	1 688.66	66.3	1 688.66	5	595.10	+T
4873	Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable) • Aseellulêre veltransplantaat van die toraks, arms en/of bene: elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	15.3	389.69	15.3	389.69	5	595.10	+T
4874	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 ² cm •	74	1 884.78	74	1 884.78	5	595.10	+T
4876	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 ² cm or part thereof (modifier 0005 not applicable) • Aseellulêre veltransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)	21.8	555.25	21.8	555.25	5	595.10	+T
2.6	Burns • Brandwonde							
0345	Minor burns • Klein brandwonde							
0347	Moderate burns • Matige brandwonde							
0351	Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours) • Ernstige brandwonde: Resussitasie (met inbegrip van toesig en binne-aarse terapie - eerste 48 uur)	276	7 029.72	220.8	5 623.78	5	595.10	+T
0353	Tangential excision and grafting: Small • Tangensiale eksisie en oorplanting: Klein	100	2 547.00	100	2 547.00	5	595.10	+T
0354	Tangential excision and grafting: Large • Tangensiale eksisie en oorplanting: Groot	200	5 094.00	160	4 075.20	5	595.10	+T
2.7	Hands (skin) • Hande (vel)							
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler • Velflap in akute handbeserings waar die flap geneem word van 'n liggaamsdeel verwyderd van die beseerde vinger of in gevalle van verplasingvelflap bv. Cutler	147.40	3 754.28	120	3 056.40	4	476.08	+T
0357	Small skin graft in acute hand injury • Klein veloorplanting by akute handbesering	45	1 146.15	45	1 146.15	3	357.06	+T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing • Losmaak van groot velkontraktuur en/of uitsnyding van littekenweefsel met bedekking deur veloorplanting	192	4 890.24	153.6	3 912.19	3	357.06	+T
0361	Z-plasty • Z-plastie	220.1	5 605.95	176.08	4 484.76	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0363	Local flap and skin graft ● Lokale flap en veloorplanting	150	3 820.60	120	3 056.40	3	357.06	+T
0365	Cross finger flap (all stages) ● Kruisvingerflap (alle stadia)	192	4 890.24	153.6	3 912.19	3	357.06	+T
0367	Palmar flap (all stages) ● Palmareflap (alle stadia)	192	4 890.24	153.6	3 912.19	3	357.06	+T
0369	Distant flap: First stage ● Afgeleë flap: Eerste stadium	158	4 024.26	126.4	3 219.41	3	357.06	+T
0371	Distant flap: Subsequent stage (not subject to General Modifier 0006) ● Afgeleë flap: Opvolgende stadia (nie onderhewig aan Algemene Wysiger 0006 nie)	77	1 961.19	77	1 961.19	3	357.06	+T
0373	Transfer neurovascular island flap ● Verplasing van neuro-vaskulêre eilandflap	230.5	5 870.84	184.4	4 696.67	3	357.06	+T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) ● Sindaktilie: Losmaak van, insluitende veltransplantasie vir een web (met velflap en verplanting)	242.4	6 173.93	193.92	4 939.14	3	357.06	+T
0375	Dupuytren's contracture: Fasciotomy ● Dupuytren se kontraktuur: Fassiotomie	51	1 298.97	51	1 298.97	3	357.06	+T
0376	Dupuytren's contracture: Fasciectomy ● Dupuytren se kontraktuur: Fassiekтомie	218	5 552.46	174.4	4 441.97	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3. MUSCULO-SKELETAL SYSTEM● SPIER-SKELETSTELSEL								
3.1	Bones ● Bene							
3.1.1	Fractures ● Frakture							
0383	Fracture (reduction under general anaesthetic): Scapula ● Fraktuur (reduksie onder algemene narkose): Skapula		•		•	3	357.06	+T+M
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Bladbeen: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	284.2	7 238.57	227.38	5 790.86	3	357.06	+T+M
0386	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Sleutelbeen: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	209.4	5 333.42	187.52	4 266.73	3	357.06	+T+M
0387	Fracture (reduction under general anaesthetic): Clavicle ● Fraktuur (reduksie onder algemene narkose): Klavikel	77	1 961.19	77	1 961.19	3	357.06	+T+M
0388	Percutaneous pinning supracondylar fracture elbow - stand alone procedure ● Perkutane fiksering van supracondylêre fraktuur - elmboog - alleenstaande prosedure	175.70	4 475.08	140.56	3 580.06	3	357.06	+T+M
0389	Fracture (reduction under general anaesthetic): Humerus ● Fraktuur (reduksie onder algemene narkose): Humerus	111.60	2 842.45	111.60	2 842.45	3	357.06	+T+M
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Humerus: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	255.3	6 502.49	204.24	5 201.99	3	357.06	+T+M
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna ● Fraktuur (reduksie onder algemene narkose): Radius en/of Ulna	77	1 961.19	77	1 961.19	3	357.06	+T+M
0392	Open reduction of both radius and ulna (Modifier 0051 not applicable) ● Oop reduksie beide radius en ulna (Wysiger 0051 nie van toepassing nie)	210	5 348.70	168	4 278.96	3	357.06	+T+M
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Karpale bene: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	208.7	5 315.59	166.96	4 252.47	3	357.06	+T+M
0402	Fracture (reduction under general anaesthetic): Carpal bone ● Fraktuur (reduksie onder algemene narkose): Karpale been	64	1 630.08	64	1 630.08	3	357.06	+T+M
0403	Bennett's fracture-dislocation ● Bennett se fraktuur-ontwrigting	51	1 298.97	51	1 298.97	3	357.06	+T+M
0405	Fracture reduction under general anaesthetic: Open treatment of Metacarpal: Simple● Fraktuur reduksie onder algemene narkose: Oop behandeling van Metakarpaal: Eenvoudig	118.3	3 013.10	118.3	3 013.10	3	357.06	+T+M
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Eenvoudig		8		8	3	357.06	+T+M
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Oop	52	1 324.44	52	1 324.44	3	357.06	+T+M
0413	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Simple● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Eenvoudig	48	1 222.56	48	1 222.56	3	357.06	+T
0415	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Oop	102	2 597.94	102	2 597.94	3	357.06	+T+M
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed (modifier 0051 is applicable) ● Fraktuur (reduksie onder algemene narkose): Pelvis fraktuur: Geslote (wysiger 0051 is van toepassing)		8		8	3	357.06	+T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation ● Fraktuur (reduksie onder algemene narkose): Pelvis: Operatiewe reduksie en fikasie	320	8 150.40	256	6 520.32	3	357.06	+T+M
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Acetabulum: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	560	14 263.20	448	11 410.56	3	357.06	+T+M
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft ● Fraktuur (reduksie onder algemene narkose): Femur: Nek of Skag	237	6 036.39	189.6	4 829.11	3	357.06	+T+M
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Femur nek of skag: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	392.3	9 991.88	313.84	7 993.50	3	357.06	+T+M
0425	Fracture (reduction under general anaesthetic): Patella ● Fraktuur (reduksie onder algemene narkose): Patella	51	1 298.97	51	1 298.97	3	357.06	+T+M
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Patella: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	219.5	5 590.67	175.6	4 472.53	3	357.06	+T+M
0429	Fracture (reduction under general anaesthetic): Tibia with or without Fibula ● Fraktuur (reduksie onder algemene narkose): Tibia met of sonder Fibula	128	3 260.16	120	3 056.40	3	357.06	+T+M
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Tibia, met of sonder fibula: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	293.2	7 467.80	234.56	5 974.24	3	357.06	+T+M
0433	Fracture (reduction under general anaesthetic): Fibula shaft ● Fraktuur: Fibulaskag (reduksie onder algemene narkose)		8		8	3	357.06	+T+M
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Fibulaskag: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	207	5 272.29	165.6	4 217.83	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0435	Fracture (reduction under general anaesthetic: Malleolus of ankle) • Fraktuur (reduksie onder algemene narkose): Malleolus van enkelgewrig	58	1 477.26	58	1 477.26	3	357.06	+T+M
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Malleolus, enkel: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207.1	5 274.84	165.68	4 219.87	3	357.06	+T+M
0437	Fracture-dislocation of ankle • Fraktuurontwrigting van enkelgewrig	128	3 260.16	120	3 056.40	3	357.06	+T+M
0438	Open reduction Talus fracture (Modifier 0051 not applicable) • Oop reduksie Talus fraktuur (Wysiger 0051 nie van toepassing nie)	198.7	5 060.89	158.96	4 048.71	3	357.06	+T+M
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus) • Fraktuur (reduksie onder algemene narkose): Tarsale bene (uitgesluit talus en kalkaneum)	64	1 630.08	64	1 630.08	3	357.06	+T+M
0440	Open reduction Calcaneus fracture (Modifier 0051 not applicable) • Oop reduksie Kalkanius fraktuur (Wysiger 0051 nie van toepassing nie)	403.50	10 277.15	322.5	8 214.08	3	357.06	+T+M
0441	Fracture (reduction under general anaesthetic: Metatarsal) • Fraktuur (reduksie onder algemene narkose): Metatarsaal	41.8	1 064.65	41.8	1 064.65	3	357.06	+T+M
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Metatarsale bene: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	154.7	3 940.21	123.76	3 152.17	3	357.06	+T+M
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal: Simple • Fraktuur (reduksie onder algemene narkose): Toontalanks: Distaal: Eenvoudig		8		8	3	357.06	+T
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Toon, distale falanks: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	144.5	3 660.42	120	3 056.40	3	357.06	+T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound • Fraktuur (reduksie onder algemene narkose): Toontalanks: Oop	32	815.04	32	815.04	3	357.06	+T+M
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Tarsale bene (talus en kalkaneus uitgesluit): Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	178.2	4 538.75	142.56	3 631.00	3	357.06	+T+M
0447	Fracture (reduction under general anaesthetic): Other: Simple • Fraktuur (reduksie onder algemene narkose): Ander: Eenvoudig	26	662.22	26	662.22	3	357.06	+T
0448	Fracture: Calcaneus (reduction under general anaesthetic) • Fraktuur: Kalkaneus (reduksie onder algemene narkose)	103.3	2 631.05	103.3	2 631.05	3	357.06	+T+M
0449	Fracture (reduction under general anaesthetic): Other: Compound • Fraktuur (reduksie onder algemene narkose): Ander: Oop	52	1 324.44	52	1 324.44	3	357.06	+T+M
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed • Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Geslote		8		8	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for full chest • Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Oop reduksie en fikasie van veelvuldige ribfrakture vir volle borskas	230	5 858.10	184	4 686.48	3	357.06	+T+M
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical • Fraktuur (reduksie onder algemene narkose): Wervelkolom: Met of sonder verlamming: Nek		β		β	3	357.06	+T+M
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest • Fraktuur (reduksie onder algemene narkose): Wervelkolom: Met of sonder verlamming: Res		β		β	3	357.06	+T+M
0459	DELETED 2009: Open reduction and internal fixation for fracture and/or dislocation of spine • GESKRAP 2009: Oop reduksie en interne fikasie vir fraktuur en/of dislokasie van wervelkolom							
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical • Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Nek		•		•	3	357.06	+T+M
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest • Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Res		•		•	3	357.06	+T+M
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical • Fraktuur (reduksie onder algemene narkose): Spineuse of transverse prosesse: Nek		•		•	3	357.06	+T+M
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest • Fraktuur (reduksie onder algemene narkose): Spineuse of transverse prosesse: Res		•		•	3	357.06	+T+M
3.1.1.1	Operations for fractures • Operasies vir frakture							
0465	Fractures involving large joints (includes the item for the relative bone). This item may not be used as a modifier • Frakture wat groot gewrigte aantas (sluit die item vir die betrokke been in). Hierdie item mag nie as 'n wysiger gebruik word nie	288	7 335.36	230.4	5 868.29	3	357.06	+T+M
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pin (Not subject to rule G) (Modifier 0005 not applicable) • Perkutane implasering en daaropvolgende verwydering van Kirschner draad of Steinmann penne (Nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	43	1 095.21	43	1 095.21	3	357.06	+T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna • Beenoorplanting of interne fikasie vir wanhegting of nie-hegting: Femur, Tibia, Humerus, Radius en Ulna	282	7 182.54	225.6	5 746.03	3	357.06	+T+M
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones (not applicable to fingers and toes) • Beenoorplanting of interne fikasie vir wanhegting of nie-hegting: Ander bene (nie van toepassing op vingers en tone nie)	154	3 922.38	123.2	3 137.90	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.1.2	Bony operations • Benige operasies							
3.1.2.1	Bone grafting • Beenoorplanting							
0497	Resection of bone with or without grafting (benign) • Reseksie van been met of sonder oorplanting (benigne)	282	7 182.54	225.6	5 746.03	3	357.06	+T+M
0498	Resection of bone or tumour (malignant) with or without grafting (does not include digits) • Reseksie van been of tumor met of sonder beenoorplanting (maligne) - vingers uitgesluit	340	8 659.80	272	6 927.84	3	357.06	+T+M
0499	Grafts to cysts: Large bones • Oorplanting by siste: Groot bene	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0501	Grafts to cysts: Small bones • Oorplanting by siste: Klein beentjies	128	3 260.16	120	3 056.40	3	357.06	+T+M
0503	Grafts to cysts: Cartilage graft • Oorplanting by siste: Kraakbeenoorplanting	206	5 246.82	164.8	4 197.46	3	357.06	+T+M
0505	Grafts to cysts: Inter-metacarpal bone graft • Oorplanting by siste: Inter-metakarpace beenoorplanting	147	3 744.09	120	3 056.40	3	357.06	+T+M
0506	Harvesting of graft: Cartilage graft, costochondral • Herwinning van oorplantings weefsel: Kraakbeen oorplanting, ribkraakbeen	91.1	2 320.32	91.1	2 320.32	6	714.12	+T
0507	Removal of autogenous bone for grafting (not subject to modifier 0005) • Verwydering van outogene been vir oorplanting (nie onderhewig aan wysiger 0005)	50	1 273.50	50	1 273.50	3	357.06	+T+M
3.1.2.2	Acute/chronic osteomyelitis • Akute/kroniese osteomielitis							
0509	Conservative treatment • Konservatiewe behandeling		•		•			
0511	Operation: Tariff which would be applicable for compound (open) fracture of the bone involved, including six weeks post-operative care • Operasie: Gelde van toepassing op 'n saamgestelde (oop) fraktuur van die betrokke been, insluitend ses weke na-operatiewe behandeling							
0512	Sternum sequestrectomy and drainage: Including six weeks after-care • Sternum sekwestrektomie en dreinerings: Ses weke nasorg ingesluit	128	3 260.16	120	3 056.40	3	357.06	+T+M
3.1.2.3	Osteotomy • Osteotomie							
0514	Osteotomy: Sternum: Repair of pectus-excavatum • Osteotomie: Sternum: Herstel van pectus excavatum	330	8 405.10	264	6 724.08	3	357.06	+T+M
0515	Osteotomy: Sternum: Repair of pectus carinatum • Osteotomie: Sternum: Herstel van pectus carinatum	330	8 405.10	264	6 724.08	3	357.06	+T+M
0516	Osteotomy: Pelvic • Osteotomie van die Pelvis	320	8 150.40	256	6 520.32	3	357.06	+T+M
0521	Osteotomy: Femoral: Proximal (Modifier 0051 is applicable) • Osteotomie: Femoraal: Proksimaal (Wysiger 0051 is van toepassing)	320	8 150.40	256	6 520.32	3	357.06	+T+M
0527	Osteotomy: Knee region (Modifier 0051 is applicable) • Osteotomie: Kniestreek (Wysiger 0051 is van toepassing)	320	8 150.40	256	6 520.32	3	357.06	+T+M
0528	Osteotomy: Os Calcis (Dwyer operation) (Modifier 0051 is applicable) • Osteotomie: Kalkaneum (Dwyer operasie) (Wysiger 0051 is van toepassing)	115	2 929.05	115	2 929.05	3	357.06	+T+M
0530	Osteotomy: Metacarpal and phalanx: Corrective for mal-union or rotation (Modifier 0051 is applicable) • Osteotomie: Metakarpaal en falanks: Korrektief vir wanhegting of rotasie (Wysiger 0051 is van toepassing)	120	3 056.40	120	3 056.40	3	357.06	+T+M
0531	Rotational osteotomy tibia and fibula - stand alone procedure • Rotasie osteotomie - tibia en fibula - alleenstaande prosedure	278.90	7 103.58	223.12	5 682.87	3	357.06	+T+M
0532	Rotation osteotomy of the Radius, Ulna or Humerus (modifier 0051 is applicable) • Rotasie osteotomie van Radius, Ulna of Humerus (Wysiger 0051 is van toepassing)	160	4 075.20	128	3 260.16	3	357.06	+T+M
0533	Osteotomy single metatarsal (modifier 0051 is applicable) • Osteotomie, enkele metatarsaal (Wysiger 0051 is van toepassing)	60	1 528.20	60	1 528.20	3	357.06	+T+M
0534	Multiple metatarsal osteotomies (modifier 0051 is applicable) • Veevuldige metatarsale osteotomieë (Wysiger 0051 is van toepassing)	150	3 820.50	120	3 056.40	3	357.06	+T+M

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		U/E	R	U/E	R	U/E	R	T/M
3.1.2.4	Exostosis • Eksostose							
0535	Exostosis: Excision: Readily accessible sites • Eksostose: Eksisie: Toeganklike areas	60	1 528.20	60	1 528.20	3	357.06	+T+M
0537	Exostosis: Excision: Less accessible sites • Eksostose: Eksisie: Minder toeganklike areas	96	2 445.12	96	2 445.12	3	357.06	+T+M
3.1.2.5	Biopsy • Biopsie							
0539	Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable • Naaldbiopsie: Wenwielkolom (geen nasorg), Wysiger 0005 nie van toepassing nie	50	1 273.50	50	1 273.50	4	476.08	+T
0541	Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable • Naaldbiopsie: Ander areas (geen na-sorg), Wysiger 0005 nie van toepassing nie	32	815.04	32	815.04	4	476.08	+T
0543	Biopsy: Open (modifier 0005 is not applicable): Readily accessible site • Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Maklik bereikbaar	64	1 630.08	64	1 630.08		As per bone/ Soos per been	
0545	Biopsy: Open (modifier 0005 is not applicable): Less accessible site • Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Moelik bereikbaar	96	2 445.12	96	2 445.12		As per bone/ Soos per been	
3.2	Joints • Gewrigte							
3.2.1	Dislocations • Ontwrigtings							
0547	Joint: Dislocation: Clavicle: either end • Gewrig: Ontwrigting: Klavikel: enige punt	38	967.86	38	967.86	3	357.06	+T+M
0549	Joint: Dislocation: Shoulder • Gewrig: Ontwrigting: Skouer	51	1 298.97	51	1 298.97	3	357.06	+T+M
0551	Joint: Dislocation: Elbow • Gewrig: Ontwrigting: Elmoog	51	1 298.97	51	1 298.97	3	357.06	+T+M
0552	Joint: Dislocation: Wrist • Gewrig: Ontwrigting: Polsgewrig	77	1 961.19	77	1 961.19	3	357.06	+T+M
0553	Joint: Dislocation: Periunar transscaphoid fracture dislocation • Gewrig: Ontwrigting: Periunêre transkafoidse fraktuurontwrigting	130	3 311.10	120	3 056.40	3	357.06	+T+M
0555	Joint: Dislocation: Lunate • Lunatum	77	1 961.19	77	1 961.19	3	357.06	+T+M
0556	Joint: Dislocation: Carpo-metacarpal dislocation • Gewrig: Ontwrigting: Karpometakarpale ontwrigting	51	1 298.97	51	1 298.97	3	357.06	+T+M
0557	Joint: Dislocation: Metacarpophalangeal or interphalangeal joints (hand) • Gewrig: Ontwrigting: Metakarpofalangeaal of interfalangeale gewrigte (hand)	26	662.22	26	662.22	3	357.06	+T+M
0559	Joint: Dislocation: Hip • Gewrig: Ontwrigting: Heup	109	2 776.23	109	2 776.23	3	357.06	+T+M
0561	Joint: Dislocation: Knee • Gewrig: Ontwrigting: Knie	96	2 445.12	96	2 445.12	3	357.06	+T+M
0563	Joint: Dislocation: Patella • Gewrig: Ontwrigting: Patella	32	815.04	32	815.04	3	357.06	+T+M
0565	Joint: Dislocation: Ankle • Gewrig: Ontwrigting: Enkel	90	2 292.30	90	2 292.30	3	357.06	+T+M
0567	Joint: Dislocation: Sub-Talar dislocation • Gewrig: Ontwrigting: Sub-Talêre ontwrigting	90	2 292.30	90	2 292.30	3	357.06	+T+M
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal • Gewrig: Ontwrigting: Intertarsaal of Tarsometatarsaal of Midtarsaal	77	1 961.19	77	1 961.19	3	357.06	+T+M
0571	Joint: Dislocation: Metatarsophalangeal or interphalangeal joints (foot) • Metatarsofalangeaal of interfalangeale gewrigte (voet)	14	356.58	14	356.58	3	357.06	+T+M
3.2.2	Operations for dislocations • Operasies vir ontwrigtings							
0578	Recurrent dislocation of shoulder • Herhaalde skouer-ontwrigting	200	5 094.00	160	4 075.20	3	357.06	+T+M
0579	Recurrent dislocation of large joints • Herhalende ontwrigting van groot gewrigte	161	4 100.67	128.8	3 280.54	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.2.3	Capsular operations • Kapsulêre operasies							
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) • Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Klein gewrig (drie weke nasorg ingesluit)	51	1 298.97	51	1 298.97	3	357.06	+T+M
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) • Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Groot gewrig (drie weke nasorg ingesluit)	96	2 445.12	96	2 445.12	3	357.06	+T+M
0585	Capsulotomy or arthrotomy or biopsy or drainage of joint: Capsulectomy digital joint • Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Kapsulektomie digitale gewrig	64	1 630.08	64	1 630.08	3	357.06	+T+M
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints • Veelvuldige perkutane kapsulotomieë van metakarpofalangeale gewrigte	90	2 292.30	90	2 292.30	3	357.06	+T+M
0587	Release of digital joint contracture • Losmaak van falangeale-gewrigskontraktuur	128	3 260.16	120	3 056.40	3	357.06	+T+M
3.2.4	Synovectomy • Sinovektomie							
0589	Synovectomy: Digital joint • Sinovektomie: Digitale gewrig	77	1 961.19	77	1 961.19	3	357.06	+T+M
0592	Synovectomy: Large joint • Sinovektomie: Grootgewrig	160	4 075.20	128	3 260.16	3	357.06	+T+M
0593	Tendon synovectomy • Tendon sinovektomie	203.7	5 188.24	162.96	4 150.59	3	357.06	+T+M
3.2.5	Arthrodesis • Artrodese							
0597	Arthrodesis: Shoulder • Artrodese: Skouer	224	5 705.28	179.2	4 564.22	3	357.06	+T+M
0598	Arthrodesis: Elbow • Artrodese: Elmoog	180	4 584.60	144	3 667.68	3	357.06	+T+M
0599	Arthrodesis: Wrist • Artrodese: Polsgewrig	180	4 584.60	144	3 667.68	3	357.06	+T+M
0600	Arthrodesis: Digital joint • Artrodese: Digitale gewrig	128	3 260.16	120	3 056.40	3	357.06	+T+M
0601	Arthrodesis: Hip • Artrodese: Heup	320	8 150.40	256	6 520.32	3	357.06	+T+M
0602	Arthrodesis: Knee • Artrodese: Knie	180	4 584.60	144	3 667.68	3	357.06	+T+M
0603	Arthrodesis: Ankle • Artrodese: Enkel	180	4 584.60	144	3 667.68	3	357.06	+T+M
0604	Arthrodesis: Sub-talar • Artrodese: Sub-talaar	130	3 311.10	120	3 056.40	3	357.06	+T+M
0605	Arthrodesis: Stabilization of foot (triple-arthrodeses) • Artrodese: Stabilisering van voet (drievoudige artrodese)	180	4 584.60	144	3 667.68	3	357.06	+T+M
0607	Arthrodesis: Mid-tarsal wedge resection • Artrodese: Mid-tarsale wigreseksie	180	4 584.60	144	3 667.68	3	357.06	+T+M
3.2.6	Arthroplasty • Artroplastie							
0614	Arthroplasty: Debridement large joints • Artroplastie: Debridement groot gewrigte	160	4 075.20	128	3 260.16	3	357.06	+T+M
0615	Arthroplasty: Excision medial or lateral end of clavicle • Artroplastie: Eksisie mediale of laterale punt van klavikel	116	2 954.52	116	2 954.52	3	357.06	+T+M
0617	Shoulder: Acromioplasty • Skouer: Akromioplastie	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0619	Shoulder: Partial replacement • Skouer: Gedeeltelike vervanging	277	7 055.19	221.6	5 644.15	5	595.10	+T+M
0620	Shoulder: Total replacement • Skouer: Totale vervanging	416	10 595.52	332.8	8 476.42	3	357.06	+T+M
0621	Elbow: Excision head of radius • Elmoog: Eksisie kop van radius	96	2 445.12	96	2 445.12	3	357.06	+T+M
0622	Elbow: Excision • Elmoog: Eksisie	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0623	Elbow: Partial replacement • Elmoog: Gedeeltelike vervanging	188	4 788.36	150.4	3 830.69	3	357.06	+T+M
0624	Elbow: Total replacement • Elmoog: Totale vervanging	282	7 182.54	225.6	5 746.03	3	357.06	+T+M
0625	Wrist: Excision distal end of ulna • Polsgewrig: Eksisie distale end van ulna	96	2 445.12	96	2 445.12	3	357.06	+T+M
0626	Wrist: Excision single bone • Polsgewrig: Eksisie een beentjie	110	2 801.70	110	2 801.70	3	357.06	+T+M
0627	Wrist: Excision proximal row • Polsgewrig: Eksisie proksimale ry	166	4 228.02	132.8	3 382.42	3	357.06	+T+M
0631	Wrist: Total replacement • Polsgewrig: Totale vervanging	249	6 342.03	199.2	5 073.62	3	357.06	+T+M
0635	Digital joint: Total replacement • Digitale gewrig: Totale vervanging	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0637	Hip: Total replacement • Heup: Totale vervanging	416	10 595.52	332.8	8 476.42	3	357.06	+T+M
0641	Hip: Prosthetic replacement of femoral head • Heup: Vervanging van kop van femur met prothese	288	7 335.36	230.4	5 868.29	3	357.06	+T+M
0643	Hip: Girdlestone • Heup: Girdlestone	320	8 150.40	256	6 520.32	3	357.06	+T+M
0645	Knee: Partial replacement • Knie: Gedeeltelike vervanging	277	7 055.19	221.6	5 644.15	3	357.06	+T+M
0646	Knee: Total replacement • Knie: Totale vervanging	416	10 595.52	332.8	8 476.42	3	357.06	+T+M
0649	Ankle: Total replacement • Enkel: Totale vervanging	290.4	7 396.49	232.32	5 917.19	3	357.06	+T+M
0650	Ankle: Astragalectomy • Enkel: Astragalektomie	154	3 922.38	123.2	3 137.90	3	357.06	+T+M
3.2.7	Miscellaneous (Joints) • Diverse (gewrigte)							
0661	Aspiration of joint or intra-articular injection (not subject to rule G) (Modifier 0005 not applicable) • Aspirasie van gewrig of intra-artikulêre inspuiting (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	9	229.23	9	229.23	3	357.06	+T
0667	Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable • Artroskopies (nasorg uitgesluit), wysigers 0005 en 0013 nie van toepassing nie	60	1 528.20	60	1 528.20	3	357.06	+T
0669	Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable) • Manipulasie van groot gewrig onder algemene narkose (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	14	356.58	14	356.58	4	476.08	Hip+T
						3	357.06	Knee / Should er + T
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic • Slegs konsultasiegelde mag gehef word wanneer 'n groot gewrig gemanipuleer word met of sonder lokale narkose	Φ		Φ		4	476.08	Hip+T
						3	357.06	Knee / Should er + T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0673	Menisectomy or operation for other internal derangement of knee • Menisektomie of operasie vir ander interne versteuring van knie	109	2 776.23	109	2 776.23	3	357.06	+T+M
3.2.8	Joint ligament reconstruction or suture • Rekonstruksie of hegting van ligamente							
0675	Joint ligament reconstruction or suture: Ankle: Collateral • Rekonstruksie of hegting van ligamente: Enkel: Kollateraal	160	4 075.20	128	3 260.16	3	357.06	+T+M
0677	Joint ligament reconstruction or suture: Knee: Collateral • Rekonstruksie of hegting van ligamente: Knie: Kollateraal	160	4 075.20	128	3 260.16	3	357.06	+T+M
0678	Joint ligament reconstruction or suture: Knee: Cruciate • Rekonstruksie of hegting van ligamente: Knie: Kruisligament	160	4 075.20	128	3 260.16	3	357.06	+T+M
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee • Rekonstruksie of hegting van ligamente: Versterkte knie ligament herstel	280	7 131.60	224	5 705.28	3	357.06	+T+M
0680	Joint ligament reconstruction or suture: Digital joint ligament • Rekonstruksie of hegting van ligamente: Digitale gewrig ligament	165	4 202.55	132	3 362.04	3	357.06	+T+M
3.3	Amputations • Amputasies							
3.3.1	Specific amputations • Spesifieke amputasies							
0681	Amputation: Humerus, includes primary closure • Amputasie: Humerus, ingesluit die primêre hegting van die wond	211.6	5 389.45	169.28	4 311.56	4	476.08	+T+M
0682	Amputation: Fore-quarter amputation • Amputasie: Voorkwartamputasie	294	7 488.18	235.2	5 990.54	9	1071.18	+T+M
0683	Amputation: Through shoulder • Amputasie: Deur skouer	148	3 769.56	120	3 056.40	5	595.10	+T+M
0684	Amputation: Forearm • Amputasie: Voorarm	213.5	5 437.85	170.48	4 342.13	3	357.06	+T+M
0685	DELETED 2015: Amputation: Upper arm or fore-arm • GESKRAP 2015:Amputasie: Bo-arm of voorarm							
0686	Amputation: Ankle (eg., Syme, Pirogoff type) • Amputasie: Enkel (bv. Syme, Pirogoff tipe)	204.1	5 198.43	163.28	4 158.74	4	476.08	+T+M
0687	Partial amputation of the hand: One ray • Amputasie: Amputasie van gedeelte van hand: Een straal	102	2 597.94	102	2 597.94	3	357.06	+T+M
0688	Amputation: Foot, midtarsal (Chopart type) • Amputasie: Voet, midtarsaal (Chopart tipe)	165.7	4 220.38	132	3 362.04	3	357.06	+T+M
0691	Amputation: Whole or part of finger (skin flap included) • Amputasie: Gedeelte van, of totale vinger (sluit vel flap in)	116.8	2 974.90	116.80	2 974.90	3	357.06	+T+M
0692	Scar revision/secondary closure: amputated thigh, through femur, any level • Letsel hersiening met sekondêre hegting: Bo-been amputasie, deur femur, enige vlak	150.7	3 838.33	120.56	3 070.66	3	357.06	+T+M
0693	Hindquarter amputation • Agterkwart amputasie	420	10 697.40	336	8 557.92	6	714.12	+T+M
0694	Scar revision/secondary closure: amputated leg, through tibia and fibula, any level •	173.9	4 429.23	139.12	3 543.39	3	357.06	+T+M
0695	Amputation: Through hip joint region • Amputasie: Deur heupgewigstrak	192	4 890.24	153.6	3 912.19	6	714.12	+T+M
0696	Re-amputation: Thigh, through femur, any level • Her-amputasie: Bo-been deur die femur op enige vlak	217.3	5 534.63	173.84	4 427.70	3	357.06	+T+M
0697	Amputation: Through thigh • Amputasie: Deur dybeen	205	5 221.35	164	4 177.08	6	714.12	+T+M
0698	Re-amputation: Leg, through tibia and fibula • Her-amputasie: Onderbeen deur die tibia en fibula	198.2	5 048.15	158.56	4 038.52	3	357.06	+T+M
0699	Amputation: Below knee, through knee/Syme • Amputasie: Onder knie, deur knie of Syme	194	4 941.18	155.2	3 952.94	5	595.10	+T+M
0701	Amputation: Trans-metatarsal or trans-tarsal • Amputasie: Transmetatarsaal of transtarsaal	142	3 616.74	120	3 056.40	3	357.06	+T+M
0703	DELETED 2015 Refer to item 0688 and item 0701: Amputation: Foot: Of ray • GESKRAP 2015 Verwys na item 0688 en 0701: Amputasie: Voet: Een straal							
0705	Amputation: Toe (skin flap included) • Amputasie: Toon (veel flap ingesluit)	66	1 681.02	66	1 681.02	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.3.2	Post-amputation reconstruction ● Rekonstruksie na amputasie							
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler ● Rekonstruksie na amputasie: Waar vel flap geneem word van 'n liggaamsdeel verwyder van die beseerde vinger of in gevalle van verplasingstap bv. Cutler Note: If not performed on thumb or index finger it must be motivated ● Opmerking: Indien nie uitgevoer op duim of wysvinger nie moet dit gemotiveer word	75	1 910.25	75	1 910.25	3	357.06	+T+M
0709	DELETED 2015 :Post-amputation reconstruction: Metacarpal transfer ● GESKRAP 2015 :Rekonstruksie na amputasie: Metakarpale verplanting							
0707	Post-amputation reconstruction: Krukenberg reconstruction ● Rekonstruksie na amputasie: Krukenbergrekonstruksie	206	5 246.82	164.8	4 197.46	3	357.06	+T+M
0711	Post-amputation reconstruction: Pollicization of the finger (Prior permission must be obtained from the Commissioner at all times) ● Rekonstruksie na amputasie: Poltissasie van vinger (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	282	7 182.54	225.6	5 746.03	3	367.06	+T+M
0712	Post-amputation reconstruction: Toe to thumb transfer (Prior permission must be obtained from the Commissioner at all times) ● Rekonstruksie na amputasie: Toon na duim verplanting (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	800	20 376.00	640	16 300.80	3	357.06	+T+M
0700	Scar revision/secondary closure: Amputated shoulder ● Letsel hersiening met sekondêre hegting: Skouer amputasie	128.1	3 262.71	120	3 056.40	3	357.06	+T
0702	Scar revision/secondary closure: Amputated humerus ● Letsel hersiening met sekondêre hegting: Bo-arm amputasie, enige vlak	163.1	4 154.16	130.48	3 323.33	3	357.06	+T
0704	Scar revision/secondary closure: Amputated forearm ● Letsel hersiening met sekondêre hegting: Voorarm amputasie	184.1	4 689.03	147.28	3 761.22	3	357.06	+T
0708	Re-amputation: Humerus ● Her-amputasie: Humerus	223.1	5 682.36	178.48	4 545.89	6	714.12	+T+M
0710	Re-amputation: Through forearm ● Her-amputasie deur die voorarm	206	5 246.82	164.8	4 197.46	3	357.06	+T+M
3.4	Muscles, tendons and fasciae ● Spiere, tendons en fasciae							
3.4.1	Investigations ● Ondersoek							
0713	Electromyography ● Elektromiografie	75	1 910.25	75	1 910.25	3	357.06	+T
0714	Electro-myographic neuro-muscular junctional study, including edrophonium respons (not to be used with item 2730) ● Elektromiografiese neuro-muskulêre verbindingstudie, ingeslote edrophonium respons (moet nie saam met item 2730 gebruik word nie)	57	1 451.79	57	1 451.79	3	357.06	+T
0715	Strength duration curve per session ● Kragduur-kromme per sessie	10.5	267.44	10.5	267.44	3	357.06	+T
0717	Electrical examination of single nerve or muscle ● Elektriese ondersoek van enkele senuwee of spier	9	229.23	9	229.23	3	357.06	+T
0721	Voltage integration during isometric contraction ● Stroomspanningsintegrasie tydens isometriese kontrakasie	12	305.64	12	305.64	3	357.06	+T
0723	Tonometry with edrophonium ● Tonometrie met edrophonium	8	203.76	8	203.76	3	357.06	+T
0725	Isometric tension studies with edrophonium ● Isometriese spanningstudies met edrophonium	10	254.70	10	254.70	3	357.06	+T
0727	Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or labelliofacial: Unilateral ● Kraniale refleksstudie (vroë en laat reaksies) supra-occulofasialis, corneo-fasialis of labellio-fasialis: Unilateraal	8	203.76	8	203.76	3	357.06	+T
0728	Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or labelliofacial: Bilateral ● Kraniale refleksstudie (vroë en laat reaksies) supra-occulofasialis, corneo-fasialis of labellio-fasialis: Bilateraal	14	356.58	14	356.58	3	357.06	+T
0729	Tendon reflex time ● Tendon refleks-tyd	7	178.29	7	178.29	3	357.06	+T
0730	Limb-brain somatosensory studies (per limb) ● Ledemaat-brein somatosensoriese studies (per ledemaat)	49	1 248.03	49	1 248.03	3	357.06	+T
0731	Vision and audiosensory studies ● Visuele en oudiosensoriese toetse	49	1 248.03	49	1 248.03			
0733	Motor nerve conduction studies (single nerve) ● Bestudering van geleiding deur motoriese senuwee (enkele senuwee)	26	662.22	26	662.22			
0735	Examinations of sensory nerve conduction by sweep averages (single nerve) ● Ondersoek van sensoriese senuwee-geleiding met golwingsgemiddeldes (enkele senuwee)	31	789.57	31	789.57	3	357.06	+T
0737	Biopsy for motor nerve terminals and end plates ● Biopsie vir motorsenuwee eindpunte en eindplate	20	509.40	20	509.40	3	357.06	+T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy ● Gekombineerde spierbiopsie met eindplate en senuwee-eindpunt biopsie	34	865.98	34	865.98	8	952.16	+T
0740	Muscle fatigue studies ● Spierulputtingsondersoeke	20	509.40	20	509.40	3	357.06	+T
0741	Muscle biopsy ● Spierbiopsie	20	509.40	20	509.40	8	952.16	+T
0742	Global fee for all muscle studies, including histochemical studies ● Globale tarief vir alle spierstudies, histochemiese studies ingeslote	262	6 673.14					
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase ● Biochemiese toetse op spierbiopsie-monsters: Kreatine kinase	20.25	515.77					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase ● Biochemiese toetse op spierbiopsie-monsters: Adenylate kinase	33.3	848.15					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase ● Biochemiese toetse op spierbiopsie-monsters: Pyruvate kinase	5.7	145.18					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase ● Biochemiese toetse op spierbiopsie-monsters: Laktate dehydrogenase	1.6	40.75					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase ● Biochemiese toetse op spierbiopsie-monsters: Adenylate deaminase	9.9	252.15					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate kinase	13.7	348.94					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate mutase	25.9	659.67					
4715	Biochemical estimations on muscle biopsy specimens: Enolase ● Biochemiese toetse op spierbiopsie-monsters: Enolase	32.7	832.87					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase ● Biochemiese toetse op spierbiopsie-monsters: Fosfofruktokinase	37.7	960.22					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase ● Biochemiese toetse op spierbiopsie-monsters: Aldolase	15.75	401.15					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 Phosphate Dehydrogenase ● Biochemiese toetse op spierbiopsie-monsters: Glykeraldehide 3 Fosfate Dehydrogenase	11.06	281.70					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase ● Biochemiese toetse op spierbiopsie-monsters: Fosforilase	34.7	883.81					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucosylase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglukomutase	40.3	1 026.44					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose isomerase ● Biochemiese toetse op spierbiopsie-monsters: Fosfohexose isomerase	28.8	733.54					
3.4.2	Decompression Operations ● Dekompressie Operasies							
0743	DELETED 2015 Refer to items 5550-5563: Major Compartmental Decompression ● GESKRAP 2015 :Verwys na item 5550 - 5563 :Ekstensiewe Kompartementele Dekompressie							
0744	DELETED 2015 Refer to items 5550-5563: Decompression operation: Fasciotomy only ● GESKRAP 2015 :Verwys na item 5550 - 5563 :Dekompressie operasie: Fasciotomie alleenlik							
5550	Decompression fasciotomy: Buttock compartment(s): Unilateral ● Dekompressie fasciotomie: Glutale area(s): Unilateraal	243	6 189.21	194.4	4 951.37	5	595.10	+T+M
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	151.9	3 868.89	121.52	3 095.11	3	357.06	+T+M
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	253.1	6 446.46	202.48	5 157.17	3	357.06	+T+M
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	123.7	3 150.54	120	3 056.40	3	357.06	+T+M
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	162.1	4 128.69	129.68	3 302.95	3	357.06	+T+M
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	130.8	3 331.48	120	3 056.40	3	357.06	+T+M
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	171.5	4 368.11	137.2	3 494.48	3	357.06	+T+M
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial ● Dekompressie fasciotomie: Fasciotomie/tenotomie, iliotibiaal	137.3	3 497.03	120	3 056.40	4	476.08	+T+M
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe ● Dekompressie fasciotomie: Voet en/of teen	86.6	2 205.70	86.6	2 205.70	3	357.06	+T+M
5559	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve ● Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	226.3	5 763.86	181.04	4 611.09	3	357.06	+T+M

