URGENT (1)

NB. Note needed in Infobase

(179 pgs)

2-234 (Mostly new Schedules)

THE PROVINCE OF GAUTENG

DIE PROVINSIE GAUTENG

# Provincial Gazette Extraordinary
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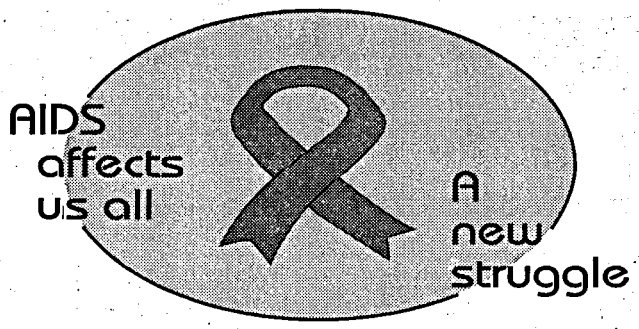
**Vol. 5** PRETORIA, 19 NOVEMBER 1999 **No. 104**

**We all have the power to prevent AIDS**

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DEPARTMENT OF HEALTH

H/ISRSA/604/PROL/UPDATE

GPGN 7560

# GENERAL NOTICE
# ALGEMENE KENNISGEWING

**NOTICE 7560 OF 1999**

# GAUTENG PROVINCE

## DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO 14 OF 1958)

## REGULATIONS AND TARIFFS RELATING TO AMBULANCES: AMENDMENT

The Member of the Executive Council responsible for Health has under section 76 of the Hospitals Ordinance, 1958 (Ordinance No 14 of 1958), made the regulations in the Schedule.

## SCHEDULE

***Definition***

1. In these regulations, unless the context indicates otherwise, "the regulations" means the Regulations and Tariffs relating to Ambulances promulgated by Administrator's Notice No 646 of 29 August 1958, as amended by Administrator's Notice No. 252 of 16 June 1993.

***Substitution of regulation 8 of the regulations***

2. The following regulation is hereby substituted for regulation 8 of the regulations:

*"**8.** The tariff of fees for the transport of patients in an ambulance, air ambulance or any other patient transport vehicle or for an ambulance standby service, fixed with reference to the applicable tariff category as determined in the Regulations relating to the Classification of, and Fees payable, by Patients at Provincial Hospitals, promulgated by Administrator's Notice No. 616 of 12 June 1968, as amended, with effect from 1 December 1999 shall be as follows:*

***A. PROVINCIAL AMBULANCE AND OTHER PATIENT TRANSPORT VEHICLE***

| *Service* | *Category* | *Tariffs (R)* | |
|---|---|---|---|
| | | *Basic Life Support* | *Advanced Life Support* |
| *Ambulance per 50 km or part thereof per patient transported.* | *HW* | *R 220.00* | *R 350.00* |
| | *PH* | *R 220.00* | *R 350.00* |
| | *P* | *Schedule 19[3]* | *Schedule 19[3]* |
| | *H3* | *R 78.00* | *R 160.00* |
| | *H2* | *R 52.00* | *R 100.00* |
| | *H1* | *R 26.00* | *R 50.00* |

| Service | Category | Tariffs (R) |
|---|---|---|
| Resuscitation fee | HW<br>PH<br>P<br>H3<br>H2<br>H1 | R 350.00<br>R 350.00<br>Schedule 19[3]<br>R 160.00<br>R 100.00<br>R 50.00 |
| | | |
| Patient transport vehicle per 100 km or part thereof per patient transported. | HW<br>PH<br>P<br>H3<br>H2<br>H1 | -<br>R 160.00<br>Schedule 19[3]<br>R 50.00<br>R 32.00<br>R 16.00 |

1. Distance is from point where the patient is loaded to the point where the patient is off-loaded.
2. Note: A resuscitation fee may only be billed when a second vehicle (response car or ambulance) with staff (inclusive of a paramedic) attempt to resuscitate the patients using full Advanced Life Support interventions. These interventions must include one or more of the following:
   - Administration of advanced cardiac life support drugs
   - Cardioversion-synchronised or unsynchronised (defibrillation)
   - External cardiac pacing
   - Endotracheal intubation (oral or nasal) with assisted ventilation.
3. Tariffs for Private patients must be charged according to Schedule B 19 of Administrators Notice 616 of 12 June 1968, as amended.

**B. PROVINCIAL AIR AMBULANCE TRANSPORT**

| Tariff Category | Tariff per patient per flying hour or part thereof (R) |
|---|---|
| H1..... | R 110.00 |
| H2..... | R 220.00 |
| H3..... | R 440.00 |
| P, P/H AND H/W..... | R 3000.00 |

**C. SPECIAL EVENTS - STANDBY PER HOUR OR PART THEREOF**

| Vehicle type (with crew) | Tariff per hour or part thereof (R) |
|---|---|
| Ambulance | R 220.00 |
| Primary Response Vehicle | R 220.00 |
| Doctor | R 200.00 |

***D. RESCUE TARIFFS***

| *Type* | *Tariff per 30 minutes or part thereof (R)* | |
|---|---|---|
| | *State Dependant/Indigent* | *Private* |
| *Motor vehicle extrication* | | |
| *- Light motor vehicle* | *R 50.00* | *R 100.00* |
| *- Heavy motor vehicle* | *R 100.00* | *R 300.00* |
| *Mountain* | *R 50.00* | *R 250.00* |
| *Sea* | *R 50.00* | *R 250.00* |
| *Industrial* | *R 25.00* | *R 150.00* |
| *Building* | *R 50.00* | *R 150.00* |
| *High Angle Rescue* | *R 50.00* | *R 250.00* |
| *Swift Water* | *R 50.00* | *R 250.00* |
| *Diving* | *R 25.00* | *R 150.00* |
| *Radiation* | *R 25.00* | *R 300.00* |
| *Hazardous Material* | *R 25.00* | *R 300.00* |

***E. COPIES OF MEDICAL REPORTS***

*R 210.00 per Copy."*

***Commencement***

3. These regulations shall be deemed to have come into operation on 01 December 1999.

# GAUTENG PROVINCE

## DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE, 1958 (ORDINANCE NO 14 OF 1958)

## REGULATIONS RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS: AMENDMENT

The Member of the Executive Council responsible for Health has under sections 36, 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No 14 of 1958), made the regulations in the Schedule.

## SCHEDULE

***Definition***

1. In these regulations, unless the context indicates otherwise, "the regulations" means the regulations relating to the Classification of and Fees Payable by Patients at Provincial Hospitals promulgated by Administrator's Notice No 616 of 12 June 1968, as amended by:

Administrator's Notice No. 1008 of 1968;
Administrator's Notice No. 853 of 1969;
Administrator's Notice No. 929 of 1973;
Administrator's Notice No. 341 of 1976;
Administrator's Notice No. 725 of 1980;
Administrator's Notice No. 767 of 1981;
Administrator's Notice No. 341 of 1982;
Administrator's Notice No. 490 of 1984;
Administrator's Notice No. 1147 of 1984;
Administrator's Notice No. 454 of 1985;
Administrator's Notice No. 653 of 1985;
Administrator's Notice No. 415 of 1986;
Administrator's Notice No. 996 of 1987;
Administrator's Notice No. 1979 of 1987;
Administrator's Notice No. 464 of 1988;
Administrator's Notice No. 502 of 1989;

Administrator's Notice No. 44 of 1990;
Administrator's Notice No. 344 of 1990;
Administrator's Notice No. 171 of 1991;
Administrator's Notice No. 71 of 1992;
Administrator's Notice No. 250 of 1993; and
Administrator's Notice No. 551 of 1993.

***Substitution of Schedules A and B of the regulations***

2. The Schedules following directly after regulation 4 of these regulations and titled "Commencement" are hereby substituted for Schedules A and B of the regulations.

***Application of regulations:***

3. The provisions of these regulations shall not apply to any person who is an in-patient on the day immediately preceding 01 December 1999 or whose admission and classification as an in-patient had been approved before 01 December 1999 and for the period ending on the date on which he or she is discharged from the hospital concerned.

***Commencement***

4. These regulations shall be deemed to have come into operation on 01 December 1999.

## SCHEDULE A

## CLASSIFICATION AND TARIFF CATEGORIES BASED ON INCOME AND STATUS

| | Hospital Patients | | | | | Private Patients | | |
|---|---|---|---|---|---|---|---|---|
| Status | Exempted | Part Paying | | | | Exempted | Private | Private Hospitals |
| | HG | HW | H1 | H2 | H3 | PG | P | PH |
| | An exempted patients (classified in terms of section 36 of the Ordinances | A patients contemplate in regulation 5 (3) | An applicant who has a yearly income of | An applicant who has a yearly income of more than | An applicant as contemplated in regulation 3 (4) (a) an an applicant who has a yearly income of more than | An exempted patient (classified in terms of section 36 of the Ordinance) | 1. A applicant treated by a private medical practitioner irrespective of hid income of assets<br>2. A member of a medical aid scheme<br>3. An applicant who is classified in terms of section 32 (1) of the Ordinance, who who is treated by a private medical practitioner<br>4. An applicant as contemplated in regulation 3 (4) (b) of 4 who is treated by a private medical practitioner<br>5. A foreign patient treated by a private medical practitioner<br>6. An applicant who has a yearly income of more than | 1. An applicant who is classified as a private patient at an academic hospital in terms of paragraph 6 of category P who is treated by a medical practitioner in the service of that hospital<br>2. An applicant who is classified in terms of section 32 (1) of the Ordinance and who is treated by a medical practitioner in the service of that Hospital<br>3. An applicant as contemplated in regulation 3 (4) (b) of 4 who is treated by a medical practitioner in the service of that hospital<br>4. A foreign patient who is classified as a private patient in terms of paragraph 5 of category P who is treated by a medical practitioner in the service of that hospital |
| Individual | | | Not more than R20 000 or with assets of not more than R84 000 | R20 000 but not more than R26 000 or with assets of more than R84 000 but not more than R 116,000 | R26 000 but not more than R39 000 or with assets of more than R116 000 but not more than R 175,000 | | R39 000 or with assets of more than R 175,000 | |
| Family Unit | | | Not more than R32 000 or with assets of more than R 148,000 | R32 000 but not more than R45 000 or with assets of more than R148 000 but not more than R 213,000 | R45 000 but not more than R60 000 or with assets of more than R213 000 but not more than R 287,000 | | R60 000 or with assets of more than R 287,000 | |