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	354.5	9 029.12	283.6	7 223.29	3	357.06	+T+M
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	166.8	4 248.40	133.44	3 398.72	3	357.06	+T+M
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	321.1	8 178.42	256.88	6 542.73	3	357.06	+T+M
5563	Decompression fasciotomy: Fingers and/or hand • Dekompressie fasciotomie: Vingers en/of hand	166.6	4 217.83	132.48	3 374.27	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.3	Muscle and tendon repair: ● Spler- en pees-herstel							
0745	Muscle and tendon repair: Biceps humeri ● Spler en tendon herstel: Biceps humeri	109	2 776.23	109	2 776.23	3	357.06	+T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff ● Spler en tendon herstel: Verwydering van verkalking in Rotatorkraag	96	2 445.12	96	2 445.12	3	357.06	+T+M
0747	Muscle and tendon repair: Rotator cuff ● Spler en tendon herstel: Rotatorkraag	134	3 412.98	120	3 056.40	4	476.08	+T
0748	Muscle and tendon repair: Debridement rotator cuff ● Spler en tendon herstel: Debridement rotatorkraag	139.7	3 558.16	120	3 056.40	4	476.08	+T
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure ● Spler en tendon herstel: Skapulopeksie - alleenstaande prosedure	271.90	6 925.29	217.52	5 540.23	4	476.08	+T
0755	Muscle and tendon repair: Infrapatellar or quadriceps tendon ● Spler en tendon herstel: Infrapatellêre of kwadriceps pees	128	3 260.16	120	3 056.40	3	357.06	+T
0757	Muscle and tendon repair: Achilles tendon repair ● Spler en tendon herstel: Achilles pees herstel	197.6	5 032.87	158.08	4 026.30	4	476.08	+T
0759	Muscle and tendon repair: Other single tendon ● Spler en tendon herstel: Ander enkele pees	77	1 961.19	77	1 961.19	3	357.06	+T
0767	Muscle and tendon repair: Tendon or ligament injection ● Spler en tendon herstel: Pees- of ligamentinspuiting	128	3 260.16	120	3 056.40	3	357.06	+T
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable) ● Hand: Fieksor pees hegtling: Primêr, sone 1 (elk) (wysiger 0005 toepaslik)	220.3	5 611.04	176.24	4 488.83	3	357.06	+T
0761	Hand: Flexor tendon repair: Primary, zone 2 (no man's land) (each) (modifier 0005 applicable) ● Hand: Fieksor pees hegtling: Primêr, sone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.6	6 357.31	199.68	5 085.85	3	357.06	+T
0769	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable) ● Hand: Fieksor pees herstel: Primêr, sone 3 en 4 (pols en voorarm) (elk) (wysiger 0005 toepaslik)	160	4 075.20	128	3 260.16	3	357.06	+T
0764	Hand: Flexor tendon repair: Secondary, zone 1 ● Hand: Fieksor pees herstel: Sekondêr, sone 1 (elk) (wysiger 0005 toepaslik)	243.9	6 212.13	195.12	4 969.71	3	357.06	+T
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no man's land) ● Hand: Fieksor pees herstel: Sekondêr, sone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.6	6 357.31	199.68	5 085.85	3	367.06	+T
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm) ● Hand: Fieksor pees hegtling: Sekondêr, sone 3 en 4 (pols en voorarm) (elk) (wysiger 0005 toepaslik)	190.6	4 854.58	152.48	3 883.67	3	357.06	+T
0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable) ● Herstel: Intrinsieke spier van hand (elk) (wysiger 0005 toepaslik)	125.3	3 191.39	100.24	2 553.11	3	357.06	+T
0771	Extensor tendon suture: Primary (per tendon, Modifier 0005 not applicable) ● Ekstensor-tendon hegtling: Primêr (per pees, Wysiger 0005 nie van toepassing)	129.7	3 303.46	120	3 056.40	3	357.06	+T
0773	Extensor tendon suture: Secondary (per tendon, Modifier 0005 not applicable) ● Ekstensor-tendon hegtling: Sekondêr (per pees, Wysiger 0005 nie van toepassing)	80	2 037.60	80	2 037.60	3	357.06	+T
0774	Repair of Boutonnière deformity or Mallet Finger with graft ● Herstel van Boutonnière-deformiteit of Mallet-vinger met peesverplanting	183.7	4 678.84	146.96	3 743.07	3	357.06	+T
3.4.4	Tendon graft ● Pees oorplanting							
0775	Free tendon graft ● Vrye peesoorplanting	160	4 075.20	128	3 260.16	3	357.06	+T
0776	Reconstruction of pulley for flexor tendon ● Rekonstruksie van katrol van 'n fieksorpees	50	1 273.50	50	1 273.50	3	357.06	+T
0777	Tendon graft: Finger: Flexor ● Tendon-oorplanting: Vinger: Fieksor	192	4 890.24	153.6	3 912.19	3	357.06	+T
0779	Tendon graft: Finger: Extensor ● Tendon-oorplanting: Vinger: Ekstensor	122	3 107.34	120	3 056.40	3	357.06	+T
0780	Two stage flexor tendon graft using silastic rod ● Fieksor pees oorplanting silastiese stafies in twee stadia	240	6 112.80	192	4 890.24	3	357.06	+T
3.4.5	Tenolysis ● Tenolise							
0781	Tendon freeing operation, except where specified elsewhere ● Tenolise indien nie elders gespesifiseer nie	64	1 630.08	64	1 630.08	3	357.06	+T
0782	Carpal tunnel syndrome ● Karpale tunnel-sindroom	98.7	2 513.89	98.7	2 513.89	3	357.06	+T
0783	Tenolysis: De Quervain ● Tendolise: De Quervain	38	967.86	38	967.86	3	357.06	+T
0784	Trigger finger ● Snellervinger	38	967.86	38	967.86	3	357.06	+T
0785	Flexor tendon freeing operation following free tendon graft or suture ● Fieksorpees bevryding na vrye pees oorplanting of hegtling	186.8	4 757.80	149.44	3 806.24	3	357.06	+T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm ● Loslating van ekstensorpees na oorplanting of hegtling in vinger, hand of voorarm	180.9	4 607.52	144.72	3 686.02	3	367.06	+T
0788	Intrinsic tendon release per finger ● Intrinsieke tenolise per vinger	64	1 630.08	64	1 630.08	3	357.06	+T
0789	Central tendon tenotomy for Boutonnière deformity ● Sentrale tendon tenotomie vir Boutonnière deformiteit	64	1 630.08	64	1 630.08	3	357.06	+T
3.4.6	Tenodesis ● Tenodese							
0790	Tenodesis: Digital joint ● Tenodese: Digitale gewrig	90	2 292.30	90	2 292.30	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.7	Muscle, tendon and fascia transfer • Splier-, pees- en fascia-verplanting							
0791	Single tendon transfer • Enkele peesverplanting	96	2 445.12	96	2 445.12	3	357.06	+T
0792	Multiple tendon transfer • Veelvuldige peesverplanting	128	3 260.16	120	3 056.40	3	357.06	+T
0793	Hamstring to quadriceps transfer • Hampese na kwadrisepe-verplanting	141	3 591.27	120	3 056.40	3	357.06	+T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon • Pectoralis major of Latissimus dorsi verplanting na besipstendon	320	8 150.40	256	6 520.32	5	595.10	+T
0795	Tendon transfer at elbow • Peesverplanting by elmboog	116	2 954.52	116	2 954.52	3	357.06	+T
0803	Hand tendons: Single tendon transfer • Hand tendons: Een peesverplanting	96	2 445.12	96	2 445.12	3	357.06	+T
0809	Hand tendons: Substitution for intrinsic paralysis of hand • Hand tendons: Vervanging vir intrinsieke spierverlamming van hand	224	5 705.28	179.2	4 564.22	3	357.06	+T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft) • Hand tendons: Opponens tendonverplanting (sluit verkryging van verplanting in)	220.6	5 618.68	176.48	4 494.95	3	357.06	+T
3.4.8	Muscle slide operations and tendon lengthening • Splierstropingsoperasies en peesverlenging							
0812	Percutaneous Tenotomy: All sites • Perkutane Tenotomie: Alle areas	38	957.86	38	957.86	3	357.06	+T
0813	Torticollis • Tortikollis	96	2 445.12	96	2 445.12	5	595.10	+T
0815	Scalenotomy • Skalenotomie	132	3 362.04	120	3 056.40	5	595.10	+T
0817	Scalenotomy with excision of first rib • Skalenotomie met eksisie van eerste rib	190	4 839.30	152	3 871.44	3	357.06	+T+M
0822	Open release elbow (Mitals) - stand alone procedure • Elmboog loslating - oop prosedure (Mitals) - alleenstaande prosedure	278.20	7 085.75	222.56	5 668.60	3	357.06	+T+M
0823	Excision or slide for Volkmann's Contracture • Eksisie of prosedure vir Volkmann se Kontraktuur	192	4 890.24	153.6	3 912.19	3	357.06	+T
0825	Hip: Open muscle release • Heup: Ope spierloslating	116	2 954.52	116	2 954.52	7	833.14	+T
0829	Knee: Quadriceps plasty • Knie: Kwadrisepeplastiek	160	4 075.20	128	3 260.16	3	357.06	+T
0831	Knee: Open tenotomy • Knie: Oop tenotomie	141	3 591.27	120	3 056.40	3	357.06	+T
0835	Calf • Kuit	96	2 445.12	96	2 445.12	4	476.08	+T
0837	Open Elongation Tendon Achilles • Ope Verlenging Achillespees	96	2 445.12	96	2 445.12	4	476.08	+T
0838	Percutaneous "Hoke" elongation tendoachilles - stand alone procedure • Perkutane verlenging tendo achilles ("Hoke") - alleenstaande prosedure	79.30	2 019.77	79.30	2 019.77	4	476.08	+T
0845	Foot: Plantar fasciotomy • Voet: Plantare fasciotomie	70	1 782.90	70	1 782.90	3	357.06	+T
3.5	Bursae and ganglia • Bursas en ganglions							
0847	Excision: Semi-membranosus • Uitsnyding: Semi-membranosus	90	2 292.30	90	2 292.30	4	476.08	+T
0849	Excision: Prepatellar • Uitsnyding: Prepatellêr	45	1 146.15	45	1 146.15	3	357.06	+T
0851	Excision: Olecranon • Uitsnyding: Olekranon	81.8	2 083.45	81.8	2 083.45	3	357.06	+T
0853	Excision: Small bursa or ganglion • Uitsnyding: Klein bursa of ganglion	80.9	2 060.52	80.9	2 060.52	3	357.06	+T
0855	Excision: Compound palmar ganglion or synovectomy • Uitsnyding: Saamgestelde ganglion in handpalm of sinovektomie	128	3 260.16	120	3 056.40	3	357.06	+T
0857	Bursae and ganglia: Aspiration or injection (not subject to rule G) (Modifier 0005 not applicable) • Bursas en ganglions: Aspirasie of inspuiting (nie onderhewig aan reël G) (Wysiger 0005 nie van toepassing)	9	229.23	9	229.23	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.6	Musculo-skeletal system: Miscellaneous • Spier-skeletstelsel: Diverse							
3.6.1	Leg lengthening • Beenverlenging							
0861	Leg lengthening • Beenverlenging	416	10 595.52	332.8	8 476.42	3		357.06 +T+M
3.6.2	Removal of Internal fixatives or prosthesis • Verwydering van Readily accessible • Maklik bekombaar	36.6	932.20	36.6	932.20			As per bone specify
0884	Less accessible • Moelik bekombaar	75.5	1 922.99	75.5	1 922.99			+ M
0885	Removal of prosthesis for infection soon after operation • Verwydering van protese vir infeksie kort na operasie	128	3 260.16	120	3 056.40			Soos per been +M
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint • Laat verwydering van geïnfecteerde of nie-geïnfecteerde totale gewrigsprotese (insluitende ses weke nasorg): VOEG BY Gelde vir totale vervanging van betrokke gewrig	+ 64	1 630.08	64	1 630.08	6		714.12 +T+M
3.7	Plasters (not subject to rule G) • Gips (nie onderhewig aan reël G) Note: The initial application of a plaster cast is included in the scheduled fee • Opmerking: Die eerste aanwending van gips is by die oorspronklike gelde ingesluit. Note: The Commissioner will only consider payment i.r.o. splinting material (Scotchcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used): Where extremity splints are applied for at least five weeks: A maximum of one application for an upper extremity injury A maximum of two applications for a lower extremity injury • Opmerking: Die Kommissaris sal slegs betaling oorweeg t.o.v. splintingsmateriaal (Scotchcast, Dynacast, ens) in die volgende gevalle (nie van toepassing wanneer gips gebruik word nie): Waar ledemaatgipse vir ten minste 5 weke aanby: Maksimum van een aanwending vir boonste ledemaatbesering 'n Maksimum van twee aanwendings vir 'n onderste ledemaatbesering							
0887	Long limb cast (excluding after-care) (modifier 0005 not applicable) • Lang ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	13	331.11	13	331.11	3		357.06 +T
0888	Short limb cast (excluding after-care) (modifier 0005 not applicable) • Kort ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	6.6	168.10	6.6	168.10	3		357.06 +T
0889	Spica, plaster jacket or hinged cast brace (excluding aftercare) • Spika, gipsbaadjie of geskarnierde stut (nasorg uitgesluit)	32	815.04	32	815.04	4		476.08 +T
3.8	Specific areas • Spesifieke areas							
3.8.1	Foot and ankle • Voet en Enkel							
0900	Excision tarsal coalition - stand alone procedure • Verwydering van tarsale koalisie - alleenstaande prosedure	141.5	3 604.01	120.00	3 056.40	3		357.06 +T+M
0901	Tenotomy single tendon • Tenotomie een pees	63.3	1 612.25	63.3	1 612.25	3		357.06 +T+M
0903	Hammer toe: one toe • Hamertoon: een teen	99.5	2 534.27	99.5	2 534.27	3		357.06 +T+M
0905	Fillet of toe or Ruiz-Mora procedure • Toonontbening of Ruiz-Mora prosedure	99.5	2 534.27	99.5	2 534.27	3		357.06 +T+M
0906	Arthrodesis Hallux • Artrodese Hallux	148	3 769.66	120	3 056.40	3		357.06 +T+M
0909	Excision arthroplasty • Eksisie artroplastie	145.2	3 698.24	120	3 056.40	3		357.06 +T+M
0910	Cheilectomy or metatarsophalangeal Implant Hallux • Cheilektomie of metatarso-falangiale vervang Hallux	183	4 661.01	146.4	3 728.81	3		357.06 +T+M
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure • Metatarsale osteotomie of Lapidus of dergelike prosedure of Chevron - alleenstaande prosedure	189.2	4 818.92	151.36	3 855.14	3		357.06 +T+M
5730	Hallux valgus double osteotomy etc • Hallux valgus dubbele osteotomie ens.	182.60	4 650.82	146.08	3 720.66	3		357.06 +T+M
5731	Distal soft tissue procedure for Hallux Valgus • Distale sagteweefsel prosedure vir Hallux Valgus	173.6	4 421.59	138.88	3 537.27	3		357.06 +T+M
5732	Aitkin procedure or similar • Aitkin operasie of dergelike ingreep	166.8	4 248.40	133.44	3 398.72	3		357.06 +T+M
5734	Removal bony prominence foot (bunionette not applicable to COID) • Verwyder benige prominensie aan voet (bunionette nie van toepassing op COID)	91	2 317.77	91	2 317.77	3		357.06 +T+M
5735	Repair angular deformity toe (lesser toes) • Herstel wanbelyning teen (kleiner teen)	97.2	2 475.68	97.2	2 475.68	3		357.06 +T+M
5736	Sesamoidectomy • Eksisie sesamoid been	97.8	2 490.97	97.8	2 490.97	3		357.06 +T+M
5737	Repair major foot tendons e.g. Tib Post • Heg groot pees in voet b.v. Tib post	147.30	3 751.73	120	3 056.40	3		357.06 +T
5738	Repair of dislocating peroneal tendons • Herstel ontwrigting peronius pees	173.2	4 411.40	138.66	3 529.12	3		357.06 +T
5740	Steindler strip - plantar fascia • Steindler stroping - plantare fascia	97.2	2 475.68	97.2	2 475.68	3		357.06 +T
5742	Tendon transfer foot • Pees verplanting voet	172	4 380.84	137.6	3 504.67	3		357.06 +T
5743	Capsulotomy metatarsophalangeal joints - foot • Kapsulotomie metatarsofalangeale gewigte - voet	86.8	2 210.80	86.8	2 210.80	3		357.06 +T
3.8.3	Replantation • Herinplantings							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0912	Replantation of amputated upper limb proximal to wrist joint • Replantasie van geamputeerde boonste ledemaat proximaal tot polsgewrig	730	18 593.10	584	14 874.48	3	357.06	+T+M
0913	Replantation of thumb • Replantasie van duim	670	17 064.90	536	13 651.92	3	357.06	+T+M
0914	Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable • Replantasie van 'n enkel vinger (moet gemotiveer word), vir veelvuldige vingers is wysiger 0005 toepaslik	580	14 772.60	464	11 818.08	3	357.06	+T+M
0915	Replantation operation through the palm • Replantasie-operasie deur die handpalm	1270	32 346.90	1016	25 877.52	3	357.06	+T+M
3.8.4	Hands: (Note: Skin: See Integumentary system) • Hande: (Let wel: Vel: Sien Huidstelsel)							
0919	Tumours: Epidermoid cysts • Tumore: Epidermoïde siste	35	891.45	35	891.45	3	357.06	+T+M
0922	Removal of foreign bodies requiring incision: Under local anaesthetic • Verwydering van vreemde liggaampies wat insnyding vereis: Onder lokale verdoving	19	483.93	19	483.93	3	357.06	+T+M
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic • Verwydering van vreemde liggaampies wat insnyding vereis: Onder algemene of streeksnarkose	32	815.04	32	815.04	3	357.06	+T+M
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) • Vergruiste handbeserings: Eerste ekstensiewe sagteweefsel toilet onder algemene narkose (glyskaal)	37 to/tot 110	942.39 2 801.70	37 to/tot 110	942.39 2 801.70	3	357.06	+T+M
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic • Vergruiste handbeserings: Daaropvolgende verbandveranderings onder algemene narkose	16	407.52	16	407.52	3	357.06	+T+M
0926	Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care • Aanvanklike behandeling van frakture, pese, senuwees, velverlies en bloedvate, insluitende verwydering van dooie weefsel onder algemene narkose en ses weke se nasorg	269	6 851.43	215.2	5 481.14	3	357.06	+T+M
3.8.5	Spine • Wenwielkolom							
0927	Excision of one vertebral body, for a lesion within the body (no decompression) • Eksisie van een wenwielgaaam vir 'n letsel in die wenwel (geen dekompressie nie)	207	5 272.29	165.6	4 217.83	3	357.06	+T+M
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression) • Vir elke bykomende wenwel vir 'n letsel in die wenwel (geen dekompressie nie)	+ 42	1 069.74	42	1 069.74	3	357.06	+T+M
0929	Manipulation of spine with anaesthetic (no after-care), modifier 0005 not applicable • Manipulasie van wenwielkolom met narkose (nasorg uitgesluit) wysiger 0005 nie van toepassing nie	14	356.58	14	356.58	5	595.10	+T+M
0930	Posterior osteotomy of spine: One vertebral segment • Posterior spinale osteotomie: Een vertebrale segment	339	8 634.33	271.2	6 907.46	3	357.06	+T+M
0931	Posterior spinal fusion: One level • Posterior spinale fusie: Een vlak	385	9 805.95	308	7 844.76	3	357.06	+T+M
0932	Posterior osteotomy of spine: Each additional vertebral segment • Posterior spinale osteotomie: Elke bykomende segment	+ 103	2 623.41	103	2 623.41	3	357.06	+T+M
0933	Anterior spinal osteotomy with disc removal: One vertebral segment • Anterior spinale osteotomie met diskus verwydering: Een bewegings segment	315	8 023.05	252	6 418.44	3	357.06	+T+M
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment • Anterior spinale osteotomie met diskus verwydering: Elke bykomende bewegings segment	+ +103	2 623.41	+103	2 623.41	3	357.06	+T+M
0938	Anterior fusion base of skull to C2 • Anterior fusie skedelbasis tot C2	449	11 436.03	359.2	9 148.82	4	476.08	+T+M
0939	Trans-abdominal anterior exposure of the spine for spinal-fusion only if done by a second surgeon • Transabdominale anterior blootlegging van die wenwielkolom vir spinale fusie slegs indien dit deur 'n tweede chirurg gedoen word	160	4 075.20	128	3 260.16	3	357.06	+T+M
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon • Trans-torakale anterior blootlegging van die wenwielkolom indien dit deur 'n tweede chirurg gedoen word	160	4 075.20	128	3 260.16	3	357.06	+T+M
0941	Anterior interbody fusion: One level I Anterior tussenwenwel fusie: Een vlak	360	9 169.20	288	7 335.36	3	357.06	+T+M
0942	Anterior interbody fusion: Each additional level • Anterior tussenwenwelfusie: Elke bykomende vlak	+ + 102	2 597.94	+102	2 597.94	3	357.06	+T+M
0943	Laminectomy with decompression of nerve roots and disc removal: One level • Laminektomie met dekompressie van senuweewortels of diskus verwydering: Een vlak	240	6 112.80	192	4 890.24	3	357.06	+T+M
0944	Posterior fusion: Occiput to C2 • Posterior fusie: Occiput tot C2	390	9 933.30	312	7 946.64	4	476.08	+T+M
0946	Posterior spinal fusion: Each additional level • Posterior spinale fusie: Elke bykomende vlak	+ +111	2 827.17	+111	2 827.17	3	357.06	+T+M
0948	Posterior interbody lumbar fusion: One level • Posterior tussen wenwel lumbale fusie: Een vlak	364	9 271.08	291.2	7 416.86	3	357.06	+T+M
0950	Posterior interbody lumbar fusion: Each additional interspace • Posterior tussen wenwel lumbale fusie: Elke bykomende interspasie	+ + 95	2 419.65	+ 95	2 419.65	3	357.06	+T+M
0959	Excision of coccyx • Uitsnyding van koksiks	96	2 445.12	96	2 445.12	3	357.06	+T+M
0960	Posterior non-segmental instrumentation • Posterior non-segment instrumentasie	167	4 253.49	133.6	3 402.79	5	595.10	+T+M
0961	Costo-transversectomy • Kosto-transversektomie	198	5 043.06	158.4	4 034.45	3	357.06	+T+M
0962	Posterior segmental instrumentation: 2 to 6 vertebrae • Posterior segmentale instrumentasie: 2 tot 6 wenwels	176	4 482.72	140.8	3 586.18	5	595.10	+T+M
0963	Antero-lateral decompression of spinal cord or anterior debridement • Antero-laterale dekompressie van rugmurg of anterior debridement	326	8 303.22	260.8	6 642.68	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0964	Posterior segmental instrumentation: 7 to 12 vertebrae • Posterior segmentale instrumentasie: 7 tot 12 werwels	201	5 119.47	160.8	4 095.58	5	595.10	+T+M
0966	Posterior segmental instrumentation: 13 or more vertebrae • Posterior segmentale instrumentasie: 13 of meer werwels	245	6 240.15	196	4 992.12	5	595.10	+T+M
0968	Anterior instrumentation: 2 to 3 vertebrae • Anterior instrumentasie: 2 tot 3 werwels	159	4 049.73	127.2	3 239.78	5	695.10	+T+M
0969	Skull or skull-femoral traction including two weeks after-care • Skedel of skedelfemorale traksie plus twee weke nasorg	64	1 630.08	64	1 630.08	--		
0970	Anterior instrumentation: 4 to 7 vertebrae • Anterior instrumentasie: 4 tot 7 werwels	185	4 711.95	148	3 769.56	5	595.10	+T+M
0972	Anterior instrumentation: 8 or more vertebrae • Anterior instrumentasie: 8 of meer werwels	206	5 246.82	164.8	4 197.46	5	595.10	+T+M
0974	Additional pelvic fixation of instrumentation other than sacrum • Bykomende pelvisse fiksasie, sakrum uitgesluit	108	2 750.76	108	2 750.76	5	695.10	+T+M
5750	Reinsertion of instrumentation • Herposisionering van instrumentasie	276	7 029.72	220.8	5 623.78	6	714.12	+T+M
5751	Removal of posterior non-segmental instrumentation • Verwydering van posterior non-segmentale instrumentasie	173	4 406.31	138.4	3 525.05	6	714.12	+T+M
5752	Removal of posterior segmental instrumentation • Verwydering van posterior segmentale instrumentasie	175	4 457.25	140	3 565.80	6	714.12	+T+M
5753	Removal of anterior instrumentation • Verwydering van anterior instrumentasie	204	5 195.88	163.2	4 156.70	6	714.12	+T+M
5755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels • Laminektomie vir spinale stenose (uitgesluit diskektomie, foraminotomie en spondilolistese): Een of twee vlakke	295	7 513.55	236	6 010.92	3	357.06	+T+M
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure) • Laminektomie met volle dekompresie vir spondilolistese (Gill prosedure)	304	7 742.88	243.2	6 194.30	3	357.06	+T+M
5757	Laminectomy for decompression without foraminotomy or discectomy more than two levels • Laminektomie vir dekompresie sonder foraminotomie of diskektomie meer as twee vlakke	321	8 175.87	256.8	6 540.70	3	357.06	+T+M
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level • Laminektomie met dekompresie van senuweewortels en diskus verwydering: Elke bykomende vlak	63	1 604.61	63	1 604.61	3	357.06	+T+M
5759	Laminectomy for decompression discectomy etc., revision operation • Laminektomie vir dekompresie diskektomie ens., herhalings operasie	352	8 965.44	281.6	7 172.35	4	476.08	+T+M
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level • Laminektomie, fasektomie dekompresie van laterale reses stenose plus spinale stenose: Een vlak	301	7 666.47	240.8	6 133.18	3	357.06	+T+M
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level • Laminektomie, fasektomie, dekompresie van laterale reses stenose plus spinale stenose: Elke bykomende vlak	68	1 731.96	68	1 731.96	3	357.06	+T+M
5763	Anterior disc removal and spinal decompression cervical: One level • Anterior diskus verwydering en spinale dekompresie servikaal: Een vlak	344	8 761.68	275.2	7 009.34	3	357.06	+T+M
5764	Anterior disc removal and spinal decompression cervical: Each additional level • Anterior diskus verwydering en spinale dekompresie servikaal: Elke bykomende vlak	81	2 063.07	81	2 063.07	3	357.06	+T+M
5765	Vertebral corpectomy for spinal decompression: One level • Vertebrale korpektomie vir spinale dekompresie: Een vlak	466	11 869.02	372.8	9 495.22	3	357.06	+T+M
5766	Vertebral corpectomy for spinal decompression: Each additional level • Vertebrale korpektomie vir spinale dekompresie: Elke bykomende vlak	88	2 241.36	88	2 241.36	3	357.06	+T+M
5770	Use of microscope in spinal and intercranial procedures (modifier 0005 not applicable) • Gebruik van mikroskoop vir spinale of interkraniale prosedures (wysiger 0005 is nie toepaslik nie)	71	1 808.37	71	1 808.37			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.9	Facial bone procedures • Gesigsgesigprosedures Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff • Let wel: Wysigers 0046 tot 0058 is nie van toepassing op afdeling 3.9 van die tarief nie							
0987	Repair of orbital floor (blowout fracture) • Herstel van orbitale vloer (uitbars fraktuur)	184.6	4 701.76	147.68	3 761.41	4	476.08	+T+M
0988	Genioplasty • Genioplastie	263	6 698.61	210.4	5 358.89	4	476.08	+T+M
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort I	202.2	5 150.03	161.76	4 120.03	4	476.08	+T+M
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort II	302	7 691.94	241.6	6 153.55	4	476.08	+T+M
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort III	433	11 028.51	346.4	8 822.81	4	476.08	+T+M
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort I Osteotomie	970	24 705.90	778	19 764.72	4	476.08	+T+M
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Verhemelte Osteotomie	302	7 691.94	241.6	6 153.55	4	476.08	+T+M
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee) • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort II Osteotomie (gelde vir span)	1103	28 093.41	882.4	22 474.73	4	476.08	+T+M
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee) • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort III Osteotomie (gelde vir span)	1654	42 127.38	1323.2	33 701.90	4	476.08	+T+M
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Fraktuur van maksilla sonder verplasing		Φ		Φ			
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation • Mandibula: Frakture van neus en sigoom: Oop reduksie en fiksering	302	7 691.94	241.6	6 153.55	3	357.06	+T+M
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation • Mandibula: Frakture van neus en sigoom: Geslote reduksie d.m.v. intermaksillêre fiksering	184	4 686.48	147.2	3 749.18	3	357.06	+T+M
1001	Temporo-mandibular joint: Reconstruction for dysfunction • Temporo-mandibulêre gewrig: Rekonstruksie weens abnormale funksie	206	5 246.82	164.8	4 197.46	4	476.08	+T+M
1003	Manipulation: Immobilisation and follow-up of fractured nose • Manipulasie: Immobilisering en nabehandeling van gebroke neus	35	891.45	35	891.45	3	357.06	+T+M
1005	Nasal fracture without manipulation • Neusfraktuur sonder manipulasie		Φ		Φ			
1006	Fracture: Nose and septum, open reduction	177.4	4 518.38	141.92	3 614.70	5	595.10	+T+M
1007	Mandibulectomy • Mandibulektomie	320	8 150.40	256	6 520.32	5	595.10	+T+M
1009	Maxillectomy • Maksillektomie	382.5	9 742.28	306	7 793.82	4	476.08	+T+M
1011	Bone graft to mandible • Beentransplantasie aan onderkaak	206	5 246.82	164.8	4 197.46	4	476.08	+T+M
1012	Adjustment of occlusion by ramisection • Regstel van afsluiting d.m.v. ramiseksie	227	5 781.69	181.6	4 625.35	4	476.08	+T+M
1013	Fracture of arch of zygoma without displacement • Fraktuur van sigoom sonder verplasing							
1015	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) • Orlangse fraktuur van sigoom (binne vier weke) met verplasing wat operatiewe manipulasie benodig, gepaardgaande fraktuur uitgesluit	131	3 336.57	120	3 056.40	3	357.06	+T+M
1017	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures) (after four weeks) • Fraktuur van sigoom met verplasing wat operatiewe manipulasie benodig (gepaardgaande frakture uitgesluit) (na vier weke)	262	6 673.14	209.6	5 338.51	3	357.06	+T+M
4.	RESPIRATORY SYSTEM • ASEMHALINGSTELSEL							
4.1	Nose and sinuses • Neus en sinusse							
1018	Flexible nasopharyngolaryngoscope examination • Nasofaringale en larynks ondersoek met buigbare teleskoop	51.94	1 322.91					
1019	ENT endoscopy in rooms with rigid endoscope • ONK endoskopies in kamers met onbuigbare endoskoop	12	305.64					
1020	Repair of perforated septum: Any method • Herstel van septum perforasie: enige metode	141.9	3 614.19	120	3 056.40	4	476.08	+T
1022	Functional reconstruction of nasal septum • Funksionele rekonstruksie van neusseptum	121.2	3 086.96	120	3 056.40	4	476.08	+T
1023	Harvesting of graft: Cartilage graft of nasal septum • Herwinning van oorplantings weefsel: Kraakbeen oorplanting, neusseptum	124.8	3 178.66	120	3 056.40	5	595.10	+T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material) • Inplasing van 'n silastiese obturator in 'n perforasie van die neusseptum (materiaal uitgesluit)	30	764.10	30	764.10	4	476.08	+T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose) • Intranasale antrostomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	64.6	1 645.36	64.6	1 645.36	4	476.08	+T
1027	Dacryocystorhinostomy • Dakrosistorinostomie	210	5 348.70	168	4 278.96	5	595.10	+T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose) • Turbinektomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	62.6	1 594.42	62.6	1 594.42	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1030	Endoscopic turbinatectomy: laser or microdebrider ● Endoskopiese turbinektomie: laser of mikrodebrider	90	2 292.30	90	2 292.30	5	595.10	+T
1034	Autogenous nasal bone transplant: Bone removal included ● Outogene beentransplantasie van die neus: Verwydering van been ingeslote	100	2 547.00	100	2 547.00	4	476.08	+T
1035	Unilateral functional endoscopic sinus surgery (unilateral) ● Funktioniese endoskopiese sinus chirurgie (unilateraal)	140	3 565.80	120	3 056.40	4	476.08	+T
1036	Bilateral functional endoscopic sinus surgery ● Bilaterale funksionele endoskopiese sinus chirurgie	245	6 240.15	196	4 992.12	4	476.08	+T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic ● Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met plaaslike verdoving	8	203.76	8	203.76			
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic ● Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met algemene verdoving	35	891.46	35	891.46	4	476.08	+T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) I Erge epistakse kontrole wat hospitalisasie vereis: Anterior tamponade (unilateraal)	40	1 018.80	40	1 018.80	6	714.12	+T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral) ● Erge epistakse kontrole wat hospitalisasie vereis: Anterior en posterior tamponade (unilateraal)	60	1 528.20	60	1 528.20	6	714.12	+T
1045	Ligation anterior ethmoidal artery ● Afbind van anterior etmoidale arterie	135.4	3 448.54	120	3 056.40	6	714.12	+T
1047	Caldwell-Luc operation (unilateral) ● Caldwell-Luc operasie (unilateraal)	137.3	3 497.03	120	3 056.40	4	476.08	+T
1049	Ligation internal maxillary artery ● Afbind van interne maksillêre arterie	196	4 992.12	156.8	3 993.70	6	714.12	+T
1050	Vidian neurectomy (transantral or transnasal) ● Neurektomie van nervus vidii (transantraal of transnasaal)	113	2 878.11	113	2 878.11	4	476.08	+T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose) ● Antroskopies deur die caninus fossa (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	37.3	950.03	--	--	--	--	--
1055	External frontal ethmoidectomy ● Eksterne fronto-etmoidektomie	190.7	4 857.13	152.56	3 885.70	4	476.08	+T
1057	External ethmoidectomy and/or sphenoidectomy (unilateral) ● Eksterne etmoidektomie en/of sfenoidektomie (unilateraal)	199.4	5 078.72	159.52	4 062.97	4	476.08	+T
1059	Frontal osteomyelitis ● Frontale osteomielitis	194	4 941.18	155.2	3 952.94	4	476.08	+T
1061	Lateral rhinotomy ● Laterale rhinotomie	164	4 177.08	131.2	3 341.66	4	476.08	+T
1063	Removal of foreign bodies from nose at rooms ● Verwydering van vreemde voorwerpe uit neus by spreekkamer	10	254.70	10	254.70			
1065	Removal of foreign body from nose under general anaesthetic ● Verwydering van vreemde voorwerp uit die neus onder algemene narkose	38.6	983.14	38.6	983.14	4	476.08	+T
1067	Proof puncture, unilateral at rooms ● Sinusspoeling, unilateraal by spreekkamer	10	254.70	10	254.70	4	476.08	+T
1069	Proof puncture, uni- or bilateral under general anaesthetic ● Sinusspoeling, uni- of bilateraal onder algemene narkose	35	891.45	35	891.45	4	476.08	+T
1075	Multiple intranasal procedures: Not to exceed (see Modifier 0068) ● Veevuldige intranasale prosedures: Maksimum bedrag (sien Wysiger 0068)	194	4 941.18	155.2	3 952.94	4	476.08	+T
1077	Septum abscess, at room, including after-care ● Septumabses, by spreekkamer, nabehandeling ingesluit	8	203.76	8	203.76			
1079	Septum abscess, under general anaesthetic ● Septumabses, onder algemene verdoving	35	891.45	35	891.45	4	476.08	+T
1081	Oro-antral fistula (without Caldwell-Luc) ● Oro-antrale fistel (sonder Caldwell-Luc)	111.8	2 847.55	111.8	2 847.55	4	476.08	+T
1083	Choanal atresia: Intranasal approach ● Atresie van agterste neusopening: Intranasale metode	113	2 878.11	113	2 878.11	5	595.10	+T
1084	Choanal atresia: Transpalatal approach ● Atresie van agterste neusopening: Transpalatale metode	194	4 941.18	155.2	3 952.94	7	833.14	+T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomy) and nasal tip ● Rekonstruksie van die neus: Insluitende rekonstruksie van die septum (septumplasty), die piramide (osteotomie) en neuspunt	350	8 914.50	280	7 131.60	5	595.10	+T
1087	Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomy, nasal tip reconstruction ● Subtotale rekonstruksie, bestaande uit enige twee van die volgende: Septumplasty, osteotomie, neuspunt-rekonstruksie	210	5 348.70	168	4 278.96	5	595.10	+T
1089	Forehead rhinoplasty (all stages): Total ● Voorhoofd-rhinoplastie (alle stadiums): Volledig	552	14 059.44	441.6	11 247.55	5	595.10	+T
1091	Forehead rhinoplasty (all stages): Partial ● Voorhoofd-rhinoplastie (alle stadiums): Gedeeltelik	414	10 544.68	331.2	8 435.66	5	595.10	+T
4.3	Larynx ● Larinks							
1117	Laryngeal intubation ● Laringeale intubasie	10	254.70	10	254.70			
1118	Laryngeal stroboscopy with video capture ● Laringeale stroboskopies met video vaslegging	39	993.33	39	993.33	6	714.12	+T
1119	Laryngectomy without block dissection of the neck ● Laringektomie sonder blokdissessie van die nek	430	10 952.10	344	8 761.68	7	833.14	+T
1127	Tracheostomy ● Trageostomie	90	2 292.30	90	2 292.30	9	1071.18	+T
1129	External laryngeal operation, e.g. laryngeal stenosis, laryngocoele, abductor, paralysis, laryngofissure ● Eksterne laringeale operasie, bv. vir laringeale stenose, laringeoseel, abduktor-paraliese, laringo-fissuur	294.4	7 498.37	235.52	5 998.69	8	952.16	+T
1130	Diagnostic laryngoscopy including biopsy ● Diagnostiese laringoskopies insluitende biopsie	41.4	1 054.46	41.4	1 054.46	6	714.12	+T
1131	Direct laryngoscopy plus foreign body removal ● Direkte laringoskopies plus vreemde voorwerp verwydering	64.6	1 645.36	64.6	1 545.36	6	714.12	+T



		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4.4	Bronchial procedure ● Bronchiale prosedures							
1132	Bronchoscopy: Diagnostic bronchoscopy without removal of foreign object ● Brongoskopies: Diagnostiese brongoskopies sonder verwydering van vreemde voorwerp	65	1 655.55	65	1 655.55	6	714.12	+T
1133	Bronchoscopy: With removal of foreign body ● Brongoskopies: Met verwydering van vreemde voorwerp	80	2 037.60	80	2 037.60	8	952.16	+T
1134	Bronchoscopy: Bronchoscopy with laser ● Brongoskopies: Brongoskopies met laser	75	1 910.25	—		8	952.16	+T
1136	Nebulisation (in rooms) ● Nebulisering (in kamers)	12	305.64	12	305.64		Fees as for	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1137	Bronchial lavage ● Brongiale spoeling	—	—	—	—	8	952.16	+T
1138	Thoracotomy; for bronchopleural fistula (including ruptured bronchus, any cause) ● Torakotomie: vir brongopleurale fistel (ruptuur van die brongus, alle oorsake, ingeslote)	350	8 914.50	280	7 131.60	12	1428.24	+T
4.5	Pleura ● Pleura							
1139	Pleural needle biopsy (not including aftercare): modifier 0005 not applicable ● Naaldbiopsie van pleura (nasorg uitgesluit): wysiger 0005 nie van toepassing nie	50	1 273.50	50	1 273.50	3	357.06	+T
1141	Insertion of intercostal catheter (under water drainage) ● Inplasing van tussenribse kateter (met onderwater-dreinasie)	50	1 273.50	50	1 273.50	6	714.12	+T
1143	Paracentesis chest: Diagnostic ● Parasetese borskas: Diagnosties	8	203.76	8	203.76	3	357.06	+T
1145	Paracentesis chest: Therapeutic ● Parasetese borskas: Terapeuties	13	331.11	13	331.11	3	357.06	+T
1147	Pneumothorax: Induction (diagnostic) ● Pneumotoraks: Induksie (diagnosties)	25	636.75	25	636.75			
1149	Pleurectomy ● Pleurektomie	250	6 367.50	200	5 094.00	11	1309.22	+T
1151	Decortication of lung ● Dekortikasie van long	350	8 914.50	280	7 131.60	11	1309.22	+T
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) ● Chemiese pleurodesis (instillering silwer nitraat, tetraskilien, talk, ens)	55	1 400.85	55	1 400.85	3	357.06	+T
4.6	Pulmonary procedures I Longprosedures							
4.6.1	Surgical ● Chirurgies							
1155	Needle biopsy lung (not including after-care): modifier 0005 not applicable ● Naaldbiopsie long (nasorg uitgesluit): wysiger 0005 nie van toepassing nie	32	815.04	32	815.04	5	595.10	+T
1157	Pneumectomy ● Pneumonektomie	350	8 914.50	280	7 131.60	11	1309.22	+T
1159	Pulmonary lobectomy ● Pulmonêre lobektomie	389.5	9 920.57	311.6	7 936.45	11	1309.22	+T
1161	Segmental lobectomy ● Segmentale lobektomie	365	9 286.55	292	7 437.24	11	1309.22	+T
1163	Excision tracheal stenosis: Cervical ● Eksisie van stenose van trachea: Servikaal	375	9 651.25	300	7 641.00	8	952.16	+T
1164	Excision tracheal stenosis: Intra-thoracic ● Eksisie van stenose van trachea: Intratorakale	350	8 914.50	280	7 131.60	12	1428.24	+T
1171	Drainage empyema (including six weeks after-treatment) ● Dreinerings van empiëem (insluitende ses weke nabehandeling)	170	4 329.90	136	3 463.92	11	1309.22	+T
1173	Drainage of lung abscess (including six weeks after-treatment) ● Dreinerings van longabses (insluitende ses weke nabehandeling)	170	4 329.90	136	3 463.92	11	1309.22	+T
1175	Thoracotomy (limited): Limited: For lung or pleural biopsy ● Torakotomie (beperk): Beperk: Vir biopsie van long of pleura	115	2 929.05	115	2 929.05	11	1309.22	+T
1177	Thoracotomy: Major: Diagnostic ● Torakotomie: Groot: Diagnosties	215	5 476.05	172	4 380.84	11	1309.22	+T
1179	Thoracoscopy ● Torakoskopie	89	2 266.83	89	2 266.83	11	1309.22	+T
4.6.2	Pulmonary function tests ● Longfunksietoetse							
1186	Flow volume test: Inspiration/expiration ● Vloei-volume toets: Inspirasie/ekspirasie	30	764.10	30	764.10			Fees as for specialist/Gelde
1188	Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies) ● Vloei-volume toets: Inspirasie/ekspirasie voor- en na-bronchodilator (hefbaar slegs tydens eerste konsultasie - daarna is item 1186 toepaslik)	50	1 273.50	50	1 273.50			Fees as for specialist/Gelde soos vir spesialis
1189	Forced expirogram only ● Forseerde ekspiogram alleenlik	10	254.70	10	254.70			
1191	N2 single breath distribution ● N2 enkel asem verspreiding	10	254.70	10	254.70			
1197	Compliance and resistance, using oesophageal balloon ● Rekbaarheid en weerstand d.m.v. esofageale ballon	24	611.28	24	611.28			Fees as for specialist/Gelde
1198	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent or after exercise, with subsequent spirometry ● Verlengde na-blootstelling bepaling van brongospasme met spirometrie voor en na antigeen, koue lug, meta choline of ander chemiese agent, of na oefening met opvolg spirometrie	55.89	1 423.52	55.89	1 423.52			
1199	Pulmonary stress testing: For determination of VO2 max ● Pulmonale inspanningstoets: vir bepaling van maksimum VO2	96.5	2 457.86	96.5	2 457.86			
1201	Maximum inspiratory/expiratory pressure ● Maksimum inspiratoriese/ekspiratoriese druk	5	127.35	5	127.35			Fees as for specialist/Gelde