## SCHEDULE B

## TARIFF OF FEES

| Category | In - patients | | Out - patients per visit | | | | | All Hospitals | | | Other additional costs |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hospital | | | | | | | | | | |
| | Community | Regional & Academic | Community Hospitals | Regional & Academic Hospitals | Day hospital or CHC with full time nursing services | PHCC and clinic with full time nursing services | Mobile clinic temporary visiting points and house calls | Theatre fees Out-patients | Theatre fees In-patients | Radiology services | |
| HG | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted |
| H1 | Refer to Schedule B(a) 1 | | | Refer to Schedule B(a) 2 | | | Free | - | - | - | |
| H2 | Refer to Schedule B(a) 1 | | | Refer to Schedule B(a) 2 | | | Free | - | - | - | As per items 7 *(e)* of *(j)* of this schedule |
| H3 | Refer to Schedule B(a) 1 | | | Refer to Schedule B(a) 2 | | | Free | - | - | - | |
| PG | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted | Exempted |
| P and PH | Refer to Schedule B(a) 1 | | | Refer to Schedule B(a) 2 | | | R 63 | As per item 1 *(b)* and *(c)* of this schedule | As per item 1 *(b)* and *(c)* of this schedule | As per item 2 of this schedule | As per item 3 to 9 of this schedule |
| HW | - | - | - | - | - | - | - | - | - | - | - |

***NOTE:***

(a) Out patients fees in respect of out-patients receiving certain therapeutic exercise / group therapy are payable once per month, irrespective of the number of attendance's at double the out-patient tariff for academic / regional hospitals namely R 202 for private & R 152 , R 101 and R 52 for the different H categories.

(b) Private patients who are specifically referred for one or more special services as determined by the Deputy Director-general from time to time, are exempted from the payment of out-patient fees if no further treatment/examination is received at the hospital, except in the case of after hour visits 50% of the patient tariff is payable additional to the service.

(c) The admission fee applicable to hospital patients is payable per 30 days or part thereof.

# GAUTENG PROVINCIAL GOVERNMENT
# DEPARTMENT OF HEALTH

## SCHEDULE B

## TARIFF OF FEES

This Schedule consists of the following

| | | |
|---|---|---|
| (a) | Schedule B(a): | Accommodation, Consultations and Theatre Fees |
| (b) | Schedule B1: | Medical Fees |
| (c) | Schedule B2: | Speech Therapists and Audiologists Services |
| (d) | Schedule B3: | Dietician Services |
| (e) | Schedule B4: | Physiotherapy Services |
| (f) | Schedule B5: | Occupational Therapy Services |
| (g) | Schedule B6: | Biokinetic Services |
| (h) | Schedule B7: | Chiropractor Services |
| (i) | Schedule B8: | Clinical Technologist Services |
| (j) | Schedule B9: | Dental Therapist Services |
| (k) | Schedule B10: | Hearing Aid Acoustician Services |
| (l) | Schedule B11: | Orthoptist Services |
| (m) | Schedule B12: | Podiatrist Services |
| (n) | Schedule B13: | Psychologist Services |
| (o) | Schedule B14: | Radiographer Services |
| (p) | Schedule B15: | Artificial Aids |
| (q) | Schedule B16: | Procedural Fees |
| (r) | Schedule Bl7: | Charges for Equipment and Materials |
| (s) | Schedule B18: | Dental Tariffs |
| (t) | Schedule B19 | Ambulance Tariffs |

# SCHEDULE B (a)

## ACCOMMODATION, CONSULTATIONS AND THEATRE FEES

## 1 ACCOMMODATION (IN-PATIENT FEES)

**Ward fees**

Hospitals and unattached operating theatre units shall indicate the exact time of admission and discharge on all accounts.

In the case of hospitals, the **day admission** fee (code 007) shall be charged in respect of all patients admitted as day patients and **discharged before 23h00 on the same date.**

**The following will be applicable to items 001 to 005, 010, 017, 013, 018, 015, 020, 200, 201, 202 and 215 to 218 where a patient's length of stay exceeds 24 hours:**

On the day of admission:
If accommodation is less than 12 hours : half the daily rate
If accommodation is more than 12 hours : full daily rate

Two half-day fees would be applicable when a patient is transferred internally between any ward and any specialised unit.

On day of discharge:
If accommodation is less than 12 hours : half the daily rate
If accommodation is more than 12 hours : full daily rate

The items appearing under code..182 shall be deemed to be included in ward fees, and no charge in respect thereof may be levied.

The items appearing under code 182 shall be deemed to be included in ward fees, and no charge in respect thereof may be levied.

| Code | Description | P/PH | H3 | H2 | H1 |
|---|---|---|---|---|---|
| | | Per day | Per admission of 30 days or part thereof | | |
| **1.1** | **COMMUNITY HOSPITAL TARIFFS** | | | | |
| **1.1.1** | **General Wards** | | | | |
| 001 | Surgical cases: per day. | 365.00 | 274.00 | 183.00 | 92.00 |
| 002 | Thoracic and neurosurgical cases (including laminectomies and spinal fusion) : per day | 385.00 | 289.00 | 193.00 | 97.00 |
| 003 | Psychiatric general ward fee, per day | 286.00 | 215.00 | 143.00 | 72.00 |
| 004 | Medical and neurological cases: per day. | 365.00 | 274.00 | 183.00 | 92.00 |
| 005 | Paediatric cases (under 13 years of age) | 452.00 | 339.00 | 226.00 | 113.00 |
| 007 | Day admission which includes all patients discharged by 23h00 on date of admission | 180.00 | 135.00 | 90.00 | 45.00 |
| **1.1.2** | **Maternity** | | | | |
| | **Natural births** | | | | |
| 009 | First day (Day of confinement). | 1702.00 | | | |
| 010 | Subsequent day(s).Per day | 579.00 | | | |
| 017 | Subsequent day(s) excluding nursery fee . | 421.00 | | | |

| Code | Description | P/PH | H3 | H2 | H1 |
|---|---|---|---|---|---|
| | | Per day | Per admission of 30 days or part thereof | | |
| | **Caesarean** | | | | |
| 012 | First day (Day of confinement). | 2517.00 | | | |
| 013 | Subsequent day(s). Per day | 568.00 | | | |
| 018 | Subsequent day(s) excluding nursery fee | 409.00 | | | |
| | Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account | | | | |
| 015 | Nursery fee. | 159.00 | | | |
| 016 | Delivery room. | 769.00 | | | |
| | **Epidural fee** | | | | |
| 011 | Use of epidural anaesthesia. (Note : This item includes all surgicals and nursing but no ethicals) | 261.00 | | | |
| | The above maternity fees are a fixed per diem fee and replace all other charges other than ethicals used for normal deliveries and caesarean sections (5.1 to 5.4 and 5.7 to 5.8), but INCLUDE all other charges such as multiple births (nursery fee for 2nd baby excluded) and after-hour deliveries (including caesareans), labour ward or other ward fees, nursery fees, phototherapy, theatre and equipment fees, and surgical items. The above fees also EXCLUDE the costs of special treatment of newly born infants, e.g. circumcision certified as necessary by the attending practitioner, which shall be dealt with in accordance with the Scale of Benefits for private hospitals and the rules of the relevant scheme pertaining to such dependants. | | | | |
| | A neonate requiring specialised treatment in an ICU shall be considered to be a patient in its own right and, for that reason, the Scale of Benefits shall be applied to such neonate. | | | | |
| | **Active Birthing Unit** | | | | |
| 030 | Global fee for an Active Birthing Unit (Accredited or Approved by RAMS) | 1135.00 | | | |
| **1.1.3** | **INTENSIVE CARE UNITS** | | | | |
| 201 | Intensive Care Unit: Per day. | 1448.00 | 1086.00 | 724.00 | 362.00 |
| 202 | Neonatal Intensive Care Unit: Per day. | 1806.00 | 1355.00 | 903.00 | 452.00 |
| | (The charges referred to under items 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen) | | | | |
| **1.1.4** | **HIGH CARE WARDS** | | | | |
| 215 | High Care Ward, Per day. | 926.00 | 695.00 | 463.00 | 232.00 |
| 216 | Neonatal High Care Ward `A' (Intensive nursing and monitoring) | 1006.00 | 755.00 | 503.00 | 252.00 |
| 217 | Neonatal High Care Ward `B' (Standard nursing and monitoring) | 656.00 | 492.00 | 328.00 | 164.00 |
| 218 | Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care). | 454.00 | | | |
| | Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, eg phototherapy may be charged. | | | | |
| | All admissions to units/wards referred to under 201 to 202 shall be confirmed with the relevant scheme for each 72 hours and 215 to 218 shall be confirmed weekly with the relevant scheme. | | | | |