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Pulmonologists and Practitioners accredited to SATS Pulmonoloog en praktisyns geakrediteer deur SATS		Other Specialists and General practitioner Ander Spesialiste en Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1193	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method • Funksionele residuele kapasiteit of residuele volume: helium, stikstof opebaan of ander metode	37.76	961.75					
1195	Thoracic gas volume • Intra torakale gas volume	37.93	966.08					
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods • Bepaling van lugweg weerstand ossillasie of met plethysmograaf	45.31	1 154.05					
1200	Carbon monoxide diffusing capacity, any method • Kool monoksied diffusie, enige metode	38.06	969.39					
		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4.7	Intensive care (in intensive care or high care unit): Respiratory, cardiac, general • Intensiewe sorg (in intensiewe of hoësoorgseenheid): Respiratories, kardiale, algemeen.							
4.7.1	Tariff items for intensive care • Tarief items vir intensiewe sorg Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc). Please note that item 1204 may not be charged by the responsible surgeon for monitoring a patient post-operatively in ICU or in the high-care unit since post-operative monitoring is included in the fee for the procedure • Kategorie 1: Gevalle wat intensiewe monitoring vereis (sluit spesifieke gevalle in waar fisiologiese onstabielheid vermoed word, bv. diabetiese pre-koma, asma, gastrointestinale bloeding, ens). Let asseblief daarna op dat item 1204 nie deur die verantwoordelike chirurg geheel mag word vir monitoring van die pasiënt na-operatief in die intensiewe sorg-eenheid of in die hoë sorg aangesien na-operatiewe monitoring ingesluit is in die gelde vir die prosedure •							
1204	Category 1: Per day • Kategorie 1: Per dag Category 2 Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction; diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc.) Ventilation may or may not be part of the active system support • Kategorie 2 : Gevalle wat aktiewe sisteem bystand vereis (waar aktiewe gespesialiseerde intervensie vereis word, byvoorbeeld akute miokardiale infarksie, diabetiese koma, hoofbesering, ernstige asma, akute pankreatitis, eklamptisie, veel borskas, ens.) Ventilasiemag deel uitmaak of nie deel uitmaak van die aktiewe sisteem bystand nie	30	764.10	30	764.10			Fees as for specialist/Gekle soos vir spesialis
1205	Category 2: First day • Kategorie 2: Eerste dag	100	2 547.00	100	2 547.00			Fees as for specialist/Gekle
1206	Category 2: Subsequent days, per day • Kategorie 2: Daaropvolgende dae, per dag	50	1 273.50	50	1 273.50			Fees as for specialist/Gekle
1207	Category 2: After two weeks, per day • Kategorie 2: Na twee weke, per dag Category 3 : Cases with multiple organ failure or Category 2 patients that may require multidisciplinary intervention • Kategorie 3: Gevalle met veelvuldige orgaan ineensortlang of Kategorie 2 pasiënte wat multidisiplinêre intervensie mag vereis	30	764.10	30	764.10			Fees as for specialist/Gekle
1208	Category 3: First day (principal practitioner) • Kategorie 3: Eerste dag (hoof praktisyn)	137	3 489.39	120	3 056.40			Fees as for specialist/Gekle
1209	Category 3: First day (per involved practitioner) • Kategorie 3: Eerste dag (per betrokke praktisyn)	58	1 477.26	58	1 477.26			Fees as for specialist/Gekle
1210	Category 3: Subsequent days (per involved practitioner) • Kategorie 3: Opvolgende dae (per betrokke praktisyn)	50	1 273.50	50	1 273.50			Fees as for specialist/Gekle
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc. • Kardio-respiratoriese resussitasie: Verlengde bystand in noodgevalle (nie noodwendig in intensiewe sorg eenheid nie) 50,00 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur per praktisyn, daarna 25,00 kliniese prosedure eenhede per halfuur met 'n maksimum van 150,00 kliniese prosedure eenhede per praktisyn. Resussitasiegelde sluit alle nodige bykomende prosedures in byvoorbeeld infuus, intubasie, ens.	50	1 273.50	50	1 273.50			Fees as for specialist/Gekle soos vir spesialis
		25	636.75	25	636.75			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		150	3 820.50	150	3 820.50			
1212	Ventilation: First day • Ventilasië: Eerste dag	75	1 910.25	75	1 910.25		Fees as for specialist/Gelde	
1213	Ventilation: Subsequent days • Ventilasië: Opvolgende dae	50	1 273.50	50	1 273.50		Fees as for specialist/Gelde	
1214	Ventilation: After two weeks, per day • Ventilasië: Na twee weke, per dag	25	636.75	25	636.75		Fees as for specialist/Gelde	
1215	Insertion of arterial pressure cannula • Inplasing van arteriële druk kannule	25	636.75	25	636.75		Fees as for specialist/Gelde	
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring • Inplasing van Swan Ganz kateter vir hemodinamiese monitoring	50	1 273.50	50	1 273.50		Fees as for specialist/Gelde soos vir spesialis	
1217	Insertion of central venous line via peripheral vein • Inplasing van sentrale venouse lyn via perifere vena	10	254.70	10	254.70		Fees as for specialist/Gelde	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1218	Insertion of central venous line via subclavian or jugular veins • Implasering van sentrale veniese lyn via subklaviese of jugulêre venas	25	636.75	25	636.75			Fees as for specialist/Gelde soos vir spesialis
1219	Hyperalimentation (daily fee) • Hiperalimentasie (dagtarief)	15	382.05	15	382.05			Fees as for specialist/Gelde soos vir spesialis
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient) • Patiënt-beheerde verdoewingspomp: Verhuuringsgelde: Per 24 uur (Gelde vir kassette word gehef volgens item 0201 per pasiënt)	30	764.10	30	764.10			
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charge appropriate hospital follow-up consultation) • Professionele gelde vir bestuur van pasiënt-beheerde verdoewingspomp: Eerste 24 uur (vir daaropvolgende dag word hospitaal opvolgkonsultasie gehef)	30	764.10	30	764.10			Fees as for specialist/Gelde soos vir spesialis
4.8	Hyperbaric Oxygen Treatment • Hiperbariese Suurstofbehandeling							
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Low pressure table (1.5- 1.8 ATA x 45-60 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Lae druk tabel (1.5-1.8 ATA x 45-60 min): PROFESSIONELE KOMPONENT	30	764.10	30	764.10			
4820	Low pressure table (1.5-1.8 ATA x 45-60 min): TECHNICAL COMPONENT Lae druk tabel (1.5-1.8 ATA x 45-60 min): TEGNIESE KOMPONENT	101.13	2 575.78	101.13	2 575.78			
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Routine HBO table (2-2.5 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Roetine HST tabel (2-2.5 ATA x 90-120 min): PROFESSIONELE KOMPONENT	60	1 528.20	60	1 528.20			
4821	Routine HBO table (2-2.5 ATA x 90-120 min): TECHNICAL COMPONENT • Roetine HST tabel (2-2.5 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 343.19	131.26	3 343.19			
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment monitoring during treatment and post treatment evaluation): Emergency HBO table (2.5- 3 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Nood HST tabel (2.5-3 ATA x 90-120 min): PROFESSIONELE KOMPONENT	80	2 037.60	80	2 037.60			
4822	Emergency HBO table (2.5-3 ATA x 90-120 min): TECHNICAL COMPONENT Nood HST tabel (2.5-3 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 343.19	131.26	3 343.19			
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT5 (2.8 ATA x 135 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): USN TT5 (2.8 ATA x 135 min): PROFESSIONELE KOMPONENT	90	2 292.30	90	2 292.30			
4825	USN TT5 (2.8 ATA x 135 min): TECHNICAL COMPONENT USN TT5 (2.8 ATA x 135 min): TEGNIESE KOMPONENT	214.18	5 455.16	214.18	5 455.16			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6 (2.8 ATA x 285 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6 (2.8 ATA x 285 min) PROFESSIONELE KOMPONENT	190	4 839.30	190	4 839.30			
4826	USN TT6 (2.8 ATA x 285 min): TECHNICAL COMPONENT USN TT6 (2.8 ATA x 285 min): TEGNIESE KOMPONENT	386.42	9 842.12	386.42	9 842.12			
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6ext/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6ext/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONELE KOMPONENT	327	8 328.69	327	8 328.69			
4827	USN TT6ext (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN TT6ext (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	680.85	17 341.25	680.85	17 341.25			
4828	USN 6A (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN 6A (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	678.28	17 275.79	678.28	17 275.79			
4829	USN Cx 30 (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN Cx 30 (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	671.85	17 112.02	671.85	17 112.02			
4815	Prolonged attendance inside a hyperbaric chamber: 40 clinical procedure units per half hour or part thereof for the first hour. Thereafter 20 clinical procedure units per half hour; minimum 40 clinical procedure units; maximum 320 clinical procedure units (Please indicate time in minutes and not per half hour) ● Verlengde bystand binne 'n hiperbariese kamer: 40 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur. Daarna 20 kliniese prosedure eenhede per half uur; minimum 40 kliniese prosedure eenhede; maksimum 320 kliniese prosedure eenhede (dui asseblief tyd aan in minute en nie per halfuur)							
5.	MEDIASTINAL PROCEDURES ● MEDIASTINALE PROSEDURES							
1223	Mediastinoscopy ● Mediastinoskopie	95	2 419.65	95	2 419.65	5	595.10	+T
6.	CARDIOVASCULAR SYSTEM ● KARDIO-VASKULÊRE SISTEEM							
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) ● WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG VIR BEHEER VAN INTRA-AORTIESE BALLONPOMP (KARDIO-VASKULÊRE SISTEEM)							
0100	Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable ● Waar 'n anesthesioloog verantwoordelik is vir beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75.00 kliniese prosedure eenhede van toepassing					75	1 910.25	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.1	General • Algemeen General practitioner's fee for the taking of an ECG only • Algemene praktisyn se gelde vir slegs die neem van 'n EKG Where an ECG is done by a general practitioner and interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG • Wanneer 'n EKG deur 'n algemene praktisyn geneem is en deur 'n spesialis vertolk word, is die algemene praktisyn geregtig op konsultasiegeelde plus helfte van die bedrag toepaslik van die EKG							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: (1232) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Rustend: (1232)			4.5	114.62			
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: 1/2 (item 1233) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Sonder en met inspanning: 1/2 (item 1233) Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added • Opmerking: Items 1228 en 1229 deal slegs die gelde vir die neem van die EKG aan, die konsultasietarief moet bygevoeg word Physician's fee for interpreting an ECG • Internis se gelde vir vertolkling van 'n EKG A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred for interpretation • 'n Internis is geregtig op die volgende gelde vir die vertolkling van 'n EKG wanneer dit verwys word vir vertolkling.			6.5	165.56			
1230	Physician's fee for interpreting an ECG: Without effort • Internis se gelde vir vertolkling van 'n EKG: Rustend	6	152.82					
1231	Physician's fee for interpreting an ECG: With and without effort • Internis se gelde vir vertolkling van 'n EKG: Met en sonder inspanning	10	254.70					
1232	Electrocardiogram: Without effort • Elektrokardiogram: Rustend	9	229.23	9	229.23			
1233	Electrocardiogram: With and without effort • Elektrokardiogram: Met en sonder inspanning	13	331.11	13	331.11			
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus • Inspannings-elektrokardiogram met behulp van 'n spesiale fiets-ergometer, monitorapparaat en beskikbaarheid van geassosieerde apparaat	40	1 018.80	40	1 018.80			
1235	Multi-stage treadmill • Meerfasige trapmeutoets	80	1 528.20	80	1 528.20			
1241	X-ray screening (Chest) • X-straaldeurfigting (Borskas)	4	101.88	4	101.88			
1245	Angiography cerebral: First two series • Angiografie serebraal: Eerste twee reekse	34.3	873.62	34.3	873.62	4	476.08	+T
1246	Angiography peripheral: Per limb • Angiografie perifeer: Per ledemaat	25	636.75	25	636.75	4	476.08	+T
1248	Paracentesis of pericardium • Parasentese van perikardium	50	1 273.50	50	1 273.50	9	1071.18	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.3	Cardiac surgery • Hartchirurgie							
1311	Pericardial drainage • Dreinerings van perikardium	140	3 565.80	120	3 056.40	13	1547.26	+T
6.3.1	Open heart surgery • Opehart-chirurgie							
1322	Attendance at other operations for monitoring at bedside, by physician heart block, etc: Per hour • Bystand by ander operasies, en toesighouding by siekbed deur internis by vir 'n hartblok, ens.: Per uur	20	509.40					
6.4	Peripheral vascular system • Perifere vasculêre sisteem							
6.4.2	Arterio-venous-abnormalities • Arterio-veneuse-afwykings							
1369	Fistula or aneurysm (as for grafting of various arteries) • Fistet of aneurisme (soos vir transplantasie van arteriële)							
6.4.3	Arteries • Arteries							
6.4.3.1	Aorta-iliac and major branches • Aorta-iliac en groot takke							
1373	Abdominal aorta and iliac artery: Ruptured • Abdominale aorta en arteria iliaca: Geruptuur	600	15 282.00	480	12 225.60	15	1785.30	+T
6.4.3.2	Iliac artery • Arteria iliaca							
1379	Prosthetic grafting and/or Thrombo-endarterectomy • Implanting van protese en/of Trombo-endarterektomie	300	7 641.00	240	6 112.80	13	1547.26	+T
6.4.3.3	Peripheral • Perifere							
1385	Prosthetic grafting • Implanting van protese	255	6 494.85	204	5 195.88	5	595.10	+T
1387	Vein grafting proximal to knee joint • Vena transplantasie bokant kniegewrig	300	7 641.00	240	6 112.80	5	595.10	+T
1388	Vein grafting distal to knee joint • Vena transplantasie onderkant kniegewrig	444	11 308.68	355.2	9 046.94	5	595.10	+T
1389	Endarterectomy when not part of another specified procedure • Endarterektomie wanneer nie 'n deel van 'n ander gespesifiseerde prosedure nie	264	6 724.08	211.2	5 379.26	5	595.10	+T
1393	Embolectomy: Peripheral embolectomy transthemorale • Embolektomie: Perifere transthemorale embolektomie	168	4 278.96	134.4	3 423.17	5	595.10	+T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma • Diverse arteriële prosedures: Hegting van arterie: Trauma	125	3 183.75	100	2 547.00	5	595.10	+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 artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure) • Hegting van groot bloetvaat (arterie of vena) - trauma (groot bloedete word omskryf as aorta innominate arterie, karotis arterie, en vertebrale arterie subklaviese arterie, axillêre arterie, ilaka arterie, gewone femorale en popliteale arterie. Die femorale en popliteale arterie word ingesluit as gevolg van die onbereikbaarheid van die arteries en moeilike chirurgiese blootlegging).	264	6 724.08	211.2	5 379.26	15	1785.30	+T
1397	Profoundoplasty • Profundoplastie	210	5 348.70	168	4 278.96	5	595.10	+T
1399	Distal tibial (ankle region) • Tibiaal distaal (naby enkel)	456	11 614.32	364.8	9 291.46	5	595.10	+T
1401	Femoro-femoral • Femoro-femoraal	254	6 469.38	203.2	5 175.80	5	595.10	+T
1402	Carotid-subclavian • Carotis-subklavies	288	7 335.36	230.4	5 868.29	8	952.16	+T
1403	Axillo-femoral (Bifemoral + 50% of the fee) • Aksillo-femoraal (Bifemoraal + 50% van die fee)	288	7 335.36	230.4	5 868.29	8	952.16	+T

		Specialist Spesialis		General practitioner Algemene Praktisiern		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.4.4	Veins • Venas							
1407	Ligation of saphenous vein • Afbinding van vena saphena	50	1 273.50	50	1 273.50	3	357.06	+T
1408	Placement of Hickman catheter or similar • Inplanting van Hickman kateter of soortgelyk	91	2 317.77	91	2 317.77	4	476.08	+T
1410	Ligation of inferior vena cava: Abdominal • Afbinding van vena cava inferior: Abdominaal	180	4 584.60	144	3 667.68	8	952.16	+T
1412	Umbrella operation on inferior vena cava: Abdominal • Sambreëloperasie op vena cava inferior: Abdominaal	100	2 547.00	100	2 547.00	8	952.16	+T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral • Gekombineerde prosedure vir spatare: Afbinding van vena saphenous stripping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Unilateraal	141	3 591.27	120	3 056.40	3	357.06	+T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral • Gekombineerde prosedure vir spatare: Afbinding van vena saphenous stripping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Bilateraal	247	6 291.09	197.6	5 032.87	3	357.06	+T
1417	Extensive sub-fascial ligation of perforating veins • Uitgebreide sub-fasiale afbinding van perforerende venas	125	3 183.75	120	3 056.40	3	357.06	+T
1419	Lesser varicose vein procedure • Klein spatare prosedures	31	789.57	31	789.57	3	357.06	+T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material) • Skleroserende inspuiting met kompresie vir spatare: Per inspuiting tot 'n maksimum van nege inspuitings per been (kosse van materiaal uitgesluit)	9	229.23	9	229.23			
1425	Thrombectomy: Inferior vena cava (Trans-abdominal) • Trombektomie: Vena cava inferior (Transabdominaal)	240	6 112.80	192	4 890.24	11	1309.22	+T
1427	Thrombectomy: Ilio-femoral • Trombektomie: Ilio-femoraal	175	4 457.25	140	3 565.80	6	714.12	+T
7.	LYMPHO RETICULAR SYSTEM • LIMFO RETIKULÊRE STELSEL							
7.1	Spleen • Milt							
1435	Splenectomy (trauma) • Splenektomie (trauma)	221.3	5 636.51	177.04	4 509.21	9	1071.18	+T
1457	Bone marrow biopsy: By trephine • Beenmurg biopsie: Deur middel van trefien	13	331.11	13	331.11	3	357.06	+T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula • Beenmurg biopsie: Eenvoudige aspirasie van murg trokar of kannula	8	203.76	8	203.76			
8.	DIGESTIVE SYSTEM • SPYSVERTERINGSTELSEL							
8.1	Oral cavity • Mondholte							
1467	Drainage of infra-oral abscess • Dreinerings van abses in die mondholte	31	789.57	31	789.57	4	476.08	+T
1483	Alveolar periosteal or other flaps for arch closure • Alveolêre periosteale of ander flappe vir boog sluiting	138	3 514.86	120	3 056.40	4	476.08	+T
8.2	Lips • Lippe							
1485	Local excision of benign lesion of lip • Lokale uitsnyding van goedaardige letsels van lip	27	687.69	27	687.69	4	476.08	+T
1499	Lip reconstruction following an injury: Directed repair • Liprekonstruksie na besering: Direkte herstel	105.6	2 689.63	105.6	2 689.63	4	476.08	+T
1501	Lip reconstruction following an injury only: Flap repair • Liprekonstruksie slegs na besering: Flap herstel	206	5 246.82	164.8	4 197.46	4	476.08	+T
1503	Lip reconstruction following an injury only: Total reconstruction (first stage) • Liprekonstruksie slegs na besering: Totale rekonstruksie (eerste stadium)	206	5 246.82	164.8	4 197.46	4	476.08	+T
1504	Lip reconstruction following an injury only: Subsequent stages (see item 0297) • Liprekonstruksie slegs na besering: Daaropvolgende stadiums (Sien item 0297)	104	2 648.88	104	2 648.88	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
8.3	Tongue • Tong							
1505	Partial glossectomy • Gedeeltelike glossektomie	225	5 730.75	180	4 584.60	6	714.12 +T	
1507	Local excision of lesion of tongue • Lokale uitsnyding van letsel van tong	27	687.69	27	687.69	4	476.08 +T	
8.4	Palate, uvula and salivary gland • Verhemelte, uvula en speekselklier							
1526	Total parotidectomy with preservation of facial nerve • Totale verwydering van parotis met behoud van facialis senuwee	358.5	9 131.00	286.8	7 304.80	5	595.10 +T	
1531	Drainage of parotid abscess • Dreinerings van parotissabses	25	636.75	25	636.75	4	476.08 +T	
8.5	Oesophagus • Oesofagus							
1545	Oesophagoscopy with rigid instrument: First and subsequent • Oesolagoskopies met onbuigbare instrument: Eerste en herhaal	47	1 197.09	47	1 197.09	4	476.08 +T	
1550	Oesophagoscopy with removal of foreign body • Oesolagoskopies met verwydering van vreemde voorwerp	70	1 782.90	70	1 782.90	4	476.08 +T	
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met anti-refluksprosedure	300	7 641.00	240	6 112.80	11	1309.22 +T	
1565	Hiatus hernia and diaphragmatic hernia repair: With Collins Nissen oesophageal lengthening procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met Collins Nissen esofagusverlenging	350	8 914.50	280	7 131.60	11	1309.22 +T	
8.6	Stomach • Maag							
1587	Upper gastro-intestinal endoscopy: Using hospital equipment • Boonste gastro-intestinale endoskopies: Hospitaaltoerusting	48.75	1 241.66	48.75	1 241.66	4	476.08 +T	
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictor and/or sclerotherapy (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) • Endoskopiese beheer van gastro-intestinale bloeding van boonste gastro-intestinale weg, derms, of dikdarm d.m.v. inspuiting van vatvernouers en/of sklerose (endoskopiese hemostase): voeg by gastroskopies (item 1587) of kolonoskopie (item 1653)	+ 34	865.98	34	865.98	6	714.12 +T	
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (item 1587) • Plus verwydering van vreemde voorwerpe (maag): VOEG BY gastro-intestinale endoskopies (item 1587)	+ +25	636.75	+25	636.75	4	476.08 +T	
1597	Gastrostomy or Gastrostomy • Gastrostomie of Gastrostomie	147.5	3 756.83	120	3 056.40	6	714.12 +T	
1615	Suture of perforated gastric or duodenal ulcer or wound or injury • Hegting van gepeperforeerde maag- of duodenale ulkus of van wond of besering	200	5 094.00	160	4 075.20	7	833.14 +T	
1617	Partial gastrectomy • Gedeeltelike gastrektomie	328.3	8 361.80	262.64	6 689.44	7	833.14 +T	
1619	Total gastrectomy • Totale gastrektomie	384.43	9 791.43	307.54	7 833.04	7	833.14 +T	
8.7	Duodenum • 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) • Endoskopiese ondersoek van die dunderm verder as die duodenojejunale fleksuur met biopsie met of sonder stopsetting van bloeding (enteroskopies)	120	3 056.40	120	3 056.40	6	714.12 +T	
1627	Duodenal intubation (under X-ray screening) • Duodenale intubasie (met X-straal deurligting)	8	203.76					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
8.8	Intestines • Dermkanaal							
1634	Enterotomy or Enterostomy • Enterotomie of Enterostomie	202.6	5 160.22	162.08	4 128.18	6	714.12	+T
1637	Operation for relief of intestinal obstruction • Operasie vir verligting van intestinale obstruksie	240	6 112.80	192	4 890.24	7	833.14	+T
1639	Resection of small bowel with enterostomy or anastomosis • Reseksie van dunderm met enterostomie of anastomose	244.9	6 237.60	195.92	4 990.08	6	714.12	+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) • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies); verhuur van apparaat (item 0201 vir videokapsule - wegdoenbaar) - (Neem asb kennis dat die pasiënt moet presenteer met 'n normale gastroskopiese en kolonoskopiese ondersoek	150	3 820.50	120	3 056.40			
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies), oesofagus deur tot ileum: Interpretasie en verslag deur die geneesheer wat die prosedure uitgevoer het.	90	2 292.30	90	2 292.30			
1645	Suture of intestine (small or large): Wound or injury • Hegting van dem (dun of dik): Wond of besering	185.2	4 717.04	148.16	3 773.64	6	714.12	+T
1647	Closure of intestinal fistula • Sluiting van intestinale fistel	258	6 571.26	206.4	5 257.01	6	714.12	+T
1657	Right or left hemicolectomy or segmental colectomy • Regter of linker-hemikolektomie of segmentele kolektomie	325	8 277.75	260	6 622.20	6	714.12	+T
1661	Colotomy: including removal of foreign body • Koloctomie: Verwydering van vreemde voorwerp ingeslote	205.7	5 239.18	164.56	4 191.34	6	714.12	+T
1663	Total colectomy • Totale kolektomie	390	9 933.30	312	7 946.64	6	714.12	+T
1665	Colostomy or ileostomy isolated procedure • Kolostomie of ileostomie losstaande prosedure	233.8	5 954.89	187.04	4 763.91	6	714.12	+T
1667	Colostomy: Closure • Kolostomie: Sluiting	179.1	4 561.68	143.28	3 649.34	5	595.10	+T
1668	Revision of ileostomy pouch • Hersiening van ileostomie sak	375	9 551.25	300	7 641.00	6	714.12	+T
8.10	Rectum and anus • Rektum en anus							
1677	Sigmoidoscopy: First and subsequent, with or without biopsy • Sigmoidoskopies: Eerste en daaropvolgende met of sonder biopsie	13	331.11	13	331.11	3	357.06	+T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy • Totale mesorektale uitsnyding met kolo-ale anastomose en enterostomie of kolostomie.	445	11 334.15	356	9 067.32	8	962.16	+T
1705	Incision and drainage of submucous abscess • Insnyding en dreinerig van perianale abces	40	1 018.80	40	1 018.80	3	357.06	+T
1707	Drainage of submucous abscess • Dreinerig van sub-mukusale abces	40	1 018.80	40	1 018.80	3	357.06	+T
1737	Dilatation of ano-rectal structure • Dilatasie van ano-rektale struktuur	12.5	318.38	12.5	318.38	3	357.06	+T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor • Bio-terugvoeropleiding vir fekale inkontinensie gedurende anorektale manometrie uitgevoer deur dokter	27	687.69					
8.11	Liver • Lewer							
1743	Needle biopsy of liver • Naaldbiopsie van lewer	30.3	771.74	30.3	771.74	3	357.06	+T
1745	Biopsy of liver by laparotomy • Biopsie van lewer deur laparotomie	125	3 183.76	120	3 056.40	4	476.08	+T
1747	Drainage of liver abscess • Dreinerig van lewerabces	179.1	4 561.68	143.28	3 649.34	7	833.14	+T
1748	Body composition measured by bio-electrical impedance • Liggaamsamestelling gemeet deur middel van bio-elektriese impedansie	3	76.41	3	76.41			
1749	Hemi-hepatectomy: Right • Hemi-hepatektomie: Regs	564	14 365.08	451.2	11 492.06	9	1071.18	+T
1751	Hemi-hepatectomy: Left • Hemi-hepatektomie: Links	521.1	13 272.42	416.88	10 617.93	9	1071.18	+T
1752	Extended right or left hepatectomy • Uitgebreide linker of regter hepatektomie	570.9	14 540.82	456.72	11 632.86	9	1071.18	+T

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		U/E	R	U/E	R	U/E	R	T/M
1753	Partial or segmental hepatectomy ● Gedeeltelike of segmentale hepatektomie	378	9 627.66	302.4	7 702.13	9	1071.18	+T
1757	Suture of liver wound or injury ● Hegting van lewerwond of besering	214.2	5 455.67	171.36	4 364.54	9	1071.18	+T
8.12	Biliary tract ● Galweë							
1763	With exploration of common bile duct ● Met eksplorasie van choledochus	264.5	6 736.82	211.6	5 389.45	6	714.12	+T
1765	Exploration of common bile duct: Secondary operation ● Eksplorasie van choledochus: Sekondêre operasie	327.7	8 346.52	262.16	6 677.22	6	714.12	+T
1767	Reconstruction of common bile duct ● Rekonstruksie van choledochus	371.7	9 467.20	297.36	7 573.76	6	714.12	+T
8.13	Pancreas ● Pankreas							
1778	Endoscopic: Retrograde Cholangiopancreatography (ERCP): Endoscopy + Catheterisation of pancreas duct or choledochus ● Endoskopiese retrograde Retrograde Cholangiopancreatografie (ERCP): Endoskopiese + kateterisasie van pankreasbuis of choledochus	105.9	2 697.27	105.9	2 697.27	4	476.08	+T
1779	Endoscopic: retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778) ● Endoskopiese retrograde verwydering van stene soos vir galbuis en/of pankreatiese buis. Voeg by ERCP (item 1778)	+ 15.82	402.94	15.82	402.94	4	476.08	+T
1791	Local, partial or subtotal pancreatectomy ● Lokale, gedeeltelike of subtotale pankreetektomie	351.3	8 947.61	281.04	7 168.09	8	952.16	+T
1793	Distal pancreatectomy with internal drainage ● Distale pankreetektomie met interne dreinasie	377.4	9 612.38	301.92	7 589.90	8	952.16	+T
8.14	Peritoneal cavity ● Peritoneale holte							
1797	Pneumo-peritoneum: First ● Pneumoperitoneum: Eerste	13	331.11	13	331.11	4	476.08	+T
1799	Pneumo-peritoneum: Repeat ● Pneumoperitoneum: Daaropvolgende	6	152.82	6	152.82	4	476.08	+T
1800	Peritoneal lavage ● Peritoneale uitspoeling	20	509.40	20	509.40			
1801	Diagnostic paracentesis: Abdomen ● Diagnostiese parasentese: Buik	8	203.76	8	203.76			
1803	Therapeutic paracentesis: Abdomen ● Terapeutiese parasentese: Buik	13	331.11	13	331.11			
1807	Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027) ● Voeg by oop prosedure wanneer 'n prosedure deur 'n laparoskoop uitgevoer word (vir narkose verwys na wysiger 0027)	+ 45	1 146.15	45	1 146.15	5	595.10	+T
1809	Laparotomy ● Laparotomie	196	4 992.12	156.8	3 993.70	4	476.08	+T
1811	Suture of burst abdomen ● Hegting van gebarste abdomen	188.3	4 796.00	150.64	3 836.80	7	833.14	+T
1812	Laparotomy for control of surgical haemorrhage ● Laparotomie vir beheer van chirurgiese bloeding	105	2 674.35	105	2 674.35	9	1071.18	+T
1813	Drainage of sub-phrenic abscess ● Dreinerings van sub-freniese abses	180	4 584.60	144	3 667.68	7	833.14	+T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal ● Dreinerings van ander intraperitoneale abses (appendiksabses uitgesluit): Transabdominaal	248.4	6 326.76	198.72	5 061.40	5	595.10	+T
1817	Transrectal drainage of pelvic abscess ● Transrektale dreinerings van bekkenabses	75	1 910.25	75	1 910.25	4	476.08	+T
9.	HERNIAE ● BREUKE							
1819	Inguinal or femoral hernia ● Inguinale of femorale breuk (trauma)	125	3 183.75	120	3 056.40	4	476.08	+T
1825	Recurrent inguinal or femoral hernia ● Herhalende inguinale of femorale breuk	155	3 947.85	124	3 158.28	4	476.08	+T
1827	Strangulated hernia or femoral hernia ● Gestranguleerde breuk of femorale breuk	238	6 061.86	190.4	4 849.49	7	833.14	+T
1831	Umbilical hernia ● Naelbreuk	140	3 565.80	120	3 056.40	4	476.08	+T
1835	Incisional hernia ● Snitbreuk	166.8	4 248.40	133.44	3 398.72	4	476.08	+T

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		U/E	R	U/E	R	U/E	R	T/M
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) • Inplaas van wondgaas (mesh) of ander protese vir snit- of ventrale breuk herstel (Hef saam met die toepaslike prosedure kode vir snit- of ventrale breuk herstel)	+	77	1 961.19	77	1 961.19	4	476.08 +T
10. URINARY SYSTEM • URINEWEE								
10.1	Kidney • Nier							
1839	Renal biopsy, per kidney, open • Nierbiopsie, per nier, oop		71	1 808.37	71	1 808.37	5	595.10 +T
1841	Renal biopsy (needle) • Nierbiopsie (naald)		30	764.10	30	764.10	3	357.06 +T
1843	Peritoneal dialysis: First day • Peritoneale dialise: Eerste dag		33	840.51	33	840.51		
1845	Peritoneal dialysis: Every subsequent day • Peritoneale dialise: Elke daaropvolgende dag		33	840.51	33	840.51		
1847	Haemodialysis: Per hour or part thereof • Hemodialise: Per uur of gedeelte daarvan		21	534.87	21	534.87		
1849	Haemodialysis: Maximum: Eight hours • Hemodialise: Maksimum: Agt uur		168	4 278.96	134.4	3 423.17		
1851	Haemodialysis: Thereafter per week • Hemodialise: Daarna per week		55	1 400.85	55	1 400.85		
1852	Continuous haemodiafiltration per day in intensive or high care unit • Volgehoue haemodiafiltrasie per dag in intensiewe of hoë sorgseenheid		33	840.51	33	840.51		
1853	Primary nephrectomy • Primêre nefrektomie		225	5 730.75	180	4 584.60	5	595.10 +T
1855	Secondary nephrectomy • Sekondêre nefrektomie		267	6 800.49	213.6	5 440.39	5	595.10 +T
1863	Nephro-ureterectomy • Nefro-ureterektomie		305	7 768.35	244	6 214.68	5	595.10 +T
1865	Nephrotomy with drainage nephrostomy • Nefrotomie met dreineringsnefrostomie		189	4 813.83	151.2	3 851.06	6	714.12 +T
1873	Suture renal laceration (renoraphy) • Hegting renalelaserasie (renorafie)		193	4 915.71	154.4	3 932.57	6	714.12 +T
1879	Closure of renal fistula • Sluiting van nierfistel		189	4 813.83	151.2	3 851.06	5	595.10 +T
1881	Pyeloplasty • Piëloplastie		252	6 418.44	201.6	5 134.75	5	595.10 +T
1885	Pyelolithotomy • Piëliolitomie		189	4 813.83	151.2	3 851.06	5	595.10 +T
1891	Perinephric abscess or renal abscess: Drainage • Perinefriesse abses of nierabses: Dreinasie		200	5 094.00	160	4 075.20	7	833.14 +T
10.2	Ureter • Ureter							
1897	Ureterorraphy: Suture of ureter • Ureterorafie: Hegting van ureter		147	3 744.09	120	3 056.40	5	595.10 +T
1898	Ureterorraphy: Lumbar approach • Ureterorafie: Deur middel van lendesnit		189	4 813.83	151.2	3 851.06	5	595.10 +T
1899	Ureteroplasty • Ureteroplastie		181	4 510.07	144.8	3 688.06	5	595.10 +T
1903	Ureterectomy only • Ureterektomie alleenlik		137	3 489.39	120	3 056.40	5	595.10 +T
1919	Closure of ureteric fistula • Sluiting van fistula van ureter		147	3 744.09	120	3 056.40	5	595.10 +T
1921	Immediate deligation of ureter • Onmiddellike losmaak van afbinding om ureter (deligasie)		147	3 744.09	120	3 056.40	5	595.10 +T
10.3	Bladder • Blaas							
1945	Installation of radio-opaque material for cystography or urethrocytography • Installering van radio-opaak materiaal vir sistografie of uretrasistografie		5	127.35	5	127.35	3	357.06 +T
1949	Cystoscopy: Hospital equipment • Sistoskopie: Hospitaal toerusting		44	1 120.68	44	1 120.68	3	357.06 +T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral • En retrograde piëlografie of retrograde kateterisering van ureter: Unilateraal of bilateraal	+	10	254.70	10	254.70	3	357.06 +T
1952	J J Stent catheter • J J Stent kateter	+	44	1 120.68	44	1 120.68	3	357.06 +T
1954	Ureteroscopy • Ureteroskopies	+	35	891.45			3	357.06 +T
1959	With manipulation of ureteral calculus • Met manipulasie van uretersteen	+	20	509.40	20	509.40	3	357.06 +T
1961	With removal of foreign body or calculus from urethra or bladder • Met verwydering van vreemde voorwerp of kalkulus van uretra of blaas	+	20	509.40	20	509.40	3	357.06 +T
1964	And control of haemorrhage and blood clot evacuation • En kontroliering van bloeding en bloedklont ewakuasie	+	15	382.05	15	382.05	3	357.06 +T
1976	Optic urethrotomy • Optiese uretrotomie		80	2 037.60	80	2 037.60	3	357.06 +T
1979	Internal urethrotomy: Female • Interne uretrotomie: Vroulik		50	1 273.50	50	1 273.50	3	357.06 +T
1981	Internal urethrotomy: Male • Interne uretrotomie: Manlik		76.2	1 940.81	76.2	1 940.81	3	357.06 +T
1985	Transurethral resection of bladder neck: Female • Transureterale reseksie van blaasnek: Vroulik		105	2 674.35	105	2 674.35	5	595.10 +T
1986	Transurethral resection of bladder neck: Male • Transureterale reseksie van blaasnek: Manlik		125	3 183.75	120	3 056.40	5	595.10 +T
1987	Litholapaxy • Litolapsie		80	2 037.60	80	2 037.60	3	357.06 +T
1989	Cystometrogram • Sistometrogram		25	636.75	25	636.75	3	357.06 +T
1991	Fluorimetric bladder studies with videocystography • Vloeï-metriese blaasstudies met videosistografie		40	1 018.80	40	1 018.80	3	357.06 +T
1992	Without videocystography • Sonder videosistografie		25	636.75	25	636.75	3	357.06 +T
1993	Voiding cysto-urethrogram • Urinerings sisto-urethrogram		21	534.87	21	534.87	3	357.06 +T
1995	Percutaneous aspiration of bladder • Perkutane aspirasie van blaas		10	254.70	10	254.70	3	357.06 +T
1996	Bladder catheterisation - male (not at operation) • Blaas kateterisasie - manlik (nie tydens operasie)		6	152.82	6	152.82	3	357.06 +T
1997	Bladder catheterisation - female (not at operation) • Blaas kateterisasie - vroulik (nie tydens operasie)		3	76.41	3	76.41		
1999	Percutaneous cystostomy • Perkutane sistostomie		24	611.28	24	611.28	3	357.06 +T
2013	Diverticulectomy (independent procedure): Multiple or single • Divertikulektomie (onafhanklike prosedure): Veelvuldig of enkelevoudig		137	3 489.39	120	3 056.40	5	595.10 +T
2015	Suprapubic cystostomy • Suprapubiese sistostomie		67	1 706.49	67	1 706.49	5	595.10 +T
2035	Cutaneous vesicostomy • Kutane vesikostomie		118	3 005.46	118	3 005.46	5	595.10 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2039	Operation for ruptured bladder ● Operasie vir ruptuur van blaas	137	3 489.39	120	3 056.40	6	714.12	+T
2047	Drainage of perivesical or prevesical abscess ● Dreinerings van peri-vesikale of prevesikale absees	105	2 674.35	105	2 674.35	5	595.10	+T
2049	Evacuation of clots from bladder: Other than post-operative ● Verwydering van bloedklonte uit blaas: Post-operatief uitgesluit	132.10	3 364.59	120	3 056.40	3	357.06	+T
2050	Evacuation of clots from bladder: Post-operative ● Verwydering van bloedklonte uit blaas: Post-operatief					4	476.08	+T
2051	Simple bladder lavage: Including catheterisation ● Eenvoudige blaasspoeling: Kateterisasie ingesluit	12	305.84	12	305.84	3	357.06	+T
2058	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
10.4	Urethra ● Uretra							
2063	Dilatation of urethra stricture: By passage sound: Initial (male) ● Dilatasie van striktuur van uretra: Eerste (manlik)	20	509.40	20	509.40	3	357.06	+T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male) ● Dilatasie van striktuur van uretra: Opvolg (manlik)	10	254.70	10	254.70	3	357.06	+T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male) ● Dilatasie van striktuur van uretra: D.m.v. 'n filiform en opvolger (manlik)	20	509.40	20	509.40	3	357.06	+T
2071	Urethromaphy: Suture of urethral wound or injury ● Uretroraie: Hegting van wond of besering van uretra	139	3 540.33	120	3 056.40	4	476.08	+T
2075	Urethraplasty: Pendulous urethra: First stage ● Uretraplastie: Pendulose uretra: Eerste stadium	71	1 808.37	71	1 808.37	4	476.08	+T
2077	Urethraplasty: Pendulous urethra: Second stage ● Uretraplastie: Pendulose uretra: Tweede stadium	145	3 693.15	120	3 056.40	4	476.08	+T
2081	Reconstruction or repair of male anterior urethra (one stage) ● Rekonstruksie of herstel van anterior manlike uretra (een stadium)	261.6	6 562.95	209.28	5 330.36	4	476.08	+T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage ● Rekonstruksie of herstel van prostatiese of membraneuse uretra: Eerste stadium	168	4 278.96	134.4	3 423.17	6	714.12	+T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage ● Rekonstruksie of herstel van prostatiese of membraneuse uretra: Tweede stadium	168	4 278.96	134.4	3 423.17	6	714.12	+T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage ● Rekonstruksie of herstel van prostatiese of membraneuse uretra: Indien dit 'n een stadium operasie is	294	7 488.18	235.2	5 990.54	6	714.12	+T
2095	Drainage of simple localised perineal urinary extravasation ● Dreinerings van eenvoudige geïkalisierde perineale urinêre ekstrasvasie	128.8	3 280.54	120	3 056.40	5	595.10	+T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation ● Dreinerings van uitgebreide perineale en/of abdominale urinêre ekstrasvasie	137	3 489.39	120	3 056.40	5	595.10	+T
2103	Simple urethral meatotomy ● Eenvoudige uretrale meatotomie	26.3	669.86	26.3	669.86	3	357.06	+T
2105	Incision of deep peri-urethral abscess: Female ● Insnyding van diep peri-uretrale absees: Vroulik	123.1	3 135.36	120	3 056.40	3	357.06	+T
2107	Incision of deep peri-urethral abscess: Male ● Insnyding van diep peri-uretrale absees: Manlik	123.1	3 135.36	120	3 056.40	3	357.06	+T
2109	Badenoch pull-through for intractable stricture or incontinence ● Badenoch deurtrek operasie vir moeilike striktuur of inkontinensie	181	4 610.07	144.8	3 688.06	5	595.10	+T
2111	External sphincterotomy ● Eksterne stinkterotomie	108	2 750.76	108	2 750.76	5	595.10	+T
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) ● Operasie vir regstel van manlike urinêre inkontinensie met of sonder die aanbring van protese (sonder koste van protese)	168	4 278.96	134.4	3 423.17	5	595.10	+T
2116	Urethral meatoplasty ● Uretrale meatoplastiek	101.5	2 585.21	101.50	2 585.21	3	357.06	+T
2117	Closure of urethrostomy or urethrocutaneous fistula (independent procedure) ● Sluiting van uretrostomie of uretrokutane fistel (onafhanklike prosedure)	150.3	3 828.14	120.24	3 062.51	3	357.06	+T
11.	MALE GENITAL SYSTEM ● MANLIKE							
11.1	Penis ● Penis							
2141	Reconstructive operation for insertion of prosthesis ● Rekonstruktiewe operasie vir inplaaas van protese	101	2 572.47	101	2 572.47	3	357.06	+T
2147	Reconstructive operation of penis: for injury: Including fracture of penis and skin graft if required ● Rekonstruktiewe operasie op penis: vir 'n besering: Insluitende fraktuur van penis en veloorplanting indien nodig	168	4 278.96	134.4	3 423.17	3	357.06	+T
11.2	Testis and epididymis ● Testis en epididimis							
2191	Orchiectomy (total or subcapsular): Unilateral ● Orgidektomie (totaal of subkapsulêr): Unilateraal	98	2 496.06	98	2 496.06	3	357.06	+T
2193	Orchiectomy (total or subcapsular): Bilateral ● Orgidektomie (totaal of subkapsulêr): Bilateraal	147	3 744.09	120	3 056.40	3	357.06	+T
2213	Suture or repair of testicular injury ● Hegting of herstel van besering van testis	110.3	2 809.34	110.3	2 809.34	4	476.08	+T
2215	Incision and Drainage of testis or epididymis e.g. abscess or haematoma ● Insnyding en dreinerings van testis of epididimis bv. absees of hematoom	90	2 292.30	90	2 292.30	4	476.08	+T
2227	Incision and drainage of scrotal wall abscess ● Insnyding en dreinerings van skrotumwandabsees	42.7	1 087.57	42.7	1 087.57	3	357.06	+T
11.3	Prostate ● Prostaat							
2245	Trans-urethral resection of prostate ● Trans-uretrale reseksie van prostaat	252	6 418.44	201.6	5 134.75	6	714.12	+T
14.	NERVOUS SYSTEM ● SENUWEESTELSE							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.1	Diagnostic procedures • Diagnostiese prosedures							
2709	Full spinogram including bilateral median and posterior-tibial studies • Volledige spinogram wat bilaterale medianus en tibialis posterior studies insluit	140	3 565.80					
2711	Electro-encephalography; Taking of record • Elektro-enkefalografie: Naem van rekord	36.10	919.47	36.10	919.47			
2712	Electro-encephalography - Interpretation • Elektro-enkefalografie - interpretasie	24	611.28	24	611.28			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications ● Spinale (lumbale) punksie. Vir diagnose, of dreinasië van spinale vloeistof of vir terapeutiese indikasies	18.4	468.66	18.4	468.66			
2714	Cisternal puncture and/or intrathecal injections ● Sistemale punksie en/of intratekale inspuitings	15	382.05	15	382.05			
2717	Electromyography: First ● Elektromiografie: Eerste	75	1 910.25	75	1 910.25			
2718	Electromyography: Subsequent ● Elektromiografie: Opvolg	75	1 910.25	75	1 910.25			
2725	Angiography carotis: Unilateral ● Angiografie karotis: Unilateraal	25	636.75	25	636.75	4	476.08	+T
2726	Angiography carotis: Bilateral ● Angiografie karotis: Bilateraal	44	1 120.68	44	1 120.68	4	476.08	+T
2727	Vertebral artery: Direct needling ● Vertebrale arterie: Direkte benaalding	50	1 273.50	50	1 273.50	4	476.08	+T
2729	Vertebral catheterisation ● Vertebrale kateterisasie	50	1 273.50	50	1 273.50	4	476.08	+T
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure) ● Lugensefalografie en posterior fossa tomografie: Insuït van lug (alleenstaande prosedure)	14.5	369.32			4	476.08	+T
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen ● Lugensefalografie en posterior fossa tomografie: Gesigsveldbepaling d.m.v. Bjerrum se skerm	7	178.29	7	178.29			
2739	Ventricular needling without burring: Tapping only ● Ventrikelpunksie, sonder boorgate: Slegs aftapping	16	407.52	16	407.52	4	476.08	+T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography ● Ventrikelpunksie, sonder boorgate: Plus insuït van lug en/of kontrasmiddel vir ventrikulografie	43	1 095.21	43	1 095.21	4	476.08	+T
2743	Subdural tapping: First sitting ● Subdurale aftapping: Eerste keer	15	382.05	15	382.05	4	476.08	+T
2745	Subdural tapping: Subsequent ● Subdurale aftapping: Daaropvolgende keer	10	254.70	10	254.70	4	476.08	+T
14.2	Introduction of burr holes for ● Boorgate vir							
2747	Ventriculography ● Ventrikulografie	150	3 820.50	120	3 056.40	8	952.16	+T
2749	Catheterisation for ventriculography and/or drainage ● Kateterisering vir ventrikulografie en/of dreinerings	150	3 820.50	120	3 056.40	8	952.16	+T
2753	Subdural haematoma ● Subdurale hematoom	150	3 820.50	120	3 056.40	8	952.16	+T
2755	Subdural empyema ● Subdurale empiëem	150	3 820.50	120	3 056.40	8	952.16	+T
2757	Brain abscess ● Breinabses	150	3 820.50	120	3 056.40	8	952.16	+T
14.3	Nerve procedures ● Senuwee prosedures							
2765	Nerve conduction studies (see items 0733 and 3285) ● Senuweegeleidingstudies (sien items 0733 en 3285)	26	662.22	26	662.22	4	476.08	+T
14.3.1	Nerve repair of suture ● Senuwee herstel van hegting							
2767	Suture Brachial Plexus (see also items 2837 and 2839) ● Hegting Brachiale Plexus (sien items 2837 en 2839)	300	7 641.00	240	6 112.80	6	714.12	+T
2769	Suture: Large nerve: Primary ● Hegting: Groot senuwee: Primêr	134	3 412.98	120	3 056.40	5	595.10	+T
2771	Suture: Large nerve: Secondary ● Hegting: Groot senuwee: Sekondêr	202	5 144.94	161.60	4 115.95	5	595.10	+T
2773	Suture: Digital nerve: Primary ● Hegting: Digitale senuwee: Primêr	65	1 655.55	65	1 655.55	3	357.06	+T
2775	Suture: Digital nerve: Secondary ● Hegting: Digitale senuwee: Sekondêr	96	2 445.12	96	2 445.12	3	357.06	+T
2777	Nerve graft: Simple ● Senuwee-transplantaat: Eenvoudig	202	5 144.94	161.6	4 115.95	4	476.08	+T
2779	Fascicular: First fasciculus ● Fassikulêr: Eerste fassikulus	202	5 144.94	161.6	4 115.95	4	476.08	+T
2781	Fascicular: Each additional fasciculus ● Fassikulêr: Elke bykomende fassikulus	50	1 273.50	50	1 273.50	4	476.08	+T
2783	Fascicular: Nerve flap: To include all stages ● Fassikulêr: Senuweeflap: Alle stadia ingesluit	224	5 705.28	179.2	4 564.22	4	476.08	+T
2787	Fascicular: Grafting of facial nerve ● Fassikulêr: Oorplanting van nervus facialis	215	5 476.05	172	4 380.84	5	595.10	+T
14.3.2	Neurectomy ● Neurektomie							
2795	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral) ●	45.4	1 156.34	45.4	1 156.34	5	595.10	+T
2796	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, each additional level each additional level (unilateral or bilateral) ●	+ 16.3	415.16	16.3	415.16	5	595.10	+T
2797	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, one level (unilateral or bilateral) ●	44	1 120.68	44	1 120.68	5	595.10	+T
2798	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral) ●	+ 15	382.05	15	382.05	5	595.10	+T
2799	Intrathecal injections for pain ● Intratekale inspuitings vir pyn	36	916.92	36	916.92	4	476.08	+T
2800	Plexus nerve block - as part of treatment refer to annexure c on the back of this gazette (motivation to be supplied by treating doctor) ● Pleksus senuweeblok - as deel van behandeling (motivering moet verskaf word deur verwysende dokter)	36	916.92	36	916.92			Fees as for specialist/Gekke soos vir spesials