| Code | Description | P/PH | H3 | H2 | H1 |
|---|---|---|---|---|---|
| | | Per day | Per admission of 30 days or part thereof | | |
| **1.2** | **REGIONAL/ACADEMIC HOSPITAL TARIFFS** | | | | |
| **1.2.1** | **General Wards** | | | | |
| 001 | Surgical cases: per day. | 466.00 | 350.00 | 233.00 | 117.00 |
| 002 | Thoracic and neurosurgical cases (including laminectomies and spinal fusion) : per day | 491.00 | 369.00 | 246.00 | 123.00 |
| 003 | Psychiatric general ward fee, per day | 365.00 | 274.00 | 183.00 | 92.00 |
| 004 | Medical and neurological cases: per day. | 466.00 | 350.00 | 233.00 | 117.00 |
| 005 | Paediatric cases (under 13 years of age) | 577.00 | 433.00 | 289.00 | 145.00 |
| 007 | Day admission which includes all patients discharged by 23h00 on date of admission | 227.00 | | | |
| **1.2.2** | **Maternity** | | | | |
| | **Natural births** | | | | |
| 009 | First day (Day of confinement). | 2165.00 | | | |
| 010 | Subsequent day(s).Per day | 739.00 | | | |
| 017 | Subsequent day(s) excluding nursery fee : | 537.00 | | | |
| | **Caesarean** | | | | |
| 012 | First day (Day of confinement). | 321.00 | | | |
| 013 | Subsequent day(s). Per day | 724.00 | | | |
| 018 | Subsequent day(s) excluding nursery fee | 522.00 | | | |
| | Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account | | | | |
| 015 | Nursery fee. | 203.00 | | | |
| 016 | Delivery room. | 976.00 | | | |
| | **Epidural fee** | | | | |
| 011 | Use of epidural anaesthesia. (Note : This item includes all surgicals and nursing but no ethicals) | 332.00 | | | |
| | The above maternity fees are a fixed per diem fee and replace all other charges other than ethicals used for normal deliveries and caesarean sections (5.1 to 5.4 and 5.7 to 5.8), but INCLUDE all other charges such as multiple births (nursery fee for 2nd baby excluded) and after-hour deliveries (including caesareans), labour ward or other ward fees, nursery fees, phototherapy, theatre and equipment fees, and surgical items. The above fees also EXCLUDE the costs of special treatment of newly born infants, e.g. circumcision certified as necessary by the attending practitioner, which shall be dealt with in accordance with the Scale of Benefits for private hospitals and the rules of the relevant scheme pertaining to such dependants. | | | | |
| | A neonate requiring specialised treatment in an ICU shall be considered to be a patient in its own right and, for that reason, the Scale of Benefits shall be applied to such neonate. | | | | |
| | **Active Birthing Unit** | | | | |
| 030 | Global fee for an Active Birthing Unit (Accredited or Approved by RAMS) | 1441.00 | | | |

| Code | Description | P/PH | H3 | H2 | H1 |
|---|---|---|---|---|---|
| | | Per day | Per admission of 30 days or part thereof | | |
| **1.2.3** | **INTENSIVE CARE UNITS** | | | | |
| 201 | Intensive Care Unit: Per day. | 1849.00 | 1387.00 | 925.00 | 463.00 |
| 202 | Neonatal Intensive Care Unit: Per day. | 2305.00 | 1729.00 | 1153.00 | 577.00 |
| | (The charges referred to under items 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen) | | | | |
| **1.2.4** | **HIGH CARE WARDS** | | | | |
| 215 | High Care Ward, Per day. | 1182.00 | 887.00 | 591.00 | 296.00 |
| 216 | Neonatal High Care Ward 'A' (Intensive nursing and monitoring) | 1284.00 | 963.00 | 642.00 | 321.00 |
| 217 | Neonatal High Care Ward 'B' (Standard nursing and monitoring) | 837.00 | 628.00 | 419.00 | 210.00 |
| 218 | Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care). | 492.00 | | | |
| | Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, eg phototherapy may be charged. | | | | |
| | All admissions to units/wards referred to under 201 to 202 shall be confirmed with the relevant scheme for each 72 hours and 215 to 218 shall be confirmed weekly with the relevant scheme. | | | | |
| **1.3** | **PSYCHIATRIC HOSPITAL TARIFFS** | | | | |
| **1.3.1** | **General wards** | | | | |
| 004 | General ward fee : with overnight stay | 365.00 | 274.00 | 183.00 | 92.00 |
| 005 | General ward fee: without overnight stay | 254.00 | 191.00 | 127.00 | 64.00 |
| 006 | General ward fee : under 5 hours stay | 128.00 | 96.00 | 64.00 | 32.00 |
| 055 | Electroconvulsive therapy (ECT) | 175.00 | 131.00 | 88.00 | 44.00 |
| 231 | Monitors | 54.00 | 41.00 | 27.00 | 14.00 |

## 1.4. Non Chargeable Items (A)

182 Non chargeable items and equipment in Wards, High Care Wards and all Intensive Care Units (Which would always include the equivalent to the items named)
Acetone
Adapters
Alcohol or spirits (Webcol and Preptics chargeable)

Betadine skincleanser scrub, Shampoo and Spray (Betadine preparation chargeable when prescribed for therapeutic reasons)
Body lotions, powders, cream, oils and shampoo (Except when used as treatment)

Cetavlon
Cidex and all sterilising fluid
Clip removers
Collection charges (pathology)
Connections - reusable (Should be specified)

Dettol - Instrument Dettol
Douche cans (reusable)
Disinfectants - e.g. Biocide

ET tube introducers

Face masks (for nursing staff except for reversed barrier nursing - to be motivated by practitioner)
Formalin in saline
Fractional items:

- Strapping - e.g. Elastoplast, Micropore, Transpore, Dermicel, Zinc oxide (roll is chargeable when appropriate)
- Eye/ear/nose drops, creams and ointments - e.g. Sofradex, Maxitrol, Lacrilube (tube is chargeable when prescribed)
- Topical anaesthetics - e.g. Remicaine, Xylocaine
- Sprays - e.g. Opsite, Disidine
- Jellies (tubes) - e.g. KY
- Creams - e.g. Terracortril

Gloves for non sterile procedures except for reversed barrier nursing - to be motivated by practitioner
Gowns including disposable except for reversed barrier nursing - to be motivated by practitioner

Hibitane - all solutions (obstetric cream chargeable)
Humidifiers (except Aquapac and Sterimist or equivalent)

Iodine - solution for prepping

Labstix, Multistix, Dextrostix equipment (Dextrostix and acid test chargeable in High care, ICU, for diabetics and hyperalimentation)
Lancets and autolets - chargeable in High care, ICU and for diabetics
Linen, linen savers, draw sheets including disposable linen (incontinent sheets chargeable for incontinent patients only)
Liquid soaps - except for burns and haemorrhoidectomies (chargeable when prescribed for therapeutic reasons)

Meals ex kitchen or catering services, milk substitutes, baby foods and meal supplements excluding hyperalimentation - e.g. tube feeds (Bona fide hyperalimentation chargeable IV or tube feeds)
Medicine glasses and spoons (syringes for feeding chargeable - limit to one per day in Neonatal ICU and High Care A and B)

Merthiolate, mercurochrome for prepping (Chargeable when prescribed for therapeutic reasons)
Micro-retractor

Nursing

Packs (CSD) (sterile)
Prep equipment - shaving trays, razors, scrub-up brushes, antiseptic soaps and solutions

Receptal liners and Shut-off valves (for receptal liners) (Chargeable in specialised units and patients with respiratory complications)

Savlon
Sheepskins
Spatulas, tongue depressors and orange sticks
Spigots and safety pins
Spray top bottles
Sputum cups
Sterile water - pour bottles (except for flushing of wounds)
Sterilisation of instruments or materials
Staple removers

Thermometers and single use thermometers - except temperature probe in Neonatal ICU (1 per patient)
Trays (except items 266 and 267) (include in section 5.5)
Tubing

Ventilator/Respirator circuits

X-ray detectable swabs

**Other non-chargeable equipment in wards**

- Dinamapp and Sphygmomanometer
- ECG (paper and electrodes chargeable)
- Glucometer
- Oximeter
- Oxisensor except in Neonatal ICU (1 per case)
- Oxygen analysers, hoods and attachments, (disposable attachments excluded) (refer to reusable equipment)
- Peak flow meters, excluding disposable mouth piece
- Stethoscopes

**Indicated in some instances, but for patient's account**

- Depilatory creams
- Disposable briefs
- Disposable nappies

Sanitary towels and incontinent pads (when unrelated to procedure)

| Code | Description | P/PH | H3 | H2 | H1 |
|---|---|---|---|---|---|
| **2.** | **CONSULTATIONS (OUT-PATIENT VISITS)** | | | | |
| **2.1** | **COMMUNITY HOSPITAL TARIFFS** | | | | |
| | Per Visit | 63.00 | 48.00 | 32.00 | 17.00 |
| | After-hours levy | 32.00 | | | |
| **2.2** | **REGIONAL/ACADEMIC HOSPITAL TARIFFS** | | | | |
| | Per Visit | 101.00 | 76.00 | 51.00 | 26.00 |
| | After-hours levy | 51.00 | | | |
| **2.3** | **PSYCHIATRIC HOSPITAL TARIFFS** | | | | |
| | Per Visit | 63.00 | 48.00 | 32.00 | 17.00 |
| | After-hours levy | 32.00 | | | |

| Code | Description | P/PH | H3 | H2 | H1 |
|---|---|---|---|---|---|
| **3.** | **THEATRE FEES** | | | | |
| **3.1** | **Excimer Laser** | | | | |
| 061 | Excimer Laser Theatre fee, per minute (Community & Regional/Academic Hospital) | 10.00 | | | |
| | The items under code 181 shall be deemed to be included in major theatre or minor theatre fees, and no charge in respect thereof may be levied | | | | |
| **3.2** | **Minor Theatre** | | | | |
| | **Minor Theatre, regardless of site**<br>A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and no general anaesthetic, are carried out. No Sophisticated monitoring is required but resuscitation equipment (trolley) must be available in the procedure room. | | | | |
| | **Time in minor theatre** | | | | |
| 071 | The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows: Charge per minute (which includes 0.12c per minute for those items in the surgical basket). | | | | |
| | **Community Hospital** | 6.00 | | | |
| | **Regional/Academic Hospital** | 7.00 | | | |
| **3.3** | **Operating Theatre** | | | | |
| | **Modifier 0002:** Orthopaedic, Neurosurgical and Vascular:<br>• Joint replacements (only hip, knee, shoulder ankle or elbow)<br>• Femoral popliteal bypasses<br>• Carotid endarterectomies<br>• Aortic Aneurysm repair and arterial grafts<br>• Neurosurgery (Brain and spinal cord surgery only, excludes neurolysis) | | | | |
| | **Community Hospital** | 470.00 | | | |
| | **Regional/Academic Hospital** | 600.00 | | | |
| | **Modifier 0003:** Cardiac surgery<br>Cardio-thoracic and Cardio-vascular surgery<br>• All open heart surgery, with or without the insertion of prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment, no additional fees may be charged. | | | | |
| | NOTE : The above surcharge will also be applicable to approved provincial hospitals | | | | |
| | **Community Hospital** | 934.00 | | | |
| | **Regional/Academic Hospital** | 1192.00 | | | |
| **3.4** | **Time in Theatre** | | | | |
| 081 | The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows | | | | |
| | Charge per minute (which includes 0.12c per minute for those items in the surgical basket). | | | | |

| Code | Description | P/PH | H3 | H2 | H1 |
|---|---|---|---|---|---|
| | **Community Hospital** | 17.00 | | | |
| | **Regional/Academic Hospital** | 20.00 | | | |
| | **Specialised Theatre Modifiers** | | | | |
| | In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the under-mentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria. | | | | |
| | Note: Specialised intensive care units and specialised theatres are to be individually inspected and approved by RAMS. | | | | |
| **3.5** | **After hours** | | | | |
| 153 | After hours : per case, for cases admitted to theatre and catheterisation laboratories from 19h00 to 07h00 on weekdays, from 13h00 on Saturdays to 07h00 on Mondays, and public holidays | | | | |
| | **Community Hospital** | 104.00 | | | |
| | **Regional/Academic Hospital** | 132.00 | | | |

| | |
|---|---|
| **4.6** | **Non-chargeable items (B)** |
| 181 | Non chargeable theatre items (which would always include the equivalent to the item named)<br><br>Acetone<br>Adapters (excluding cardio-thoracic packs)<br>Anaesthetic circuits, masks<br>Anaesthetic tray (excluding green or blue swabs)<br><br>Collection charges (pathology)<br>Connections (reusable) (excluding cardio-thoracic packs)<br><br>Disinfectant - e.g. Biocide<br>Disposable gowns and drapes, C arm drapes, Mayo table drapes except : disposable non-woven paper based or disposable reusable barrier gowns and theatre table drapes may be charged for in the following instances:<br>• Hip, knee, shoulder and elbow joint replacements<br>• Open heart and cardiac bypass surgery<br>• Vascular surgery<br>• Neuro-surgery (Brain and spinal cord)<br>• Arthroscopy of hip, shoulder, knee or elbow joints<br>• Spinal surgery (including microscope drapes)<br><br>ET tube introducers<br><br>Face masks, head covers and overshoes<br>Formalin in saline<br>Fractional items:<br>• Strapping - e.g. Elastoplast, Micropore, Transpore, Dermicel, Zinc oxide, except for varicose veins, hip and knee replacements and open heart surgery (Roll chargeable where applicable)<br>• Ophthalmic/ear/nasal drops, creams and ointments - e.g. Sofradex, Maxitrol, Lacrilube (chargeable in ophthalmic surgery)<br>• Topical anaesthetics - e.g. Remicaine, Xylocaine<br>• Sprays - e.g. Opsite, Disadine<br>• Jellies - e.g. KY and Cardiotrace (Sachets chargeable)<br>Creams - e.g. Terracortril (Tube chargeable when prescribed for therapeutic reasons) |

| | |
|---|---|
| | Glass syringes, utensils and equipment<br>Gloves not used by sterile surgical team<br><br>Linen and linen savers including incontinent pads and sheets<br>Loan sets - hire of<br><br>Micro-retractor<br><br>Preparation items - shaving trays, razors<br><br>Receptal liners and Shut-off valves (for receptal liners)<br>Recovery room<br>Re-usable operating instruments and dental ENT drills, burrs, bits and cutters except for items referred to in Section 5<br>Scrub-up materials, solutions, creams, soaps, brushes<br>Skin preparation solutions, antiseptic solutions, soaps and alcohol<br>Spigots and safety pins<br>Standard packs<br>Sterile trays<br>Sterilising of instruments or materials and Steripeel<br>Sterilising solutions, gases or tablets used to sterilise instruments<br>Sterile water - Pour bottles (for flushing of wounds only)<br>Suction and nozzles (non-disposable)<br>Stitch cutters, staple and clip removers (including disposable)<br><br>Thermometers and single use thermometer (except core temperature probes - 1 only in Cardio Thoracic cases)<br><br>Ventilator circuits<br><br>**Other non-chargeable equipment**<br>• Anaesthetic machine<br>• Cautery, Diathermy and Fulguration (plates chargeable) (pencils - see 5.5.3)<br>• Humidifier (Equipment. Disposable components chargeable)<br>• Monitors, ECG and Dinamapp<br>• Phacoemulsifier<br>• Ventilators<br><br>**NON CHARGEABLES IN CATHETERISATION LABORATORY (As per item 181)**<br>Medrad pump - high pressure infuser (equipment non-chargeable, but HP syringe used is chargeable) |

| | | |
|---|---|---|
| **5.0** | **Bypass Fee** | |
| | Fee charged for patients who have bypassed correct referral procedures. The fee is applicable on all categories of patients | 75.00 |

# GAUTENG PROVINCIAL GOVERNMENT

## DEPARTMENT OF HEALTH

## SCHEDULE B1

## MEDICAL TARIFFS FOR PRIVATE AND PRIVATE HOSPITAL PATIENTS


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FEES FOR GENERAL MEDICAL AND SURGICAL SERVICES

GENERAL RULES GOVERNING THE TARIFF

A (i) First consultation: Refers to a situation where a medical practitioner personally takes down a patient's medical history, performs an appropriate clinical examination and, if indicated, prescribes or administers treatment or assists the patient with advice.

(ii) Subsequent consultation: Refers to a voluntarily scheduled consultation performed for the same condition within four (4) months after the first consultation (although the symptoms or complaints may differ from those presented during the first consultation). It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling.

(iii) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied. Where no procedure or operation was carried out, fees may be charged for hospital visits according to item 0109.

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.

C The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees shall be based on the fee in respect of a comparable service.

D Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. 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 consultation at or away from doctor's rooms (item 0101 or 0103), as the case may be.

E The appropriate fee may be charged for all pre-operative consultations with the exception of a routine pre-operative visit at the hospital.

F Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself.

G Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding four months. Where the surgeon does not himself complete the after-care, it shall be his responsibility to arrange for this to be done without extra charge, provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions. Removal of stitches by a practitioner other than the one who performed the operation/procedure or his partner, is not regarded as normal after-care.

H Items involving removal of lesions include follow-up treatment for four months.

I The fee in respect of the prescribed examination of, and the prescribed report on, any person for his or her initial admission to a medical scheme, undertaken at the request of the scheme concerned, shall be paid by such scheme. The fee for such examination and report shall be the general practitioner's consultation fee in respect of the member, and a general practitioner's consultation fee in respect of any dependent of such member.

J 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.

K In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient shall take all reasonable steps to ensure the collaboration of the patient's general practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependent of such member. This also applies in respect of specimens sent to pathologists.

L If a procedure is performed at the time of a consultation, the fee for the consultation plus the fee for the procedure is charged.

M In cases where, during a consultation, a procedure is planned to be performed at a later occasion, a consultation may not be charged for again, at such a later occasion.

N 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 performed at the time the condition is brought to the doctor's attention.

O In the case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme.

[1]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 section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total.

(b) If more than one patient would be 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 would be 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)

(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)

(f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical aid benefits will not be applicable in such instances

INTENSIVE CARE

RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

Q Units in respect of items 1204 to 1210 exclude the following :

(a) Anaesthetic and/or surgical fees for any condition or procedure.

(b) Cost of any drugs and/or materials.

(c) Any other cost which may be incurred before, during or after the consultation and/or the therapy.

(d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen

(e) Procedural items 1202 and 1212 to 1221

but include the following:

(f) Performing and interpretation of a resting ECG

(g) Interpretation of chemistry tests and x-rays

R Units for items 1208, 1209 and 1210 include resuscitation (i.e. item 1211).

S Units for items 1212, 1213 and 1214 include the following

(a) Measurement of minute volume, vital capacity, time- and vital capacity studies.

(b) Testing and connecting the machine.

(c) Putting patient on machine: setting machine, synchronising patient with machine.

(d) Instruction to nursing staff.

(e) All subsequent visits for 24 hours.

T Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204.

RULE GOVERNING THE SECTION OBSTETRIC PROCEDURES

U (i) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he has performed.

(a) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical units according to item 2614.

(b) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical units according to item 2614.

(ii) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614.

(iii) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616 and the general practitioner according to item 2614.

RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY

Va 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 Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods.

RULES GOVERNING THE SECTION RADIOLOGY

Y Except where otherwise indicated, radiologists are entitled to charge for contrast material used.

Z No fee to be subject to more than one reduction.

RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES

AA Procedures to exclude cost of isotope.

RULE GOVERNING THE SECTION RADIATION ONCOLOGY

BB The fees in this section do NOT include the cost of radium or isotopes.

**RULES GOVERNING THE SECTION ACUPUNCTURE**

CC (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately.

(b) Not more than two separate techniques may be charged for at each session.

(c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient.

(d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp.