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2801	Epidural injection, plexus nerve block or peripheral nerve block for pain refer to annexure c on the back of this gazette, motivation to be supplied by treating doctor (see modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic) • Epidurale inspuiting, plexus senuweeblok of perifere senuweeblok vir pyn (sien wysiger 0045 vir post-operatiewe pynverligting) (verwys na wysiger 0021 vir epidurale narkose)	36	916.92	36	916.92			Fees as for specialist/Gelde soos vir spesialis
2802	Peripheral nerve block - as part of treatment (motivation to be supplied) • Perifere senuweeblok - as deel van behandeling (motivering moet verskaf word)	25	636.75	25	636.75			Fees as for specialist/Gelde soos vir spesialis
2803	Alcohol injection in peripheral nerves for pain: Unilateral • Alkohol inspuiting in perifere senuwees vir pyn: Unilateraal	20	509.40	20	509.40	3		357.06 +T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique) To be used only with items 2799, 2800, 2801 or 2802 • Inplanting van indwylende senuwee kateter (sluit verwydering van kateter in) (nie vir bolus tegniek) Slegs vir gebruik saam met items 2799, 2800, 2801 of 2802	+ 10	254.70	10	254.70			Fees as for specialist/Gelde soos vir spesialis
2805	Alcohol injection in peripheral nerves for pain: Bilateral • Alkohol inspuiting in perifere senuwees vir pyn: Bilateraal	35	891.45	35	891.45	3		357.06 +T
2809	Peripheral nerve section for pain • Perifere senuwee-deursnyding vir pyn	45	1 146.15	45	1 146.15	3		357.06 +T
2815	Excision interdigital neuroma - Morton • Eksisie Interdigitale neuroom - Morton	82.3	2 096.18	82.3	2 096.18	3		357.06 +T
2825	Excision: Neuroma: Peripheral • Eksisie: Neuroom: Perifeer	109.5	2 788.97	109.5	2 788.97	3		357.06 +T
14.3.3	Other nerve procedures • Ander senuwee prosedures							
2827	Transposition of ulnar nerve • Transposisionering van nervus ulnaris	100	2 547.00	100	2 547.00	3		357.06 +T
2829	Neurolysis: Minor • Neurolyse: Klein	51	1 298.97	51	1 298.97	3		357.06 +T
2831	Neurolysis: Major • Neurolyse: Groot	132	3 362.04	120	3 056.40	3		357.06 +T
2833	Neurolysis: Digital • Neurolyse: Digitaal	96	2 445.12	96	2 445.12	3		357.06 +T
2835	Scalenotomy • Skalotomie	132	3 362.04	120	3 056.40	6		714.12 +T
2837	Brachial plexus, suture or neurolysis (item 2767) • Brachiaal pleksus, hegting of neurolyse (item 2767)	300	7 641.00	240	6 112.80	6		714.12 +T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation • Totale brachiaal pleksus blootlegging met oorplanting, neurolyse en transplantaat	895.2	22 800.74	716.16	18 240.50	6		714.12 +T
2841	Carpal Tunnel • Karpaaltouneel	64	1 630.08	64	1 630.08	3		357.06 +T
2843	Lumbar sympathectomy: Unilateral • Lumbale simpatetektomie: Unilateraal	153	3 896.91	122.4	3 117.53	4		476.08 +T
2845	Lumbar sympathectomy: Bilateral • Lumbale simpatetektomie: Bilateraal	268	6 825.96	214.4	5 460.77	6		714.12 +T
2849	Sympathetic block: Other levels: Unilateral • Simpatiese senuweeblok: Ander vlakke: Unilateraal	20	509.40	20	509.40	3		357.06 +T
2851	Sympathetic block: Other levels: Bilateral • Simpatiese senuweeblok: Ander vlakke: Bilateraal	35	891.45	35	891.45	3		357.06 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.4	Skull procedures • Skedelprosedures							
2869	Repair of depressed fracture of skull: Without brain laceration: Major • Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Groot	200	5 094.00	160	4 075.20	8	952.16	+T
2860	Repair of depressed fracture of skull: Without brain laceration: Small • Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Klein	170	4 329.90	136	3 463.92	8	952.16	+T
2861	Repair of depressed fracture of skull: With brain lacerations: Small • Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Klein	200	5 094.00	160	4 075.20	8	952.16	+T
2862	Repair of depressed fracture of skull: With brain lacerations: Major • Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Groot	375	9 551.25	300	7 641.00	8	952.16	+T
2863	Cranioplasty • Kranioplastie	280	7 131.60	224	5 705.28	8	952.16	+T
2875	Theco-peritoneal C.S.F. shunt • Teko-peritoneale S.S.V. kortsluiting	280	7 131.60	224	5 705.28	8	952.16	+T
14.6	Aneurysm repair • Aneurisme herstel							
2876	Repair of aneurysm or arterio-venous anomalies (intracranial) • Herstel van aneurisme of arterio-veniese anomalieë (Intrakraniaal)	700	17 829.00	560	14 263.20	15	1785.30	+T
14.7	Posterior fossa surgery • Posterior fossa chirurgie							
2879	Glosso-pharyngeal nerve • Glosso-faringeale senuwee	480	12 225.60	384	9 780.48	6	714.12	+T
2881	Eighth nerve: Intracranial • Agtste kopsenuwee: Intrakraniaal	480	12 225.60	384	9 780.48	8	952.16	+T
2887	Eighth nerve: Vestibular nerve • Agtste kopsenuwee: Vestibulêre senuwee	480	12 225.60	384	9 780.48	9	1071.18	+T
14.7.1	Supratentorial procedures • Supratentoriale prosedures							
2899	Cranectomy for extra-dural haematoma or empyema • Kraniëktomie weens ekstradurale hematoom of empieën	375	9 551.25	300	7 641.00	11	1309.22	+T
14.8	Craniotomy for • Kraniotomie vir							
2900	Extra-dural orbital decompression • Ekstradurale orbitale dekompressie	700	17 829.00	560	14 263.20	11	1309.22	+T
2903	Abscess, glioma • Abses, glioom	450	11 461.50	360	9 169.20	11	1309.22	+T
2904	Haematoma, foreign body: Cerebral or cerebellar • Hematoom, vreemde voorwerpe: Serebraal of serebellêr	450	11 461.50	360	9 169.20	11	1309.22	+T
2905	Focal epilepsy: Excision of cortical scar • Fokale epilepsie: Uitsnyding van kortikale litteken	450	11 461.50	360	9 169.20	11	1309.22	+T
2906	With anterior fossa meningocoele and repair of bony skull defect • Met herstel anterior fossa meningoseel en sluiting van benige skedeldefek	375	9 551.25	300	7 641.00	11	1309.22	+T
2909	CSF-leaks • SSV-lekkasie	450	11 461.50	360	9 169.20	11	1309.22	+T
14.8.1	Stereo-tactic cerebral and spinal cord procedures • Sterio-taktiese serebrale en rugmurg prosedures							
2918	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
14.9	Spinal operations • Spinale operasies							
2923	Chordotomy: Unilateral • Chordotomie: Unilateraal	178	4 533.66	142.4	3 626.93	3	357.06	+T+M
2925	Chordotomy: Open • Chordotomie: Oop	350	8 914.50	280	7 131.60	3	357.06	+T+M
2927	Rhizotomy: Extradural, bul intraspinal • Risetomie: Extraduraal, maar intraspinaal	320	8 150.40	256	6 520.32	3	357.06	+T+M
2928	Rhizotomy: Intradural • Risetomie: Intraduraal	350	8 914.60	280	7 131.60	3	357.06	+T+M
2940	Lumbar osteophyte removal • Lumbale osteofiet verwydering	187	4 762.89	149.6	3 810.31	3	357.06	+T+M
2941	Cervical or thoracic osteophyte removal • Servikale of torakale osteofiet verwydering	285	7 258.95	228	5 807.16	3	357.06	+T+M
14.10	Arterial ligations • Arteriële afbinding							
2951	Carotis: Trauma • Karotis: Trauma	120	3 056.40	120	3 056.40	8	952.16	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Psychiatrist Psigiater		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyvns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.11	Medical Psychotherapy • Mediese Psigoterapie							
2957	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per short session (20 minutes) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per kort sessie (20 minute)	20	509.40	16	407.52			
2974	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per intermediate session (40 minutes) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) per intermediêre sessie (40 minute)	40	1 018.80	32	815.04			
2975	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per extended session (60 minutes or longer) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per verlengde sessie (60 minute of langer)	60	1 528.20	48	1 222.56			
2958	DELETED 2009: Psychoanalytic therapy - per 60-minute session • GESKRAP 2009: Psigoanalitiese terapie - per 60-minute sessie							
14.12	Physical treatment methods • Fisiese behandelingsmetodes							
2970	Electro-convulsive treatment (ECT) - each time (see rule Va) • Elektro-konvulsiewe behandeling (EKB) - per keer (raadpleeg reël Va)	17	432.99	17	432.99	3	357.06	+T
2971	Intravenous anti-depressive medication through infusion - per push in (maximum 1 push in per 24 hours) / Binneaanse anti-depressiewe medikasie deur infuus - per instoot (maksimum 1 instoot per 24 uur)	6	152.82					
14.13	Psychiatric examination methods • Psigiatriese ondersoekmetodes							
2972	Narco-analysis (maximum of 3 sessions per treatment) - per session • Narkoanalise (maksimum van 3 sessies per behandeling) - per sessie	24	611.28					
2973	Psychometry by Psychiatrist (specify examination) - per session (maximum of 3 sessions per examination) • Psigometrie deur Psigiater (spesifiseer ondersoek) - per sessie (maksimum van 3 sessies per ondersoek)	24	611.28					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
15. GENERAL • ALGEMEEN								
3001	Implantation of pellets (excluding cost of material) (excluding aftercare) • Implantasie van pellets (koste van materiaal uitgesluit) (nasorg uitgesluit)	3	76.41	3	76.41			
16. EYE • OOG								
16.1	Procedures performed in rooms • Spreekkamerprosedures							
16.1.1	Eye investigations • Oogondersoeke Note: Not more than three (3) items in this section may be charged during one visit • Opmerking: 'n Maksimum van drie (3) items uit hierdie afdeling mag gedurende een besoek gehef word. Eye investigations and photography refer to one or both eyes except where otherwise indicated • Oogondersoeke en fotografie verwys na een of albei oë, behalwe waar anders aangetoon Material used is excluded • Materiaal gebruik word uitgesluit The tariff for photography is not related to the number of photographs taken • Die tarief vir fotografie het nie betrekking op die aantal foto's wat geneem word nie							
3002	Gonioscopy • Gonioskopie	7	178.29	7	178.29			
3003	Fundus contact lens or 90D lens examination (not to be charged with item 3004 and/or item 3012) • Fundus kontaklens of 90D lens ondersoek (mag nie gehef word saam met item 3004 en/of item 3012 nie)	7	178.29	7	178.29			
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012) • Perifere fundus ondersoek met indirekte oftalmoskoop (mag nie gehef word saam met item 3003 en/of item 3012 nie)	7	178.29	7	178.29			
3009	Basic capital equipment used in own rooms by Ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations • Basiese kapitaal apparaat gebruik in eie kamers deur oftalmoloë. Mag slegs tydens eerste en opvolgkonsultasies gehef word. Nie vir gebruik tydens na-operatiewe besoeke nie	+ 11.68	297.49	*				
3013	Ocular motility assessment: Comprehensive examination • Okulêre motiliteitsbepalings: Omvattende ondersoek	12	305.64	12	305.64			
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) • Tonometrie per toets met maksimum van 2 toetse vir uitlokketonometrie (een of albei oë)	7	178.29	7	178.29			
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations • Retinafunksie-bepaling insluitend refraksie na okulêre chirurgie (binne vier maande), maksimum twee ondersoeke	9	229.23	9	229.23			-
16.1.2	Special eye investigations • Spesiale oogondersoeke							
3015	Charting of visual field with manual perimeter • Kartering van gesigsveld met manuele periméter	28	713.16	28	713.16			
3016	Retinal threshold test without storage facilities • Retina drempeltoets sonder bergingstasilliete	30	764.10	30	764.10			
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs • Retina drempeltoets insluitende rekenaarstasilliete vir Delta of Statpak programme	74	1 884.78	74	1 884.78			
3018	Retinal threshold trend evaluation (additional to 3017) • Retina drempelverloop evaluasie (addisioneel tot 3017)	16	407.52	16	407.52			-
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery • Pagimetrie: Alleenlik wanneer eie instrument gebruik word per oog. Alleenlik as toevoeging tot kornea chirurgie	46	1 171.62	46	1 171.62			-
3025	Electronic tonography • Elektroniese tonografie	19	483.93	19	483.93			-
3027	Fundus photography • Fundusfotografie	21	534.87	21	534.87			-
3029	Anterior segment microphotography • Anterior-segment mikrofotografie	21	534.87	21	534.87			-
3031	Fluorescein angiography: One or both eyes • Fluorasien angiografie: Een of beide oë	45	1 146.15	45	1 146.15	4	476.08	+T
3032	Eyelid and orbit photography • Ooglid en orbit fotografie	9	229.23	9	229.23			-

		Specialist Spesiall		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3033	Interpretation of item 3031 referred by other clinician • Interpretasie van item 3031 verwys deur ander geneesheer	15	382.05	15	382.05			
3034	Determination of lens implant power per eye • Bepaling van lensimplantstuk sterkte per oog	15	382.05	15	382.05			
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged • Wanneer 'n klein prosedure wat gewoonlik in die spreekkamer uitgevoer word 'n algemene narkose of die gebruik van 'n teater vereis, kan bykomende gelde gehef word	22	560.34	22	560.34			As per procedure/Soos per prosedure
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes) • Kornea topografie: alleenlik vir patologiese korneas met spesiale motivering. Vir refraktêre chirurgie: mag een maal pre-operatief en een maal post-operatief gehef word per sitting (vir een of beide oë)	36	916.92	36	916.92			
16.2	Retina • Retina							
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy • Chirurgiese behandeling van retinalosiating insluitende vervanging van vitreous uitsluitende vitrektomie	306.9	7 816.74	245.52	6 253.39	6		714.12 +T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye • Profylakse en behandeling van retina en choroid met krioterapie en/of diatermie en/of fotokoagulasie en/of laser per oog	105	2 674.35	105	2 674.35	6		714.12 +T
3041	Pan retinal photocoagulation (per eye), done in one sitting • Panretinale fotokoagulasie (per oog), in een sitting (Subsequent sittings: Modifier 0005) • (Daaropvolgende sittings: Wysiger 0005)	150	3 820.50	120	3 056.40	6		714.12 +T
3044	Removal of encircling band and/or buckling material • Verwydering van omsirkelende bande en/of induik-materiaal	105	2 674.35	105	2 674.35	6		714.12 +T
16.3	Cataract • Katarak							
3045	Intra-capsular extraction • Intra-kapsulêre ekstraksie	210	5 348.70	168	4 278.96	7		833.14 +T
3047	Extra-capsular (including capsulotomy) • Ekstra-kapsulêr (kapsulotomie ingesluit)	210	5 348.70	168	4 278.96	7		833.14 +T
3049	Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded) Modifier 0005 not applicable • Implasing van lenticulus addisioneel tot 3045 of 3047 (koste van lens uitgesluit) (Wysiger 0005 nie van toepassing nie)	57	1 451.79	57	1 451.79	7		833.14 +T
3050	Repositioning of intra ocular lens • Herposisionering van intra okulêre lens	171.10	4 357.92	136.88	3 486.33	7		833.14 +T
3051	Needling or capsulotomy • Benaalding of kapsulotomie	130	3 311.10	120	3 056.40	4		476.08 +T
3052	Laser capsulotomy • Laser kapsulotomie	105	2 674.35	105	2 674.35	4		476.08 +T
3057	Removal of lenticulus • Verwydering van lenticulus	210	6 348.70	168	4 278.96	7		833.14 +T
3058	Exchange of intra ocular lens • Vervanging van intra okulêre lens	236	6 010.92	188.8	4 808.74	7		833.14 +T
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded) • Implasing van lenticulus wanneer 3045 of 3047 nie uitgevoer is nie (koste van lens uitgesluit)	210	5 348.70	168	4 278.96	7		833.14 +T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only) • Gebruik van eie chirurgiese mikroskoop vir chirurgie of ondersoek (nie vir spleetlamp mikroskoop nie) (slegs vir gebruik deur oftalmoloe)	4	101.88					
16.4	Glaucoma • Glaukoom							
3061	Drainage operation • Dreineringsoperasie	247.6	6 306.37	198.08	5 045.10	6		714.12 +T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061) • Implanting van voorkamerkepl/ seton in glaukoom (Addisioneel tot item 3061)	60	1 528.20	60	1 528.20	6		714.12 +T
3063	Cyclotherapy or cycloclathemy • Siklokrioterapie of siklodatermie	105	2 674.35	105	2 674.35	6		714.12 +T
3064	Laser trabeculoplasty • Laser trabekuloplastie	105	2 674.35	105	2 674.35	6		714.12 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3065	Removal of blood anterior chamber ● Verwydering van bloed van voorste kamer	105	2 674.35	105	2 674.35	4	476.08	+T
3067	Goniotomy ● Goniotomie	210	5 348.70	168	4 278.96	7	833.14	+T
16.5	Intra-ocular foreign body ● Vreemde voorwerp in oog							
3071	Intra-ocular foreign body: Anterior to Iris ● Vreemde voorwerp in oog: Anterior tot die Iris	127	3 234.69	120	3 056.40	4	476.08	+T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina) ● Vreemde voorwerp in oog: Posterior tot die Iris (profielaktiese hittebehandeling van retina ingesluit)	210	5 348.70	168	4 278.96	6	714.12	+T
16.6	Strabismus ● Strabismus							
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Operasie op een of twee spiere	175.6	4 472.53	140.48	3 578.03	5	595.10	+T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Operasie op drie of vier spiere	200	5 094.00	160	4 075.20	5	595.10	+T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Daaropvolgende operasie een of twee spiere	120	3 056.40	120	3 056.40	5	595.10	+T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Daaropvolgende operasie op drie of vier spiere	150	3 820.50	120	3 056.40	5	595.10	+T
16.7	Globe ● Oogbol							
3080	Examination of eyes under general anaesthetic where no surgery is done ● Ondersoek van oë onder algemene narkose waar 'n operasie nie gedoen word nie	80	2 037.60	80	2 037.60	4	476.08	+T
3081	Treatment of minor perforating injury ● Behandeling van minor perforasie besering	161.6	4 115.95	129.28	3 292.76	6	714.12	+T
3083	Treatment of major perforating injury ● Behandeling van major perforasie besering	267.5	6 813.23	214	5 450.58	6	714.12	+T
3085	Enucleation or Evisceration ● Enukleasie of Eviserasie	105	2 674.35	105	2 674.35	5	595.10	+T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis ● Enukleasie of Eviserasie met beweeglike implantstuk: Koste van implantstuk en protese uitgesluit	160	4 075.20	128	3 260.16	5	595.10	+T
3088	Hydroxyapatite insertion (Additional to item 3087) ● Hidroksilapetite Inplanting (Addisionele tot item 3087)	40	1 018.80	40	1 018.80	5	595.10	+T
3089	Subconjunctival injection if not done at time of operation ● Subkonjunktivale inspuiting indien nie tydens operasie gedoen nie	10	254.70	10	254.70	5	595.10	+T
3091	Retrobulbar injection (if not done at time of operation) ● Retrobulbêre inspuiting (indien nie gedoen tydens operasie)	16	407.52	16	407.52	4	476.08	+T
3092	External laser treatment for superficial lesions ● Eksterne laser behandeling vir oppervlakkige letsels	53	1 349.91	53	1 349.91			
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy ● Byvoeging van lug of gas in vitreous as 'n n-operatiewe prosedure of pneumoretinopeksie	130	3 311.10	120	3 056.40	7	833.14	+T
3097	Anterior vitrectomy ● Anterior vitrekdomie	280	7 131.60	224	5 705.28	6	714.12	+T
3098	Removal of silicon from globe ● Verwydering van silikon uit oogbol	280	7 131.60	224	5 705.28	6	714.12	+T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement ● Posteriorvitrekdomie insluitende anterior vitrekdomie omsirkeling van oogbol en vervanging van vitreus	419	10 671.93	335.2	8 537.54	6	714.12	+T
3100	Lensectomy done at time of posterior vitrectomy ● Lensekdomie gedoen saam met posterior vitrekdomie	30	764.10	30	764.10	7	833.14	+T

		Specialist Spesials		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.8	Orbit • Oogkas							
3101	Drainage of orbital abscess • Drainering van orbitale abces	105	2 674.35	105	2 674.35	5	595.10	+T
3104	Removal orbital prosthesis • Vervyndering orbitale prostese	212.7	5 417.47	170.16	4 333.98	5	595.10	+T
3105	Exenteration • Eksenterasie	275	7 004.25	220	5 603.40	5	595.10	+T
3107	Orbitotomy requiring bone flap • Orbitotomie wat beenflap vereis	393	10 009.71	314.40	8 007.77	5	595.10	+T
3108	Eye socket reconstruction • Oogkasrekonstruksie	206	5 246.82	164.8	4 197.46	5	595.10	+T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously • Hidroksiapetite implanting wanneer evisserasie of enukleasie reeds voorheen gedoen is	300	7 641.00	240	6 112.80	5	595.10	+T
3110	Second stage hydroxyapatite implantation • Tweede stadium hidroksiapetite implanting	110	2 801.70	110	2 801.70	5	595.10	+T
16.9	Cornea • Komea							
3111	Contact lenses: Assessment involving preliminary fittings and tolerance • Kortaktersberaming: Aanvanklike passings en toleransie	*		*				
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year • Passing van kortakters en instruksie aan die pasient: Oog-onderzoek, eerste aanpas van kortakters en opvolgbesoeke vir een jaar ingeslote	200	5 094.00	160	4 075.20			
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included • Passing van slegs een kortakters en instruksies aan die pasient: Oog-onderzoek, eerste pas van kortakters en opvolgbesoeke vir een jaar ingeslote	166	4 228.02	132.8	3 382.42			
3116	Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma. Intra ocular surgery or penetrating keratoplasty • Astigmatiese korraksie met T snitte of wig reseksie in patologiese korneale astigmatisme na trauma. Intraokulêre chirurgie of korneale oorpanting.	135.2	3 443.54	120	3 056.40	6	714.12	+T
3117	Removal of foreign body: On the basis of fee per consultation • Vervyndering van vreemde voorwerp op die basis van gelde per konsultasie					4	476.08	+T
3118	Curettage of cornea after removal of foreign body (aftercare excluded) • Kurettasie van kornea na vervyndering van vreemde voorwerp (nasorg uitgesluit)	10	254.70	10	254.70			
3119	Tattooing • Tattoëring	26	662.22	26	662.22	4	476.08	+T
3121	Corneal graft (Lamellar or full thickness) • Korneale oorpanting (Lamellêr of volle dikte)	289	7 360.83	231.2	5 888.66	6	714.12	+T
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery • Inplaas van intra/korneale of intrasklerale prostese vir refraktiewe chirurgie	254	6 469.38	203.2	5 175.50	6	714.12	+T
3125	Keratotomy • Keratektomie	127	3 234.69	120	3 056.40	6	714.12	+T
3127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods) • Kouerisasie van Komea (deur chemiese, termale of krioterapie metodes)	10	254.70	10	254.70	4	476.08	+T
3130	Pterygium or conjunctival cyst. No conjunctival flap or graft used • Pterigium of konjunktivale kiste. Geen konjunktivale flap of oorpanting.	96.9	2 466.04	96.9	2 466.04	4	476.08	+T
3131	Paracentesis • Parasentese	53	1 349.91	53	1 349.91	4	476.08	+T
3136	Conjunctival flap or graft. Not for use with pterygium surgery I Konjunktivale flap of oorpanting. Nie vir gebruik tydens pterigium chirurgie nie.	95.7	2 437.48	95.7	2 437.48	6	714.12	+T
16.10	Ducts • Buis							
3133	Probing and/or syringing, per duct • Sondering en/of deuspoeling per buis	10	254.70	10	254.70	4	476.08	+T
3135	Insert polythene tubes/stent: Unilateral: Additional • Inplasing van polieteenbuis of stent: Unilateraal: Addisioneel	51.8	1 319.35	51.8	1 319.35	4	476.08	+T
3137	Excision of lacrimal sac: Unilateral • Uitsnyding van traarsak: Unilateraal	132	3 362.04	120	3 056.40	4	476.08	+T
3139	Dacryocystorhinostomy (single) with or without polythene tube • Dakriosistorhinostomie (enkel) met of sonder polieteenbuis	210	5 348.70	168	4 278.96	5	595.10	+T
3141	Sealing Punctum surgical/cautery per eye • Toemaak van punktum chirurgies of met kouerisasie. Per oog.	24.9	634.20	24.9	634.20	4	476.08	+T
3142	Sealing Punctum with plugs. Per eye • Toemaak van punktum met proppe. Per oog	20	509.40	20	509.40	4	476.08	+T
3143	Three-snip operation • Driesnit-operasie	10	254.70	10	254.70	4	476.08	+T
3145	Repair of canaliculus: Primary procedure • Herstel van kanalikulus: Primêre prosedure	132	3 362.04	120	3 056.40	4	476.08	+T
3147	Repair of canaliculus: Secondary procedure • Herstel van kanalikulus: Sekondêre prosedure	175	4 457.25	140	3 565.80	4	476.08	+T
16.11	Iris • Irie							
3149	Iridectomy or iridotomy by open operation as isolated procedure • Iridektomie of iridotomie met oop operasie as geïsoleerde prosedure	132	3 362.04	120	3 056.40	4	476.08	+T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure) • Iridektomie of iridotomie met laser of fotokoagulasie as geïsoleerde prosedure (maksimum een prosedure)	105	2 674.35	105	2 674.35	4	476.08	+T
3157	Division of anterior synechiae as isolated procedure • Verdeling van anterior singeleë as geïsoleerde prosedure	132	3 362.04	120	3 056.40	4	476.08	+T
3158	Repair iris as in dialysis. Anterior chamber reconstruction • Herstel van iris soos in dialise. Anterior segment rekonstruksie	142.4	3 626.93	120	3 056.40	4	476.08	+T
16.12	Lids • Ooglede							

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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3161	Tarsorrhaphy ● Tarsorrasie	47	1 197.09	47	1 197.09	4	476.08	+T
3165	Repair of skin laceration of the lid. Simple ● Herstel van vellaserasie van die ooglid. Eenvoudig.	27.3	695.33	27.3	695.33	4	476.08	+T
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material ● Ooglidoperasie vir fasiale senuweeverlamming, tarsorrasie ingesluit maar koste van materiaal uitgesluit	187	4 762.89	149.6	3 810.31	4	476.08	+T
16.12.1	Entropion or ectropion by ● Entropion of ektropion d.m.v.							
3177	Entropion or ectropion by cautery ● Entropion of ektropion d.m.v. kouterisasie	10	254.70	10	254.70	4	476.08	+T
3179	Entropion or ectropion by suture ● Entropion of ektropion d.m.v. hegting	49.4	1 258.22	49.4	1 258.22	4	476.08	+T
3181	Entropion or ectropion by open operation ● Entropion of ektropion d.m.v. oop operasie	111.5	2 839.91	111.5	2 839.91	4	476.08	+T
3183	Entropion or ectropion by free skin, mucosal grafting or flap ● Entropion of ektropion d.m.v. vry vel, slymvlies oorplanting of flap	122.6	3 122.62	120	3 056.40	4	476.08	+T
16.12.2	Reconstruction of eyelid ● Rekonstruksie van ooglid							
3185	Staged procedure for partial or total loss of eyelid: First stage ● Prosedures vir gedeeltelike of volledige verlies van ooglid: Eerste stadium	259	6 596.73	207.2	5 277.38	4	476.08	+T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage ● Prosedures vir gedeeltelike of volledige verlies van ooglid: Daaropvolgende stadium	206	5 246.82	164.8	4 197.46	4	476.08	+T
3189	Full thickness eyelid laceration for injury: Direct repair ● Volle dikte ooglid laserasie as gevolg van besering: Direkte herstel	136.5	3 476.66	120	3 056.40	4	476.08	+T
3172	Blepharoplasty lower eyelid plus fat pad ● Blefaroplastie onderste ooglid met vet kussinkie	125.80	3 204.13	120	3 056.40	4	476.08	+T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral) ● Blefaroplastie: Boonste ooglid om funksie te verbeter (unilateraal)	150.2	3 825.59	120.16	3 060.48	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.12.3	Ptosis • Ptose							
3193	Repair by superior rectus, levator or frontalis muscle operation • Herstel deur middel van superior rektus, ligespier of frontalespier operasie	190	4 839.30	152	3 871.44	4	476.08	+T
3195	Ptosis: By lesser procedure, e.g. sling operation: Unilateral • Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Unilateraal	137.6	3 504.67	120	3 056.40	4	476.08	+T
3197	Ptosis: By lesser procedure, e.g. sling operation: Bilateral • Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Bilateraal	166	4 228.02	132.8	3 382.42	4	476.08	+T
16.13	Conjunctiva • Konjunktiva							
3199	Repair of conjunctiva by grafting • Herstel van konjunktiva deur oorplanting	132	3 362.04	120	3 056.40	4	476.08	+T
3200	Repair of lacerated conjunctiva • Herstel van laserasie van konjunktiva	47	1 197.09	47	1 197.09	4	476.08	+T
16.14	General • Algemeen							
3196	Diamond knife: Use of own diamond knife during intraocular surgery • Diamantmes: Gebruik van eie diamantmes gedurende intraokulêre chirurgie	12	305.54					
3198	Excimer laser: Hire fee • Eksimer laser: Verhuuringsgelde	284.13	7 236.79					
3201	Laser apparatus (ophthalmic): hire fee for one or both eyes treated in one sitting (not to be used with IOL master) • Laser apparaat (opthalmies): verhuuringsgelde vir een of beide oe in een sitting behandel (Nie vir gebruik met IOL Master)	109	2 776.23					
3202	PHAKO emulsification apparatus (hire fee) • FAKO emulsifiseringsapparaat (verhuuringsgelde)	109	2 776.23					
3203	Vitrectomy apparatus (hire fee) • Vitrektomie apparaat (verhuuringsgelde)	120	3 056.40					
17.	EAR • OOR							
17.1	External Ear (Pinna) • Eksterne Oor (Doorskulp)							
3271	Partial or total reconstruction for traumatic absence or following tumour excision of external ear (fee according to arrangement) • Gedeeltelike of algehele rekonstruksie van uitwendige oor vir traumatiese afwesigheid (foel volgens ooreenkoms)							
17.2	External ear canal • Uitwendige gehoorgang							
3204	Removal of foreign body at rooms with the use of a microscope (excludes loupe) - not to be used combined with item 3206 • Verwydering van vreemde voorwerp in spreekkamer met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	21.58	549.54					
3205	External ear canal: Removal of foreign body: Under general anaesthetic • Uitwendige gehoorkanaal: Verwydering van vreemde voorwerp: Onder algemene narkose	21	534.87	21	534.87	4	476.08	+T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion • Meatus-atresie: Herstel van stenose van kraakbeenige deel	164	4 177.08	131.2	3 341.66	4	476.08	+T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary • Meatus-atresie: Verwydering van enkele meatale osteoom	77	1 961.19	77	1 961.19	4	476.08	+T
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206 • Debridement van mastoidektomie holte met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	23.14	589.38	23.14	589.38			
3221	Removal of osteoma from meatus: Multiple • Verwydering van veelvuldige meatale osteome	215	5 476.05	172	4 380.84	4	476.08	+T
17.3	Middle ear • Middeloor							
3209	Bilateral myringotomy • Bilaterale miringotomie	46	1 171.62	46	1 171.62	4	476.08	+T
3211	Unilateral myringotomy with insertion ventilation tube • Unilaterale miringotomie met inplaa van ventilasie buis	38	967.86	38	967.86	4	476.08	+T
3212	Bilateral myringotomy with insertion ventilation tube • Bilaterale miringotomie met inplaa van ventilasiebuis	57	1 451.79	57	1 451.79	4	476.08	+T

		Specialist Spesiallste		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3214	Reconstruction of middle ear ossicles (ossiculoplasty) • Rekonstruksie van middelfoor ossikels (ossikulêre rekonstruksie)	255	6 494.85	204	5 195.88	5	595.10	+T
3237	Exploratory tympanotomy • Eksploratiewe timpanotomie	158.9	4 047.18	127.12	3 237.75	5	595.10	+T
3243	Myringoplasty • Miringoplastie	138	3 514.86	120	3 056.40	5	595.10	+T
3245	Functional reconstruction of tympanic membrane • Funksionele rekonstruksie van timpaniese membraan	277	7 055.19	221.6	5 644.15	5	595.10	+T
3264	Tympanomastoidectomy • Timpanomastoidektomie	375	9 551.25	300	7 541.00	5	595.10	+T
3265	Reconstruction of posterior canal wall, following radical mastoidectomy • Rekonstruksie van posterior wand van die kanaal, na radikale mastoidektomie	320	8 150.40	256	6 520.32	5	595.10	+T
17.4	Facial nerve • Fasielissenuwee							
17.4.1	Facial nerve tests • Fasielissenuweetoetse							
3223	Percutaneous stimulation of the facial nerve • Perkutane stimulasie van die fasielissenuwee	9	229.23	9	229.23	4	476.08	+T
3224	Electroneurography (ENOG) • Elektoneurografie (ENOG)	75	1 910.25	75	1 910.25	4	476.08	+T
17.4.2	Facial nerve surgery • Fasielissenuwee chirurgie							
3227	Exploration of facial nerve: Exploration of tympano mastoid segment • Blootlegging van nervus facialis: Blootlegging van die timpanomastoid segment	297	7 564.59	237.6	6 051.67	5	595.10	+T
3228	Exploration of facial nerve: Grafting of the tympano mastoid segment (including item 3227) • Blootlegging van nervus facialis: Oorplanting van die timpanomastoid segment (insluitende item 3227)	436	11 104.92	348.8	8 883.94	5	595.10	+T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve • Blootlegging van nervus facialis: Ekstratemporale oorplanting van die fasielissenuwee	436	11 104.92	348.8	8 883.94	5	595.10	+T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis • Blootlegging van nervus facialis: Fasio-aksessoriese of fasio-hipoglossale anastomose	124	3 158.28	120	3 056.40	6	714.12	+T
17.5	Inner ear • Binne-oor							
17.5.1	Audiometry • Oudiometrie							
3273	Pure tone audiometry (air conduction) • Suiver toon oudiometrie (luggeleiding)	6.5	165.56	6.5	165.56			
3274	Pure tone audiometry (bone conduction with masking) • Suiver toon oudiometrie (beengeleiding met maskering)	6.5	165.56	6.5	165.56			
3275	Impedance audiometry (tympanometry) • Impedansie oudiometrie (timpanometrie)	6.5	165.56	6.5	165.56			
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score • Spraak oudiometrie: Gelde sluit in spraak audiogram, spraak ontvangsrempel, diskrimineringsstelling	10	254.70	10	254.70			
17.5.2	Balance tests • Balanstoeetse							
3260	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems • Gerekenariseerde statiese bewegingsondersoeke met 'n pasiënt in 'n staande posisie op 'n Piezo-elektriese platform wat die vestibulêre en proprioseptiewe stelsels toets	71.48	1 820.60	71.48	1 820.60			
3251	Minimal caloric test (excluding consultation fee) • Minimale kalorietoets (konsultasie uitgesluit)	10	254.70	10	254.70			
3253	Electro-nystagmography for spontaneous and positional nystagmus • Elektro-nistagmografiese ondersoeke vir spontane en posisie nistagmus	25	636.75	25	636.75			
3255	Caloric test done with electro-nystagmography • Kaloriese toets met elektro-nistagmografie	70	1 782.90	70	1 782.90			
3256	Video nystagmoscopy (binocular) • Videonistagmoskopie (binokulêr)	50	1 273.50	50	1 273.50			
3258	Otolith repositioning manoeuvre • Otoliet herposisionering maneuver	14	356.58	14	356.58	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
17.6	Microsurgery of the skull base • Mikrochirurgie van die skedelbasis							
17.6.1	Middle fossa approach (i.e. transtemporal or supralabyrinthine) • Middelfossatoegang (d.i. transtemporale of supralabirintien)							
3229	Facial nerve: Exploration of the labyrinthine segment • Fasiassenuwee: Eksploorasie van die labirintiene segment	420	10 697.40	336	8 557.92	5	595.10	+T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included) • Fasiassenuwee: Oorplantingswaarsel en eksploratie van die labirintiene segment (verwydering van oerplantingswaarsel en eksploratie van die labirintiene segment ingesluit)	510	12 989.70	408	10 391.76	11	1309.22	+T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included) • Fasiassenuwee-chirurgie binne die inwendige gehoorgang (indien oerplanting benodig word, is die oerplanting en weefselverwydering ingesluit)	620	15 791.40	496	12 633.12	11	1309.22	+T
17.6.2	Translabirintine approach • Translabirintiene toegang							
5229	Facial nerve surgery in the internal auditory canal, translabirintine (if grafting is required, the grafting and harvesting are included) • Chirurgie van die fasiassenuwee in die inwendige gehoorgang, translabirintiene toegang (indien oerplanting benodig word is die weefselverwydering en oerplanting ingesluit)	660	16 810.20	528	13 448.16	11	1309.22	+T
17.6.7	Subtotal petrosotomy • Subtotale petrosektomie							
5247	Subtotal petrosotomy for CSF leak and/or for total obliteration of the mastoid cavity • Subtotale petrosektomie vir SSV-lek en/of obliterasie van die mastoïdholte	480	12 225.60	384	9 780.48	11	1309.22	+T
		Confined to specialist in Physical Medicine Beperk tot spesialiste in Fisiese Geneeskunde		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
18.	PHYSICAL TREATMENT • FISIESE BEHANDELING							
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	+	0.75	19.10				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)		13.5	343.85				
3281	Ultrasonic therapy		10	254.70				
3282	Shortwave diathermy		10	254.70				
3284	Sensory nerve conduction studies		31	789.57				
3285	Motor nerve conduction studies		26	662.22				
3287	Spinal joint and ligament injection		20	509.40	20	509.40		
3288	Epidural injection		36	916.92				
3289	Multiple injections - First joint		7.5	191.03				
3290	Each additional joint		4.5	114.62				
3291	Tendon or ligament injection		9	229.23				
3292	Aspiration of joint or interarticular injection		9	229.23				
3293	Aspiration or injection of bursa or ganglion		9	229.23				
3294	Paracervical (neck) nerve block		20	509.40	20	509.40		
3295	Paravertebral root block - unilateral		20	509.40				
3296	Paravertebral root block - bilateral		30	754.10				
3297	Manipulation of spine performed by a specialist in Physical Medicine		14	356.58				
3298	Spinal traction		6	152.82				
3299	Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable)		14	356.58	14	356.58	4 3	476.08 Hip+T 357.06 Knee / Shoulder + T
3300	Manipulation of large joints without anaesthetic							
3301	Muscle fatigue studies		20	509.40				
3302	Strength duration curve per session		10.5	267.44				
3303	Electromyography		75	1 910.25				
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (for subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only is applicable: See rules L and M)		10	254.70	10	254.70		

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
19. RADIOLOGY ● RADIOLOGIE	The amounts in this section are calculated according to the unit values (unless otherwise specified) ● Die bedrae in hierdie afdeling word volgens die eenheidswaardes bereken (tensy anders gespesifiseer)						
19.1 Skeleton ● Skelet							
19.1.1 Limbs ● Ledemate							
3305	Finger, toe ● Vinger, toon			6.3	167.83		
6500	Hand ● Hand			7.7	205.13		
6501	Wrist (specify region) ● Polsgewrig (spesifiseer streek)			7.7	205.13		
6503	Scaphoid ● Skafoïed			7.7	205.13		
6504	Radius and Ulna ● Radius en ulna			7.7	205.13		
6505	Elbow ● Elmboog			7.7	205.13		
6506	Humerus ● Humerus			7.7	205.13		
6507	Shoulder ● Skouer			7.7	205.13		
6508	Acromio-Clavicular Joint ● Akromio-klavikulêre gewrig			7.7	205.13		
6509	Clavicle ● Clavikel			7.7	205.13		
6510	Scapula ● Skapula			7.7	205.13		
6511	Foot ● Voet			7.7	205.13		
6512	Ankle ● Enkel			7.7	205.13		
6513	Calcaneus ● Kalkaneus			7.7	205.13		
6514	Tibia and fibula ● Tibia en fibula			7.7	205.13		
6515	Knee ● Knie			7.7	205.13		
6516	Patella ● Patella			7.7	205.13		
6517	Femur ● Femur			7.7	205.13		
6518	Hip ● Heup			7.7	205.13		
6519	Sesamoid Bone ● Sesamoïedbeen			7.7	205.13		
3309	Smith-Petersen or equivalent control, in theatre ● Smith Petersen of ekwivalente kontrole, in teater			38.7	1 030.97		
3311	Stress studies, e.g. Joint ● Spanningsopnames, bv. gewrig			7.7	205.13		
3313	Full length study, both legs ● Vollengte opnames, beide bene			15.5	412.92		
3317	Skeletal survey ● Skeletopname			28	745.92		
3319	Arthrography per joint ● Artografie per gewrig			15.4	410.26		
3320	Introduction of contrast medium or air: Ad ● Insit van kontrasmedium of lug: Voeg by			13.8	367.63		
19.1.2 Spinal column ● Werwelkolom							
3321	Per region, cervical, sacral, coccygeal, one region thoracic ● Per streek, bv. nek, sakrum, koksiks, een streek torakaal			11	293.04		
3325	Stress studies ● Spanningsopname			11	293.04		
3331	Pelvis (Sacro-iliac or hip joints to be added where an extra set of views required) ● Bekken (ilio-sakrale gewrigte of heupe word slegs bygetel wanneer 'n aparte stel opnames van die addisionele gebied vereis word)			11	293.04		
3333	Myelography: Lumbar ● Miëlografie: Lumbaal			28.9	769.90	4	476.08 +T
3334	Myelography: Thoracic ● Miëlografie: Torakaal			22.2	591.41	4	476.08 +T
3335	Myelography: Cervical ● Miëlografie: Servikaal			35.5	945.72	4	476.08 +T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) ● Veelvuldig (lumbaal, torakaal en servikaal): Dieselfde gelde as vir eerste segment (geen bykomende insit van kontrasmedium)					4	476.08 +T
3344	Introduction of contrast medium ● Insit van kontrasmedium	+		18.7	498.17		
3345	Discography ● Diskografie			34.6	921.74	4	476.08 +T
3347	Introduction of contrast medium per disc level: Ad ● Insit van kontrasmedium per diskus vlak: Voeg by	+		28.2	751.25		-
19.1.3 Skull ● Skedel							
3349	Skull studies ● Skedelstudies			15.7	418.25		
3351	Paranasal sinuses ● Paranasale sinusse			11	293.04		
3353	Facial bones and/or orbits ● Aangesigsbene en/of oogholtes			12.6	335.66		
3355	Mandible ● Mandibula			9.4	250.42		
3357	Nasal bone ● Nasale been			7.8	207.79		
3359	Mastoid: Bilateral ● Mastoïed: Bilateeraal			18	479.52		