**MONETARY VALUE OF UNITS**

DD The monetary values of the units are as follows:

| | |
|---|---|
| CLINICAL PROCEDURES | R4.00 |
| ANAESTHESIOLOGISTS | R20.13 |
| RADIOLOGY | R5.33 |
| RADIATION ONCOLOGY | R4.57 |
| ULTRASOUND | R3.61 |
| COMPUTED TOMOGRAPHY | R4.23 |
| MAGNETIC RESONANCE IMAGING | R4.06 |
| CLINICAL PATHOLOGY | R4.12 |
| ANATOMICAL PATHOLOGY | R4.62 |
| HUMAN GENETICS | R4.46 |

Note: Monetary values have been rounded off on the basis that monetary values ending with a 1 to 4 cents value have been rounded off downwards, and that 5 to 9 cents have been rounded off upwards. This rule applies to all fees where the units have been converted to rands and cents. Monetary values in respect of modifiers should be rounded off to the nearest ONE cent on the basis that the third decimal ending with a 1 to 4 cents value should be rounded off downwards, and that 5 to 9 cents should be rounded off upwards:

**EXAMPLE:**

| | | |
|---|---|---|
| a. | Basic fee of 3,00 anaesthetic units | R 60.39 |
| b. | Time of 45 minutes = 4.5 units X R20.13 | R 90.59 |
| | Total (a + b) | R150.98 |

RULE GOVERNING ULTRASONIC EXAMINATIONS

EE All second and consecutive ultrasound scans performed during pregnancy are excluded from the benefits offered by medical schemes unless proper motivation for such scan(s) is submitted to the medical scheme as follows:

(a) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options).

(b) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be.

(c) In case of a referral to a radiologist, no motivation should be required from the radiologist.

**RULES GOVERNING THE SECTION URINARY SYSTEM**

FF (a) When a cystoscopy precedes a related operation, modifier 0013 applies, e.g. cystoscopy followed by transurethral prostatectomy.

(b) When a cystoscopy precedes an unrelated operation, modifier 0005 applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair.

(c) No modifier applies to item 1949 when performed together with any of items 1951 to 1973.

**RULE GOVERNING THE SECTION RADIOLOGY**

GG 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 5 years.

MODIFIERS GOVERNING THE TARIFF

**MODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF**

0001 For involuntarily scheduled after-hours emergency radiological services (see General Rule B), the additional premium shall be 50% of the fee for the particular services (Section 19.12: Portable unit examinations excluded). For after-hours MR scans (items 6200 to 6255), a maximum levy of 100,00 radiological units is applicable.

**MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO GIVE A REPORT ON X-RAYS**

0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.

**GENERAL MODIFIERS GOVERNING THE TARIFF**

0004 Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: per fee for procedure + 21 clinical units

0005 Multiple procedures/operations under the same anaesthetic: Unless otherwise identified in the tariff when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identified 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. In the case of multiple fractures and/or dislocations the above values shall prevail. Please note: When more than one small procedure is performed and the tariff makes provision for items 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.

0006 Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of after-care. The referring practitioner will then be entitled to item 0109 for after-care. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the after-care, must in such instances quote modifier 0006 with the particular items which they use.

0007 a) Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical units irrespective of the number of items of equipment provided.

b) 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 clinical units irrespective of the number of items of equipment provided.

0008 Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon

0009 The fee for an assistant is 15% of the fee for the specialist surgeon, with a minimum of 24,00 clinical units

0010 A fee for a local anaesthetic administered by the operator may only be charged for an operation or a procedure having a value greater than 30,00 clinical units (i.e. 31,00 or more units allocated to a single item). The fee 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 0036 shall be applicable in such a case. Not applicable to radiological procedures (such as angiography and myelography). No fee may be levied for topical application of local anaesthetic. Please note: modifier 0010 may not be added on the surgeon's account for procedures that were performed under general anaesthetic

0011 The additional fee to all members of the surgical team for after-hours emergency surgery for theatre procedures shall be 12,00 clinical units for each half-hour or part thereof of the operation time. Normal hour fees to be charged in respect of patients on scheduled lists.

0012 The additional fee for an after-hours confinement shall be 12,00 clinical units for each half hour or part thereof of actual time spent with the patient

0013 Where an endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged.

0014 Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under General Rule J, except where already specified in the tariff.

**INJECTIONS, INFUSIONS AND INHALATION SEDATION**

**MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF**

0015 Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions.

0017 When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner himself to patients who attend the consulting rooms, a first injection forms a part of the consultation and all subsequent injections for the same condition should be charged at 50% of the appropriate consultation fee for a general practitioner.

**MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETIC FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS TARIFF**

0021 Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units and the time units. In cases 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 tariff. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist 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 anaesthetic, i.e. 1,50 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than 1 hour the number of units shall, after 1 hour, be 3,00 anaesthetic units per 15 minute period or part thereof

0024 If a pre-operative assessment of a patient by the anaesthesiologist is not followed by an operation it will be regarded as a consultation at hospital or nursing home

0025 Anaesthetic time is calculated from the time the anaesthesiologist 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 is no longer required to give his personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist must show on his account the exact anaesthetic time and the supervision time spent with the patient.

0027 Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units.

0029 When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic.

0031 Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time.

0032 Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added.

0033 When an anaesthesiologist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035

0034 All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added.

0035 No anaesthetic administered by a specialist anaesthesiologist shall have a total value of less than 7,00 anaesthetic units.

0036 Fees for an anaesthetic administered by a general practitioner shall be two thirds (2/3) of the total number of units applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than 6,00 anaesthetic units. The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthesiologist.

**Note:** Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448):

0037 Utilisation of total body hypothermia: Add 3,00 anaesthetic units

0039 Deliberate control of the blood pressure: All cases up to one hour - add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof

0040 The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units

0041 Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units

0042 Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units

0043 For all cases under one year of age - 3,00 anaesthetic units to be added

0044 Neonates (i.e. less than 28 days of age) - 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to modifier 0043

**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 anaesthetic unit, except where the procedure refers to the bones named in modifiers 5442 to 5448

5442 Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint - Add TWO anaesthetic units

5443 Maxillary and orbital bones - Add THREE anaesthetic units

5444 Shaft of femur - Add FOUR anaesthetic units

5445 Spine (except coccyx), pelvis, hip, neck of femur - Add FIVE anaesthetic units

5448 Sternum and/or ribs and procedures which involve an intra-thoracic approach - Add EIGHT anaesthetic units

**POST-OPERATIVE ALLEVIATION OF PAIN**

0045 Where the anaesthesiologist has personally administered the anaesthetic, post-operative alleviation of pain, where special techniques are required, shall be charged according to item 0109 (subsequent visit at the hospital).

Where the anaesthetic was administered by another anaesthesiologist, post-operative alleviation of pain employing special techniques shall be charged according to the particular procedure for instituting the therapy. Revisits shall be charged according to item 0109.

None of the above is applicable to routine post-operative pain management

**MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)**

0100 Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical units is applicable.

**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 or after-hours levy where applicable. After one month, a full fee as for the initial treatment, is applicable.

0047 A fracture **NOT** requiring reduction shall be charged on a fee per service basis.

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 units (not including after-care).

0049 Except where otherwise specified, in cases of compound fractures, 77,00 clinical units (specialists) and 51,00 clinical units (general practitioners) are to be added to the units for the fractures including debridement.

0050 In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires), the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).

0051 Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical units. General practitioners add 51,00 clinical units.

0053 Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists add 32,00 clinical units, general practitioners add 21,00 clinical units.

0055 Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical units for specialists. General practitioners add 51,00 clinical units.

0057 In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot.

0058 Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): per fee for total joint replacement + 100%.

**MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE**

0061 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 OPERATION**

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 the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts.

**MODIFIER: SECTION SPINAL DEFORMITIES**

0065 Additional operative procedures by same surgeon (other than the first two items listed under this heading) within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere.

**MODIFIER: MICROSURGERY OF THE FALLOPIAN-TUBES AND OVARIES**

0066 Where microsurgical techniques are used, with the aid of a microscope 25% may be added to the fee.

**MODIFIER GOVERNING THE SECTION LARYNX**

0067 Microsurgery of the larynx: To the fee of the operation performed add 25%

**MODIFIERS GOVERNING NASAL SURGERY**

0068 Fees for multiple intra-nasal procedures should be charged for separately subject to modifier 0005 with a maximum of three procedures. Applicable to the following items: 1020, 1022, 1024 1025, 1029, 1031,1033, 1035, 1036, 1039, 1041, 1043, 1067, 1069, 1079.

0069 When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1033, 1035 and 1036.

**MODIFIER GOVERNING THE SUBSECTION INTENSIVE CARE: RESPIRATORY, CARDIAC, GENERAL**

0071 Where work is initiated after hours, over a weekend or on public holidays, a further 12,00 clinical units may be charged.

**MODIFIER GOVERNING NON INVASIVE PERIPHERAL VASCULAR TESTS**

0072 The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins.

**MODIFIER GOVERNING GASTROENTEROLOGY PROCEDURES**

0074 A reduction of 33,33% (1/3) of the fee will apply to all fibre optic procedures performed by means of hospital equipment.

**MODIFIER GOVERNING FEES FOR FIBRE OPTIC PROCEDURES**

0075 The fee plus 21,00 clinical units will apply where fibre optic procedures are performed in rooms with own equipment. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff).

**MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT**

0077 When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged.

**MODIFIER TESTIS AND EPIDIDYMIS**

0078 When testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure.

**MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY**

0079 When a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to item 2957 for a 20-minute session or part thereof, provided that such a part comprises 50% or more of the time of a session.

**MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY**

0001 For involuntarily scheduled after-hours emergency radiological services (see General Rule B), the additional premium shall be 50% of the fee for the particular services (Section 19.12: Portable unit examinations excluded). For after-hours MR scans (items 6200 to 6255), a maximum levy of 100,00 radiological units is applicable.

0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.

0080 Multiple examinations: Full Fee.

0081 Repeat examinations: No reduction.

0082 "+" Means that this item is complementary to a preceding item and is therefore not subject to reduction.

0083 A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19 where hospital equipment is used.

0084 In the case of radiological items where films are used practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit.

**MODIFIER GOVERNING VASCULAR STUDIES**

0086 Vascular groups: "Film series" and "Introduction of Contrast Media" is complementary and together constitutes a single examination: neither fee is therefore subject to increase in terms of Modifier 0080.

**MODIFIER GOVERNING "FILM SERIES"**

0087 Per additional series of item 3531 to item 3551 (excluding items 3541, 3542, 3544 and 3546): 50% of the fees.

**MODIFIER GOVERNING COMPUTED TOMOGRAPHY**

0089 The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations, and 16 or more for abdomen examinations. Fees for examination on a matrix number of less than 250 shall be reduced by 50%.

**MODIFIER GOVERNING ULTRASONIC INVESTIGATIONS**

0160 Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units.

**MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES**

0090 Radiologist's fee for participation in a team: 25,00 radiology units per 1/2 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.

**MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING**

6100 In order to charge the full fee (600,00 radiology units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes.

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.

6102 All post-contrast studies (except bone tumour) to be charge at 50% of the fee.

6103 Post-contrast study: Bone tumour: 100% of the fee.

6104 Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable.

6105 Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items.

6106 Where a MR angiography of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability.

6107 Where a MR angiography of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability.

6108 Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series".

**MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY**

0001 For involuntarily scheduled after-hours emergency radiological services (see General Rule B), the additional premium shall be 50% of the fee for the particular services (Section 19.12: Portable unit examinations excluded). For after-hours MR scans (items 6200 to 6255), a maximum levy of 100,00 radiological units is applicable.

0093 The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus.

0094 Where a specialist in radiation oncology uses equipment which is not his own, only 33,33% (1/3) of the fee for the procedure is chargeable.

**MODIFIERS GOVERNING THE SUBSECTION ISOTOPE THERAPY**

0096 Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope.

**MODIFIERS GOVERNING THE SECTION PATHOLOGY**

0097 Where items under Pathology and Anatomical Pathology fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologist's fee.

0099 For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos:

- Stat test requesting may only be done by the referring practitioner and not by the pathologist.
- Specimens must be collected on a stat basis where applicable.
- Test must be performed on a stat basis.
- Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained.
- This modifier will only apply during normal working hours and will never be used in combination with item 4547.

# I. CONSULTATIVE SERVICES

**SEE 'SCHEDULE B (a) 2' FOR THE APPLICABLE TARIFFS**

II. COST OF MATERIAL

0200 Cost of prostheses and/or internal fixation apparatus: Cost price plus 10% mark-up, with a maximum mark-up of R1 889.57

0201 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%, except where the cost is R 1 000 or more, when a mark-up of 10% to a maximum mark-up of R1 889.57 will apply. Charges for medicine used in treatment not to exceed the retail ethical price list.

0202 Setting of sterile tray: A fee of 10,00 clinical 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.

0212 Cost of chemotherapy drugs: This item provides for a charge at cost price plus 35% for chemotherapy drugs used in chemotherapy, except where the cost is R1 000 or more, when a mark-up of 10% to a maximum mark-up of R1 889.57 will apply.

III. PROCEDURES

Please note: The calculated amounts in this section are calculated according to the clinical procedures unit values.

**GENERAL MODIFIERS GOVERNING THIS SECTION OF THE TARIFF**

0011 The additional fee to all members of the surgical team for after-hours emergency surgery for theatre procedures shall be 12,00 clinical units for each half hour or part thereof of the operation time. Normal hour fees to be charged in respect of patients on scheduled lists.

0013 Where an endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged.

0014 Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under General Rule J, except where already specified in the tariff.

1 INJECTIONS, INFUSIONS AND INHALATION SEDATION

**MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF**

0015 Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions.

0017 When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner himself to patients who attend the consulting rooms, a first injection forms a part of the consultation and all subsequent injections for the same condition should be charged at 50% of the appropriate consultation fee for a general practitioner.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | |
|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | Rc |
| 1 | **Injections, infusions, and inhalation sedation treatment** | | | | | | |
| | **INHALATION SEDATION** | | | | | | |
| 0203 | Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof | 6.00 | 25.00 | 6.00 | 2500 | | |
| 0204 | Per additional quarter-hour or part thereof | 3.00 | 13.00 | 3.00 | 13.00 | | |
| | **INTRAVENOUS TREATMENT** (See note: How to charge for intravenous infusions) | | | | | | |
| 0205 | Intravenous infusions (cutdown or push-in) (patients under two years): Cutdown and/or insertion of cannula - chargeable once per 24 hours | 12.00 | 48.00 | 12.00 | 48.00 | | |
| 0206 | Intravenous infusions (push-in) (patients over two years): Insertion of cannula - chargeable once per 24 hours | 6.00 | 25.00 | 6.00 | 25.00 | | |
| 0207 | Intravenous infusions (cutdown) (patients over two years): Cutdown and insertion of cannula - chargeable once per 24 hours | 8.00 | 33.00 | 8.00 | 33.00 | | |
| | **VENESECTION** | | | | | | |
| 0208 | Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations) | 6.00 | 25.00 | 6.00 | 25.00 | | |
| 0209 | Umbilical artery cannulation at birth | 18.00 | 73.00 | 18.00 | 73.00 | | |
| 0211 | Exchange transfusion: First and subsequent (including after-care) | 80.00 | 320.00 | 53.00 | 213.00 | | |
| | **INTRAVENOUS TREATMENT WITH CYTOSTATIC AGENTS** | | | | | | |
| 0213 | Chemotherapy: Intramuscular or subcutaneous: per injection | 5.00 | 20.00 | 5.00 | 20.00 | | |
| 0214 | Chemotherapy: Intravenous bolus technique: per injection | 9.00 | 36.00 | 9.00 | 36.00 | | |
| 0215 | Chemotherapy: Intravenous infusion technique: per injection | 14.00 | 56.00 | 14.00 | 56.00 | | |

**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 consultations (not applicable to item 0205).

**MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETIC FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS TARIFF**

0021 Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units and the time units. In cases 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 tariff. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist 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 anaesthetic, i.e. 1,50 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than 1 hour the number of units shall, after 1 hour, be 3,00 anaesthetic units per 15 minute period or part thereof

0024 If a pre-operative assessment of a patient by the anaesthesiologist is not followed by an operation it will be regarded as a consultation at hospital or nursing home

0025 Anaesthetic time is calculated from the time the anaesthesiologist 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 is no longer required to give his personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist must show on his account the exact anaesthetic time and the supervision time spent with the patient.

0027 Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units.

0029 When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic.

0031 Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time.

0032 Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 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.

0033 When an anaesthesiologist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035

0034 All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 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.

0035 No anaesthetic administered by a specialist anaesthesiologist shall have a total value of less than 7,00 anaesthetic units.

0036 Fees for an anaesthetic administered by a general practitioner shall be two thirds (2/3) of the total number of units applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than 6,00 anaesthetic units. The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthesiologist.

**Note:** Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448):

0037 Utilisation of total body hypothermia: Add 3,00 anaesthetic units

0039 Deliberate control of the blood pressure: All cases up to one hour - add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof

0040 The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units

0041 Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units

0042 Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units

0043 For all cases under one year of age - 3,00 anaesthetic units to be added

0044 Neonates (i.e. less than 28 days of age) - 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to modifier 0043

**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 anaesthetic unit, except where the procedure refers to the bones named in modifiers 5442 to 5448

5442 Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint - Add TWO anaesthetic units

5443 Maxillary and orbital bones - Add THREE anaesthetic units

5444 Shaft of femur - Add FOUR anaesthetic units

5445 Spine (except coccyx), pelvis, hip, neck of femur - Add FIVE anaesthetic units

5448 Sternum and/or ribs and procedures which involve an intra-thoracic approach - Add EIGHT anaesthetic units

**POST-OPERATIVE ALLEVIATION OF PAIN**

0045 Where the anaesthesiologist has personally administered the anaesthetic, post-operative alleviation of pain, where special techniques are required, shall be charged according to item 0109 (subsequent visit at the hospital).

Where the anaesthetic was administered by another anaesthesiologist, post-operative alleviation of pain employing special techniques shall be charged according to the particular procedure for instituting the therapy. Revisits shall be charged according to item 0109.