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemeene		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3361	Teeth: One quadrant● Tande: Een kwadrant			3.7	98.57			
3363	Teeth: Two quadrants● Tande: Twee kwadrante			6.3	167.83			
3365	Teeth: Full mouth● Tande: Volle mond			11	293.04			
3366	Teeth: Rotation tomography of the teeth and jaws ● Tande: Rotasietomografie van die kaak en tande			13.3	354.31			
3367	Teeth:Temporo-mandibular joints: Per side● Tande:Temporo-mandibulêre gewrigte: Per kant			11	293.04			
3369	Teeth:Tomography: Per side● Tande: Tomografie: Per kant			11	293.04			
3371	Localisation of foreign body in the eye● Lokalisering van vreemde voorwerp in die oog			15.7	418.25			
3381	Ventriculography● Ventrikulografie			27.3	727.27	4		476.08+T
3385	Post-nasal studies: Lateral neck● Post-nasale studies: Laterale nek			6.3	167.83			
3387	Maxillo-facial cephalometry● Maksillofasiale kefalometrie			8.8	234.43			
3389	Dacrocystography ● Dakrosistografie			11	293.04	4		476.08+T
3391	For introduction of contrast medium add● Vir insit van kontrasmedium voeg by	+		11	293.04			
19.2	Alimentary tract● Spysverteringskanaal							
3393	Bowel washout: Add● Dermspoeling:Voeg by	+		4.8	127.87			
3395	Sialography (plus 80% for each additional gland)● Sialografie (plus 80% vir elke bykomende klier)			12.7	338.33	4		476.08+T
3397	Introduction of contrast medium (plus 80% for each additional gland - add) ● Insit van kontrasmedium (plus 80% vir elke bykomende klier - voeg by)	+		11	293.04			
3399	Pharynx and oesophagus● Farinks en oesofagus			12.7	338.33			
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through● Oesofagus, maag en duodenum (Oorsigfoto van die buik ingesluit) en beperkte deurvolging			20	532.80			
3405	Double contrast: Add● Dubbel kontras: Voeg by	+		7.3	194.47			
3406	Small bowel meal (control film of abdomen included except when part of item 3408) ● Dundermmaal (Oorsigfoto van die buik ingesluit tensy deel van item 3408)			20	532.80			
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)● Barium maal en toegewyde gastroïntestinale kanaal deurvolging (insluitend kontrole film van die buik, oesofagus, maag, duodenum en kolon)			28.9	769.90			
3409	Barium enema (control film of abdomen included)● Barium klieasma (oorsigfoto van die buik ingesluit)			18.3	487.51			
3411	Air contrast study (add)● Lug-kontrasstudie (voeg by)	+		19.3	514.15			
3416	Pancreas: ERCP hospital equipment: Choleodogram and/ or pancreatography screening included● Pankreas: ERCP hospitaal toerusting: Choleodogram en/of pancreatografie deurligting ingesluit			15.5	412.92	4		476.08+T
Note: For items 3415 and 3416: Endoscopy (See item 1778)								
Opmerking: Vir items 3415 en 3416: Endoskopie (sien item 1778)								
3417	Gastric/oesophageal/duodenal intubation control● Gastriese/esofageale/duodenale intubasie-kontrole			5.9	157.18			
3419	Gastric/oesophageal intubation insertion of tube (add)● Gastriese/esofageale intubasie insit van buis (voeg by)	+		5.6	149.18			
3421	Duodenal intubation: Insertion of tube (add)● Duodenale intubasie: Insit van buis (voeg by)	+		11	293.04			
3423	Hypotonic duodenography (3403 and 3405 included) (add)● Hipotoniese duodenografie (3403 en 3405 ingesluit) (voeg by)	+		29.3	780.55			
19.3	Biliary tract● Galweë							
3427	Cholangiography: Intravenous● Cholangiografie: Intraveneus			22	586.08			
3431	Operative Cholangiography: First series: Add item 3607 only when the Radiologist attends personally in the theatre● Operatief Cholangiografie Eerste reeks: Voeg item 3607 slegs by as die Radioloog self in die teater teenwoordig is			21	559.44			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemeene		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3433	Post-operative: T-Tube● Post-operatief: T-Buis			16.7	444.89			
3435	Introduction of contrast medium (add)● Insit van kontrasmedium (voeg by)	+		5.6	149.18			
3437	Trans hepatic, percutaneous● Transhepaties, perkutaan			18.3	487.51			
3439	Introduction of contrast medium (add)● Insit van kontrasmedium (voeg by)	+		33.1	881.78			
3441	Tomography of biliary tract (add)● Tomografie van galweë (voeg by)	+		33.1	881.78			
19.4	Chest ● Borskas							
3443	Larynx (Tomography included)● Larinks (Tomografie ingesluit)			12.5	333.00			
3445	Chest (item 3601 included)● Borskas (item 3601 ingesluit)			9.4	250.42			
3447	Chest and cardiac studies (item 3601 included)● Borskas en hartstudies (item 3601 ingesluit)			12.6	335.66			
3449	Ribs ● Ribbes			12.3	327.67			
3451	Sternum or sternoclavicular joints● Sternum of sternoklavikulêre gewigte			12.6	335.66			
3453	Bronchography: Unilateral● Brongografie: Unilateraal			12.6	335.66	8		952.16+T
3455	Bronchography: Bilateral● Brongografie: Bilateraal			22.1	588.74	8		952.16+T
3457	Introduction of contrast medium included● Insit van kontrasmedium ingesluit			35.7	951.05			
3461	Pleurography● Pleurografie			12.6	335.66	3		357.06+T
3463	For introduction of contrast medium: Add● Vir insit van kontrasmedium: Voeg by	+		2.8	74.59			
3465	Laryngography● Laringografie			11	293.04			
3467	For introduction of contrast medium: Add● Vir insit van kontrasmedium: Voeg by	+		10	266.40			
3468	Thoracic Inlet● Toraksinlaat			6.3	167.83			
19.5	Abdomen ● Bulk							
3477	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.) ● Oorsigfoto van die Bulk (wat nie deel vorm van bv bariummaal, bariumklesma, piëlogram, cholecistogram of cholangiogram ensovoort nie)			9.4	250.42			
3479	Acute abdomen or equivalent studies● Akute buikstudies of ekwivalente opnames			15.7	418.25			
19.6	Urinary tract ● Urinewêë							
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable) ● Uitskeidingsurogram: Oorsigfoto ingesluit, asook blaasopnames voor en na lediging (binnearse piëlogram) (item 0206 nie van toepassing nie)			25.1	668.66			
3493	Waterload test: Add● Hidrasie-toets: Voeg by	+		12.2	325.01			
3497	Cystography only or urethrography only (retrograde)● Sistografie alleen of uretrografie alleen (retrograad)			19.3	514.15			
3499	Cysto-urethrography: Retrograde● Sisto-uretrografie: Retrograad			31.9	849.82			
3503	Cysto-urethrography: Introduction of contrast medium: Add● Sisto-uretrografie: Insit van kontrasmedium: Voeg by	+		3.7	98.57			
3505	Retrograde-prograde pyelography● Piëlografie retrograad-prograad			18.3	487.51	3		357.06+T
3511	Aspiration renal cyst● Aspirasie nier sist			18.4	490.18			
3513	Tomography of renal tract: Add● Tomografie van nierweë: Voeg by	+		9.4	250.42			
19.8.1	Vascular Studies● Vaskulêre Studies							
3536	Dedicated angiography suite: Analogue monoplane unit. Once off chart per patient by owner of equipment● Toegewyde angiografie suite: Analoe enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
3537	Dedicated angiography suite: Digital monoplane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Digitale enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3538	Dedicated angiography suite: Analogue bi-plane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Analooë dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3539	Dedicated angiography suite: Digital bi-plane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Digitale dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3545	Venography: Per limb● Venografie: Per ledemaat			16.5	439.56			
3548	Analogue monoplane screening table● Analooë enkelvlak deurligtingstafel							
3550	Digital monoplane screening table● Digitale enkelvlak deurligtingstafel							
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram● Kateterisasie aorta of vena cava, enige vlak, enige roete, met aortogram/cavogram			48.6	1 294.70	4		476.08 +T
3558	Translumbal aortic puncture, with full study● Translumbale aortiese punksie, met volle studie			69.6	1 854.14	5		595.10 +T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe eerste orde kateterisasie, arterieel of veneus, met angiogram/venogram			57	1 518.48	4		476.08 +T
3560	Selective second order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe tweede orde kateterisasie, arterieel of veneus, met angiogram/venogram			65.4	1 742.26	4		476.08 +T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe derde orde kateterisasie, arterieel of veneus, met angiogram/venogram			73.2	1 950.05	4		476.08 +T
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)● Gids kateter plasing, enige plek arterieel of veneus, vir enige intrakraniale prosedure of arterioveneuse malformasie (AVM)			85.8	2 285.71	5		595.10 +T
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)● Mikrokateter inplasing, enige kranale vat en/of pulmonêre vat, arterieel of veneus (insluitende gids kateter plasing)			130.8	3 484.51	5		595.10 +T
3572	Transcatheter selective blood sampling, arterial or venous● Transkateter selektiewe bloedmonsterneming, arterieel of veneus			32.4	863.14			
3574	Spinal angiogram (global fee) including all selective catheterisation● Spinale angiogram (globale gelde) alle selektiewe kateterisasies ingesluit			480	12 787.20	5		595.10 +T
19.8.2	Introduction of contrast medium● Inplasing van kontrasmedium							
3563	Direct intravenous for limb: Add● Direkte intraveneuse inplasing in ledemaat: Voeg by			7.4	197.14			
3564	Direct femoral arterial or venous or jugular venous puncture● Direkte femorale arteriële of veneuse of jugulêre veneuse punksie			37.2	991.01			
3575	"Cut-downs" for venography: Add● Insnyding vir venografie: Voeg by			11	293.04			
6400	Plus Spiral CT● Plus Spirale RT							
6401	Plus 3D reconstruction● Plus 3D rekonstruksie							
6402	Plus high resolution study● Plus hoë resolusie studie							
6403	CT limb without contrast● RT ledemaat ongekontrasteerd					5		595.10 +T
6404	CT limb with contrast only● RT ledemaat met kontras alleenlik					5		595.10 +T
6405	CT Limb pre AND post contrast● RT ledemaat voor EN na kontras					5		595.10 +T
6406	CT joint without contrast● RT gewrig ongekontrasteerd					5		595.10 +T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
6407	CT joint with contrast only ● RT gewrig met kontras alleenlik					5		595.10+T
6408	CT joint pre AND post contrast ● RT gewrig voor EN na kontras					5		595.10+T
6409	CT brain without contrast (including posterior fossa) ● RT brein ongekontrasteerd (insluitend posterior fossa)					5		595.10+T
6410	CT brain with contrast only (including posterior fossa) ● RT brein met kontras alleenlik (insluitend posterior fossa)					5		595.10+T
6411	CT brain pre AND post contrast (including posterior fossa) ● RT brein voor EN na kontras (insluitend posterior fossa)					5		595.10+T
6412	CT orbits complete study, axial OR coronal, without contrast ● RT oogkaste volledige studie, aksiaal OF koronaal, ongekontrasteerd					5		595.10+T
6413	CT orbits complete study, axial AND coronal, without contrast ● RT oogkaste volledige studie, aksiaal EN koronaal, ongekontrasteerd					5		595.10+T
6414	CT orbits complete study, axial OR coronal pre AND post contrast ● RT oogkaste volledige studie, aksiaal OF koronaal voor EN na kontras					5		595.10+T
6415	CT orbits complete study, axial AND coronal pre AND post contrast ● RT oogkaste volledige studie, aksiaal EN koronaal voor EN na kontras					5		595.10+T
6416	CT paranasal sinuses limited study axial OR coronal ● RT paranasale sinusse beperkte studie, aksiaal OF koronaal					5		595.10+T
6417	CT paranasal sinuses limited study axial AND coronal ● RT paranasale sinusse beperkte studie aksiaal EN koronaal					5		595.10+T
6418	CT paranasal sinuses complete study, axial OR coronal, without contrast ● RT paranasale sinusse volledige studie, aksiaal OF koronaal ongekontrasteerd					5		595.10+T
6419	CT paranasal sinuses complete study, axial AND coronal, without contrast ● RT paranasale sinusse volledige studie, aksiaal EN koronaal ongekontrasteerd					5		595.10+T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast ● RT paranasale sinusse volledige studie, aksiaal OF koronaal voor EN na kontras					5		595.10+T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast ● RT paranasale sinusse volledige studie, aksiaal EN koronaal voor EN na kontras					5		595.10+T
6422	CT pituitary fossa, without contrast ● RT pituitêre fossa, ongekontrasteerd					5		595.10+T
6423	CT pituitary fossa, pre AND post contrast ● RT pituitêre fossa, voor EN na kontras					5		595.10+T
6424	CT internal auditory meati, without contrast ● RT binneoorkanale, ongekontrasteerd					5		595.10+T
6425	CT internal auditory meati, pre AND post contrast ● RT binneoorkanale, voor EN na kontras					5		595.10+T
6426	CT mastoids ● RT mastoïede					5		595.10+T
6427	CT ear structures, limited study ● RT oor struktuur, beperkte studie					5		595.10+T
6428	CT middle AND inner ear, complete study including reconstruction ● RT middel- EN binne-oor, volledige studie insluitend rekonstruksies					5		595.10+T
6429	CT facial bones ● RT gesigsbene					5		595.10+T
6430	CT neck soft tissue, without contrast ● RT nek sagteweefsel, ongekontrasteerd					5		595.10+T
6431	CT neck soft tissue with contrast only ● RT nek sagteweefsel met kontras alleenlik					5		595.10+T
6432	CT neck pre AND post contrast ● RT nek voor EN na kontras					5		595.10+T
6433	CT cervical spine without contrast ● RT servikale werwels ongekontrasteerd					5		595.10+T
6434	CT cervical spine pre AND post contrast ● RT servikale werwels voor EN na kontras					5		595.10+T
6435	CT cervical spine post myelogram ● RT servikale werwels post-miëlogram					5		595.10+T
6436	CT dorsal spine without contrast ● RT torakale werwels ongekontrasteerd					5		595.10+T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6437	CT dorsal spine pre AND post contrast● RT torakale werwels voor EN na kontras					5		595.10+T
6438	CT dorsal spine post myelogram● RT torakale werwels post-miëlogram					5		595.10+T
6439	CT lumbar spine without contrast● RT lumbale werwels ongekontrasteerd					5		595.10+T
6440	CT lumbar spine pre AND post contrast● RT lumbale werwels voor EN na kontras					5		595.10+T
6441	CT lumbar spine post myelogram● RT lumbale werwels post-miëlogram					5		595.10+T
6442	CT pelvimetry (topogram only)● RT pelvimetrie (topogram alleenlik)					5		595.10+T
6443	CT chest without contrast● RT borskas ongekontrasteerd					5		595.10+T
6444	CT chest with contrast● RT borskas met kontras					5		595.10+T
6445	CT chest pre AND post contrast● RT borskas voor EN na kontras					5		595.10+T
6446	CT chest high resolution lungs, limited study● RT borskas hoë resoluë longe, beperkte studie					5		595.10+T
6447	CT high resolution lungs, complete study● RT hoë resoluë longe, volledige studie					5		595.10+T
6448	CT abdomen without contrast● RT buik ongekontrasteerd					5		595.10+T
6449	CT abdomen with contrast● RT buik met kontras					5		595.10+T
6450	CT abdomen pre AND post contrast● RT buik voor EN na kontras					5		595.10+T
6451	CT abdomen triphasic study● RT buik trifasiese studie					5		595.10+T
6452	CT pelvis without contrast● RT bekken ongekontrasteerd					5		595.10+T
6453	CT pelvis with contrast● RT bekken met kontras					5		595.10+T
6454	CT pelvis pre AND post contrast● RT bekken voor EN na kontras					5		595.10+T
6455	CT abdomen AND pelvis without contrast● RT buik EN bekken ongekontrasteerd					5		595.10+T
6456	CT abdomen AND pelvis with contrast● RT buik EN bekken met kontras					5		595.10+T
6457	CT abdomen AND pelvis pre AND post contrast● RT buik EN bekken voor EN na kontras					5		595.10+T
6458	CT chest, abdomen AND pelvis with contrast● RT borskas, buik EN bekken met kontras					5		595.10+T
6459	CT base of skull to symphysis pubis with contrast● RT skedelbasis tot simfise pubis met kontras					5		595.10+T
6460	CT for dental implants maxilla OR mandible● RT vir tandinplantings maksilla OF mandible					5		595.10+T
6461	CT for dental implants maxilla AND mandible● RT vir tandinplantings maksilla EN mandible					5		595.10+T
6462	CT angiography per limited region (including spiral, high resolution AND all reconstructions)● RT angiografie per beperkte gebied (insluitend spiral, hoë resoluë EN alle rekonstruksies)					5		595.10+T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
6463	CT angiography per extensive region (including spiral, high resolution, AND all other reconstructions)● RT angiografie per ekstensiewe gebied (insluitend spiral, hoë resolusie, 3D en alle rekonstruksies)					5	595.10 +T
6464	CT limited study any region, Region to be identified on the account● RT beperkte studie enige gebied, Gebied moet aangedui word op rekening					5	595.10 +T
6465	CT guidance for aspiration, biopsy or drainage● RT begeleiding vir aspirasie, biopsie of dreinasie					11	1309.22 +T
6466	CT guidance for aspiration at time of CT diagnostic study● RT begeleiding vir aspirasie, ten tye van RT diagnostiese studie					5	595.10 +T
6467	CT stereotactic localisation for biopsy● RT stereotaktiese lokalisasie vir biopsie					11	1309.22 +T
6468	CT for radiotherapy planning (not to be used as an add-on)● RT vir radioterapie beplanning (mag nie as 'n byvoeging gebruik word nie)						
6469	Quantitative CT for bone mineral density● Kwantitatiewe RT vir beendigheid						
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour● Waar 'n volledige digitale C-arm mobiele x-straaleenheid, met angiografie/intervensionele kapasiteit soos gebruik in hospitaal of teater, per halfuur.						
3597	Contrast media.● Kontrasmiddels.						
19.10	Miscellaneous ● Diverse						
3601	Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447)● Fluoroskopie: Per halfuur: Voeg by (nie van toepassing op items 3445 en 3447)			7.7	205.13		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add● Waar 'n C-arm mobiele röntgeneenheid in die hospitaal of teater gebruik word: Per half-uur: Voeg by			10.7	285.05		
3603	Sinography● Sinografie			18.4	490.18		
3600	Peripheral bone densitometry utilizing ionizing radiation● Perifere beendigheidstoetsing met gebruik van ioniserende bestraling			13	346.32		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)● Beendighheidsmeting (word slegs eenmalig geëis vir een of meer vlakke gedoen tydens dieselfde sessie)			77	2 051.28		
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee for examination performed (Only to be used by radiological technical staff)● Teenwoordigheid by operasie in teater of by radiologiese prosedure uitgevoer deur 'n chirurg of internis in X-straalafdeling (behalwe item 3309): Per halfuur: Plus gelde vir ondersoek gedoen (Mag slegs deur die radiologiese tegniese personeel geëf word)			5.6	149.18		
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done● Bepaling van ligging van vreemde voorwerp: Tarief vir deel wat ondersoek is, plus twee derdes vir elke bykomstige reeks, voeg by tarief vir fluoroskopie indien dit uitgevoer word						
3611	Foreign body localisation: Introduction of sterile needle markers: Add● Bepaling van ligging: Vreemde voorwerp, met inplanting van steriele naaldmerkers: Voeg by			11	293.04		
3613	Setting of sterile trays● Stel van steriele blaie			3.3	87.91		
5034	Fine needle aspiration or biopsy● Aspirasie of biopsie deur middel van 'n fyn naald			25	666.00	6	714.12 +T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Spesialis	Spesialis	General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
19.11	Ultrasonic Investigations • Ultrasoniese ondersoeke The amounts in this section are calculated according to the unit values (unless otherwise specified) • Die bedrae in hierdie afdeling word volgens die Ultraklank eenheidswaardes bereken (tensy anders gespesifiseer)							
3612	Ultrasonic bone densitometry • Ultrasoniese beendigtheidsmeting			19	478.23			
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed • Intravaskulêre ultrasoniese beelding evalueer die aterosklerotiese proses om die terapeutiese intervensies te lei. Hierdie item mag eenmaal toegepas word per vaat (linker voorafdalende tak verspreiding, sirkumfleks verspreiding en/of regter koronêre verspreiding) waarin 'n stent of veelvuldige stents geplaas word.			30	755.10	9	1071.18	+T
3596	Intravascular ultrasound per case, arterial or venous, for intervention • Intravaskulêre ultraklank per geval, arterieel of veneus, vir intervensie			30	755.10			
3621	Cardiac examination (M. Mode) • Eggo kardiografie (M. Mode)			25	629.25			
3622	Cardiac examination: 2 Dimensional • Eggo kardiografie: 2 Dimensioneel			50	1 258.50			
3623	Cardiac examination+effort: Add • Eggo kardiografie +inspanning: Voeg by			10	251.70			
3624	Cardiac examination+contrast: Add • Eggo kardiografie +kontras: Voeg by			10	251.70			
3625	Cardiac examinations + doppler • Eggo kardiografie + doppler			50	1 258.50			
3626	Cardiac examinations + phonocardiography: Add • Eggo kardiografie + fonokardiografie: Voeg by			10	251.70			
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs) • Ultraklank ondersoek van hele buik en bekkenorgane, indien bekkenorgane klinies aangedui is (insluitende lewer, galblaas, milt, pankreas, abdominale vaskulêre anatomie, para-aortiese area, urienweë, bekkenorgane.)			60	1 510.20			
5102	Ultrasound of joints (eg shoulder hip knee), per joint • Ultraklank van gewrigte (bv. skouer, heup, knie) per gewrig			50	1 258.50			
5103	Ultrasound soft tissue, any region • Ultraklank sagteweefsel, enige gebied			50	1 258.50			
3628	Renal tract • Urienweë			50	1 258.50			
3631	Ophthalmic examination • Oogondersoek			50	1 258.50			
3632	Axial length measurement and calculation of intra-ocular lens power. Per eye. Not to be used with item 3034 • Meet van aksiale lengte en bepaling van sterkte van 'n intraokulêre lens. Per oog. Kan nie saam met item 3034 gebruik word nie.			50	1 258.50			
3634	Peripheral vascular study, B mode only • Perifere vaskulêre studie, B mode alleenlik			39	981.63			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
5110	Carotid ultrasound vascular study; B mode, pulsed and colour doppler; bilateral study, internal, external and common carotid flow and anatomy ● Karotis ultraklank vaskulêre studie: B mode en kleur Doppler; bilaterale studie, interne, eksterne en gemene karotisvloei en anatomie			120	3 020.40		
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree; carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113, 5114) ● Vol ultraklank en Doppler evaluasie van totale ekstra-kraniale vaskulêre strukture; karotisse, vertebrale en subklaviese vate. (Mag nie saam met items 5110, 5112, 5113, 5114 gehef word nie)			164.8	4 148.02		
5112	Peripheral arterial ultrasound vascular study; B mode, pulsed and colour doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results ● Perifere arteriële ultraklank vaskulêre studie; B mode "pulsed" en kleurdoppler; per ledemaat om golfvorms by 'n minimum van drie vlakke, drukking studies by twee vlakke en volle interpretasie van resultate, in te sluit.			117	2 944.89		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour doppler; to evaluate deep vein thrombosis ● Perifere veneuse ultraklank vaskulêre studie; B mode "pulsed" en kleurdoppler; om diep veen trombose te evalueer			117	2 944.89		
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler in erect and supine position including compression manoeuvre and reflux in superficial and deep systems, bilaterally ● Perifere veneuse ultraklank vaskulêre studie; B mode, "pulsed" en kleurdoppler in liggende en staande posisie insluitend kompressie maneuvres en refluks in oppervlakkige en diep sisteme, bilateral			142.4	3 584.21		
3635	Plus (+) Doppler ● Plus (+) Doppler			39	981.63		
3637	Plus (+) Colour Doppler (may be added onto any other regional exam, but not to be added to items 5110, 5111, 5112, 5113 or 5114) ● Plus (+) Kleur Doppler (mag by enige ander streeksondersoek gevoeg word, maar mag nie by items 5110, 5111, 5112, 5113 of 5114 gevoeg word nie)			78	1 963.26		
		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
19.12	Portable unit examinations ● Ondersoeke met mobiele eenheid						
3639	Where X-ray unit is kept and used in the hospital: Ad ● Waar mobiele Röntgen-eenheid in die hospitaal gehou en gebruik word: Voeg by	+		7	186.48		
3640	Theatre investigations (with fixed installation): Ad ● Teaterondersoeke (met vaste installasie): Voeg by	+		3	79.92		
3641	Tracer test ● Speurtoets			22.1	588.74		
3642	Repeat of further tracer tests for same investigation: half of tracer test (item 3641) fee ● Herhaling van verdere speurtoetse vir dieselfde ondersoek: helfte van speurtoets (item 3641)			11.1	295.70		
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee ● Indien beide speurtoetse en terapeutiese prosedures uitgevoer word, moet die helfte van die bedrag vir die speurtoets plus die bedrag vir terapie gevra word						
3645	Other organ scanning with use of relevant radio isotope ● Ander orgaanaftasting met radio-isotope			54.8	1 459.87		

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Radiologist with own facility Spesialis Radioloog met eie fasiliteit		Non-radiologist or specialist radiologist without own facility (calculate at 60% of the fee) Nie-radioloog of spesialis radioloog sonder eie fasiliteit		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
19.14	Interventional radiological procedures • Intervensionele radiologiese prosedures							
5014	Atherectomy (per vessel) • Aterektomie (per vat)			204.6	5 450.54			
5016	Aspiration thrombectomy (per vessel) • Aspirasie trombektomie (per vat)			131.4	3 500.50			
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite • Op-tafel trombolise/transkateter infuus uitgevoer in angiografie suite			106.8	2 845.15	5		595.10+T
5022	Embolisation non-intracranial, per vessel • Embolisering nie-intrakraniaal, per vat			106.8	2 845.15	9		1071.18+T
5031	Antegrade ureteric stent insertion • Antegraad ureteriese stent inplasing			69.6	1 854.14	6		714.12+T
5033	Percutaneous cystostomy in radiology suite • Perkutane sistostomie in radiologie suite			30	799.20			
5035	Urethral balloon dilatation in radiology suite • Uretrale ballon dilatasie in radiologie suite			22.8	607.39			
5036	Percutaneous Abdominal / pelvic / other drain insertion, any modality • Perkutane abdominale / pelviese / ander dreineringsbuis invoering, enige modaliteit			34.2	911.09			
5037	Urethral stenting in radiology suite • Uretrale stent inplasing in radiologie suite			102.6	2 733.26			
5041	Balloon occlusion / Wada test • Ballon afsluiting / Wada toets			106.8	2 845.15	9		1071.18+T
5043	Intracranial angioplasty • Intrakraniale angioplastiek			204.6	5 450.54	13		1547.26+T
5045	Hepatic arterial infusion catheter insertion • Hepatiese arteriële infuus kateter inplasing			156	4 155.84	6		714.12+T
5047	Combined internal/external biliary drainage • Gekombineerde interne/eksterne galdreinerings			102.6	2 733.26	9		1071.18+T
5049	Percutaneous gall bladder drainage • Perkutane galblaas dreinerings			69.6	1 854.14	9		1071.18+T
5072	Tunnelled/Subcutaneous arterial/venous line performed in radiology suite • Getoonel/subkutane arteriële/veneuse lyn uitgevoer in radiologie suite			82.2	2 189.81	5		595.10+T
5074	IVC filter insertion jugular or femoral route • IVC filter inplasing jugulêre of femorale roete			156	4 155.84	9		1071.18+T
5076	Intravascular foreign body removal, arterial or venous, any route • Intravaskulêre vreemde voorwerp verwydering, arterieel of veneus, enige roete			204.6	5 450.54	9		1071.18+T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM) • Perkutane skleroterapie van 'n arterioveneuse malformasie (AVM)			70.2	1 870.13			
5080	Transjugular intrahepatic portosystemic shunt • Transjugulêre intrahepatiese portosistemiese omleiding			335.4	8 935.06	13		1547.26+T
5082	Transjugular liver biopsy • Transjugulêre lewer biopsie			69.6	1 854.14	9		1071.18+T
5088	Oesophageal stent insertion in radiology suite • Esofageale stent inplasing in radiologie suite			102.6	2 733.26	6		714.12+T
5090	Trachial stent insertion • Tragiale stent inplasing			102.6	2 733.26	6		714.12+T
5091	GIT Balloon dilatation under fluoroscopy • GIT ballon dilatasie onder fluoroskopies			66.6	1 774.22	6		714.12+T
5092	Other GIT stent insertion • Ander GIT stent inplasing			102.6	2 733.26	6		714.12+T
5093	Percutaneous gastrostomy in radiology suite • Perkutane gastrostomie in radiologie suite			85.8	2 285.71			
5094	Cutting needle biopsy with image guidance • Insnydende naalbiopsie onder beeldende begeleiding			22.8	607.39			
5095	Chest drain insertion in radiology suite • Borskas dreineringsbuis inplasing in radiologie suite			32.4	863.14			

This schedule must be used in conjunction with the Radiological Society of S A Guidelines. Please refer to the PET guidelines in Annexure D.

Code Structure Framework

a. The tariff code consists of 5 digits

i. 1st digit indicates the main anatomical region or procedural category.

• 0 = General (non specific)

• 1 = Head

• 2 = Neck

• 3 = Thorax

• 4 = Abdomen and Pelvis (soft tissue)

• 5 = Spine, Pelvis and Hips

• 6 = Upper limbs

• 7 = Lower limbs

• 8 = Interventional

• 9 = Soft tissue regions (nuclear medicine)

eg "Head" = 1xxxx

ii. 2nd digit indicates the sub region within a main region or category eg.

• "Head / Skull and Brain" = 10xxx

iii. 3rd digit indicates modality

• 1 = General (Black and White) x-rays

• 2 = Ultrasound

• 3 = Computed Tomography

• 4 = Magnetic Resonance Imaging

• 5 = Angiography

• 6 = Interventional radiology

• 9 = Nuclear Medicine (Isotopes)

eg:

"Head / Skull and Brain / General x-ray" = 101xx

iv. 4th and 5th digits are specific to a procedure / examination, eg

"Head / Skull and Brain / General / X-ray of the skull" = 10100.

Guidelines for use of coding structure

• The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.

• Some codes may have multiple applications and their use is described in notes associated with each code

• Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / RSSA.

• The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)

• Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

Consumables

o Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.

o After the implementation of Act 90, contrast medium will be billed according to the suppliers' list price, without mark up.

General Comments on Procedural Codes

• All x-ray tomography codes are stand alone studies and may be used as a unique study or in combination with the appropriate regional study if done simultaneously. May not be added to 20130, 42110, 42115.

• Setting of sterile tray is included in all appropriate procedure codes.

• Where introduction of contrast is necessary eg. sialography, arthrography, angiography, etc, the codes used for the procedures are comprehensive and include the introduction of contrast or isotopes.

• The use of Doppler or Colour Doppler as an adjunct to a study (eg small parts thyroid) is included in the code for that study.

• CT Angiography (10330, 20330, 32300, 32310, 44300, 44310, 44320, 44330, 60310, 70310, 70320) are stand alone studies and may not be added to the regional contrasted studies (see 10335, 20340, 20350, 44325 for combined studies).

• Angiography and interventional procedures include selective and super selective catheterization of vessels as are necessary to perform the procedures.

Codes 00230 (Ultrasound guidance), 00320 (CT guidance) and 00430 (MR guidance) are stand alone procedures that include the regional study and may not be added to any of the ultrasound, CT or MR regional studies

General Codes

Modifiers

00091 Radiology and nuclear medicine services rendered to hospital inpatients

00092 Radiology and nuclear medicine services rendered to outpatients

00093 A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment is used

Equipment / Diagnostic

00090 Consumables used in radiology procedures: cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above).

Appropriate code to be provided. See separate codes for contrast and isotopes

00110 X-ray skeletal survey under five years

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00090	Consumables used in radiology procedures				
00091	Radiology and nuclear medicine services rendered to hospital inpatients				
00092	Radiology and nuclear medicine services rendered to outpatients				
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment is used				
00115	X-ray skeletal survey over five years	-	-	10.40	1 806.79
00120	X-ray sinogram any region	-	-	10.89	1 891.92
00130	X-ray with mobile unit in other facility	-	-	1.90	330.09
	To be added to applicable procedure codes eg 30100.	-	-		
00135	X-ray control view in theatre any region	-	-	5.26	913.82
00140	X-ray fluoroscopy any region	-	-	2.26	392.63
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to:				
	• any angiography, venography, lymphangiography or interventional codes.	-	-		
	• any contrasted fluoroscopy examination.	-	-		
00145	X-ray fluoroscopy guidance for biopsy, any region	-	-	5.30	920.77
	Add to the procedure eg. 80600, 80605, 80610.	-	-		
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	-	-	2.42	420.43
	Only to be used if equipment is owned by the radiologist.	-	-		
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	-	-	2.30	399.58
00160	X-ray fixed theatre installation (equipment fee only)	-	-	2.26	392.63
	Only to be used if equipment is owned by the radiologist.	-	-		
00190	X-ray examination contrast material	-	-		
	Identification code for the use of contrast with a procedure.	-	-		
	Appropriate codes to be supplied.	-	-		
00210	Ultrasound with mobile unit in other facility	-	-	1.84	319.66
	Add to the relevant ultrasound examination codes eg 10200.	-	-		
00220	Ultrasound intra-operative study	-	-	7.32	1 271.70
	Covers all regions studied. Single code per operative procedure.	-	-		
00230	Ultrasound guidance	-	-	12.10	2 102.13
	guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	-	-		
00240	Ultrasound guidance for tissue ablation	-	-	11.24	1 952.73
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.	-	-		
00250	Ultrasound limited Doppler study any region	-	-	6.50	1 129.25
	Stand alone code may not be added to any other code.	-	-		
00290	Ultrasound examination contrast material	-	-		
	Identification code for the use of contrast with a procedure.	-	-		
	Appropriate codes to be supplied.	-	-		
00310	CT planning study for radiotherapy	-	-	21.37	3 712.61
00320	CT guidance (separate procedure)	-	-	16.92	2 939.51
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	-	-		
00330	CT guidance, with diagnostic procedure	-	-	8.46	1 469.76
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.	-	-		
00340	CT guidance and monitoring for tissue ablation	-	-	21.15	3 674.39
	May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630.	-	-		
00390	CT examination contrast material	-	-		
	Identification code for the use of contrast with a procedure.	-	-		
	Appropriate codes to be supplied.	-	-		

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
00420	MR Spectroscopy any region May be added to the regional study, once only.	-	-	28.90	5 020.80
00430	MR guidance for needle replacement	-	-	42.56	7 393.95
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	-	-		
00440	MR low field strength imaging of peripheral joint any region	-	-	12.00	2 084.76
00450	MR planning study for radiotherapy or surgical procedure	-	-	38.00	6 601.74
00455	MR planning study for radiotherapy or surgical procedure, with contrast	-	-	47.00	8 165.31
00490	MR examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00510	Analogue monoplane screening table A machine code may be added once per complete procedure / patient visit.	-	-	41.01	7 124.67
00520	Analogue monoplane table with DSA attachment A machine code may be added once per complete procedure / patient visit.	-	-	47.50	8 252.18
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	-	-	47.50	8 252.18
00540	Digital monoplane screening table A machine code may be added once per complete procedure / patient visit.	-	-	79.92	13 884.50
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	-	-	93.03	16 162.10
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	-	-	125.00	21 716.25
00590	Angiography and interventional examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	-	-	34.92	6 066.65
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	-	-	48.33	8 396.37
00906	Nuclear Medicine study - Venous thrombosis regional	-	-	21.54	3 742.14
00909	Nuclear Medicine study - Tumour whole body	-	-	34.15	5 932.88
00912	Nuclear Medicine study - Tumour whole body multiple studies	-	-	47.56	8 262.60
00915	Nuclear Medicine study - Tumour whole body and SPECT	-	-	47.56	8 262.60
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	-	-	60.98	10 594.06
00921	Nuclear Medicine study - Infection whole body	-	-	31.45	5 463.81
00924	Nuclear Medicine study - infection whole body with SPECT	-	-	44.86	7 793.53
00927	Nuclear Medicine study - infection whole body multiple studies	-	-	44.86	7 793.53
00930	Nuclear Medicine study - infection whole body with SPECT multiple studies	-	-	58.27	10 123.25
00933	Nuclear Medicine study - Bone marrow imaging limited area	-	-	24.10	4 186.89
00936	Nuclear Medicine study - Bone marrow imaging whole body	-	-	37.51	6 516.61
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	-	-	37.51	6 516.61
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	-	-	50.92	8 846.33
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	-	-	24.10	4 186.89
00960	Nuclear Medicine therapy - Hyperthyroidism	-	-	11.99	2 083.02
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	-	-	6.47	1 124.03

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	-	-	6.47	1 124.03
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	-	-	6.47	1 124.03
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	-	-	6.47	1 124.03
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	-	-	6.47	1 124.03
00990	Nuclear Medicine Isotope	-	-		
	Identification code for the use of isotope with a procedure.	-	-		
	Appropriate codes to be supplied.	-	-		
00991	Nuclear Medicine Substrate	-	-		
00956	PET/CT scan whole body without contrast	-	-	165.13	28 688.03
00957	PET/CT scan whole body with contrast	-	-	163.19	28 351.00
00951	PET/CT local	-	-	120.00	20 847.60
00952	PET/CT local with contrast	-	-	124.68	21 660.66
	Call and assistance	-	-		
	•Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours.				
	•Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours.				
	•Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure.				
	•Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations.				
	•Second opinion consultations only to be used if a written report is provided as indicated in codes 01050 , 01055 , 01060 . Not intended for ad hoc verbal consultations.	-	-		
01010	Emergency call out fee, first case	-	-	3.00	521.19
01020	Emergency call out fee, subsequent cases same trip	-	-	2.00	347.46
01030	Radiologist assistance in theatre, per half hour	-	-	6.00	1 042.38
01040	Radiographer attendance in theatre, per half hour	-	-	1.60	277.97
01050	Written report on study done elsewhere, short	-	-	1.50	260.60
01055	Written report on study done elsewhere, extensive	-	-	4.20	729.67
01060	Written report for medico legal purposes, per hour	-	-	9.72	1 688.66
01070	Consultation for pre-assessment of interventional procedure	-	-	4.86	844.33
01100	X-ray procedure after hours, per procedure	-	-	2.00	347.46
01200	Ultrasound procedure after hours, per procedure	-	-	4.00	694.92
01300	CT procedure after hours, per procedure	-	-	10.00	1 737.30
01400	MR procedure after hours, per procedure	-	-	14.00	2 432.22
01500	Angiography procedure after hours, per procedure	-	-	20.00	3 474.60
01600	Interventional procedure after hours, per procedure	-	-	26.00	4 516.98
01970	Consultation for nuclear medicine study	-	-	2.20	382.21
	Monitoring	-	-		
	•ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.	-	-		
02010	ECG/pulse Oximeter monitoring	-	-	2.00	347.46
	Head	-	-		
	Skull and Brain	-	-		
	Codes 10100 (skull) and 10110 (tomography) may be combined.	-	-		
10100	X-ray of the skull	-	-	3.86	670.60
10110	X-ray tomography of the skull	-	-	4.30	747.04

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
10120	X-ray shuntogram for VP shunt	-	-	15.36	2 668.49
10200	Ultrasound of the brain – Neonatal	-	-	7.38	1 282.13
10210	Ultrasound of the brain including doppler	-	-	13.22	2 296.71
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	-	-	15.04	2 612.90
10300	CT Brain uncontrasted	-	-	22.65	3 934.98
10310	CT Brain with contrast only	-	-	33.28	5 781.73
10320	CT Brain pre and post contrast	-	-	40.48	7 032.59
10325	CT brain pre and post contrast for perfusion studies	-	-	49.10	8 530.14
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	-	-		
10330	CT angiography of the brain	-	-	77.58	13 477.97
10335	CT of the brain pre and post contrast with angiography	-	-	97.91	17 009.90
10340	CT brain for cranio-stenosis including 3D	-	-	34.16	5 934.62
10350	CT Brain stereotactic localisation	-	-	19.36	3 363.41
10360	CT base of skull coronal high resolution study for CSF leak	-	-	34.90	6 063.18
10400	MR of the brain, limited study	-	-	43.56	7 567.68
10410	MR of the brain uncontrasted	-	-	63.80	11 083.97
10420	MR of the brain with contrast	-	-	75.94	13 193.06
10430	MR of the brain pre and post contrast	-	-	104.04	18 074.87
10440	MR of the brain pre and post contrast, for perfusion studies	-	-	107.44	18 665.55
10450	MR of the brain plus angiography	-	-	92.20	16 017.91
10460	MR of the brain pre and post contrast plus angiography	-	-	121.23	21 061.29
10470	MR angiography of the brain uncontrasted	-	-	58.50	10 163.21
10480	MR angiography of the brain contrasted	-	-	74.02	12 859.49
10485	MR of the brain, with diffusion studies	-	-	79.00	13 724.67
10490	MR of the brain, pre and post contrast, with diffusion studies,	-	-	110.64	19 221.49
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	-	-	95.00	16 504.35
10495	MR of the brain pre and post contrast plus angiography and diffusion	-	-	125.44	21 792.69
10500	Arteriography of intracranial vessels: 1 - 2 vessels	-	-	48.60	8 443.28
10510	Arteriography of intracranial vessels: 3 - 4 vessels	-	-	82.33	14 303.19
10520	Arteriography of extra-cranial (non-cervical) vessels	-	-	48.44	8 415.48
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	-	-	118.09	20 515.78
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	-	-	97.57	16 950.84
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	-	-	37.29	6 478.39
10560	Venography of dural sinuses	-	-	52.23	9 073.92
10900	Nuclear Medicine study – Bone regional, static	-	-	21.50	3 735.20
10905	Nuclear Medicine study – Bone regional, static, with flow	-	-	27.53	4 782.79
10910	Nuclear Medicine study – Bone regional, static with SPECT	-	-	34.92	6 066.65
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	-	-	40.94	7 112.51
10920	Nuclear Medicine study – Brain, planar, complete, static	-	-	16.92	2 939.51
10925	Nuclear Medicine study – Brain complete static with vascular flow	-	-	22.95	3 987.10
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	-	-	30.33	5 269.23
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	-	-	36.36	6 316.82
10940	Nuclear Medicine study - CSF flow imaging cisternography	-	-	21.60	3 752.57
10945	Nuclear Medicine study – Ventriculography	-	-	13.41	2 329.72
10950	Nuclear Medicine study - Shunt evaluation static, planar	-	-	13.41	2 329.72
10955	Nuclear Medicine study - CFS leakage detection and localisation	-	-	13.41	2 329.72
10960	Nuclear medicine study - CSF SPECT	-	-	13.41	2 329.72
10971	PET/CT scan of the brain uncontrasted	-	-	110.12	19 131.15
10972	PET/CT of the brain contrasted	-	-	116.11	20 171.79
10981	PET/CT perfusion scan of the brain	-	-	131.07	22 770.79

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
Facial bones and nasal bones		-	-		
Codes 11100 (facial bones) and 11110 (tomography) may be combined		-	-		
11100	X-ray of the facial bones	-	-	3.93	682.76
11110	X-ray tomography of the facial bones	-	-	4.30	747.04
11120	X-ray of the nasal bones	-	-	2.39	415.21
11300	CT of the facial bones	-	-	20.96	3 641.38
11310	CT of the facial bones with 3D reconstructions	-	-	30.40	5 281.39
11320	CT of the facial bones/soft tissue, pre and post contrast	-	-	41.26	7 168.10
11400	MR of the facial soft tissue	-	-	62.40	10 840.75
11410	MR of the facial soft tissue pre and post contrast	-	-	100.60	17 477.24
11420	MR of the facial soft tissue plus angiography, with contrast	-	-	110.30	19 162.42
11430	MR angiography of the facial soft tissue	-	-	74.02	12 859.49
Orbits, lacrimal glands and tear ducts		-	-		
Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).		-	-		
12100	X-ray orbits less than three views	-	-	3.56	618.48
12110	X-ray of the orbits, three or more views, including foramina	-	-	5.30	920.77
12120	X-ray of the orbits for foreign body	-	-	3.56	618.48
12130	X-ray tomography of the orbits	-	-	4.30	747.04
12140	X-ray dacrocystography	-	-	11.20	1 945.78
12200	Ultrasound of the orbit/eye	-	-	5.13	891.23
12210	Ultrasound of the orbit/eye including doppler	-	-	10.97	1 905.82
12300	CT of the orbits single plane	-	-	15.70	2 727.56
12310	CT of the orbits, more than one plane	-	-	20.59	3 577.10
12320	CT of the orbits pre and post contrast single plane	-	-	36.03	6 259.49
12330	CT of the orbits pre and post contrast multiple planes	-	-	39.70	6 897.08
12400	MR of the orbits	-	-	62.46	10 851.18
12410	MR of the orbitae, pre and post contrast	-	-	100.64	17 484.19
12900	Nuclear Medicine study – Dacrocystography	-	-	20.77	3 608.37
Paranasal sinuses		-	-		
Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).		-	-		
13100	X-ray of the paranasal sinuses, single view	-	-	2.74	476.02
13110	X-ray of the paranasal sinuses, two or more views	-	-	3.66	635.85
13120	X-ray tomography of the paranasal sinuses	-	-	4.30	747.04
13130	X-ray of the naso-pharyngeal soft tissue	-	-	2.74	476.02
13300	CT of the paranasal sinuses single plane, limited study	-	-	7.20	1 250.86
13310	CT of the paranasal sinuses, two planes, limited study	-	-	12.40	2 154.25
13320	CT of the paranasal sinuses, any plane, complete study	-	-	15.42	2 678.92
13330	CT of the paranasal sinuses, more than one plane, complete study	-	-	20.77	3 608.37
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	-	-	34.74	6 035.38
13350	CT of the paranasal sinuses, more than one plane, complete study: pre and post contrast	-	-	41.01	7 124.67
13400	MR of the paranasal sinuses	-	-	60.27	10 470.71
13410	MR of the paranasal sinuses, pre and post contrast	-	-	96.59	16 780.58
Mandible, teeth and maxilla		-	-		
Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed.		-	-		
Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.		-	-		
Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth).		-	-		
Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.		-	-		
Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.		-	-		
14100	X-ray of the mandible	-	-	3.66	635.85
14110	X-ray orthopantomogram of the jaws and teeth	-	-	4.06	705.34