None of the above is applicable to routine post-operative pain management

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 2 | **INTEGUMENTARY SYSTEM** | | | | | | | |
| 2.1 | Allergy | | | | | | | |
| 0217 | First patch | 4.00 | 16.00 | 4.00 | 16.00 | | | |
| 0219 | Each additional patch | 2.00 | 8.00 | 2.00 | 8.00 | | | |
| | Fees for reading of test as per subsequent consultation | | | | | | | |
| 2.2 | Skin (general) | | | | | | | |
| | **INTRALESIONAL INJECTION INTO AREAS OF PATHOLOGY e.g. KELOIDS** | | | | | | | |
| 0222 | Single | 4.00 | 16.00 | 4.00 | 16.00 | | | |
| 0223 | Multiple | 8.00 | 33.00 | 8.00 | 33.00 | | | |
| 0225 | Epilation: per session | 8.00 | 33.00 | 8.00 | 33.00 | | | |
| 0227 | Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session | 8.00 | 33.00 | 8.00 | 33.00 | 4.00 | T | 81.00 |
| 0228 | PUVA Treatment: Maximum of 21 treatments | 20.00 | 80.00 | 13.00 | 53.00 | | | |
| 0229 | PUVA: Follow-up or maintenance once a week. | 20.00 | 80.00 | 13.00 | 53.00 | | | |
| 0230 | UVR-Treatment | 20.00 | 80.00 | 13.00 | 53.00 | | | |
| 0231 | UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist) No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp | 5.50 | 23.00 | 5.50 | 23.00 | | | |
| | **BIOPSY WITHOUT SUTURING** | | | | | | | |
| 0233 | First lesion | 6.00 | 25.00 | 6.00 | 25.00 | 3.00 | T | 61.00 |
| 0234 | Subsequent lesions, each . | 3.00 | 13.00 | 3.00 | 13.00 | 3.00 | T | 61.00 |
| 0235 | Maximum for multiple additional lesions. | 18.00 | 73.00 | 18.00 | 73.00 | 3.00 | T | 61.00 |
| 0237 | Deep skin biopsy by surgical incision with local anaesthetic and suturing. | 12.00 | 48.00 | 12.00 | 48.00 | 3.00 | T | 61.00 |
| | **TREATMENT OF BENIGN SKIN LESION BY CHEMO-CRYOTHERAPY** | | | | | | | |
| 0241 | First Lesion. | 6.00 | 25.00 | 6.00 | 25.00 | 3.00 | T | 61.00 |
| 0242 | Subsequent lesions, each. | 3.00 | 13.00 | 3.00 | 13.00 | 3.00 | T | 61.00 |
| 0243 | Maximum for multiple additional lesions. | 42.00 | 192.00 | 42.00 | 192.00 | 3.00 | T | 61.00 |
| 0244 | Repair of nail bed. | 30.00 | 120.00 | 30.00 | 120.00 | 3.00 | T | 61.00 |
| | **REMOVAL OF BENIGN LESION BY CURETTING UNDER LOCAL OR GENERAL ANAESTHESIA FOLLOWED BY DIATHERMY AND CURETTING OR ELECTROCAUTERY** | | | | | | | |
| 0245 | First Lesion. | 14.00 | 56.00 | 14.00 | 56.00 | 3.00 | T | 61.00 |
| 0246 | Subsequent lesions, each | 7.00 | 28.00 | 7.00 | 28.00 | 3.00 | T | 61.00 |
| | **REMOVAL OF MALIGNANT LESIONS BY CURETTING UNDER LOCAL OR GENERAL ANAESTHESIA FOLLOWED BY ELECTROCAUTERY** | | | | | | | |
| 0251 | First Lesion. | 30.00 | 120.00 | 30.00 | 120.00 | 3.00 | T | 61.00 |
| 0252 | Subsequent lesions, each. | 15.00 | 60.00 | 15.00 | 60.00 | 3.00 | T | 61.00 |
| 0255 | Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 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 | 87.00 | 348.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 0259 | Removal of foreign body superficial to deep deep fascia (except hands). | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 0261 | Removal of foreign body deep to deep fascia (except hands). | 31.00 | 125.00 | 31.00 | 125.00 | 3.00 | T | 61.00 |
| | **Note:** See items 0922 and 0923 for removal of foreign bodies in hands | | | | | | | |
| | **KURTIN PLANING FOR ACNE SCARRING** | | | | | | | |
| 0271 | Whole face . | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 0273 | Extensive. | 70.00 | 280.00 | 60.00 | 241.00 | 4.00 | T | 81.00 |
| 0275 | Limited . | 30.00 | 120.00 | 30.00 | 120.00 | 4.00 | T | 81.00 |
| 0277 | Subsequent planing of whole face within 12 months | 103.00 | 413.00 | 69.00 | 276.00 | 4.00 | T | 81.00 |
| 0279 | Surgical treatment for axillary hyperhidrosis. | 64.00 | 256.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| | **LASER TREATMENT FOR SMALL SKIN LESIONS** | | | | | | | |
| 0280 | First lesion. | 14.00 | 64.00 | 14.00 | 64.00 | 3.00 | T | 61.00 |
| 0281 | Second lesion. | 7.00 | 28.00 | 7.00 | 28.00 | 3.00 | T | 61.00 |
| 0282 | Maximum for multiple additional lesions. | 56.00 | 225.00 | 56.00 | 225.00 | 3.00 | T | 61.00 |
| | **LASER TREATMENT FOR LARGE SKIN LESIONS** | | | | | | | |
| 0283 | Limited area. | 30.00 | | 30.00 | | 4.00 | T | 81.00 |
| 0284 | Extensive area. | 70.00 | | 60.00 | | 4.00 | T | 81.00 |
| 0285 | Whole face or other areas of equivalent size or larger | 206.00 | | 137.00 | | 4.00 | T | 81.00 |
| 2.3 | Major plastic repair | | | | | | | |
| 0289 | Large skin grafts, composite skin grafts, large full thickness free skin grafts. | 234.00 | 936.00 | 156.00 | 625.00 | 4.00 | T | 81.00 |
| 0290 | Reconstructive procedures (including all stages) and skingraft by myocutaneous flap | 410.00 | 1640.00 | 273.00 | 1093.00 | 4.00 | T | 81.00 |
| 0291 | Reconstructive procedures (including all stages) grafting by microvascular reanastomosis. | 800.00 | 3200.00 | 533.00 | 2133..00 | 4.00 | T | 81.00 |
| 0292 | Distant flaps: First stage. | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 0293 | Contour grafts (excluding cost of material) | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 0294 | Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses | 1200.00 | 4800.00 | 800.00 | 3200.00 | 6.00 | T | 121.00 |
| 0295 | Local skin flaps (large, complicated). | 206.00 | 825.00 | 137.00 | 825.00 | 4.00 | T | 81.00 |
| 0296 | Other procedures of major technical nature. | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 0297 | Subsequent major procedures for repair of same lesion. | 104.00 | 416.00 | 69.00 | 276.00 | 4.00 | T | 81.00 |
| 0298 | Lower abdominal dermo lipectomy. | 170.00 | 680.00 | 113.00 | 453.00 | 5.00 | T | 101.00 |
| 0299 | Major abdominal lipectomy with repositioning of umbilicus. | 275.00 | 1100.00 | 183.00 | 733.00 | 5.00 | T | 101.00 |
| 2.4 | Lacerations, scars, tumours, cysts and other skin lesions | | | | | | | |
| | **STITCHING OF SOFT-TISSUE INJURIES** | | | | | | | |
| 0300 | Stitching of wound (with or without local anaesthesia): Including normal after-care | 14.00 | 56.00 | 14.00 | 56.00 | 3.00 | T | 61.00 |
| 0301 | Additional wounds stitched at same session (each) | 7.00 | 28.00 | 7.00 | 28.00 | 3.00 | T | 61.00 |
| 0302 | Deep laceration involving limited muscle damage | 64.00 | 256.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 0303 | Deep laceration involving extensive muscle damage | 128.00 | 513.00 | 85.00 | 340.00 | 4.00 | T | 81.00 |
| | **Note:** Length of procedure or theatre time must be reflected on the account | | | | | | | |
| 0304 | Major debridement of wound, sloughectomy or secondary suture | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| 0305 | Needle biopsy - soft tissue | 25.00 | 100.00 | 16.00 | 65.00 | 3.00 | T | 61.00 |
| 0307 | Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude | 27.00 | 108.00 | 27.00 | 108.00 | 3.00 | T | 61.00 |
| 0308 | Each additional small procedure done at the same time | 14.00 | 56.00 | 14.00 | 56.00 | 3.00 | T | 61.00 |
| 0310 | Radical excision of nailbed | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | T | 61.00 |
| 0311 | Excision of large benign tumour (more than5 cm). | 55.00 | 220.00 | 55.00 | 220.00 | 3.00 | T | 61.00 |
| 0313 | Extensive resection for malignant soft tissue tumour including muscle | 120.00 | 480.00 | 80.00 | 320.00 | 4.00 | T | 81.00 |
| 0314 | Requiring repair by large skin graft or large local flap or other procedures of similar magnitude | 104.00 | 415.00 | 69.00 | 276.00 | 4.00 | T | 81.00 |
| 0315 | Requiring repair by small skin graft or small local flap or other procedures of similar magnitude | 55.00 | 475.00 | 55.00 | 475.00 | 3.00 | T | 61.00 |
| 2.5 | Breasts | | | | | | | |
| 0316 | Fine needle aspiration for soft tissue (all areas). | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 0317 | Aspiration of cyst or tumour. | 9.00 | 36.00 | 9.00 | 36.00 | 3.00 | T | 61.00 |
| 0319 | Mastotomy with exploration, drainage of abscess or removal of mammary implant. | 42.00 | 168.00 | 42.00 | 168.00 | 3.00 | T | 61.00 |
| 0321 | Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma. | 55.00 | 220.00 | 55.00 | 220.00 | 3.00 | T | 61.00 |
| 0323 | Subareola cone excision of ducts or wedge excision of breast | 75.00 | 300.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 0324 | Wedge excision of breast and axillary dissection. | 180.00 | 720.00 | 120.00 | 480.00 | 5.00 | T | 101.00 |
| 0325 | Total mastectomy. | 120.00 | 480.00 | 80.00 | 320.00 | 5.00 | T | 101.00 |
| 0327 | Total mastectomy with axillary gland biopsy. | 135.00 | 540.00 | 90.00 | 360.00 | 5.00 | T | 101.00 |
| 0329 | Total mastectomy with axillary gland dissection. | 240.00 | 960.00 | 160.00 | 640.00 | 5.00 | T | 101.00 |
| 0330 | Nipple and areola reconstruction | 95.00 | 380.00 | 63.00 | 253.00 | 4.00 | T | 81.00 |
| | **SUBCUTANEOUS MASTECTOMY FOR DISEASE OF BREAST; INCLUDING RECONSTRUCTION BUT EXCLUDING COST OF PROSTHESIS** | | | | | | | |
| 0331 | Unilateral. | 234.00 | 936.00 | 156.00 | 625.00 | 4.00 | T | 81.00 |
| 0333 | Bilateral. | 410.00 | 1640.00 | 273.00 | 1093.00 | 4.00 | T | 81.00 |
| 0334 | Removal of breast implant by means of capsulectomy: Per breast | 234.00 | 936.00 | 156.00 | 624.00 | 4.00 | T | 81.00 |
| 0335 | Implantation of internal subpectoral mammary prosthesis in post mastectomy patients. | 150.00 | 600.00 | 100.00 | 400.00 | 4.00 | T | 81.00 |
| | **REDUCTION: MAMMOPLASTY FOR PATHOLOGICAL HYPERTROPHY** | | | | | | | |
| 0337 | Unilateral. | 234.00 | 936.00 | 156.00 | 625.00 | 5.00 | T | 101.00 |
| 0339 | Bilateral. | 410.00 | 1640.00 | 273.00 | 1093.00 | 5.00 | T | 101.00 |
| | **GYNAECOMASTIA** | | | | | | | |
| 0341 | Unilateral. | 92.00 | 368.00 | 61.00 | 245.00 | 3.00 | T | 61..00 |
| 0343 | Bilateral. | 161.00 | 645.00 | 107.00 | 428.00 | 3.00 | T | 61.00 |
| 2.6 | Burns | | | | | | | |
| 0351 | Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours). | 276.00 | 1105.00 | 184.00 | 736.00 | 5.00 | T | 101.00 |
| 0353 | Tangential excision and grafting: Small. | 100.00 | 400.00 | 67.00 | 268.00 | 5.00 | T | 101.00 |
| 0354 | Tangential excision and grafting: Large. | 200.00 | 800.00 | 133.00 | 533.00 | 5.00 | T | 101.00 |
| 2.7 | Hands (skin) | | | | | | | |
| 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 | 75.00 | 300.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 0357 | Small skin graft in acute hand injury. | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 0359 | Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | T | 61.00 |
| 0361 | Z-plasty. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0363 | Local flap and skin graft. | 150.00 | 600.00 | 100.00 | 400.00 | 3.00 | T | 61.00 |
| 0365 | Cross finger flap (all stages). | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | T | 61.00 |
| 0367 | Palmar flap (all stages). | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | T | 61.00 |
| 0369 | Distant flap: First stage. | 158.00 | 633.00 | 105.00 | 420.00 | 3.00 | T | 61.00 |
| 0371 | Distant flap: Subsequent stage (not subject to general modifier 0007) | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0373 | Transfer neurovascular island flap. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | T | 61.00 |
| 0374 | Syndactyly: Separation of, including skin graft for one web. | 206.00 | 825.00 | 137.00 | 548.00 | 3.00 | T | 61.00 |
| | **DUPUYTREN'S CONTRACTURE** | | | | | | | |
| 0375 | Fasciotomy. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | T | 61.00 |
| 0376 | Fasciectomy. | 206.00 | 825.00 | 137.00 | 548.00 | 3.00 | T | 53.50 |