		Other specialist / General Practitioner		Specialist / Specials	
		U/E	R	U/E	
14120	X-ray maxillofacial cephalometry	-	-	2.77	481.23
14130	X-ray of the teeth single quadrant	-	-	2.00	347.46
14140	X-ray of the teeth more than one quadrant	-	-	2.53	439.54
14150	X-ray of the teeth full mouth	-	-	3.62	628.90
14160	X-ray tomography of the teeth per side	-	-	3.23	561.15
14300	CT of the mandible	-	-	22.28	3 870.70
14310	CT of the mandible, pre and post contrast	-	-	41.26	7 168.10
14320	CT mandible with 3D reconstructions	-	-	30.40	5 281.39
14330	CT for dental implants in the mandible	-	-	27.45	4 768.89
14340	CT for dental implants in the maxilla	-	-	27.45	4 768.89
14400	MR of the mandible/maxilla	-	-	63.80	11 083.97
14410	MR of the mandible/maxilla, pre and post contrast	-	-	98.64	17 136.73
TM Joints		-	-		
Code 15100 (TM joint) and 15120 (tomography) may be combined.					
Code 15110 (TM joint) and 15130 (tomography) may be combined.					
Code 15140 (arthrography) and 15120 (tomography) may be combined.					
Code 15150 (arthrography) and 15130 (tomography) may be combined.					
Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).					
15100	X-ray temporo-mandibular joint, left	-	-	3.56	618.48
15110	X-ray temporo-mandibular joint, right	-	-	3.56	618.48
15120	X-ray tomography temporo-mandibular joint, left	-	-	4.30	747.04
15130	X-ray tomography temporo-mandibular joint, right	-	-	4.30	747.04
15140	X-ray arthrography of the temporo-mandibular joint, left	-	-	15.41	2 677.18
15150	X-ray arthrography of the temporo-mandibular joint, right	-	-	15.41	2 677.18
15200	Ultrasound temporo-mandibular joints, one or both sides	-	-	6.56	1 139.67
15300	CT of the temporo-mandibular joints	-	-	25.38	4 409.27
15310	CT of the temporo-mandibular joints plus 3D reconstructions	-	-	34.50	5 993.69
15320	CT arthrogram of the temporo-mandibular joints	-	-	35.96	6 247.33
15400	MR of the temporo-mandibular joints	-	-	63.80	11 083.97
15410	MR of the temporo-mandibular joints, pre and post contrast	-	-	100.84	17 518.93
15420	MR arthrogram of the temporo-mandibular joints	-	-	74.71	12 979.37
Mastoids and internal auditory canal		-	-		
Code 16100 (mastoids) and 16120 (tomography) may be combined.					
Code 16110 (mastoids bilat) and 16130 (tomography) may be combined					
Code 16140 (IAM's) and 16150 (tomography) may be combined.					
16100	X-ray of the mastoids, unilateral	-	-	3.59	623.69
16110	X-ray of the mastoids, bilateral	-	-	7.18	1 247.38
16120	X-ray tomography of the petro-temporal bone, unilateral	-	-	4.30	747.04
16130	X-ray tomography of the petro-temporal bone, bilateral	-	-	8.60	1 494.08
16140	X-ray internal auditory canal, bilateral	-	-	5.23	908.61
16150	X-ray tomography of the internal auditory canal, bilateral	-	-	4.30	747.04
16300	CT of the mastoids	-	-	12.60	2 189.00
16310	CT of the internal auditory canal	-	-	21.47	3 729.98
16320	CT of the internal auditory canal, pre and post contrast	-	-	34.20	5 941.57
16330	CT of the ear structures, limited study	-	-	13.40	2 327.98
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	-	-	43.35	7 531.20
16400	MR of the internal auditory canals, limited study	-	-	43.56	7 567.68
16410	MR of the internal auditory canals, pre and post contrast, limited study	-	-	68.93	11 975.21
16420	MR of the internal auditory canals, pre and post contrast, complete study	-	-	102.64	17 831.65
16430	MR of the ear structures	-	-	64.40	11 188.21
16440	MR of the ear structures, pre and post contrast	-	-	102.64	17 831.65
Sella turcica		-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Code 17100 (sella) and 17110 (tomography) may be combined.	-	-		
17100	X-ray of the sella turcica	-	-	3.08	535.09
17110	X-ray tomography of the sella turcica	-	-	4.30	747.04
17300	CT of the sella turcica/hypophysis	-	-	17.45	3 031.59
17310	CT of the sella turcica/hypophysis, pre and post contrast	-	-	42.26	7 341.83
	Salivary glands and floor of the mouth	-	-		
	Neck	-	-		
	Code 20120 (laryngography) includes fluoroscopy (00140 may not be added).				
	Code 20130 (speech) includes tomography and cinematography (00140 may not be added).				
	Code 20450 (MR Angiography) may be combined with 10410 (MR brain).	-	-		
20100	X-ray of soft tissue of the neck	-	-	2.74	476.02
20110	X-ray of the larynx including tomography	-	-	9.39	1 631.32
20120	X-ray laryngography	-	-	8.28	1 438.48
	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	-	-	8.30	1 441.96
20130		-	-	8.30	1 441.96
20200	Ultrasound of the thyroid	-	-	6.56	1 139.67
20210	Ultrasound of soft tissue of the neck	-	-	6.56	1 139.67
	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	-	-	15.00	2 605.95
20220		-	-		
	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	-	-	21.84	3 794.26
20230		-	-		
	Ultrasound study of the venous system of the neck including pulse and colour Doppler	-	-	10.80	1 876.28
20240		-	-		
20300	CT of the soft tissues of the neck	-	-	18.25	3 170.57
20310	CT of the soft tissues of the neck, with contrast	-	-	38.15	6 627.80
20320	CT of the soft tissues of the neck, pre and post contrast	-	-	43.81	7 611.11
20330	CT angiography of the extracranial vessels in the neck	-	-	79.36	13 787.21
20340	intracranial vessels of the brain	-	-	107.50	18 675.98
	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	-	-	124.43	21 617.22
20350		-	-		
20400	Mr of the soft tissue of the neck	-	-	63.60	11 049.23
20410	MR of the soft tissue of the neck, pre and post contrast	-	-	102.04	17 727.41
20420	MR of the soft tissue of the neck and uncontrasted angiography	-	-	92.60	16 087.40
	MR angiography of the extracranial vessels in the neck, without contrast	-	-	59.60	10 354.31
20430		-	-		
	MR angiography of the extracranial vessels in the neck, with contrast	-	-	74.02	12 859.49
20440		-	-		
20450	MR angiography of the extra and intracranial vessels with contrast	-	-	116.05	20 161.37
	MR angiography of the intra and extra cranial vessels plus brain, without contrast	-	-	135.17	23 483.08
20460		-	-		
	MR angiography of the intra and extra cranial vessels plus brain, with contrast	-	-	156.05	27 110.57
20470		-	-		
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	-	-	44.43	7 718.82
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	-	-	50.73	8 813.32
20520	Arteriography of cervical vessels: carotid and vertebral	-	-	77.63	13 486.66
20530	Arteriography of aortic arch and cervical vessels	-	-	91.97	15 977.95
20540	Arteriography of aortic arch, cervical and intracranial vessels	-	-	108.87	18 913.99
20550	Venography of jugular and vertebral veins	-	-	48.95	8 504.08
	Thyroid (Nuclear Medicine)	-	-		
21900	Nuclear Medicine study - Thyroid, single uptake	-	-	9.68	1 681.71
21910	Nuclear medicine study - Thyroid, multiple uptake	-	-	14.69	2 552.09
21920	Nuclear medicine study - Thyroid imaging with uptake	-	-	17.72	3 078.50
21930	Nuclear medicine study - Thyroid imaging	-	-	12.72	2 209.85
21940	Nuclear medicine study - Thyroid imaging with vascular flow	-	-	18.74	3 255.70
21950	Nuclear medicine study - Thyroid suppression/stimulation	-	-	12.72	2 209.85
29961	PET/CT scan of the soft tissue of the neck uncontrasted	-	-	105.87	18 392.80
29962	PET/CT scan of the soft tissue of the neck contrasted	-	-	111.69	19 403.90

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Thorax	-	-		
	Chest wall, pleura, lungs and mediastinum	-	-		
	Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet). Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined. Code 30180 (sternum) and 30185 (tomography) may be combined.				
	Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required. Code 30350 (high resolution) is a stand alone study. Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis). Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).	-	-		
30100	X-ray of the chest, single view	-	-	3.04	528.14
30110	X-ray of the chest two views, PA and lateral	-	-	3.84	667.12
30120	X-ray of the chest complete with additional views	-	-	4.24	736.62
30130	X-ray of the chest complete including fluoroscopy	-	-	4.48	778.31
30140	X-ray tomography of the chest	-	-	4.30	747.04
30150	X-ray of the ribs	-	-	4.79	832.17
30155	X-ray of the chest and ribs	-	-	6.42	1 115.35
30160	X-ray of the thoracic inlet	-	-	2.56	444.75
30170	X-ray of the sterno-clavicular joints	-	-	4.21	731.40
30175	X-ray tomography of the sterno-clavicular joint	-	-	4.30	747.04
30180	X-ray of the sternum	-	-	4.21	731.40
30185	X-ray tomography of the sternum	-	-	4.30	747.04
30200	Ultrasound of the chest wall, any region	-	-	6.56	1 139.67
30210	Ultrasound of the pleural space	-	-	6.56	1 139.67
30220	Ultrasound of the mediastinal structures	-	-	6.56	1 139.67
30300	CT of the chest, limited study	-	-	9.50	1 650.44
30310	CT of the chest uncontrasted	-	-	26.60	4 621.22
30320	CT of the chest contrasted	-	-	42.43	7 371.36
30330	CT of the chest, pre and post contrast	-	-	45.70	7 939.46
30340	CT of the chest, limited high resolution study	-	-	11.20	1 945.78
30350	CT of the chest, complete high resolution study	-	-	24.01	4 171.26
30355	prone and expiratory studies	-	-	33.30	5 785.21
30360	CT of the chest for pulmonary embolism	-	-	57.12	9 923.46
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	-	-	80.28	13 947.04
30400	MR of the chest	-	-	63.60	11 049.23
30410	MR of the chest with uncontrasted angiography	-	-	92.60	16 087.40
30420	MR of the chest, pre and post contrast	-	-	102.04	17 727.41
30900	Nuclear Medicine study - Lung perfusion	-	-	21.54	3 742.14
30910	Nuclear Medicine study - Lung ventilation, aerosol	-	-	21.50	3 735.20
30920	Nuclear Medicine study - Lung perfusion and ventilation	-	-	42.03	7 301.87
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	-	-	14.17	2 461.75
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	-	-	34.69	6 026.69
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	-	-	26.51	4 605.58
30960	Nuclear medicine study - alveolar permeability	-	-	26.51	4 605.58
	Stand alone code. Not to be combined with 30910.	-	-		
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	-	-	6.02	1 045.85
	Stand alone code. Not to be combined with 30920.	-	-		0.00
30981	PET/CT scan of the chest uncontrasted	-	-	111.44	19 360.47
30982	PET/CT scan of the chest contrasted	-	-	117.42	20 399.38

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
30983	PET/CT scan of the chest pre and post contrast	-	-	148.32	25 767.63
	Oesophagus	-	-		
	may not be added).	-	-		
31100	X-ray barium swallow	-	-	6.60	1 146.62
31105	X-ray 3 phase dynamic contrasted swallow	-	-	12.60	2 189.00
31110	X-ray barium swallow, double contrast	-	-	7.92	1 375.94
31120	X-ray barium swallow with cinematography	-	-	10.07	1 749.46
	Aorta and large vessels	-	-		
	Codes 32210 and 32220 (Ivus) may be combined	-	-		
32200	intervention, once per complete procedure	-	-	4.20	729.67
32210	Ultrasound intravascular (IVUS) first vessel	-	-	8.44	1 466.28
32220	Ultrasound intravascular (IVUS) subsequent vessels	-	-	5.30	920.77
32300	CT angiography of the aorta and branches	-	-	79.08	13 738.57
32305	CT angiography of the thoracic and abdominal aorta and branches	-	-	105.50	18 328.52
32310	CT angiography of the pulmonary vasculature	-	-	79.08	13 738.57
32400	MR angiography of the aorta and branches	-	-	78.50	13 637.81
32410	MR angiography of the pulmonary vasculature	-	-	105.27	18 288.56
32500	Arteriography of thoracic aorta	-	-	28.26	4 909.61
32510	Arteriography of bronchial intercostal vessels alone	-	-	50.15	8 712.56
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	-	-	67.43	11 714.61
32530	Arteriography of pulmonary vessels	-	-	63.27	10 991.90
32540	Arteriography of heart chambers, coronary arteries	-	-	44.27	7 691.03
32550	Venography of thoracic vena cava	-	-	28.38	4 930.46
32560	Venography of vena cava, azygos system	-	-	56.31	9 782.74
32570	Venography patency of A-port or other central line	-	-	19.64	3 412.06
	Heart	-	-		
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.	-	-		
	Ultrasound study of the heart for foetal or paediatric cases	-	-		
33205	including doppler	-	-	12.30	2 136.88
	or 33210. This code is intended for paediatric and foetal cases only	-	-		
33200	Ultrasound study of the heart, including Doppler	-	-	8.20	1 424.59
33210	Ultrasound study of the heart trans-oesophageal	-	-	10.52	1 827.64
	Ultrasound intravascular imaging to guide placement of	-	-		
33220	intracoronary stent once per vessel	-	-	5.20	903.40
33300	CT anatomical/functional study of the heart	-	-	34.61	6 012.80
33310	CT angiography of heart vessels	-	-	81.28	14 120.77
33970	Nuclear Medicine study - Multi stage treadmill ECG test	-	-	6.66	1 157.04
	Abdomen and Pelvis	-	-		
	Abdomen/stomach/bowel	-	-		
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen).	-	-		
	Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added).	-	-		
	Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).	-	-		
40100	X-ray of the abdomen	-	-	3.32	576.78
40105	X-ray of the abdomen supine and erect, or decubitus	-	-	5.36	931.19
40110	X-ray of the abdomen multiple views including chest	-	-	8.10	1 407.21
40120	X-ray tomography of the abdomen	-	-	4.30	747.04
40140	X-ray barium meal single contrast	-	-	8.87	1 540.99
40143	X-ray barium meal double contrast	-	-	11.99	2 083.02
40147	X-ray barium meal double contrast with follow through	-	-	15.80	2 744.93
40150	X-ray small bowel enteroclysis (meal)	-	-	25.45	4 421.43
	intubation) may be added.	-	-		
40153	X-ray small bowel meal follow through single contrast	-	-	19.55	3 396.42
40157	X-ray small bowel meal with pneumocolon	-	-	25.63	4 452.70
40160	X-ray large bowel enema single contrast	-	-	12.97	2 253.28
40165	X-ray large bowel enema double contrast	-	-	19.63	3 410.32

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
40170	X-ray guided gastro oesophageal intubation	-	-	1.60	277.97
40175	X-ray guided duodenal intubation	-	-	2.80	486.44
40180	X-ray defaecogram	-	-	12.97	2 253.28
40190	X-ray guided reduction of intussusception	-	-	16.27	2 826.59
40200	Ultrasound study of the abdominal wall	-	-	5.54	962.46
40210	Ultrasound study of the whole abdomen including the pelvis	-	-	8.24	1 431.54
40300	CT study of the abdomen	-	-	26.41	4 588.21
40310	CT study of the abdomen with contrast	-	-	44.82	7 786.58
40313	CT study of the abdomen pre and post contrast	-	-	52.99	9 205.95
40320	CT of the pelvis	-	-	26.13	4 539.56
40323	CT of the pelvis with contrast	-	-	47.48	8 248.70
40327	CT of the pelvis pre and post contrast	-	-	53.87	9 358.84
40330	CT of the abdomen and pelvis	-	-	38.50	6 688.61
40333	CT of the abdomen and pelvis with contrast	-	-	62.17	10 800.79
40337	CT of the abdomen and pelvis pre and post contrast	-	-	67.43	11 714.61
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	-	-	74.11	12 875.13
40345	CT of the chest, abdomen and pelvis without contrast	-	-	70.12	12 181.95
40350	CT of the chest, abdomen and pelvis with contrast	-	-	88.35	15 349.05
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	-	-	93.05	16 165.58
40360	CT of the base of skull to symphysis pubis with contrast	-	-	102.73	17 847.28
40365	CT colonoscopy	-	-	34.78	6 042.33
	Stand alone study, may not be added to any code between 40300 and 40360	-	-		
40400	MR of the abdomen	-	-	64.58	11 219.48
40410	MR of the abdomen pre and post contrast	-	-	100.84	17 518.93
40420	MR of the pelvis, soft tissue	-	-	64.58	11 219.48
40430	MR of the pelvis, soft tissue, pre and post contrast	-	-	102.04	17 727.41
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	-	-	21.50	3 735.20
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	-	-	34.92	6 066.65
40910	Nuclear Medicine study - Gastro intestinal protein loss	-	-	21.50	3 735.20
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	-	-	34.92	6 066.65
40920	Nuclear Medicine study - Acute GIT bleed static/dynamic	-	-	21.50	3 735.20
40925	Nuclear medicine study - Acute GIT bleed multiple studies	-	-	34.92	6 066.65
40930	Nuclear medicine study - Meckel's localisation	-	-	20.77	3 608.37
40935	Nuclear medicine study - Gastric mucosa imaging	-	-	20.77	3 608.37
40940	Nuclear medicine study - colonic transit multiple studies	-	-	44.86	7 793.53
	Stand alone code	-	-		
40951	PET/CT scan of the abdomen and pelvis uncontrasted	-	-	119.53	20 765.95
40952	PET/CT scan of the abdomen and pelvis contrasted	-	-	129.31	22 465.03
40953	PET/CT scan of the abdomen and pelvis pre and post contrast	-	-	140.50	24 409.07
	Liver, spleen, gall bladder and pancreas	-	-		
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	-	-		
41100	X-ray ERCP including screening	-	-	18.90	3 283.50
41105	X-ray ERCP reporting on images done in theatre	-	-	2.40	416.95
41110	X-ray cholangiography intra-operative	-	-	8.45	1 468.02
41120	X-ray T-tube cholangiography post operative	-	-	14.05	2 440.91
41130	X-ray transhepatic percutaneous cholangiography	-	-	32.34	5 618.43
41200	Ultrasound study of the upper abdomen	-	-	7.00	1 216.11
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	-	-	9.80	1 702.55
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	-	-		
41300	CT of the abdomen triphasic study - liver	-	-	54.90	9 537.78
41400	MR study of the liver/pancreas	-	-	64.78	11 254.23
41410	MR study of the liver/pancreas pre and post contrast	-	-	100.84	17 518.93

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
41420	MRCP	-	-	49.20	8 547.52
41430	MR study of the abdomen with MRCP	-	-	92.98	16 153.42
41440	MR study of the abdomen pre and post contrast with MRCP	-	-	133.60	23 210.33
41900	Nuclear Medicine study - Liver and spleen, planar views only	-	-	21.50	3 735.20
41905	Nuclear Medicine study - Liver and spleen, with flow study	-	-	27.53	4 782.79
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	-	-	34.92	6 066.65
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	-	-	40.94	7 112.51
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	-	-	21.50	3 735.20
41925	Nuclear Medicine study - hepatobiliary tract including flow	-	-	26.51	4 605.58
41930	Nuclear medicine study - Hepatobiliary system planar, static/dynamic multiple studies	-	-	34.92	6 066.65
41935	Nuclear medicine study - Hepatobiliary tract including flow multiple studies	-	-	39.92	6 935.30
41940	Nuclear medicine study - Gall bladder ejection fraction	-	-	6.02	1 045.85
41945	Nuclear medicine study - Biliary gastric reflux study	-	-	20.77	3 608.37
	Renal tract	-	-		
42100	X-ray tomography of the renal tract	-	-	4.30	747.04
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethrography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).	-	-		
42110	X-ray excretory urogram including tomography	-	-	24.86	4 318.93
42115	X-ray excretory urogram including tomography with micturating study	-	-	32.86	5 708.77
42120	X-ray cystography	-	-	15.05	2 614.64
42130	X-ray urethrography	-	-	15.37	2 670.23
42140	X-ray micturating cysto-urethrography	-	-	19.30	3 352.99
42150	X-ray retrograde/prograde pyelography	-	-	12.53	2 176.84
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	-	-	2.41	418.69
42160	X-ray prograde pyelogram - percutaneous	-	-	32.67	5 675.76
42200	Ultrasound study of the renal tract including bladder	-	-	7.42	1 289.08
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	-	-	3.80	660.17
	Code 42205 is a stand alone study and may not be added to 42200	-	-		
42210	Ultrasound study of the renal arteries including Doppler	-	-	10.60	1 841.54
42300	CT of the renal tract for a stone	-	-	25.15	4 369.31
42400	MR of the renal tract for obstruction	-	-	47.00	8 165.31
42410	MR of the kidneys without contrast	-	-	64.58	11 219.48
42420	MR of the kidneys pre and post contrast	-	-	102.24	17 762.16
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	-	-	21.94	3 811.64
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	-	-	27.96	4 857.49
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	-	-	35.35	6 141.36
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	-	-	41.37	7 187.21
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	-	-	26.51	4 605.58
42930	Nuclear Medicine study - Renovascular study, baseline	-	-	26.51	4 605.58
42940	Nuclear Medicine study - Renovascular study, with intervention	-	-	26.51	4 605.58
42950	Nuclear medicine study - indirect voiding cystogram	-	-	6.02	1 045.85
	Aorta and vessels	-	-		
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	-	-		
44200	Ultrasound study of abdominal aorta and branches including doppler	-	-	18.32	3 182.73
44205	Ultrasound study of the IVC and pelvic veins including Doppler	-	-	14.00	2 432.22

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	This is a stand alone code and may not be added to 44200.	-	-		0.00
44300	CT angiography of abdominal aorta and branches	-	-	76.72	13 328.57
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	-	-	94.32	16 386.21
44310	CT angiography of the pelvis	-	-	78.64	13 662.13
44320	CT angiography of the abdominal aorta and pelvis	-	-	89.54	15 555.78
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	-	-	119.15	20 699.93
44330	CT portogram	-	-	74.40	12 925.51
44400	MR angiography of abdominal aorta and branches	-	-	76.64	13 314.67
44500	Arteriography of abdominal aorta alone	-	-	28.12	4 885.29
44503	Arteriography of aorta plus coeliac, mesenteric branches	-	-	75.63	13 139.20
44505	Arteriography of aorta plus renal, adrenal branches	-	-	63.01	10 946.73
44507	Arteriography of aorta plus non-visceral branches	-	-	60.79	10 561.05
44510	Arteriography of coeliac, mesenteric vessels alone	-	-	64.35	11 179.53
44515	Arteriography of renal, adrenal vessels alone	-	-	49.49	8 597.90
44517	Arteriography of non-visceral abdominal vessels alone	-	-	54.91	9 539.51
44520	Arteriography of internal and external iliac vessels alone	-	-	56.72	9 853.97
44525	Venography of internal and external iliac veins alone	-	-	62.11	10 790.37
44530	Corpora cavernosography	-	-	25.06	4 353.67
44535	Vasography, vesciculography	-	-	29.19	5 071.18
44540	Venography of inferior vena cava	-	-	26.12	4 537.83
44543	Venography of hepatic veins alone	-	-	53.77	9 341.46
44545	Venography of inferior vena cava and hepatic veins	-	-	68.91	11 971.73
44550	Venography of lumbar azygos system alone	-	-	43.89	7 625.01
44555	Venography of inferior vena cava and lumbar azygos veins	-	-	65.46	11 372.37
44560	Venography of renal, adrenal veins alone	-	-	43.99	7 642.38
44565	Venography of inferior vena cava and renal/adrenal veins	-	-	68.39	11 881.39
44570	Venography of spermatic, ovarian veins alone	-	-	40.39	7 016.95
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	-	-	73.99	12 854.28
44580	Venography indirect splenoportogram	-	-	48.67	8 455.44
44583	Venography direct splenoportogram	-	-	31.59	5 488.13
44587	Venography transhepatic portogram	-	-	66.75	11 596.48
	Soft Tissue	-	-		
	Spine, Pelvis and Hips	-	-		
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160	-	-		
	General	-	-		
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).	-	-		
50100	X-ray of the spine scoliosis view AP only	-	-	7.00	1 216.11
50105	X-ray of the spine scoliosis view AP and lateral	-	-	12.00	2 084.76
	X-ray of the spine scoliosis view AP and lateral including stress views	-	-		
50110		-	-	18.54	3 220.95
50120	X-ray bone densitometry	-	-	11.52	2 001.37
50130	X-ray guided lumbar puncture	-	-	4.80	833.90
50140	X-ray guided cisternal puncture cisternogram	-	-	22.98	3 992.32
50300	CT quantitative bone mineral density	-	-	11.83	2 055.23
50500	Arteriogram of the spinal column and cord, all vessels	-	-	127.23	22 103.67
50510	Venography of the spinal, paraspinal veins	-	-	58.45	10 154.52
	Cervical	-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography).					
Code 51140 (tomography) may be combined with 51110 or 51120 (spine).					
Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).					
Code 51300 (CT) limited - limited to a single cervical vertebral body.					
Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.					
Code 51320 (CT) complete study - an extensive study of the cervical spine.					
Code 51340 (CT myelography) - post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).					
51100	X-ray of the cervical spine, stress views only	-	-	4.14	719.24
51110	X-ray of the cervical spine, one or two views	-	-	3.01	522.93
51120	X-ray of the cervical spine, more than two views	-	-	4.28	743.56
51130	X-ray of the cervical spine, more than two views including stress views	-	-	7.58	1 316.87
51140	X-ray Tomography cervical spine	-	-	4.30	747.04
51160	X-ray myelography of the cervical spine	-	-	27.46	4 770.63
51170	X-ray discography cervical spine per level	-	-	25.17	4 372.78
51300	CT of the cervical spine limited study	-	-	9.50	1 650.44
51310	CT of the cervical spine - regional study	-	-	13.91	2 416.58
51320	CT of the cervical spine - complete study	-	-	37.13	6 450.59
51330	CT of the cervical spine pre and post contrast	-	-	58.85	10 224.01
51340	CT myelography of the cervical spine	-	-	47.19	8 198.32
51350	CT myelography of the cervical spine following myelogram	-	-	21.69	3 768.20
51400	MR of the cervical spine, limited study	-	-	44.40	7 713.61
51410	MR of the cervical spine and cranio-cervical junction	-	-	64.82	11 261.18
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	-	-	102.14	17 744.78
51900	Nuclear Medicine study - Bone regional cervical	-	-	21.50	3 735.20
51910	Nuclear Medicine study - Bone tomography regional cervical	-	-	13.41	2 329.72
51920	Nuclear Medicine study - with flow	-	-	6.02	1 045.85
Thoracic		-	-		
Code 52120 (tomography) may be combined with 52100 or 52110 (spine).					
Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added).					
Code 52300 (CT) limited study - limited to a single thoracic vertebral body.					
Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.					
Code 52310 (CT) complete study - an extensive study of the thoracic spine.					
Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).					
52100	X-ray of the thoracic spine, one or two views	-	-	3.21	557.67
52110	X-ray of the thoracic spine, more than two views	-	-	4.00	694.92
52120	X-ray tomography thoracic spine	-	-	4.30	747.04
52140	X-ray of the thoracic spine, more than two views including stress views	-	-	6.64	1 153.57
52150	X-ray myelography of the thoracic spine	-	-	18.62	3 234.85
52300	CT of the thoracic spine limited study	-	-	9.50	1 650.44
52305	CT of the thoracic spine - regional study	-	-	13.91	2 416.58
52310	CT of the thoracic spine complete study	-	-	35.78	6 216.06
52320	CT of the thoracic spine pre and post contrast	-	-	58.85	10 224.01
52330	CT myelography of the thoracic spine	-	-	48.09	8 354.68
52340	CT myelography of the thoracic spine following myelogram	-	-	20.37	3 538.88

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
52400	MR of the thoracic spine, limited study	-	-	46.60	8 095.82
52410	MR of the thoracic spine	-	-	64.34	11 177.79
52420	MR of the thoracic spine pre and post contrast	-	-	101.42	17 619.70
52900	Nuclear Medicine study – Bone regional dorsal	-	-	21.50	3 735.20
52910	Nuclear Medicine study – Bone tomography regional dorsal	-	-	13.41	2 329.72
52920	Nuclear Medicine study – with flow	-	-	6.02	1 045.85
	Lumbar	-	-		
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).				
	Code 53140 (tomography) may be combined with 53110 or 53120 (spine).				
	Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 53300 (CT) limited study – limited to a single lumbar vertebral body.				
	Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.				
	Code 53320 (CT) complete study - an extensive study of the lumbar spine.				
	Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).	-	-		
53100	X-ray of the lumbar spine – stress study only	-	-	4.14	719.24
53110	X-ray of the lumbar spine, one or two views	-	-	3.56	618.48
53120	X-ray of the lumbar spine, more than two views	-	-	4.46	774.84
	X-ray of the lumbar spine, more that two views including stress views	-	-	7.52	1 306.45
53130	X-ray tomography lumbar spine	-	-	4.30	747.04
53160	X-ray myelography of the lumbar spine	-	-	23.94	4 159.10
53170	X-ray discography lumbar spine per level	-	-	25.17	4 372.78
53300	CT of the lumbar spine limited study	-	-	9.50	1 650.44
53310	CT of the lumbar spine – regional study	-	-	13.91	2 416.58
53320	Ct of the lumbar spine complete study	-	-	37.64	6 539.20
53330	CT of the lumbar spine pre and post contrast	-	-	58.85	10 224.01
53340	CT myelography of the lumbar spine	-	-	49.11	8 531.88
53350	CT myelography of the lumbar spine following myelogram	-	-	23.46	4 075.71
53400	MR of the lumbar spine, limited study	-	-	46.20	8 026.33
53410	MR of the lumbar spine	-	-	64.32	11 174.31
53420	MR of the lumbar spine pre and post contrast	-	-	103.29	17 944.57
53900	Nuclear medicine study – Bone regional lumbar	-	-	21.50	3 735.20
53910	Nuclear medicine study – Bone tomography regional lumbar	-	-	13.41	2 329.72
53920	Nuclear medicine study – with flow	-	-	6.02	1 045.85
	Sacrum	-	-		
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints).				
	Code 54300 (CT) limited study - limited to single sacral vertebral body.				
	Code 54310 (CT) complete study - an extensive study of the sacral spine.	-	-		
54100	X-ray of the sacrum and coccyx	-	-	3.58	621.95
54110	X-ray of the sacro-iliac joints	-	-	4.10	712.29
54120	X-ray tomography – sacrum and/or coccyx	-	-	4.30	747.04
54300	CT of the sacrum – limited study	-	-	7.60	1 320.35
54310	CT of the sacrum – complete study – uncontrasted	-	-	25.61	4 449.23
54320	CT of the sacrum with contrast	-	-	46.93	8 153.15
54330	CT of the sacrum pre and post contrast	-	-	52.97	9 202.48
54400	MR of the sacrum	-	-	65.00	11 292.45
54410	MR of the sacrum pre and post contrast	-	-	101.04	17 553.68
	Pelvis	-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
Codes 55110 (tomography) and 55100 (pelvis) may be combined. Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.		-	-		
55100	X-ray of the pelvis	-	-	3.66	635.85
55110	X-ray tomography – pelvis	-	-	4.30	747.04
55300	CT of the bony pelvis limited	-	-	9.50	1 650.44
55310	CT of the bony pelvis complete uncontrasted	-	-	25.61	4 449.23
55320	CT of the bony pelvis complete 3D recon	-	-	37.47	6 509.66
55330	CT of the bony pelvis with contrast	-	-	46.93	8 153.15
55340	CT of the bony pelvis – pre and post contrast	-	-	52.97	9 202.48
55400	MR of the bony pelvis	-	-	65.00	11 292.45
55410	MR of the bony pelvis pre and post contrast	-	-	102.24	17 762.16
55900	Nuclear medicine study – Bone regional pelvis	-	-	21.50	3 735.20
55910	Nuclear medicine study – Bone tomography regional pelvis	-	-	13.41	2 329.72
55920	Nuclear medicine study – with flow	-	-	6.02	1 045.85
Hips		-	-		
Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip). Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. Code 56300 (CT) study limited to small region of interest eg part of femur head.		-	-		
56100	X-ray of the left hip	-	-	3.18	552.46
56110	X-ray of the right hip	-	-	3.18	552.46
56120	X-ray pelvis and hips	-	-	6.02	1 045.85
56130	X-ray tomography – hip	-	-	4.30	747.04
56140	X-ray of the hip/s – stress study	-	-	4.38	760.94
56150	X-ray arthrography of the hip joint including introduction contrast	-	-	15.75	2 736.25
56160	X-ray guidance and introduction of contrast into hip joint only	-	-	7.41	1 287.34
56200	Ultrasound of the hip joints	-	-	6.50	1 129.25
56300	CT of hip – limited	-	-	9.50	1 650.44
56310	CT of hip – complete	-	-	27.37	4 754.99
56320	CT of hip – complete with 3D recon	-	-	39.78	6 910.98
56330	CT of hip with contrast	-	-	43.26	7 515.56
56340	CT of hip pre and post contrast	-	-	47.88	8 318.19
56400	MR of the hip joint/s, limited study	-	-	44.90	7 800.48
56410	MR of the hip joint/s	-	-	64.10	11 136.09
56420	MR of the hip joint/s, pre and post contrast	-	-	101.64	17 657.92
56900	Nuclear medicine study – Bone regional pelvis	-	-	21.50	3 735.20
56910	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
56920	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
Upper limbs		-	-		
General		-	-		
Code 60100 (stress only) is a standalone study and may not be combined with other codes. Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit. Code 60200 (U/S) may only be used once per visit. Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. Code 60400 (MR limited) may only be used once per visit.		-	-		
60100	X-ray upper limbs - any region - stress studies only	-	-	4.52	785.26
60110	X-ray upper limbs - any region – tomography	-	-	4.30	747.04
60200	Ultrasound upper limb – soft tissue - any region	-	-	7.38	1 282.13

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	-	-	13.64	2 369.68
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	-	-	13.64	2 369.68
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	-	-	12.54	2 178.57
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	-	-	17.26	2 998.58
60300	CT of the upper limbs limited study	-	-	9.50	1 650.44
60310	CT angiography of the upper limb	-	-	78.28	13 599.58
60400	MR of the upper limbs limited study, any region	-	-	44.80	7 783.10
60410	MR angiography of the upper limb	-	-	74.66	12 970.68
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	-	-	45.67	7 934.25
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	-	-	82.67	14 362.26
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	-	-	56.75	9 859.18
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	-	-	88.11	15 307.35
60540	Venography, antegrade of upper limb veins, unilateral	-	-	26.12	4 537.83
60550	Venography, antegrade of upper limb veins, bilateral	-	-	49.43	8 587.47
60560	Venography, retrograde of upper limb veins, unilateral	-	-	31.01	5 387.37
60570	Venography, retrograde of upper limb veins, bilateral	-	-	54.81	9 522.14
60580	Venography, shuntogram, dialysis access shunt	-	-	23.79	4 133.04
60900	Nuclear medicine study – Venogram upper limb	-	-	37.12	6 448.86
	Shoulder	-	-		
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.	-	-		
61100	X-ray of the left clavicle	-	-	3.04	528.14
61105	X-ray of the right clavicle	-	-	3.04	528.14
61110	X-ray of the left scapula	-	-	3.04	528.14
61115	X-ray of the right scapula	-	-	3.04	528.14
61120	X-ray of the left acromio-clavicular joint	-	-	3.14	545.51
61125	X-ray of the right acromio-clavicular joint	-	-	3.14	545.51
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	-	-	7.68	1 334.25
61130	X-ray of the left shoulder	-	-	3.48	604.58
61135	X-ray of the right shoulder	-	-	3.48	604.58
61140	X-ray of the left shoulder plus subacromial impingement views	-	-	5.92	1 028.48
61145	X-ray of the right shoulder plus subacromial impingement views	-	-	5.92	1 028.48
61150	X-ray of the left subacromial impingement views only	-	-	3.24	562.89
61155	X-ray of the right subacromial impingement views only	-	-	3.24	562.89
61160	X-ray arthrography shoulder joint including introduction of contrast	-	-	15.83	2 750.15
61170	X-ray guidance and introduction of contrast into shoulder joint only	-	-	7.41	1 287.34
61200	Ultrasound of the left shoulder joint	-	-	6.50	1 129.25
61210	Ultrasound of the right shoulder joint	-	-	6.50	1 129.25
61300	CT of the left shoulder joint – uncontrasted	-	-	24.36	4 232.06
61305	CT of the right shoulder joint – uncontrasted	-	-	24.36	4 232.06
61310	CT of the left shoulder – complete with 3D recon	-	-	37.66	6 542.67
61315	CT of the right shoulder – complete with 3D recon	-	-	37.66	6 542.67
61320	CT of the left shoulder joint - pre and post contrast	-	-	48.63	8 448.49
61325	CT of the right shoulder joint - pre and post contrast	-	-	48.63	8 448.49
61400	MR of the left shoulder	-	-	64.64	11 229.91
61405	MR of the right shoulder	-	-	64.64	11 229.91
61410	MR of the left shoulder pre and post contrast	-	-	101.04	17 553.68
61415	MR of the right shoulder pre and post contrast	-	-	101.04	17 553.68
	Humerus	-	-		
62100	X-ray of the left humerus	-	-	2.94	510.77

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
62105	X-ray of the right humerus	-	-	2.94	510.77
62300	CT of the left upper arm	-	-	24.36	4 232.06
62305	CT of the right upper arm	-	-	24.36	4 232.06
62310	CT of the left upper arm contrasted	-	-	39.97	6 943.99
62315	CT of the right upper arm contrasted	-	-	39.97	6 943.99
62320	CT of the left upper arm pre and post contrast	-	-	48.58	8 439.80
62325	CT of the right upper arm pre and post contrast	-	-	48.58	8 439.80
62400	MR of the left upper arm	-	-	64.20	11 153.47
62405	MR of the right upper arm	-	-	64.20	11 153.47
62410	MR of the left upper arm pre and post contrast	-	-	102.04	17 727.41
62415	MR of the right upper arm pre and post contrast	-	-	102.04	17 727.41
62900	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 735.20
62905	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
62910	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
Elbow		-	-		
Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.		-	-		
63100	X-ray of the left elbow	-	-	3.14	545.51
63105	X-ray of the right elbow	-	-	3.14	545.51
63110	X-ray of the left elbow with stress	-	-	4.34	753.99
63115	X-ray of the right elbow with stress	-	-	4.34	753.99
63120	X-ray arthrography elbow joint including introduction of contrast	-	-	15.89	2 760.57
63130	X-ray guidance and introduction of contrast into elbow joint only	-	-	7.41	1 287.34
63200	Ultrasound of the left elbow joint	-	-	6.50	1 129.25
63205	Ultrasound of the right elbow joint	-	-	6.50	1 129.25
63300	CT of the left elbow	-	-	24.36	4 232.06
63305	CT of the right elbow	-	-	24.36	4 232.06
63310	CT of the left elbow – complete with 3D recon	-	-	37.66	6 542.67
63315	CT of the right elbow – complete with 3D recon	-	-	37.66	6 542.67
63320	CT of the left elbow contrasted	-	-	39.97	6 943.99
63325	CT of the right elbow contrasted	-	-	39.97	6 943.99
63330	CT of the left elbow pre and post contrast	-	-	48.63	8 448.49
63335	CT of the right elbow pre and post contrast	-	-	48.63	8 448.49
63400	MR of the left elbow	-	-	64.64	11 229.91
63405	MR of the right elbow	-	-	64.64	11 229.91
63410	MR of the left elbow pre and post contrast	-	-	101.04	17 553.68
63415	MR of the right elbow pre and post contrast	-	-	101.04	17 553.68
63905	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 735.20
63910	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
63915	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
Forearm		-	-		
64100	X-ray of the left forearm	-	-	2.94	510.77
64105	X-ray of the right forearm	-	-	2.94	510.77
64110	X-ray peripheral bone densitometry	-	-	1.96	340.51
64300	CT of the left forearm	-	-	24.36	4 232.06
64305	CT of the right forearm	-	-	24.36	4 232.06
64310	CT of the left forearm contrasted	-	-	39.97	6 943.99
64315	CT of the right forearm contrasted	-	-	39.97	6 943.99
64320	CT of the left forearm pre and post contrast	-	-	48.58	8 439.80
64325	CT of the right forearm pre and post contrast	-	-	48.58	8 439.80
64400	MR of the left forearm	-	-	64.20	11 153.47
64405	MR of the right forearm	-	-	64.20	11 153.47
64410	MR of the left forearm pre and post contrast	-	-	98.04	17 032.49

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
64415	MR of the right forearm pre and post contrast	-	-	98.04	17 032.49
64900	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 735.20
64905	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
64910	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Hand and Wrist	-	-		
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands).				
	Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done.				
	Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added).				
	Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.	-	-		
65100	X-ray of the left hand	-	-	3.08	535.09
65105	X-ray of the right hand	-	-	3.08	535.09
65110	X-ray of the left hand – bone age	-	-	3.08	535.09
65120	X-ray of a finger	-	-	2.67	463.86
65130	X-ray of the left wrist	-	-	3.18	552.46
65135	X-ray of the right wrist	-	-	3.18	552.46
65140	X-ray of the left scaphoid	-	-	3.30	573.31
65145	X-ray of the right scaphoid	-	-	3.30	573.31
65150	X-ray of the left wrist, scaphoid and stress views	-	-	7.56	1 313.40
65155	X-ray of the right wrist, scaphoid and stress views	-	-	7.56	1 313.40
65160	X-ray arthrography wrist joint including introduction of contrast	-	-	15.93	2 767.52
65170	X-ray guidance and introduction of contrast into wrist joint only	-	-	7.41	1 287.34
65200	Ultrasound of the left wrist	-	-	6.50	1 129.25
65210	Ultrasound of the right wrist	-	-	6.50	1 129.25
65300	CT of the left wrist and hand	-	-	24.36	4 232.06
65305	CT of the right wrist and hand	-	-	24.36	4 232.06
65310	CT of the left wrist and hand - complete with 3D recon	-	-	37.66	6 542.67
65315	CT of the right wrist and hand - complete with 3D recon	-	-	37.66	6 542.67
65320	CT of the left wrist and hand contrasted	-	-	39.97	6 943.99
65325	CT of the right wrist and hand contrasted	-	-	39.97	6 943.99
65330	CT of the left wrist and hand pre and post contrast	-	-	48.63	8 448.49
65335	CT of the right wrist and hand pre and post contrast	-	-	48.63	8 448.49
65400	MR of the left wrist and hand	-	-	64.64	11 229.91
65405	MR of the right wrist and hand	-	-	64.64	11 229.91
65410	MR of the left wrist and hand pre and post contrast	-	-	101.04	17 553.68
65415	MR of the right wrist and hand pre and post contrast	-	-	101.04	17 553.68
65900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 735.20
65905	Nuclear Medicine study – bone limited static plus flow	-	-	27.53	4 782.79
65910	Nuclear Medicine study – bone tomography regional	-	-	13.41	2 329.72
	Soft Tissue	-	-		
69900	Nuclear medicine study – Tumour localisation planar, static	-	-	20.74	3 603.16
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	-	-	35.17	6 110.08
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	-	-	34.15	5 932.88
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	-	-	47.56	8 262.60
69920	Nuclear medicine study – Infection localisation planar, static	-	-	18.04	3 134.09
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	-	-	31.45	5 463.81
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	-	-	31.45	5 463.81
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	-	-	44.86	7 793.53
69940	Nuclear medicine study – Regional lymph node mapping dynamic	-	-	6.02	1 045.85

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	-	-	24.10	4 186.89
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	-	-	37.51	6 516.61
69955	Nuclear medicine study – Regional lymph node mapping SPECT	-	-	13.41	2 329.72
69960	Nuclear medicine study – Lymph node localisation with gamma probe	-	-	13.41	2 329.72
	Lower Limbs	-	-		
	General	-	-		
	Code 70100 (stress) is a stand alone study and may not be combined with other codes.				
	Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit.				
	Code 70200 (U/S) may only be billed once per visit.				
	Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee.				
	Codes 70310 and 70320 (CT angiography) may not be combined.				
	Code 70400 (MR limited) may only be used once per visit.				
	Code 70410 and 70420 (MR angiography) may not be combined.	-	-		
70100	X-ray lower limbs - any region- stress studies only	-	-	4.52	785.26
70110	X-ray lower limbs - any region-tomography	-	-	4.30	747.04
70120	X-ray of the lower limbs full length study	-	-	6.46	1 122.30
70200	Ultrasound lower limb – soft tissue - any region	-	-	7.38	1 282.13
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	-	-	13.64	2 369.68
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	-	-	13.64	2 369.68
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	-	-	13.64	2 369.68
	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	-	-	19.66	3 415.53
70240		-	-	19.66	3 415.53
70300	CT of the lower limbs limited study	-	-	9.50	1 650.44
70310	CT angiography of the lower limb	-	-	79.43	13 799.37
70320	CT angiography abdominal aorta and outflow lower limbs	-	-	98.34	17 084.61
70400	MR of the lower limbs limited study	-	-	46.40	8 061.07
70410	MR angiography of the lower limb	-	-	76.66	13 318.14
70420	MR angiography of the abdominal aorta and lower limbs	-	-	118.86	20 649.55
70500	Angiography of pelvic and lower limb arteries unilateral	-	-	40.59	7 051.70
70505	Angiography of pelvic and lower limb arteries bilateral	-	-	75.92	13 189.58
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	-	-	61.23	10 637.49
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	-	-	85.66	14 881.71
70520	Angiography translumbar aorta with full peripheral study	-	-	45.68	7 935.99
70530	Venography, antegrade of lower limb veins, unilateral	-	-	25.46	4 423.17
70535	Venography, antegrade of lower limb veins, bilateral	-	-	49.43	8 587.47
70540	Venography, retrograde of lower limb veins, unilateral	-	-	31.17	5 415.16
70545	Venography, retrograde of lower limb veins, bilateral	-	-	56.79	9 866.13
70560	Lymphangiography, lower limb, unilateral	-	-	51.04	8 867.18
70565	Lymphangiography, lower limb, bilateral	-	-	83.97	14 588.11
70900	Nuclear medicine study – Venogram lower limb	-	-	37.12	6 448.86
	Femur	-	-		
71100	X-ray of the left femur	-	-	2.94	510.77
71105	X-ray of the right femur	-	-	2.94	510.77
71300	CT of the left femur	-	-	24.52	4 259.86
71305	CT of the right femur	-	-	24.52	4 259.86
71310	CT of the left upper leg contrasted	-	-	41.83	7 267.13

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
71315	CT of the right upper leg contrasted	-	-	41.83	7 267.13
71320	CT of the left upper leg pre and post contrast	-	-	49.71	8 636.12
71325	CT of the right upper leg pre and post contrast	-	-	49.71	8 636.12
71400	MR of the left upper leg	-	-	64.80	11 257.70
71405	MR of the right upper leg	-	-	64.80	11 257.70
71410	MR of the left upper leg pre and post contrast	-	-	102.04	17 727.41
71415	MR of the right upper leg pre and post contrast	-	-	102.04	17 727.41
71900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 735.20
71905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
71910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Knee	-	-		
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views) Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.	-	-		
72100	X-ray of the left knee one or two views	-	-	2.77	481.23
72105	X-ray of the right knee one or two views	-	-	2.77	481.23
72110	X-ray of the left knee, more than two views	-	-	3.32	576.78
72115	X-ray of the right knee, more than two views	-	-	3.32	576.78
72120	X-ray of the left knee including patella	-	-	4.62	802.63
72125	X-ray of the right knee including patella	-	-	4.62	802.63
72130	X-ray of the left knee with stress views	-	-	5.82	1 011.11
72135	X-ray of the right knee with stress views	-	-	5.82	1 011.11
72140	X-ray of left patella	-	-	2.77	481.23
72145	X-ray of right patella	-	-	2.77	481.23
72150	X-ray both knees standing – single view	-	-	2.80	486.44
72160	X-ray arthrography knee joint including introduction of contrast	-	-	15.81	2 746.67
72170	X-ray guidance and introduction of contrast into knee joint only	-	-	7.41	1 287.34
72200	Ultrasound of the left knee joint	-	-	6.50	1 129.25
72205	Ultrasound of the right knee joint	-	-	6.50	1 129.25
72300	CT of the left knee	-	-	24.52	4 259.86
72305	CT of the right knee	-	-	24.52	4 259.86
72310	CT of the left knee complete study with 3D reconstructions	-	-	35.93	6 242.12
72315	CT of the right knee complete study with 3D reconstructions	-	-	35.93	6 242.12
72320	CT of the left knee contrasted	-	-	41.83	7 267.13
72325	CT of the right knee contrasted	-	-	41.83	7 267.13
72330	CT of the left knee pre and post contrast	-	-	49.76	8 644.80
72335	CT of the right knee pre and post contrast	-	-	49.76	8 644.80
72400	MR of the left knee	-	-	64.10	11 136.09
72405	MR of the right knee	-	-	64.10	11 136.09
72410	MR of the left knee pre and post contrast	-	-	100.84	17 518.93
72415	MR of the right knee pre and post contrast	-	-	100.84	17 518.93
72900	Nuclear Medicine study – Bone limited/regional static	-	-	21.50	3 735.20
72905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
72910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Lower Leg	-	-		
73100	X-ray of the left lower leg	-	-	2.94	510.77
73105	X-ray of the right lower leg	-	-	2.94	510.77
73300	CT of the left lower leg	-	-	24.52	4 259.86
73305	CT of the right lower leg	-	-	24.52	4 259.86
73310	CT of the left lower leg contrasted	-	-	41.83	7 267.13
73315	CT of the right lower leg contrasted	-	-	41.83	7 267.13
73320	CT of the left lower leg pre and post contrast	-	-	49.71	8 636.12
73325	CT of the right lower leg pre and post contrast	-	-	49.71	8 636.12
73400	MR of the left lower leg	-	-	64.20	11 153.47

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
73405	MR of the right lower leg	-	-	64.20	11 153.47
73410	MR of the left lower leg pre and post contrast	-	-	102.04	17 727.41
73415	MR of the right lower leg pre and post contrast	-	-	102.04	17 727.41
73900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 735.20
73905	Nuclear Medicine study – bone limited static plus flow	-	-	27.53	4 782.79
73910	Nuclear Medicine study – bone tomography regional	-	-	13.41	2 329.72
	Ankle and Foot	-	-		
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot).				
	Code 74150 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested.				
	Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested.				
	Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and	-	-		
74100	X-ray of the left ankle	-	-	3.32	576.78
74105	X-ray of the right ankle	-	-	3.32	576.78
74110	X-ray of the left ankle with stress views	-	-	4.52	785.26
74115	X-ray of the right ankle with stress views	-	-	4.52	785.26
74120	X-ray of the left foot	-	-	2.80	486.44
74125	X-ray of the right foot	-	-	2.80	486.44
74130	X-ray of the left calcaneus	-	-	2.74	476.02
74135	X-ray of the right calcaneus	-	-	2.74	476.02
74140	X-ray of both feet – standing – single view	-	-	2.80	486.44
74145	X-ray of a toe	-	-	2.67	463.86
74150	X-ray of the sesamoid bones one or both sides	-	-	2.80	486.44
74160	X-ray arthrography ankle joint including introduction of contrast	-	-	15.91	2 764.04
74170	X-ray guidance and introduction of contrast into ankle joint	-	-	7.41	1 287.34
74210	Ultrasound of the left ankle	-	-	6.50	1 129.25
74215	Ultrasound of the right ankle	-	-	6.50	1 129.25
74220	Ultrasound of the left foot	-	-	6.50	1 129.25
74225	Ultrasound of the right foot	-	-	6.50	1 129.25
74290	Ultrasound bone densitometry	-	-	2.04	354.41
74300	CT of the left ankle/foot	-	-	24.52	4 259.86
74305	CT of the right ankle/foot	-	-	24.52	4 259.86
74310	CT of the left ankle/foot – complete with 3D recon	-	-	37.81	6 568.73
74315	CT of the right ankle/foot – complete with 3D recon	-	-	37.81	6 568.73
74320	CT of the left ankle/foot contrasted	-	-	41.83	7 267.13
74325	CT of the right ankle/foot contrasted	-	-	41.83	7 267.13
74330	CT of the left ankle/foot pre and post contrast	-	-	49.71	8 636.12
74335	CT of the right ankle/foot pre and post contrast	-	-	49.71	8 636.12
74400	MR of the left ankle	-	-	64.10	11 136.09
74405	MR of the right ankle	-	-	64.10	11 136.09
74410	MR of the left ankle pre and post contrast	-	-	100.64	17 484.19
74415	MR of the right ankle pre and post contrast	-	-	100.64	17 484.19
74420	MR of the left foot	-	-	64.20	11 153.47
74425	MR of the right foot	-	-	64.20	11 153.47
74430	MR of the left foot pre and post contrast	-	-	102.04	17 727.41
74435	MR of the right foot pre and post contrast	-	-	102.04	17 727.41
74900	Nuclear Medicine study – Bone limited/regional static	-	-	21.50	3 735.20
74905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
74910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Soft Tissue	-	-		
79900	Nuclear Medicine study – Tumour localisation planar, static	-	-	20.74	3 603.16
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	-	-	35.17	6 110.08
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	-	-	34.15	5 932.88

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	-	-	47.56	8 262.60
79920	Nuclear Medicine study – Infection localisation planar, static	-	-	18.43	3 201.84
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	-	-	31.84	5 531.56
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	-	-	31.84	5 531.56
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	-	-	45.25	7 861.28
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	-	-	6.02	1 045.85
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	-	-	24.10	4 186.89
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	-	-	37.51	6 516.61
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	-	-	13.41	2 329.72
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	-	-	13.41	2 329.72
	Intervention	-	-		
	General	-	-		
	Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.	-	-		
80600	Percutaneous abscess, cyst drainage, any region	-	-	9.37	1 627.85
80605	Fine needle aspiration biopsy, any region	-	-	4.22	733.14
80610	Cutting needle, trochar biopsy, any region	-	-	6.36	1 104.92
80620	Tumour/cyst ablation chemical	-	-	25.37	4 407.53
80630	Tumour ablation radio frequency, per lesion	-	-	21.21	3 684.81
80640	Insertion of CVP line in radiology suite	-	-	8.99	1 561.83
80645	Peripheral central venous line insertion	-	-	12.12	2 105.61
80650	Infiltration of a peripheral joint, any region	-	-	6.40	1 111.87
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrograph codes.	-	-		
	Neuro Intervention	-	-		
81600	Intracranial aneurysm occlusion, direct	-	-	214.52	37 268.56
81605	Intracranial arteriovenous shunt occlusion	-	-	254.82	44 269.88
81610	Dural sinus arteriovenous shunt occlusion	-	-	264.33	45 922.05
81615	Extracranial arteriovenous shunt occlusion	-	-	157.28	27 324.25
81620	Extracranial arterial embolisation (head and neck)	-	-	163.12	28 338.84
81625	Carotidocavernous fistula occlusion	-	-	192.29	33 406.54
81630	Intracranial angioplasty for stenosis, vasospasm	-	-	126.92	22 049.81
81632	Intracranial stent placement (including PTA)	-	-	133.72	23 231.18
81635	Temporary balloon occlusion test	-	-	83.42	14 492.56
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	-	-		
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	-	-	178.18	30 955.21
81645	Intracranial aneurysm occlusion with balloon remodelling	-	-	216.35	37 586.49

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
81650	Intracranial aneurysm occlusion with stent assistance	-	-	230.45	40 036.08
81655	Intracranial thrombolysis, catheter directed	-	-	58.94	10 239.65
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	-	-		
81660	Nerve block, head and neck, per level	-	-	7.66	1 330.77
81665	Neurolysis, head and neck, per level	-	-	20.14	3 498.92
81670	Nerve block, head and neck, radio frequency, per level	-	-	19.04	3 307.82
81680	Nerve block, coeliac plexus or other regions, per level	-	-	9.28	1 612.21
	Thorax	-	-		
82600	Chest drain insertion	-	-	8.82	1 532.30
82605	Trachial, bronchial stent insertion	-	-	30.36	5 274.44
	Gastrointestinal	-	-		
83600	Oesophageal stent insertion	-	-	31.22	5 423.85
83605	GIT balloon dilation	-	-	24.36	4 232.06
83610	GIT stent insertion (non-oesophageal)	-	-	32.02	5 562.83
83615	Percutaneous gastrostomy, jejunostomy	-	-	25.36	4 405.79
	Hepatobiliary	-	-		
84600	Percutaneous biliary drainage, external	-	-	33.98	5 903.35
84605	Percutaneous external/internal biliary drainage	-	-	37.21	6 464.49
84610	Permanent biliary stent insertion	-	-	51.22	8 898.45
84615	Drainage tube replacement	-	-	20.22	3 512.82
84620	Percutaneous bile duct stone or foreign object removal	-	-	49.98	8 683.03
84625	Percutaneous gall bladder drainage	-	-	29.58	5 138.93
84630	Percutaneous gallstone removal, including drainage	-	-	69.25	12 030.80
84635	Transjugular liver biopsy	-	-	24.93	4 331.09
84640	Transjugular intrahepatic Portosystemic shunt	-	-	119.47	20 755.52
	Transhepatic Portogram including venous sampling, pressure studies	-	-	81.89	14 226.75
84645	Transhepatic Portogram with embolisation of varices	-	-	100.81	17 513.72
84655	Percutaneous hepatic tumour ablation	-	-	15.68	2 724.09
84660	Percutaneous hepatic abscess, cyst drainage	-	-	13.20	2 293.24
84665	Hepatic chemoembolisation	-	-	59.44	10 326.51
84670	Hepatic arterial infusion catheter placement	-	-	60.30	10 475.92
	Urogenital	-	-		
85600	Percutaneous nephrostomy, external drainage	-	-	29.97	5 206.69
85605	Percutaneous double J stent insertion including access	-	-	40.82	7 091.66
85610	Percutaneous renal stone, foreign body removal including access	-	-	66.79	11 603.43
85615	Percutaneous nephrostomy tract establishment	-	-	29.27	5 085.08
85620	Change of nephrostomy tube	-	-	15.90	2 762.31
85625	Percutaneous cystostomy	-	-	16.52	2 870.02
85630	Urethral balloon dilatation	-	-	14.24	2 473.92
85635	Urethral stent insertion	-	-	31.22	5 423.85
85640	Renal cyst ablation	-	-	11.92	2 070.86
85645	Renal abscess, cyst drainage	-	-	15.16	2 633.75
85655	Fallopian tube recanalisation	-	-	45.06	7 828.27
	Spinal	-	-		
86600	Spinal vascular malformation embolisation	-	-	275.16	47 803.55
86605	Vertebroplasty per level	-	-	22.30	3 874.18
86610	Facet joint block per level, uni- or bilateral	-	-	9.54	1 657.38
	Code 86610 may only be billed once per level, and not per left and right side per level	-	-		
86615	Spinal nerve block per level, uni- or bilateral	-	-	8.16	1 417.64
86620	Epidural block	-	-	9.42	1 636.54
86625	Chemoneurolysis, including discogram	-	-	18.32	3 182.73
86630	Spinal nerve ablation per level	-	-	11.60	2 015.27
	Vascular	-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more than one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.	-	-		
87600	Percutaneous transluminal angioplasty: aorta, IVC	-	-	56.56	9 826.17
87601	Percutaneous transluminal angioplasty: iliac	-	-	55.76	9 687.18
87602	Percutaneous transluminal angioplasty: femoropopliteal	-	-	60.16	10 451.60
87603	Percutaneous transluminal angioplasty: subpopliteal	-	-	73.34	12 741.36
87604	Percutaneous transluminal angioplasty: brachiocephalic	-	-	67.12	11 660.76
87605	Percutaneous transluminal angioplasty: subclavian, axillary	-	-	60.16	10 451.60
87606	Percutaneous transluminal angioplasty: extracranial carotid	-	-	71.62	12 442.54
87607	Percutaneous transluminal angioplasty: extracranial vertebral	-	-	73.30	12 734.41
87608	Percutaneous transluminal angioplasty: renal	-	-	87.69	15 234.38
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	-	-	87.69	15 234.38
87620	Aorta stent-graft placement	-	-	120.75	20 977.90
87621	Stent insertion (including PTA): aorta, IVC	-	-	73.87	12 833.44
87622	Stent insertion (including PTA): iliac	-	-	76.37	13 267.76
87623	Stent insertion (including PTA): femoropopliteal	-	-	77.97	13 545.73
87624	Stent insertion (including PTA): subpopliteal	-	-	84.55	14 688.87
87625	Stent insertion (including PTA): brachiocephalic	-	-	98.47	17 107.19
87626	Stent insertion (including PTA): subclavian, axillary	-	-	86.69	15 060.65
87627	Stent insertion (including PTA): extracranial carotid	-	-	106.99	18 587.37
87628	Stent insertion (including PTA): extracranial vertebral	-	-	100.55	17 468.55
87629	Stent insertion (including PTA): renal	-	-	98.59	17 128.04
87630	Stent insertion (including PTA): coeliac, mesenteric	-	-	98.59	17 128.04
87631	Stent-graft placement: iliac	-	-	76.37	13 267.76
87632	Stent-graft placement: femoropopliteal	-	-	77.97	13 545.73
87633	Stent-graft placement: brachiocephalic	-	-	98.47	17 107.19
87634	Stent-graft placement: subclavian, axillary	-	-	82.77	14 379.63
87635	Stent-graft placement: extracranial carotid	-	-	120.43	20 922.30
87636	Stent-graft placement: extracranial vertebral	-	-	114.73	19 932.04
87637	Stent-graft placement: renal	-	-	98.59	17 128.04
87638	Stent-graft placement: coeliac, mesenteric	-	-	98.59	17 128.04
87650	Thrombolysis in angiography suite, per 24 hours	-	-	45.82	7 960.31
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540, 32500, 32530, 44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.	-	-		
87651	Aspiration, rheolytic thrombectomy	-	-	77.67	13 493.61
87652	Atherectomy, per vessel	-	-	91.89	15 964.05
87653	or other line insertion	-	-	28.15	4 890.50
87654	Thrombolysis follow-up	-	-	23.57	4 094.82
87655	Percutaneous sclerotherapy, vascular malformation	-	-	21.10	3 665.70
87660	Embolisation, mesenteric	-	-	100.43	17 447.70
87661	Embolisation, renal	-	-	99.36	17 261.81
87662	Embolisation, bronchial, intercostal	-	-	108.34	18 821.91
87663	Embolisation, pulmonary arteriovenous shunt	-	-	103.22	17 932.41
87664	Embolisation, abdominal, other vessels	-	-	101.44	17 623.17
87665	Embolisation, thoracic, other vessels	-	-	97.60	16 956.05
87666	Embolisation, upper limb	-	-	90.92	15 795.53
87667	Embolisation, lower limb	-	-	92.14	16 007.48
87668	Embolisation, pelvis, non-uterine	-	-	117.12	20 347.26
87669	Embolisation, uterus	-	-	113.88	19 784.37
87670	Embolisation, spermatic, ovaria veins	-	-	85.82	14 909.51
87680	Inferior vena cava filter placement	-	-	61.84	10 743.46

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
87681	Intravascular foreign body removal	-	-	85.03	14 772.26
87682	Revision of access port (tunnelled or implantable)	-	-	14.12	2 453.07
87683	Removal of access port (tunnelled or implantable)	-	-	11.12	1 931.88
87690	Superior petrosal venous sampling	-	-	73.01	12 684.03
87691	Pancreatic stimulation test	-	-	89.79	15 599.22
87692	Transportal venous sampling	-	-	76.95	13 368.52
87693	Adrenal venous sampling	-	-	55.01	9 556.89
87694	Parathyroid venous sampling	-	-	86.66	15 055.44
87695	Renal venous sampling	-	-	55.01	9 556.89

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGSONKOLOGIE The amounts in this section are calculated according to the Radiation Oncology unit values (unless otherwise specified) • Die bedrae in hierdie afdeling word volgens die Stralingsonkologie eenheidswaardes bereken (tensy anders gespesifiseer)							
20.10	Chemotherapy • Chemoterapie Note: When patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790-5795 • Let wel: Indien pasiënte nie in chemoterapie fasiliteite behandel word nie, word items 0213, 0214 en 0215 gebruik in plaas van items 5790- 5795. The amounts in this section are calculated according to the Clinical Procedure unit values • Die bedrae in hierdie afdeling word volgens die Kliniese Prosedure eenheidswaardes bereken							
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy or hormonal therapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology related drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) • Nie Infusionele Chemoterapie: Globale Fooi vir die bestuur van en vir dienste gelewer in die behandeling van kanker met orale chemo- of hormonale terapie (per siklus), binnespiërse, subkutane, intratekale of bolus chemoterapie of onkologie verwante middel toedienings per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding (konsultasies moet afsonderlik gehef word)	42.95	1 203.46	42.95	1 203.46			
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy, per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee • Nie Infusionele Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne voorsien of voorgeskryf word vir orale chemoterapie, binnespiërse, subkutane, intratekale of bolus chemoterapie, per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5790) - slegs een van die partye mag die fooi hef.	24.49	686.21	24.49	686.21			
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy or hormonal therapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee •	30.61	857.69	30.61	857.69			

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE Nie Infusionele Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, verkoop en geresepteer word tydens orale chemo- of hormonale terapie (per siklus), binnespiers, subkutane, intratekale of bolus chemoterapie per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5790) - slegs een van die partye mag die foor hef							
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities (consultations to be charged separately) • Infusie Chemoterapie: Globale foor vir dienste gelewer tydens chemoterapie per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding wat in erkende chemoterapie fasiliteite werksaam is (konsultasies moet afsonderlik gehef word)	159.47	4 468.35	127.58	3 574.79			
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee • Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne verskaf, gestoor, vermeng en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die foor hef	90.03	2 522.64	90.03	2 522.64			
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee • Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, gestoor, vermeng, geresepteer en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die foor hef.	112.54	3 153.37	112.54	3 153.37			

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
20.11	Radiation Therapy • Radioterapie							
20.11.1	Manual Radiotherapy Planning Procedures • Manuele Bestralings Beplanningsprosedures							
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESIONELE KOMPONENT	42.56	1 192.53					
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNEIESE KOMPONENT	99.32	2 782.95					
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	56.18	1 574.16					
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNEIESE KOMPONENT	131.10	3 673.42					
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESIONELE KOMPONENT	76.62	2 146.89					
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNEIESE KOMPONENT	178.77	5 009.14					
20.11.2	Conventional Radiotherapy Planning Procedures • Konvensionele Radioterapie Beplanningsprosedures							
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESIONELE KOMPONENT	170.26	4 770.69					
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNEIESE KOMPONENT	397.27	11 131.51					
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	238.36	6 678.85					
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNEIESE KOMPONENT	556.18	15 584.16					
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESIONELE KOMPONENT	297.95	8 348.56					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.5610	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIESE KOMPONENT	695.22	19 480.06					
20.11.3	Three Dimensional Radiotherapy Planning Procedures • Drie Dimensionele Radioterapie Beplanningsprosedures							
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	240.23	6 731.24					
5620	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, single volume of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	977.20	27 381.14					
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	407.75	11 425.16					
5621	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, multiple volumes of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 368.07	38 333.32					
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	554.33	15 532.33					
5622	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, special technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 710.09	47 916.72					
20.11.4	Intensity Modulated Radiotherapy Planning Procedures • Intensiteits gemoduleerde bestraling							

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	642.92	18 014.62					
5623	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, radical course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 916.81	53 709.02					
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	232.18	6 505.68					
5625	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, booster volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	958.40	26 854.37					
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	753.35	21 108.87					
5626	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, CT scan with magnetic resonance imaging or other similar imaging fusion techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Rekenaar Skanderling met Magnetiese Resonansie of ander gelyksoortige BeeldfusieTegniese - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	2 174.48	60 928.93					
20.11.5	Kilovolt Radiation Treatment • Kilovolt Bestralingsterapie							
5834	Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT • Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - PROFESSIONELE KOMPONENT	49.08	1 375.22					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20. 5634	RADIATION ONCOLOGY ● STRALINGSONKOLOGIE Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT ● Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - TEGNIESE KOMPONENT	114.52	3 208.85					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
20.11.6	Short course radiation treatment • Kort kursus bestralingsterapie							
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - PROFESSIONELE KOMPONENT							
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - TEGNIESE KOMPONENT	246.73	6 913.37					
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	148.04	4 148.08					
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	345.41	9 678.39					
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - PROFESSIONELE KOMPONENT	190.33	5 333.05					
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - TEGNIESE KOMPONENT	444.11	12 443.96					
20.11.7	Weekly radiation treatment sessions • Weeklikse Bestralingsbehandelingsessies							
20.11.7.1	Conventional Techniques • Konvensionele tegnieke							
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	193.86	5 431.96					
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - TEGNIESE KOMPONENT	452.33	12 674.29					
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	246.73	6 913.37					
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	575.69	16 130.83					
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - PROFESSIONELE KOMPONENT	317.22	8 888.50					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - TEGNIESE KOMPONENT	740.18	20 739.84					
20.11.7.2	Advanced Techniques • Gevorderde tegnieke							
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - PROFESIONELE KOMPONENT	236.24	6 619.44					
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - TEGNIESE KOMPONENT	551.21	15 444.90					
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	330.73	9 267.05					
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestralingsessies - Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	771.71	21 623.31					
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - PROFESIONELE KOMPONENT	425.23	11 914.94					
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - TEGNIESE KOMPONENT	992.19	27 801.16					
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	348.87	9 775.34					
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	814.03	22 809.12					
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heeliggam Bestraling of Soortgelyk - PROFESIONELE KOMPONENT	826.83	23 167.78					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGSONKOLOGIE							
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegniese: Weeklikse Bestralings, Heeliggzaam Bestraling of Soortgelyk - TEGNIESE KOMPONENT	1 929.26	54 057.87					
20.11.8	Stereotactic Radiation • Stereotaktiese Bestraling							
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel of tot 4 (vier) Fraksies, Globale Fooi - PROFESSIONELE KOMPONENT	3 719.34	104 215.91					
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel Fraksie Behandeling, Globale Fooi - TEGNIESE KOMPONENT	8 678.46	243 170.45					
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, 5 (vyf) of meer Fraksies, Volle Kursus, Globale Fooi - PROFESSIONELE KOMPONENT	4 277.24	119 848.26					
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, Gefraksioneerd, Volle Kursus, Globale Fooi - TEGNIESE KOMPONENT	9 980.23	279 646.04					
20.12	Brachytherapy • Bragiterapie							
20.12.1	Isotope/Applicator Therapy • Isotope/ Toedienenterapie							
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included • Isotope-/Toedienenterapie: Isotope - Lae kompleksiteit, toediening van lae dosis orale isotope of gebruik van oppervlakte toedieners, per vyf toedienings. Tipies buite pasiënt prosedure. Die koste van isotope en materiale is uitgesluit.	108.40	3 037.37					
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included • Isotope-/Toedienenterapie: Isotope - Intermediêre kompleksiteit, toediening van isotope deur intervensionele tegnieke, soos intraveneuse, intrakavitêre of intra-artikulêre radio-aktiewe isotope. Tipies buite pasiënt prosedure of toelating en monitering <48 uur. Die koste van isotope en materiale is uitgesluit.	216.80	6 074.74					
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included • Isotope-/Toedienenterapie: Isotope - Hoë kompleksiteit, oppervlakte toedienings met veelvuldige sade wat dosimetrie beoordeling benodig en/of hoë dosis radio-aktiewe isotope wat toelating en monitering benodig. Regverdig tipies toelating en monitering vir >48 uur. Die koste van isotope en materiale is uitgesluit	601.16	16 844.50					
20.12.2	Brachytherapy Implants • Bragiterapie Implanterings							

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included • Bragiterapie Implanterings: Implanterings - Lae kompleksiteit, implasing van enkel gidsbuis vir bragiterapie met <8 bron posisies. Die koste van materiale is uitgesluit.	216.80	6 074.74					
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included • Bragiterapie Implanterings: Implanterings - Intermediere kompleksiteit, planare implanterings met > 1 gidsbuis vir bragiterapie, of die gebruik van >8 bron posisies in 'n enkel gidsbuis, of enige prosedure met < 8 bron posisies maar wat algemene narkose benodig. Die koste van materiale is uitgesluit.	786.80	22 046.14					
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included • Bragiterapie Implanterings: Implanterings - Hoë Kompleksiteit implantering wat komplekse volumetriese studies benodig. Inklusiewe fooi vir implantering onder lokale of algemene narkose. Die koste van materiale is uitgesluit.	1 049.07	29 394.94					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE							
20.12.3	Brachytherapy Treatment ● Bragiterapie Behandeling							
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included ● Bragiterapie Behandeling: Globale Fooi vir Manuele Nalading - fooi sluit in berging, hantering, kalibrasie, beplanning (manueel of gerekenariseerd), manuele nalading, daaglikse behandeling, monitering, verwydering en wegruiming van isotope. Die koste van isotope en materiale is uitgesluit.	613.04	17 177.38					
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT ● Bragiterapie Behandeling: Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na afloop van behandeling. Die koste van isotope en materiale is uitgesluit - PROFESSIONELE KOMPONENT	415.96	11 655.20					
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT ● Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na afloop van behandeling. Die koste van isotope en materiale is uitgesluit - TEGNIESE KOMPONENT	970.56	27 195.09					
20.12.4	Brachytherapy Imaging ● Bragiterapie Beelding							
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 ● Bragiterapie Beelding: Bragiterapie: Spesiale Beelding waar benodig en indien gebruik, ongewoon om te gebruik saam met 'n kode ander dan items 5883 of 5885	156.77	4 392.72					

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.	PATHOLOGY • PATOLOGIE				
	Notes: For fees for Histology and Cytology refer to items 4561 to 4595 under section 22: Anatomical Pathology • Opmerkings: Vir Histologiese- en Sitologiese tariewe verwys na items 4561 tot 4595 onder Afdeling 22: Anatomiese Patologie The amounts in this section are calculated according to the Clinical Pathology unit values • Die bedrae in hierdie afdeling word volgens die Kliniese Patologie eenheidswaardes bereken				
21.1	Haematology • Hematologie				
3705	Alkali resistant haemoglobin • Alkaliebestande hemoglobien	4.5	119.30	3	79.53
3709	Antiglobulin test (Coombs' or trypsinized red cells) • Antiglobulintoets (Coombsmetode of getripsineerde rooiselle)	3.65	96.76	2.45	64.95
3710	Antibody titration • Antiliggam-titrasie	7.2	190.87	4.8	127.25
3711	Arneth count • Arneth-telling	2.25	59.65	1.5	39.77
3712	Antibody identification • Antiliggam identifikasie	8.45	224.01	5.65	149.78
3713	Bleeding time (does not include the cost of the simplate device) • Bloeytyd (sluit nie die koste van simplateapparaat in nie)	6.94	183.98	4.63	122.74
3715	Buffy Layer examination • "Buffy" laag ondersoek	19.9	527.55	13.27	351.79
3716	Mean Cell Volume • Gemiddelde Selvolume	2.25	59.65	1.5	39.77
3717	Bone marrow cytological examination only • Beenmurg sitologiese ondersoek alleen	19.9	527.55	13.27	351.79
3719	Bone marrow: Aspiration • Beenmurg: Aspirasie	8.4	222.68	5.6	148.46
3720	Bone marrow trephine biopsy • Beenmurg trefien biopsie	32.6	864.23	21.7	575.27
3721	Bone marrow aspiration and trephine biopsy (excluding histological examination) • Beenmurg aspirasie en trefien biopsie (sluit nie histologiese ondersoek in nie)	36.8	975.57	24.5	649.50
3722	Capillary fragility: Hess • Kapillêre breekbaarheid: Hess	2.02	53.55	1.35	35.79
3723	Circulating anticoagulants • Sirkulerende antistolmiddel	5.85	155.08	3.9	103.39
3724	Coagulation factor inhibitor assay • Koagulasiefaktor-inhibeerderessas	57.56	1 525.92	38.37	1 017.19
3726	Activated protein C resistance • Geaktiveerde proteïen C-weerstandigheid	26	689.26	17.3	458.62
3727	Coagulation time • Stollingstyd	3.16	83.77	2.11	55.94
3728	Anti-factor Xa Activity • Anti-faktor Xa aktiwiteit	53.6	1 420.94	35.73	947.20
3729	Cold agglutinins • Koue agglutiniene	3.6	95.44	2.4	63.62
3730	Protein S: Functional • Proteïen S: Funksioneel	37.5	994.13	25	662.75
3731	Compatibility for blood transfusion • Verenigbaarheid vir bloedtransfusie	3.6	95.44	2.4	63.62
3734	Protein C (chromogenic) • Proteïen C (chromogenies)	30.29	802.99	20.19	535.24
3739	Erythrocyte count • Eritrosietelling	2.25	59.65	1.5	39.77
3740	Factors V and VII: Qualitative • Faktore V en VII: Kwalitatief	7.2	190.87	4.8	127.25
3741	Coagulation factor assay: functional • Stollingsfaktor-essai: funksioneel	9.45	250.52	6.3	167.01
3742	Coagulation factor assay: Immunological • Stollings faktor-essais: Immunologies	4.5	119.30	3	79.53
3743	Erythrocyte sedimentation rate • Eritrosiet-besinkingsnelheid	2.5	66.28	1.67	44.27
3744	Fibrin stabilising factor (urea test) • Fibrin-Stabiliserende faktor (ureum oplosbaarheidstoets)	4.5	119.30	3	79.53
3746	Fibrin monomers • Fibrin monomere	2.7	71.58	1.8	47.72
3748	Plasminogen Activator Inhibitor (PAI-1) • Plasminogeen aktivator inhibitor (PAI-I)	65.95	1 748.33	43.97	1 165.64
3750	Tissue Plasminogen Activator (tPA) • Weefsel plasminogeen aktivator (tPA)	67.79	1 797.11	45.19	1 197.99
3751	Osmotic fragility (screen) • Osmotiese breekbaarheid (sifting)	2.25	59.65	1.5	39.77
3753	Osmotic fragility (before and after incubation) • Osmotiese breekbaarheidstoets (voor en na inkubasie)	18	477.18	12	318.12

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
3754	ABO Reverse Group ● ABO Terugwaartse groep	5.5	145.81	3.67	97.29
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791) ● Volbloedtellings (insluitende items 3739, 3762, 3783, 3785, 3791)	10.5	278.36	7	185.57
3756	Full cross match ● Volledige kruisverenigbaarheid	7.2	190.87	4.8	127.25
3757	Coagulation factors (quantitative) ● Stollingsfaktore (kwantitatief)	32.2	853.62	21.47	569.17
3758	Factor VIII related antigen ● Faktor VIII verwante antigeen	60.46	1 602.79	40.31	1 068.62
3759	Coagulation factor correction study ● Stollingsfaktor-korreksiestudies	11.72	310.70	7.81	207.04
3761	Factor XIII related antigen ● Faktor XIII verwante antigeen	61.11	1 620.03	40.74	1 080.02
3762	Haemoglobin estimation ● Hemoglobienbepaling	1.8	47.72	1.2	31.81
3763	Contact activated product essay ● Kontakgeaktiveerde produk-essay	16.2	429.46	10.8	286.31
3764	Grouping: A-, B- and O-antigens ● Groepering: A-, B- en O-antigene	3.6	95.44	2.4	63.62
3765	Grouping: Rh antigens ● Groepering: Rh antigene	3.6	95.44	2.4	63.62
3766	PIVKA ● PIVKA	43.49	1 152.92	28.99	768.52
3767	Euglobulin lysis time ● Euglobulinlissetyd	25.58	678.13	17.05	452.00
3768	Haemoglobin A2 (column chromatography) ● Hemoglobien A2 (kolom chromatografie)	15	397.65	10	265.10
3769	HB Electrophoresis ● Hemoglobien elektroforese	26.82	711.00	17.88	474.00
3770	Haemoglobin-S (solubility test) ● Hemoglobien-S (oplosbaarheidstoets)	3.6	95.44	2.4	63.62
3773	Ham's acidified serum test ● Ham se aangesuurde serumtoets	8	212.08	5.33	141.30
3775	Heinz bodies ● Heinz-liggaampies	8	212.08	5.33	141.30
3776	Haemosiderin in urinary sediment ● Haemosiderien in uriensediment	2.25	59.65	1.5	39.77
3777	DELETED 2009: Heparin estimation ● GESKRAP 2009: Heparienbepaling				
3781	Heparin tolerance ● Heparien toleransie	7.2	190.87	4.8	127.25
3783	Leucocyte differential count ● Leukosiet differensiële telling	6.2	164.36	4.15	110.02
3785	Leucocytes: total count ● Leukosiet: totale telling	1.8	47.72	1.2	31.81
3786	QBC malaria concentration and fluorescent staining ● QBC malaria konsentraat en fluoressensie kleuring	25	662.75	16.7	442.72
3787	LE-cells ● LE-selle	8.3	220.03	5.55	147.13
3789	Neutrophil alkaline phosphatase ● Neutrofiel alkaliese fosfatase	28	742.28	18.7	495.74
3791	Packed cell volume: Haematocrit ● Gepakte selvolume: Hematokrit	1.8	47.72	1.2	31.81
3792	Plasmodium falciparum: Monoclonal immunological identification ● Plasmodium falciparum: Monokonaal immunologiese identifikasie	9	238.59	6	159.06
3793	Plasma haemoglobin ● Plasma-hemoglobien	6.75	178.94	4.5	119.30
3794	Platelet Sensitivities ● Plaatjie sensitiviteit	18.64	494.15	12.43	329.52
3795	Platelet aggregation per aggregan ● Plaatjieklomping per klomp	12.14	321.83	8.09	214.47
3796	Platelet antibodies: agglutination ● Plaatjie-antiligggame: agglutinasie	5.4	143.15	3.6	95.44
3797	Platelet count ● Plaatjetelling	2.25	59.65	1.5	39.77
3799	Platelet adhesiveness ● Plaatjieklewerigheid	4.5	119.30	3	79.53
3801	Prothrombin consumption ● Protrombienverbruik	5.85	155.08	3.9	103.39
3803	Prothrombin determination (two stages) ● Protrombienbepaling (twee stadia)	5.85	155.08	3.9	103.39
3805	Prothrombin index ● Protrombienindeks	6	159.06	4	106.04
3806	Therapeutic drug level: Dosage ● Geneesmiddelvlak: Dosering	4.5	119.30	3	79.53
3807	Recalcification time ● Herkalsifiseringtyd	2.25	59.65	1.5	39.77
3809	Reticulocyte count ● Retikulosietelling	3	79.53	2	53.02
3811	Sickling test ● Sekelseltoets	2.25	59.65	1.5	39.77
3814	Sucrose lysis test for PNH ● Sukrose-lisettoets vir PNH	3.6	95.44	2.4	63.62

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts) ● T en B-selle EAC-merkers (beperk tot EEN merker alleen vir CD4/8 tellings)	21.1	559.36	14.07	373.00
3820	Thrombo-Elastogram ● Trombo-Elastogram	26	689.26	17.33	459.42
3825	Fibrinogen titre ● Fibrinogeen-titer	3.6	95.44	2.4	63.62
3829	Glucose 6-phosphate-dehydrogenase: Qualitative ● Glukose 6-fosfaat-dehidrogenase: Kwalitatief	8	212.08	5.33	141.30
3830	Glucose 6-phosphate-dehydrogenase: quantitative ● Glukose 6-fosfaat-dehidrogenase: kwantitatief.	16	424.16	10.7	283.66
3832	Red cell pyruvate kinase: quantitative ● Rooisel piruvaat kinase: kwantitatief	16	424.16	10.7	283.66
3834	Red cell Rhesus phenotype ● Rooisel Rhesus fenotipe	9.9	262.45	6.6	174.97
3835	Haemoglobin F in blood smear ● Hemoglobien F in bloedsmeer	5.85	155.08	3.9	103.39
3837	Partial thromboplastin time ● Gedeeltelike tromboplastientyd	5.85	155.08	3.9	103.39
3841	Thrombin time (screen) ● Trombientyd (sifting)	5.85	155.08	3.9	103.39
3843	Thrombin time (serial) ● Trombientyd (reeks)	7.65	202.80	5.1	135.20
3847	Haemoglobin H ● Hemoglobien H	2.25	59.65	1.5	39.77
3851	Fibrin degeneration products (diffusion plate) ● Fibrin degenerasieprodukte (diffusieplaat)	10.35	274.38	6.9	182.92
3853	Fibrin degeneration products (latex slide) ● Fibrin degenerasie produkte (latex plaatjie)	4.5	119.30	3	79.53
3854	DXP (Dimer test or equivalent latex slide test) ● DXP (Dimer-toets of ekwivalente latex-plaatjetoets)	8.5	225.34	5.67	150.31
3856	D-Dimer ● D-Dimer	27.52	729.56	18.35	486.46
3855	Hemagglutination inhibition ● Hemagglutinasie inhibisie	9.9	262.45	6.6	174.97
3858	Heparin Removal ● Heparin verwydering	28.88	765.61	19.25	510.32
21.2	Microscopic examinations ● Mikroskopiese ondersoeke				
3863	Autogenous vaccine ● Outogene vaksien	12.6	334.03	8.4	222.68
3864	Entomological examination ● Entomologiese ondersoek	20.7	548.76	13.8	365.84
3865	Parasites in blood smear ● Parasiete in bloedsmeer	5.6	148.46	3.73	98.88
3867	Miscellaneous (body fluids, urine, exudate, fungi, Pus scrapings, etc) ● Diverse (liggaamsvog, urien, eksudaat, Skimmels, etterskrappings, ens)	4.9	129.90	3.3	87.48
3868	Fungus identification ● Fungus identifikasie	8.3	220.03	5.5	145.81
3869	Faeces (including parasites) ● Fekalieë (parasiete ingesluit)	4.9	129.90	3.27	86.69
3872	Automated urine microscopy	8.72	231.17	5.81	154.02
3873	Transmission electron microscopy ● Transmissie elektronmikroskopie	85	2 253.35	57	1 511.07
3874	Scanning electron microscopy ● Skanderings-elektronmikroskopie	100	2 651.00	67	1 776.17
3875	Inclusion bodies ● Insluitingsliggaampie	4.5	119.30	3	79.53
3878	Crystal identification polarised light microscopy ● Kristal identifikasie gepolariseerde ligmikroskopie	4.5	119.30	3	79.53
3879	Campylobacter in stool: fastidious culture ● Campylobacter in feces: puntenerige kweking	9.9	262.45	6.6	174.97
3880	Antigen detection with polyclonal antibodies ● Antigeen bespeuring met poliklonale antiligggame	4.5	119.30	3	79.53
3881	Mycobacteria ● Mikobakterie	3	79.53	2	53.02
3882	Antigen detection with monoclonal antibodies ● Antigeenbespeuring met monoklonale antiligggame	10.8	286.31	7.2	190.87
3883	Concentration techniques for parasites ● Konsentrasie tegnieke vir parasiete	3	79.53	2	53.02
3884	Dark field, Phase- or interference contrast microscopy, Nomarski or Fontana ● Donkerveld, Fase- of interferensie-kontrasmikroskopie, Nomarski of Fontana	6.3	167.01	4.2	111.34
3885	Cytochemical stain ● Sitochemiese kleuring	5.45	144.48	3.65	96.76
21.3	Bacteriology (culture and biological examination) ● Bakteriologie (kweking en biologiese ondersoek)				
3886	DELETED 2009: Antibiotic MIC per organism per antibiotic ● GESKRAP 2009: Antibiotikum MIK per organisme per antibiotikum				

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
3887	Antibiotic susceptibility test, per organism● Antibiotikum gevoeligheidstoets per organisme	8	212.08	5.33	141.30
3889	Clostridium difficile toxin: Monoclonal immunological● Clostridium difficile toksien: Monoklonaal immunologies.	12.4	328.72	8.27	219.24
3890	Antibiotic assay of tissues and fluids● Antibiotikum-essai vir weefsels en vloeistof	13.9	368.49	9.27	245.75
3891	Blood culture: aerobic● Bloedkweking: aerobies	5.85	155.08	3.9	103.39
3892	Blood culture: anaerobic● Bloedkweking: anaerobies	5.85	155.08	3.9	103.39
3893	Bacteriological culture: miscellaneous● Bakteriologiese kweking: diverse	6.3	167.01	4.2	111.34
3894	Radiometric blood culture● Radiometriese bloedkweking	10.8	286.31	7.2	190.87
3895	Bacteriological culture: fastidious organisms● Bakteriologiese kweking: puntenerige organisme	9.9	262.45	6.6	174.97
3896	In vivo culture: bacteria● In vivo kweking: bakterie	16	424.16	10.65	282.33
3897	In vivo culture: virus● In vivo kweking: virus	16	424.16	10.65	282.33
3898	Bacterial exotoxin production (in vitro assay)● Bakteriële eksotoksien produksie (in vitro essay)	4.5	119.30	3	79.53
3899	Bacterial exotoxin production (in vivo assay)● Bakteriële eksotoksien produksie (in vivo essay)	20.7	548.76	13.8	365.84
3901	Fungal culture● Fungus-kweking	4.5	119.30	3	79.53
3903	Antibiotic level: biological fluids● Antibiotikum vlak: biologiese vog	11.7	310.17	7.8	206.78
3905	Identification of virus or rickettsia● Identifikasie van virus of rickettsia	20.7	548.76	13.8	365.84
3906	Identification: chlamydia● Identifikasie: chlamidia	16	424.16	10.65	282.33
3907	Culture for staphylococcus aureus● Kweking vir stafilococcus aureus	2.25	59.65	1.5	39.77
3908	Anaerobic culture: comprehensive● Anaerobiese kweking: omvattend	9.9	262.45	6.6	174.97
3909	Anaerobic culture: limited procedure● Anaerobiese kweking: beperkte prosedure	4.5	119.30	3	79.53
3911	B-Lactamase● B-Laktamase	4.5	119.30	3	79.53
3915	Mycobacterium culture● Mikobakterie kweking	4.5	119.30	3	79.53
3917	Mycoplasma culture: limited● Mikoplasma kweking beperk	2.25	59.65	1.5	39.77
3918	Mycoplasma culture: comprehensive● Mikoplasma kweking: omvattend	9.9	262.45	6.6	174.97
3919	Identification of mycobacterium● Identifikasie van mikobakterie	9.9	262.45	6.6	174.97
3920	Mycobacterium: antibiotic sensitivity● Mikobakterie: antibiotikumsensitiwiteit	9.9	262.45	6.6	174.97
3921	Antibiotic synergistic study● Ondersoek vir sinergisme van antibiotiese middels	20.7	548.76	13.8	365.84
3922	Viable cell count● Lewendeseltelling	1.35	35.79	0.9	23.86
3923	Staph ID Abr (Yeast ID)● Staph ID Abr (Suurdeeg ID)	3.15	83.51	2.1	55.67
3924	Biochemical ident of bacterium: extended● Biologiese ident van bakterie: omvattend	12.5	331.38	8.33	220.83
3925	Serological ident of bacterium: abridged● Serologiese ident van bakterie: verkort	3.15	83.51	2.1	55.67
3926	Serological ident of bacterium: extended● Serologiese ident van bakterie: omvattend	10.2	270.40	6.8	180.27
3927	Grouping of streptococci● Streptokokkus groepering	7.3	193.52	4.85	128.57
3928	Antimicrobial substances● Antimikrobiese substansies	3.8	100.74	2.5	66.28
3929	Radiometric mycobacterium identification● Radiometriese mikobakterie identifikasie	14	371.14	9.3	246.54
3930	Radiometric mycobacterium antibiotic sensitivity● Radiometriese mikobakterie antibiotiese sensitiwiteit	25	662.75	16.7	442.72