2.8 Acupuncture

**RULES GOVERNING THE SECTION ACUPUNCTURE**

CC (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately.

(b) Not more than two separate techniques may be charged for at each session.

(c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient.

(d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp.

**Please note:** General Rule M not applicable to section 2.8 of the tariff

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | |
|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | Rc |
| 0377 | Standard acupuncture. | 10.00 | 40.00 | 10.00 | 40.00 | | |
| 0378 | Laser acupuncture using more than 6 points. | 14.00 | 8.00 | 14.00 | 8.00 | | |
| 0379 | Electro-acupuncture. | 14.00 | 8.00 | 14.00 | 8.00 | | |
| 0380 | Scalp acupuncture. | 10.00 | 40.00 | 10.00 | 40.00 | | |
| 0381 | Micro-acupuncture (ear, hand) | 10.00 | 40.00 | 10.00 | 40.00 | | |

3 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 anaesthetic unit, except where the procedure refers to the bones named in modifiers 5442 to 5448

5442 Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint - Add TWO anaesthetic units

5443 Maxillary and orbital bones - Add THREE anaesthetic units

5444 Shaft of femur - Add FOUR anaesthetic units

5445 Spine (except coccyx), pelvis, hip, neck of femur - Add FIVE anaesthetic units

5448 Sternum and/or ribs and procedures which involve an intra-thoracic approach - Add EIGHT anaesthetic units

**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 or after-hours levy where applicable. After one month, a full fee as for the initial treatment, is applicable.

0047 A fracture NOT requiring reduction shall be charged on a fee per service basis.

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 units (not including after-care).

0049 Except where otherwise specified, in cases of compound fractures, 77,00 clinical units (specialists) and 51,00 clinical units (general practitioners) are to be added to the units for the fractures including debridement.

0050 In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires), the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).

0051 Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical units. General practitioners add 51,00 clinical units.

0053 Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists add 32,00 clinical units, general practitioners add 21,00 clinical units.

0055 Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical units for specialists. General practitioners add 51,00 clinical units.

0057 In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot.

0058 Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): per fee for total joint replacement + 100%.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 3.1 | Bones | | | | | | | |
| 3.1.1 | Fractures (reduction under general anaesthetic) | | | | | | | |
| 0383 | Scapula. | iii | | iii | | 3.00 | TM | 61.00 |
| 0387 | Clavicle. | iii | | iii | | 3.00 | TM | 61.00 |
| 0389 | Humerus. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0391 | Radius and/or Ulna. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0392 | Open reduction of both radius and ulna (Modifier 0051 not applicable) | 210.00 | 840.00 | 140.00 | 560.00 | 3.00 | TM | 61.00 |
| 0402 | Carpal bone. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0403 | Bennett's fracture-dislocation | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0405 | Metacarpal: Simple. | 40.00 | 160.00 | 40.00 | 160.00 | 3.00 | TM | 61.00 |
| | **FINGER PHALANX: DISTAL** | | | | | | | |
| 0409 | Simple. | iv | | iv | | 3.00 | TM | 61.00 |
| 0411 | Compound. | 52.00 | 208.00 | 52.00 | 208.00 | 3.00 | TM | 61.00 |
| | **PROXIMAL OR MIDDLE** | | | | | | | |
| 0413 | Simple. | 48.00 | 193.00 | 48.00 | 193.00 | 3.00 | T | 61.00 |
| 0415 | Compound. | 102.00 | 408.00 | 68.00 | 273.00 | 3.00 | TM | 61.00 |
| | **PELVIS** | | | | | | | |
| 0417 | Closed. | iv | | | | 3.00 | T | 61.00 |
| 0419 | Operative reduction and fixation. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 0421 | Femur: Neck or Shaft. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | TM | 61.00 |
| 0425 | Patella. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0429 | Tibia with or without fibula. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| 0433 | Fibula shaft. | | | | | 3.00 | TM | 61.00 |
| 0435 | Malleolus of ankle. | 58.00 | 233.00 | 58.00 | 233.00 | 3.00 | TM | 61.00 |
| 0437 | Fracture-dislocation of ankle. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| 0439 | Tarsal bones and Os calcis. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| | **TOE PHALANX** | | | | | | | |
| 0443 | Distal: Simple. | iv | | iv | | 3.00 | T | 61.00 |
| 0445 | Compound. | 32.00 | 128.00 | 32.00 | 128.00 | 3.00 | TM | 61.00 |
| | **OTHER** | | | | | | | |
| 0447 | Simple. | 26.00 | 105.00 | 26.00 | 105.00 | 3.00 | T | 61.00 |
| 0449 | Compound. | 52.00 | 208.00 | 52.00 | 208.00 | 3.00 | TM | 61.00 |
| | **STERNUM and/or RIBS** | | | | | | | |
| 0451 | Closed. | iv | | iv | | 3.00 | T | 61.00 |
| 0452 | Open reduction and fixation of multiple fractured ribs for flail chest | 230.00 | 920.00 | 153.00 | 613.00 | 3.00 | TM | 61.00 |
| | **SPINE: WITH OR WITHOUT PARALYSIS** | | | | | | | |
| 0455 | Cervical. | iv | | iv | | 3.00 | TM | 61.00 |
| 0456 | Rest. | iv | | iv | | 3.00 | TM | 61.00 |
| | **COMPRESSION FRACTURE** | | | | | | | |
| 0461 | Cervical. | iii | | iii | | 3.00 | TM | 61.00 |
| 0462 | Rest. | iii | | iii | | 3.00 | TM | 61.00 |
| | **SPINOUS OR TRANSVERSE PROCESSES** | | | | | | | |
| 0463 | Cervical. | iii | | iii | | 3.00 | TM | 61.00 |
| 0464 | Rest. | iii | | iii | | 3.00 | TM | 61.00 |
| 3.1.1.1 | **Operations for fractures** | | | | | | | |
| 0465 | Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier) | 288.00 | 1153.00 | 192.00 | 768.00 | 3.00 | TM | 61.00 |
| 0473 | Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care), modifier 0005 not applicable | 32.00 | 128.00 | 32.00 | 128.00 | 3.00 | T | 61.00 |

iii Per service (specify)

iv Per service
iv Per service
iii Per service (specify)

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **BONEGRAFTING OR INTERNAL FIXATION FOR MAL- OR NON-UNION** | | | | | | | |
| 0475 | Femur, Tibia, Humerus, Radius and Ulna. | 282.00 | 1128.00 | 188.00 | 753.00 | 3.00 | TM | 61.00 |
| 0479 | Other bones. | 154.00 | 616.00 | 103.00 | 413.00 | 3.00 | TM | 61.00 |
| 3.1.2 | Bony operations | | | | | | | |
| 3.1.2.1 | Bone grafting | | | | | | | |
| 0497 | Resection of bone or tumour with or without grafting. | 282.00 | 1128.00 | 188.00 | 753.00 | 3.00 | TM | 61.00 |
| | **GRAFTS TO CYSTS** | | | | | | | |
| 0499 | Large bones. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | TM | 61.00 |
| 0501 | Small bones. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| 0503 | Cartilage graft. | 206.00 | 825.00 | 137.00 | 548.00 | 3.00 | TM | 61