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
4652	Rapid automated bacterial identification per organism Vinnige geoutomatiseerde bakteriële identifikasie per organisme	15	397.65	10	265.10
4653	Rapid automated antibiotic susceptibility per organism Vinnige geoutomatiseerde antibiotikum gevoeligheid per organisme	17	450.67	11.33	300.36
4654	Rapid automated MIC per organism per antibiotic Vinnige geoutomatiseerde MIK per organisme per antibiotikum	17	450.67	11.33	300.36
4655	Mycobacteria: MIC determination - E Test Mikobakterie: MIK bepaling - E Toets	16.50	437.42	11.00	291.61
4656	Mycobacteria: Identification HPLC Mikobakterie: Identifikasie HPLC	35.00	927.85	23.33	618.48
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain Mikobakterie: Vervloeide, gekonsentreerde fluorchromiese kleuring	9.90	262.45	6.60	174.97
21.4	Serology • Serologie				
3932	HIV Elisa Type I and II (Screening tests only) HIV Elisa Tipe I en II (Slegs siftingstoets)	14.1	373.79	9.4	249.19
3933	IgE: Total; EMIT or ELISA IgE: Totaal; EMIT of ELISA	11.7	310.17	7.8	206.78
3934	Auto antibodies by labelled antibodies Auto-antiligggame deur gemerkte antiligggame	16	424.16	10.65	282.33
3938	Precipitation test per antigen Presipitasie toets per antigeen	4.5	119.30	3	79.53
3939	Agglutination test per antigen Agglutinasietoets per antigeen	5.5	145.81	3.67	97.29
3940	Haemagglutination test: per antigen Haemagglutinasietoets: per antigeen	9.9	262.45	6.6	174.97
3941	Modified Coombs' test for brucellosis Gewysigde Coombs-toets vir brucellose	4.5	119.30	3	79.53
3942	Hepatitis Rapid Viral Ab Hepatitis Virus AI - spoedmetode	12.24	324.48	8.16	216.32
3943	Antibody titer to bacterial exotoxin Antiligggame titer teen bakteriese eksotoksien	3.6	95.44	2.4	63.62
3944	IgE: Specific antibody titer: ELISA/EMIT: per Ag IgE: spesifieke antiligggame titer: ELISA/EMIT: per Ag	12.4	328.72	8.27	219.24
3945	Complement fixation test Komplementbindingstoets	5.85	155.08	3.9	103.39
3946	IgM: Specific antibody titer: ELISA or EMIT: per Ag IgM: Spesifieke antiligggame titer: ELISA/EMIT: per Ag	14.05	372.47	9.37	248.40
3947	C-reactive protein C-reaktiwe proteïen	3.6	95.44	2.4	63.62
3948	IgG: Specific antibody titer: ELISA/EMIT: per Ag IgG: Spesifieke antiligggame titer: ELISA/EMIT: per Ag	12.95	343.30	8.63	228.78
3949	Qualitative Kahn. VDRL or other flocculation Kwalitatiewe Kahn. VDRL of ander flokkulasie	2.25	59.65	1.5	39.77
3950	Neutrophil phagocytosis Neutrofiel-fagositose	25.2	668.05	16.8	445.37
3951	Quantitative Kahn. VDRL or other flocculation Kwantitatiewe Kahn. VDRL of ander flokkulasie	3.6	95.44	2.4	63.62
3952	Neutrophil chemotaxis Neutrofiel-chemotakse	67.95	1 801.35	45.3	1 200.90
3953	Tube agglutination test Buise agglutinasietoets	4.15	110.02	2.76	73.17
3955	Paul Bunnell: presumptive Paul Bunnell: vermoedelik	2.25	59.65	1.5	39.77
3956	Infectious Mononucleosis latex slide test (Monospot or equivalent) Infektiewe Mononukleose latex-plaatjetoets (Monospot of ekwivalent)	8.5	225.34	5.67	150.31
3957	Paul Bunnell: Absorption Paul Bunnell: Absorpsie	4.5	119.30	3	79.53
4601	Panel typing: Antibody detection: Class I Paneeltipering: Antiligggame opsporing: Klas I	36	954.36	24	636.24
4602	Panel typing: Antibody detection: Class II Paneeltipering: Antiligggame opsporing: Klas II	44	1 166.44	29.3	776.74
4607	Cross matching T-cells (per tray) Kruispassing T-selle (per blad)	18	477.18	12	318.12
4608	Cross matching B-cells Kruispassing B-selle	38	1 007.38	25.3	670.70
4609	Cross matching T- & B-cells Kruispassing T- & B-selle	48	1 272.48	32	848.32
4610	Helicobacter pylori antigen test Helikobakter pylori stoelgang antigeen	34.6	917.25	23.07	611.59
4613	Anti-Gm1 Antibody Assay Anti Gm1 AI bepaling	75	1 988.25	50	1 325.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemeene	
		U/E	R	U/E	R
4614	HIV Ab - Rapid Test● MIV AI - spoedmetode	12	318.12	8	212.08
3959	Rose Waaler Agglutination test● Rose Waaler agglutinasietoets	4.5	119.30	3	79.53
3961	Slide agglutination test● Voorwerpglas-agglutinasietoets	2.63	69.72	1.75	46.39
3962	Rebuck skin window● Rebuck-huidvenster	5.4	143.15	3.6	95.44
3963	Serum complement level: each component● Serum komplement vlak: per komponent	3.15	83.51	2.1	55.67
3967	Auto-antibody: Sensitised erythrocytes● Oto-antiliggame: Gesensitiseerde rooiselle	4.5	119.30	3	79.53
3969	Western blot technique● Western klad tegniek	74	1 961.74	49	1 298.99
3970	DELETED 2009: Epstein-Barr virus antibody tite● GESKRAP 2009: Epstein-Barr virus antiliggaam titer				
3971	Immuno-diffusion test: per antigen● Immuno-diffusie toets: per antigeen	3.15	83.51	2.1	55.67
3973	Immuno electrophoresis: per immune serum● Immuno-elektroforese: per immuunserum	9.45	250.52	6.3	167.01
3975	Indirect immuno-fluorescence test (Bacterial, viral, parasitic)● Indirekte immuno fluoressensietoets (Bakterieel, viraal, parasitêr)	12	318.12	8	212.08
3977	Counter immuno-electrophoresis● Kontra immuno-elektroferese	6.75	178.94	4.5	119.30
3978	Lymphocyte transformation● Limfosien-transformasie	51.7	1 370.57	34.5	914.60
3980	Bilharzia Ag Serum/Urine● Bilharzia Ag Serum/Urine	14.5	384.40	9.67	256.35
21.5	Skin tests ● Huidtoetse For skin-prick allergy tests, please refer to items 0218 to 0221 in the Integumentary Section● Vir vingerprik allergietoetse, verwys na items 0218 tot 0221 in die Velafdeling				
21.6	Biochemical tests: Blood ● Biochemiese toetse: Bloed				
3991	Abnormal pigments: qualitative● Abnormale pigmente: kwalitatief	4.5	119.30	3	79.53
3993	Abnormal pigments: quantitative● Abnormale pigmente: kwantitatief	9	238.59	6	159.06
3995	Acid phosphatase● Suurfosfatase	5.18	137.32	3.45	91.46
3996	Serum Amyloid A● Serum Amiloied A	8.28	219.50	5.52	146.34
3997	Acid phosphatase fractionation● Suurfosfatase fraksionasie	1.8	47.72	1.2	31.81
3998	Amino acids: Quantitative (Post derivatisation HPLC)● Aminosure: Kwantitatief (Post derivatisering HDVC	78.12	2 070.96	52.08	1 380.64
3999	Albumin● Albumien	4.8	127.25	3.2	84.83
4000	Alcohol● Alkohol	12.4	328.72	8.27	219.24
4001	Alkaline phosphatase● Alkalisiese fosfatase	5.18	137.32	3.45	91.46
4002	Alkaline Phosphatase-iso-enzymes● Alkalisiese fosfatase-iso-ensieme	11.7	310.17	7.8	206.78
4003	Ammonia: enzymatic● Ammoniak: ensiematies	7.71	204.39	5.14	136.26
4004	Ammonia: monitor● Ammoniak: monitor	4.5	119.30	3	79.53
4005	Alpha-1-antitrypsin● Alfa-1-antitripsien	7.2	190.87	4.8	127.25
4006	Amylase● Amilase	5.18	137.32	3.45	91.46
4007	Arsenic in blood, hair or nails● Arseen in bloed, hare of naels	36.25	960.99	24.17	640.75
4008	Bilirubin – Reflectance● Bilirubien reflektansie	4.77	126.45	3.18	84.30
4009	Bilirubin: total● Bilirubien: totaal	4.77	126.45	3.18	84.30
4010	Bilirubin: conjugated● Bilirubien: gekonjugeerd	3.62	95.97	2.41	63.89
4014	Cadmium: atomic absorp● Kadmium: atoomabsorpsies	18.12	480.36	12.08	320.24
4016	Calcium: Ionized● Kalsium: Gefoniseerd	6.75	178.94	4.5	119.30
4017	Calcium: spectrophotometric● Kalsium spektrofotometrie	3.62	95.97	2.41	63.89
4018	Calcium: atomic absorption● Kalsium: atoomabsorpsie	7.25	192.20	4.83	128.04
4019	Carotene● Karoteen	2.25	59.65	1.5	39.77
4023	Chloride● Chloried	2.59	68.66	1.73	45.86
4026	LDL cholesterol (chemical determination)● LDL cholesterol (chemiese determinasie)	6.9	182.92	4.6	121.95
4027	Cholesterol total● Cholesterol totaal	5.34	141.56	3.56	94.38

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
4029	Cholinesterase: serum or erythrocyte: each rooisel: elk	7.48	198.29	4.99	132.28
4030	Cholinesterase phenotype (Dibucaine or fluoride each) fenotipe (Dibucaine of fluoried elk)	9	238.59	6	159.06
4031	Total CO ₂ • Totale CO ₂	5.18	137.32	3.45	91.46
4032	Creatinine • Kreatinien	3.62	95.97	2.41	63.89
4035	CSF-Albumin • SSV Albumien	9.45	250.52	6.3	167.01
4036	CSF-IgG Index • SSV IgG Indeks	22.05	584.55	14.7	389.70
4040	Homocysteine (random) • Homosistein (lukraak)	15.3	405.60	10.2	270.40
4041	Homocysteine (after Methionine load) • Homosistein (na Metionien-lading)	18.1	479.83	12.06	319.71
4042	D-Xylose absorption test: two hours • D-Xylose absorpsietoets twee uur	13.15	348.61	8.75	231.96
4045	Fibrinogen: quantitative • Fibrinogeen: kwantitatief	3.6	95.44	2.4	63.62
4047	Hollander test • Hollander se toets	24.75	656.12	16.5	437.42
4049	Glucose tolerance test (2 specimens) • Glukose toleransietoets (2 monsters)	8.97	237.79	5.98	158.53
4050	Glucose strip-test with photometric reading • Glukose strokietoets met fotometriese lesing	1.8	47.72	1.2	31.81
4051	Galactose • Galaktose	11.25	298.24	7.5	198.83
4052	Glucose tolerance test (3 specimens) • Glukose toleransietoets (3 monsters)	13.17	349.14	8.78	232.76
4053	Glucose tolerance test (4 specimens) • Glukose toleransietoets (4 monsters)	17.37	460.48	11.58	306.99
4057	Glucose Quantitative • Glukose Kwantitatief	3.62	95.97	2.41	63.89
4061	Glucose tolerance test (5 specimens) • Glukose toleransietoets (5 monsters)	21.56	571.56	14.37	380.95
4063	Fructosamine • Fruktosamine	7.2	190.87	4.8	127.25
4064	Glycated haemoglobin: chromatography/HbA1c • Geglikosileerde hemoglobien: chromatografie/HbA1C	14.25	377.77	9.5	251.85
4067	Lithium: flame ionisation • Litium: vlam ionisasie	5.18	137.32	3.45	91.46
4068	Lithium: atomic absorption • Litium: atoomabsorpsie	7.48	198.29	4.99	132.28
4071	Iron • Yster	6.75	178.94	4.5	119.30
4073	Iron-binding capacity • Ysterbindingsvermoë	7.65	202.80	5.1	135.20
4076	Carboxy haemoglobin (6x per 24 hrs) • Karboksie hemoglobien (6 x per 24 uur periode)	19.1	506.34	12.73	337.47
4078	Oximetry analysis: MetHb, COHb, QHb, RHb, SulfHb • Oksimetrie analise: MetHb, COHb, QHb, RHb, SulfHb	6.75	178.94	4.5	119.30
4079	Ketones in plasma: qualitative • Ketone in plasma: kwalitatief	2.25	59.65	1.5	39.77
4081	Drug level-biological fluid: Quantitative • Middel vlak-biologiese vog: kwantitatief	10.8	286.31	7.2	190.87
4086	Plasma Lactate • Plasma Laktate				
4085	Lipase • Lipase				
4091	Lipoprotein electrophoresis • Lipoproteïen-elektroferese	9	238.59	6	159.06
4093	Osmolality: Serum or urine • Osmolaliteit: Serum of urien	6.75	178.94	4.5	119.30
4094	Magnesium: Spectrophotometric • Magnesium: Spektrofotometries	3.62	95.97	2.41	63.89
4095	Magnesium: Atomic absorption • Magnesium: Atoomabsorpsie	7.25	192.20	4.83	128.04
4096	Mercury: Atomic absorption • Kwik: Atoomabsorpsie	18.12	480.36	12.08	320.24
4098	Copper: Atomic absorption • Koper: Atoomabsorpsie	18.12	480.36	12.08	320.24
4105	Protein electrophoresis • Proteïen-elektroferese	9	238.59	6	159.06
4106	IgG sub-class 1.2. 3 or 4: Per sub-class • IgG subklas 1.2. 3 of 4: Per subklas	20	530.20	13.2	349.93
4109	Phosphate • Fosfaat	3.62	95.97	2.41	63.89

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
4111	Phospholipids ● Fosfolipiede	3.15	83.51	2.1	55.67
4113	Potassium ● Kalium	3.62	95.97	2.41	63.89
4114	Sodium ● Natrium	3.62	95.97	2.41	63.89
4117	Protein: total ● Proteïen: totaal	3.11	82.45	2.07	54.88
4121	pH, pCO ₂ or pO ₂ each ● pH, pCO ₂ of pO ₂ : elk	6.75	178.94	4.5	119.30
4123	Pyruvic acid ● Pirodruivesuur	4.5	119.30	3	79.53
4125	Salicylates ● Salisilate	4.5	119.30	3	79.53
4126	Secretin-pancreozymin responds ● Sekretien-pankreasimien-respons	26.1	691.91	17.4	461.27
4127	Caeruloplasmin ● Seruloplasmin	4.5	119.30	3	79.53
4128	Phenylalanine: Quantitative ● Fenielaanien: kwantitatief	11.25	298.24	7.5	198.83
4129	Glutamate dehydrogenase (GDH) ● Glutamaat dehydrogenase (GDH)	5.4	143.15	3.6	95.44
4130	Aspartate amino transferase (AST) ● Aspartaat amino transferase (AST)	5.4	143.15	3.6	95.44
4131	Alanine amino transferase (ALT) ● Alanien amino transferase (ALT)	5.4	143.15	3.6	95.44
4132	Cretine kinase (CK) ● Kreatien kinase (CK)	5.4	143.15	3.6	95.44
4133	Lactate dehydrogenase (LD) ● Laktaat dehydrogenase (LD)	5.4	143.15	3.6	95.44
4134	Gamma glutamyl transferase (GGT) ● Gamma glutamiel transferase (GGT)	5.4	143.15	3.6	95.44
4135	Aldolase ● Aldolase	5.4	143.15	3.6	95.44
4136	Angiotensin converting enzyme (ACE) ● Angiotensien omskakelingsensiem (ACE)	9	238.59	6	159.06
4137	Lactate dehydrogenase isoenzyme ● Laktaat dehydrogenase isoensiem	10.8	286.31	7.2	190.87
4138	CK-MB: immunoinhibition/precipitation ● CK-MB: immunoinhibisie/presipetatie	10.8	286.31	7.2	190.87
4139	Adenosine deaminase ● Adenosien deaminase	5.4	143.15	3.6	95.44
4142	Red cell enzymes: each ● Rooiselsensieme: elk	7.8	206.78	5.2	137.85
4143	Serum/plasma enzymes: each ● Serum/plasma ensieme: elk	5.4	143.15	3.6	95.44
4144	Transferrin ● Transferrien	11.7	310.17	7.8	206.78
4146	Lead: atomic absorption ● Lood: atoomabsorpsie.	15	397.65	10	265.10
4151	Urea ● Ureum	3.62	95.97	2.41	63.89
4152	CK-MB ● CK-MB	12.4	328.72	8.27	219.24
4154	Myoglobin quantitative: Monoclonal immunologic ● Mioglobien kwantitatief: Monoklonaal immunologies	12.4	328.72	8.27	219.24
4155	Uric acid ● Uriensuur	3.78	100.21	2.52	66.81
4157	Vitamin A-saturation test ● Vitamien A-versadigingstoets	15.3	405.60	10.2	270.40
4158	Vitamin E (tocopherol) ● Vitamien E (tokoferol)	3.6	95.44	2.4	63.62
4159	Vitamin A ● Vitamien A	6.3	167.01	4.2	111.34
4160	Vitamin C (ascorbic acid) ● Vitamin C (askorbiensuur)	2.25	59.65	1.5	39.77
4161	Trop T	20	530.20	13.33	353.38
4171	Sodium + potassium + chloride + CO ₂ + urea ● Natrium + kalium + chloried + CO ₂ + ureum	15.84	419.92	10.56	279.95
4172	ELIZA or EMIT technique ● ELIZA of EMIT tegniek	12.42	329.25	8.28	219.50
4181	Quantitative protein estimation: Mancini metho ● Kwantitatiewe proteïen bepaling: Mancini metode	7.76	205.72	5.17	137.06
4182	Quantitative protein estimation: nephelometer ● Kwantitatiewe proteïen bepaling: nefelometer	8.28	219.50	5.52	146.34
4183	Quantitative protein estimation: labelled antibody ● Kwantitatiewe proteïen bepaling: gemerkte antiliggzaam	12.42	329.25	8.28	219.50
4185	Lactose ● Laktose	10.8	286.31	7.2	190.87
4187	Zinc: atomic absorption ● Sink: atoomabsorpsie	18.12	480.36	12.08	320.24

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.7	Biochemical tests: Urine ● Biochemiese toets: uriene				
4188	Urine dipstick, per stick (irrespective of the number of tests on stick) ● Urien doopstrok, per strok (ongeg die aantal toets op die strok)	1.5	39.77	1	26.51
4189	Abnormal pigments ● Abnormale pigmente	4.5	119.30	3	79.53
4193	Alkapton test: homogentisic acid ● Alkapton toets: homogentisien-suur	4.5	119.30	3	79.53
4194	Amino acids: quantitative (Post derivatisation HPLC) ● Aminosure: kwantitatief (Post derivatisering HDVC)	78.12	2 070.96	52.08	1 380.64
4195	Amino laevulinic acid ● Aminolevulien-suur	18	477.18	12	318.12
4197	Amylase ● Amilase	5.18	137.32	3.45	91.46
4199	Ascorbic acid ● Askorbiensuur	2.25	59.65	1.5	39.77
4201	Bence-Jones protein ● Bence-Jones proteïen	2.7	71.58	1.8	47.72
4203	Phenol ● Fenol	3.6	95.44	2.4	63.62
4204	Calcium: atomic absorption ● Kalsium: atoomabsorpsie	7.25	192.20	4.83	128.04
4205	Calcium: spectrophotometric ● Kalsium: spektrofotometries	3.62	95.97	2.41	63.89
4206	Calcium: absorption and excretion studies ● Kalsium: absorpsie en ekskresie studies	25	662.75	16.7	442.72
4209	Lead: atomic absorption ● Lood: atoom absorpsie	15	397.65	10	265.10
4211	Bile pigments: qualitative ● Galpigmente: kwalitatief	2.25	59.65	1.5	39.77
4213	Protein: quantitative ● Proteïen: kwantitatief	2.25	59.65	1.5	39.77
4216	Mucopolysaccharides: qualitative ● Mukopolisakkariede: kwalitatief	3.6	95.44	2.4	63.62
4217	Oxalate/Citrate: enzymatic each ● Oksalaat/Sitraat: ensiematies elk	9.38	248.66	6.25	165.69
4218	Glucose: quantitative ● Glukose: kwantitatief	2.25	59.65	1.5	39.77
4219	Steroids: chromatography (each) ● Steroïede: chromatografie (elk)	7.2	190.87	4.8	127.25
4221	Creatinine ● Kreatinien	3.62	95.97	2.41	63.89
4223	Creatinine clearance ● Kreatinien-opruiming	7.65	202.80	5.1	135.20
4227	Electrophoreses: qualitative ● Elektroforese: kwalitatief	4.5	119.30	3	79.53
4229	Uric acid clearance ● - uriensuuropruiming	7.65	202.80	5.1	135.20
4231	Metabolites HPLC (High Pressure Liquid Chromatography) ● Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	994.13	25.00	662.75
4232	Metabolites (Gas chromatography/Mass spectrophotometry) ● Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	1 240.67	31.20	827.11
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography) ● Farmakologiese/ Gewoontevormende middels: Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	994.13	25.00	662.75
4234	Pharmacological/Drugs of abuse: Metabolites (Gas chromatography/Mass spectrophotometry) ● Farmakologiese/ Gewoontevormende middels: Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	1 240.67	31.20	827.11
4237	5-Hydroxy-indole-acetic acid: screen test ● 5-Hidroksie-indolasynsuur: siftingstoets	2.7	71.58	1.8	47.72
4239	5-Hydroxy-indole-acetic acid: quantitative ● 5-Hidroksie-indolasynsuur: kwantitatief	6.75	178.94	4.5	119.30
4241	DELETED 2009: Indican or indole: qualitative ● GESKRAP 2009: Indikan of indool: kwalitatief				
4247	Ketones: excluding dip-stick method ● Ketone: dompelstrokiemetode uitgesluit	2.25	59.65	1.5	39.77
4248	Reducing substances ● Reduserende stowwe	1.8	47.72	1.2	31.81
4251	Metanephrines: column chromatography ● Metanefriene: kolom chromatografie	22.05	584.55	14.7	389.70
4253	Aromatic amines (gas chromatography/mass spectrophotometry) ● Aromatiese amiene (gas chromatografie/massaspektrofotometrie)	27	715.77	18	477.18
4254	Nitrosonaphthol test for tyrosine ● Nitrosonaftoltoets vir tirosien	2.25	59.65	1.5	39.77
4262	Micro Albumin-Qualitative ● Mikroalbumien Kwalitatief	4.5	119.30	3	79.53
4263	pH: Excluding dip-stick method ● pH: Dompelstrokiemetode uitgeslote	0.9	23.86	0.6	15.91
4265	Thin layer chromatography: one way ● Dunlaag chromatografie: enkelrigting	6.75	178.94	4.5	119.30

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
4266	Thin layer chromatography: two way ● Dunlaag chromatografie: tweerigting	11.25	298.24	7.5	198.83
4267	Total organic matter screen: Infrared ● Totale organiese materiaal sifting: Infrarooi	31.25	828.44	20.83	552.20
4268	Organic acids: quantitative: GCMS ● Organiese sure: kwantitatief: GCMS	109.38	2 899.66	72.92	1 933.11
4269	Phenylpyruvic acid: ferric chloride ● Fenielpirodruiwesuur: ferrichloried	2.25	59.65	1.5	39.77
4271	Phosphate excretion index ● Fosfaat uitskeidings indeks	22.05	584.55	14.7	389.70
4272	Porphobilinogen qualitative screen: urine ● Porfobilinogeen kwalitatiewe sifting: urien	5	132.55	3.33	88.28
4273	Porphobilinogen/ALA: quantitative each ● Porfobilinogeen/ALS kwantitatief elk	15	397.65	10	265.10
4283	Magnesium: spectrophotometric ● Magnesium: spektrofotometries	3.62	95.97	2.41	63.89
4284	Magnesium: atomic absorption ● Magnesium: atoomabsorpsie	7.25	192.20	4.83	128.04
4285	Identification of carbohydrate ● Identifikasie van koolhidrate	7.65	202.80	5.1	135.20
4287	Identification of drug: qualitative ● Identifikasie van geneesmiddel: kwalitatief	4.5	119.30	3	79.53
4288	Identification of drug: quantitative ● Identifikasie van geneesmiddel: kwantitatief	10.8	286.31	7.2	190.87
4293	Urea clearance ● Ureum opruiming	5.4	143.15	3.6	95.44
4297	Copper: spectrophotometric ● Koper: spektrofotometries	3.62	95.97	2.41	63.89
4298	Copper: Atomic absorption ● Koper: atoomabsorpsie	18.12	480.36	12.08	320.24
4300	Indican or Indole: Qualitative ● Indikan of Indool: Kwalitatief	3.15	83.51	2.1	55.67
4301	Chloride ● Chloried	2.59	68.66	1.73	45.86
4307	Ammonium chloride loading test ● Ammoniumchloried-ladingstoets	22.05	584.55	14.7	389.70
4309	Urobilinogen: quantitative ● Urobilinogeen: kwantitatief	6.75	178.94	4.5	119.30
4313	Phosphates ● Fosfaat	3.62	95.97	2.41	63.89
4315	Potassium ● Kalium	3.62	95.97	2.41	63.89
4316	Sodium ● Natrium	3.62	95.97	2.41	63.89
4319	Urea ● Ureum	3.62	95.97	2.41	63.89
4321	Uric acid ● Uriensuur	3.62	95.97	2.41	63.89
4322	Fluoride ● Fluoried	5.18	137.32	3.45	91.46
4323	Total protein and protein electrophoresis ● Totale proteïene en proteïenelektroforese	11.25	298.24	7.5	198.83
4325	VMA: quantitative ● VMA: kwantitatief	11.25	298.24	7.5	198.83
4327	Immunofixation: Total Protein, IgG, IgA, IgM, Kappa, Lambda ● Immunofiksasie: Totale proteïene, IgG, IgA, IgM, Kappa, Lambda	46.88	1 242.79	31.25	828.44
4335	Cystine: quantitative ● Sistien: kwantitatief	12.6	334.03	8.4	222.68
4336	Dinitrophenal hydrazine test: ketoacids ● Dinitrofenol-hidrasientoets vir ketosure	2.25	59.65	1.5	39.77
4337	Hydroxyproline: quantitative ● Hidroksieprolien: kwantitatief	18.9	501.04	12.6	334.03

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.8	Biochemical tests: Faeces • Biochemiese toetse: Fekalieë				
4339	Chloride • Chloried	2.59	68.66	1.73	45.86
4343	Fat: qualitative • Vet: kwalitatief	3.15	83.51	2.1	55.67
4345	Fat: quantitative • Vet: kwantitatief	22.05	584.55	14.7	389.70
4347	pH • pH	0.9	23.86	0.6	15.91
4351	Occult blood: chemical test • Okkulte bloed: chemiese toets	2.25	59.65	1.5	39.77
4352	Occult blood (monoclonal antibodies) • Okkulte bloed (monoklonale antiliggamme)	10	265.10	6.67	176.82
4357	Potassium • Kalium	3.62	95.97	2.41	63.89
4358	Sodium • Natrium	3.62	95.97	2.41	63.89
4361	Stercobilin • Sterkobilien	2.25	59.65	1.5	39.77
4363	Stercobilinogen: quantitative • Sterkobilinogeen: kwantitatief	6.75	178.94	4.5	119.30
21.9	Biochemical tests: Miscellaneous • Biochemiese toetse: Diverse				
4370	Vancomycin, Phenytoin, Theophylline • Vancomycin, Phenytoin, Theophylline	12.4	328.72	8.27	219.24
4371	Amylase in exudate • Amilase in eksudaat	5.18	137.32	3.45	91.46
4374	Trace metals in biological fluid: Atomic absorption • Spoorelemente in biologiese vog: atoomabsorpsie	18.13	480.63	12.08	320.24
4375	Calcium in fluid: Spectrophotometric • Kalsium in vog: Spektrofotometries	3.62	95.97	2.41	63.89
4376	Calcium in fluid: Atomic absorption • Kalsium in vog: Atoomabsorpsie	7.25	192.20	4.83	128.04
4388	Gastric contents: Maximal stimulation • Maaginhoud: Maksimum stimulasietoets	27	715.77	18	477.18
4389	Gastric fluid: Total acid per specimen • Maagsap: Totale suur per monster	2.25	59.65	1.5	39.77
4391	Renal calculus: Chemistry • Niersteen: Chemiese ontleding	5.4	143.15	3.6	95.44
4392	Renal calculus: Crystallography • Niersteen: Kristallografie	16.25	430.79	10.8	286.31
4393	Saliva: Potassium • Speeksel: Kalium	3.62	95.97	2.41	63.89
4394	Saliva: Sodium • Speeksel: Natrium	3.62	95.97	2.41	63.89
4395	Sweat: Sodium • Sweet: Natrium	3.62	95.97	2.41	63.89
4396	Sweat: Potassium • Sweet: Kalium	3.62	95.97	2.41	63.89
4397	Sweat: Chloride • Sweet: Chloried	2.59	68.66	1.73	45.86
4399	Sweat collection by iontophoresis (excluding collection material) • Sweetkolleksie deur iontoforese (kolleksie materiaal uitgesluit)	4.5	119.30	3	79.53
4400	Tryptophane loading test • Triptofaanladingstoets	22.05	584.55	14.7	389.70
21.10	Cerebrospinal fluid • Serebro spinale vog				
4401	Cell count • Seltelling	3.45	91.46	2.3	60.97
4407	Cell count, protein, glucose and chloride • Seltelling, proteïen, glukose en chloried	7.65	202.80	5.1	135.20
4409	Chloride • Chloried	2.59	68.66	1.73	45.86
4415	Potassium • Kalium	3.62	95.97	2.41	63.89
4416	Sodium • Natrium	3.62	95.97	2.41	63.89
4417	Protein: Qualitative • Proteïen: Kwalitatief	0.9	23.86	0.6	15.91
4419	Protein: Quantitative • Proteïen: Kwantitatief	3.11	82.45	2.07	54.88
4421	Glucose • Glukose	3.62	95.97	2.41	63.89
4423	Urea • Ureum	3.62	95.97	2.41	63.89
4425	Protein electrophoresis • Proteïenelektroforese	12.6	334.03	8.4	222.68
4434	Bacteriological DNA identification (PCR)	75	1 988.25	50	1 325.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.12	Isotopes • Isotope				
4451	HCG: Monoclonal immunological: Quantitative • HCG: Monoklonaal immunologies: Kwantitatief	12.4	329.72	8.27	219.24
4458	Micro-albuminuria: radio-isotope method • Mikro-albuminurie: radio-isotoop metode	12.42	329.25	8.3	220.03
4459	Acetyl choline receptor antibody • Asetielcholien reseptor antiliggam	158.12	4 191.76	105.41	2 794.42
4463	C6 complement functional assay • C6 komplement funksionele bepaling	45	1 192.95	30	795.30
4466	Beta-2-microglobulin • Beta-2-mikroglobulien	12.42	329.25	8.28	219.50
4469	S-S100 • S-S100	20	530.20	13.33	353.38
4452	Bone-Specific Alk. Phosphatase • Been alkaliese fosfatase	20	530.20	13.33	353.38
4479	Vitamin B12-absorption: Shilling test • Vitamien B12-absorpsie: Shillingtoets	11.7	310.17	7.8	206.78
4480	Serotonin • Serotonien	18.75	497.06	12.5	331.38
4482	Free thyroxine (FT4) • Vry tiroksien (FT4)	17.48	463.39	11.65	308.84
4484	Thyroid profile (only with special motivation) • Tiroied profiel (slegs met spesiale motivering)	37.8	1 002.08	24.72	655.33
4485	Insulin • Insulien	12.42	329.25	8.28	219.50
4488	NT Pro BNP • NT Pro BNP	47.04	1 247.03	33.35	884.11
4491	Vitamin B12 • Vitamien B12	12.42	329.25	8.28	219.50
4493	Drug concentration: quantitative • Middelkonsentrasie: kwantitatief	12.42	329.25	8.28	219.50
4497	Carbohydrate deficient transferrin • Koolwaterstof-gebreklike transferrien	29.06	770.38	19.37	513.50
4499	Cortisol • Kortisol	12.42	329.25	8.28	219.50
4500	DHEA sulphate • DHEA-sulfaat	12.42	329.25	8.28	219.50
4507	Thyrotropin (TSH) • Tirotropien (TSH)	19.6	519.60	13.07	346.49
4509	Free tri-iodothyronine (FT3) • Vry trijodotironien (FT3)	17.48	463.39	11.65	308.84
4511	Renin activity • Renien aktiwiteit	18.9	501.04	12.6	334.03
4516	Follicle stimulating hormone (FSH) • Follikotropien (FSH)	12.42	329.25	8.28	219.50
4517	Luteinizing hormone (LH) • Lutropien (LH)	12.42	329.25	8.28	219.50
4522	Alpha-Feto protein • Alfa-fetoproteïen	12.42	329.25	8.28	219.50
4523	ACTH • AKTH	21.74	576.33	14.49	384.13
4524	Free PSA • Vry PSA	14.49	384.13	9.66	256.09
4527	Gastrin • Gastrien	12.42	329.25	8.28	219.50
4528	Ferritin • Ferritien	12.42	329.25	8.28	219.50
4530	Antiplatelet antibodies • Antiplaatjie antiliggam	15.3	405.60	10.2	270.40
4531	Hepatitis: per antigen or antibody • Hepatitis: per antigeen of antiliggam	14.49	384.13	9.66	256.09
4532	Transcobalamin • Transkobalamien	12.42	329.25	8.28	219.50
4533	Folic acid • Foliensuur	12.42	329.25	8.28	219.50
4536	Erythrocyte folate • Rooisel foliensuur	17.48	463.39	11.65	308.84
4537	Prolactin • Prolaktien	12.42	329.25	8.28	219.50
4538	Procalcitonin: Qualitative • Procalcitonin: Kwalitatief	32	848.32	21.33	565.46
4539	Procalcitonin: Quantitative • Procalcitonin: Kwantitatief	46	1 219.46	30.67	813.06
21.13	After hour service and travelling fees (applicable to pathologists only) • Buite normale werksure en reisegele (slegs van toepassing op patoloë)				
	Miscellaneous • Diverse				
4544	Attendance in theatre • Teenwoordigheid in teater	27	715.77	-	-
4547	After hour service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holiday • Diens buite normale werksure (Maandag tot Vrydag) 17:00 tot 08:00, Saterdag 13:00 tot Maandag 08:00 en openbare vakansiedae	Tariff/Tarief + 50%	Tariff/Tarief + 50%	-	-
4549	Minimum fee for after hour service • Minimumgelde vir diens buite normale werksure	6.3	167.01	-	-
4551	Fees not detailed in the above Pathology Schedule (section 21) are obtainable from the National Pathology Group of the SAMA, and will be based on the fee for a comparable service in the Tariff of fees • Gelde vir dienste nie vermeld in die voorafgaande Patologie skedule (afdeling 21), verkrygbaar van die Nasionale Patologiegroep van die SAMA en sal basies word op die gelde van 'n vergelykbare diens in die Tarief		-	-	-

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
22.	ANATOMICAL PATHOLOGY • ANATOMIESE PATOLOGIE				
The amounts in this section are calculated according to the Anatomical Pathology unit values • Die bedrae in hierdie afdeling word volgens die Anatomiese Patologie eenheidswaardes bereken					
22.1	Exfoliative cytology • Eksfoliatiewe sitologie				
4561	Sputum and all body fluids: First unit • Sputum en alle liggaamsvog: Eerste eenheid	13.4	350.54	8.9	232.82
4563	Sputum and all body fluids: Each additional unit • Sputum en alle liggaamsvog: Elke addisionele eenheid	7.8	204.05	5.2	136.03
4564	Performance of fine-needle aspiration for cytology • Uitvoer van fynnaald aspirasie vir sitologie	15	392.40		
22.2	Histology • Histologie				
4567	Histology per sample/specimen each • Histologie per monster, elk	20	523.20	13.3	347.93
4571	Histology per additional block each • Histologie per blok, elk	11.6	303.46	7.7	201.43
4575	Histology and frozen section in laboratory • Histologie en bevrore snit in laboratorium	22.7	593.83	15.1	395.02
4577	Histology and frozen section in theatre • Histologie en bevrore snit in operasiesaal	90	2 354.40	60	1 569.60
4578	Second and subsequent frozen sections, each • Tweede en daaropvolgende bevrore snitte, elk.	20	523.20	13.4	350.54
4579	Attendance in theatre - no frozen section performed • Teenwoordigheid in teater - sonder dat bevrore snit uitgevoer is	26.3	688.01	17.5	457.80
4582	Serial step sections (including 4567) • Seriesneë (ingeslote 4567)	23.3	609.53	15.6	408.10
4584	Serial step sections per additional block each • Seriesneë, per bykomende blok elk	13.5	353.16	9	235.44
4587	Histology consultation • Histologie konsultasie	10.1	264.22	6.7	175.27
4589	Special stains • Spesiale kleuring	6.7	175.27	4.5	117.72
4591	Immuno-fluorescence/studies • Immuno-fluoresiën/studies	20.7	541.51	13.8	361.01
4593	Electron microscopy • Elektron-mikroskopiese ondersoek	94	2 459.04	63	1 648.08
4650	Autogenous vaccine • Outogene vaksien	8	209.28	5.33	139.43
4651	Entomological examination • Entomologiese ondersoeke	13.9	363.62	9.27	242.50

		Specialist Spesialis		General practitioner Algemene Praktisyn	
		U/E	R	U/E	R
IV. TRAVELLING EXPENSES • REISKOSTE					
Refer to General Rule P • Verwys na Algemene Reël P					
P.	Travelling fees • Reisgelde:				
	(a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if more than 16 kilometres in total had to be travelled. • Waar 'n praktisyn in noodgevalle vanaf sy huis of kamers na 'n pasiënt se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) indien meer as 16 kilometers in totaal gereis moes word.				
	(b) If more than one patient are attended to during the course of a trip the full travelling expenses must be divided between the relevant patients • Indien meer as een pasiënt tydens 'n reis aandag geniet, moet die volle reisgeld pro rata tussen die pasiënte verdeel word.				
	(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms • 'n Praktisyn is nie geregtig om fooie te hef vir enige reiskoste of reistyd na sy kamers nie.				
	(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled) • Waar 'n praktisyn se woning meer as 8 kilometers vanaf 'n hospitaal geleë is, mag geen reisgelde gehef word vir dienste gelewer in sodanige hospitale nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste).				
	(e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled) • Waar 'n praktisyn 'n rondreispraktijk bedryf, is hy nie geregtig om reisgelde te hef nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste).				
	When in cases of emergency (refer to general rule P), a doctor has to travel more than 16 kilometres in total to visit an employee travelling costs can be charged and shall be calculated as follows • Wanneer 'n praktisyn in noodgevalle (verwys na algemene reël P), meer as 16 kilometers in totaal moet reis om 'n werknemer te besoek, kan reiskoste gehef word en word dit soos volg bereken				
	Consultation, visit or surgical fee PLUS • Konsultasie, besoek of chirurgiese gelde PLUS				
5001	Cost of public transport and travelling time at item 5003 • Koste van openbare vervoer en reistyd at item 5003.				
5003	R3.30 per km for each kilometre travelled in own car: 19 km total = 3 R3.30 = R62.70 (no travelling time)				

		Specialist Spesialis		General practitioner Algemene Praktisyn	
		U/E	R	U/E	R
Travelling time (Only applicable when public transport is used) ● Reistyd (Slegs van toepassing wanneer van openbare vervoer gebruik gemaak word.)					
5005	Specialist 18,00 clinical procedure units per hour or part thereof ● 18,00 kliniese prosedure eenhede per uur of deel daarvan vir 'n Spesialis	18	458.46		
5007	General Practitioner: 12,00 clinical procedure units per hour or part thereof ● Algemene Praktisyn: 12,00 kliniese prosedure eenhede per uur of deel daarvan.			12	305.64
5009	After hours: Specialist: 27,00 clinical procedure units per hour or part thereof ● Na ure: Spesialis: 27,00 kliniese prosedure eenhede per uur of deel daarvan	27	687.69		
5011	After hours: General Practitioners: 18,00 clinical procedure units per hour or part thereof ● Na ure: Huisarts: 18,00 kliniese prosedure eenhede per uur of deel daarvan			18	458.46
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them ● Reiskoste is nie betaalbaar indien 'n mediese praktisyn 'n afstand reis om as assistent behulpsaam te wees by 'n operasie op 'n pasient deur homself na die chirurg verwys nie				
5015	Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed ● Reiskoste kan vir reise van die mediese praktisyn se woonhuis of in antwoord op oproepe ontvang gedurende die nag of naweke geëis word, in gevalle waar reiskoste geëis mag word				

CODA Tariff for Medical Practitioners

	Groups and Sections / Groepe en Afdelings	Unit Value / Eenheidswaarde
1.	Consultation Services codes 0146 & 0109 / Konsultasiedienste kodes 0146 & 0109	R 25.47
	Consultation Services: codes 0181; 0182; 0183, 0184, 0186, 0151/ Konsultasiedienste: kodes 0181; 0182; 0183, 0184, 0186, 0151	R 25.95
	Speech therapy consultations: 1011, 1012, 1013	R 0.00
2.	Clinical procedures / Kliniese prosedures	R 25.47
3.	Anaesthetics / Narkose	R 119.02
4.	Radiology & MRI / Radiologie & MRB	R 26.64
5.	Radiation Oncology / Stralingsonkologie	R 28.02
6.	Ultrasound / Ultraklank	R 25.17
7.	Computed Tomography / Rekenaartomografie	R 25.60
8.	Clinical Pathology / Kliniese Patologie	R 26.51
9.	Anatomical Pathology / Anatomiese Patologie	R 26.16
10	5 Digit Radiology (SP)	R 173.73

Note : The unit value and amounts published in the tariff is **AT Exclusive**

Neem kennis : Die eenheidswaarde en bedrae gepubliseer in die tarief is **BTW Uitgesluit**

[illegible]

COIDA & RSSA INDICATIONS FOR MRI OF INJURY ON DUTY PATIENTS.

Select the appropriate injury, modality and indication to be used in conjunction with a MRI.

Annexure A ➡ MRI motivation form.

Annexure B ➡ COIDA & RSSA indication for MRI.

Annexure C ➡ Indications for plexus and peripheral nerve block.

Annexure D ➡ System format.

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	Discipline Description :
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Radiation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

88	Registered nurses
89	Social workers
90	Manufacturers of assistive devices

Annexure: A
The Department of Labour: Compensation Fund

MRI Motivation Form for Employee's Injured on Duty

Claim Number:

Employee's Name:

Employees ID No:

Name of Employer:

Date of Accident / Injury:

Type of Injury:

**Brief description of how
injury occurred:**

**Previous clinic / imaging
investigations done, and dates:**

Imaging investigation required:

**Motivation / Clinical indications
for the investigation:**

Requesting Doctors Name:

Practice Number:

Date of Referral

This form should preferably be typed.

ANNEXURE :B**COIDA & RSSA– Indications for MR Imaging of Injury on Duty Patients**

Select the appropriate injury, modality and indication. To be used in conjunction with a MRI / CT motivation. Refer also to the document “Guidelines for Imaging of MRI and other studies for Injury on Duty Patients”

☐ **Head Injury - Acute (1)** (Acute regarded as within first week of date of injury)

- | | |
|-----------------------------|---|
| ☐ CT | ☐ Reduced level of consciousness (1.i.a) |
| | ☐ Seizures (1.i.b) |
| | ☐ Neurological deficit (1.i.c) |
| | ☐ Skull or facial bone fractures (1.i.d) |
-

☐ **Head + Cervical Spine Injury – Acute (2)**

- | | |
|---|---|
| ☐ CT | ☐ Head as above (2.i) |
| | ☐ CT Spine (bone or joint injury) depending on result spine x-ray (2.ii) |
| ☐ MRI – in selected cases following a CT (2.iii) | |
-

☐ **Head Injury – Sub acute**

- | | |
|------------------------------|---|
| ☐ MRI | ☐ Rotational axonal injury (2.d) |
| | ☐ Chronic subdural haemorrhage |
-

☐ **Head Injury - long term sequela (3)**

- | | |
|------------------------------|--|
| ☐ CT | ☐ If convulsions present in semi acute phase, do CT first (3.b) |
| ☐ MRI | ☐ Epilepsy (contrast and additional sequences often required) (3.a) |
| | ☐ Long term structural changes (3.c) |
-

☐ **Spine – Acute**

- | | |
|------------------------------|---|
| ☐ CT | ☐ Bone or joint injury (4.i) |
| ☐ MRI | ☐ Cord compression (5.i) |
| | ☐ Neurological signs (nerve root) (5.ii) |
| | ☐ Vertebral body fracture (selected cases) (5.iii) |
-

☐ **Spine – sub acute and long term sequela**

- | | |
|------------------------------|---|
| ☐ MRI | ☐ Cord injury (6.i) |
| | ☐ Disc herniation (6.ii) |
| | ☐ Post operative assessment (selected cases) (6.iii) |
-

☐ **Chest / Body Injury (7)**

- | | | | |
|-----------------------------|---|---|---|
| ☐ CT | ☐ Sternal fracture | ☐ Vascular of lung | ☐ Other organs / soft tissue |
|-----------------------------|---|---|---|
-

☐ **Extremities**

- | | |
|------------------------------|---|
| ☐ CT | ☐ Complicated fractures and dislocations (10) |
| ☐ MRI | ☐ Muscle distal biceps insertion (9) |
| | ☐ Cartilage, tendons, labrum, soft tissue of, joints (8.iii.a) |
| | ☐ Planning repair of joints (8.iii.b) |
| | ☐ Knee, elbow, ankle (usually no contrast) (8.iii.d) |
| | ☐ Shoulder, wrist, hip (usually with contrast) (8.iii.c) |

ANNEXURE: C

Item 2800 and 2802 as part of anaesthesia

2800 – Plexus nerve block

2802 – Peripheral nerve block

The motivation for the use of one of these codes in addition to that for the “normal” anaesthesia is that it controls post operative pain and minimises the use of pain injections / medication and encourages early mobilisation.

It is reasonable if the injury / surgery is of sufficient nature to expect much pain post operatively, such as in the fracture of a long bone that was surgically reduced and fixated.

It is however not reasonable in cases of a simple fracture to a hand bone / foot bone or uncomplicated amputation of a finger / toe or other simple procedures.

Examples of claims where the use is reasonable:

- open reduction / internal fixation of a femur / tibia – fibula / humerus / radius – ulna
- total knee replacement / total hip replacement

Examples where the use of the codes is not reasonable:

- one fracture in the hand / foot treated surgically
- amputation finger / toe or part of finger / toe
- arthroscopy of the ankle / knee / shoulder

The use of this codes could also be reasonable were a “crushed foot” injury because of many fractures and multiple procedures in one operation.

Item 2800 and 2802 as part of treatment

There also are instances where the use of the codes is part of the treatment (no surgery performed and is not part of general anaesthesia as such). This is why the codes were put into the tariff structure in the first place.

Multiple rib fractures are treated with a nerve block for pain management and that would be acceptable.


labour

 Department:
Labour
REPUBLIC OF SOUTH AFRICA

UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal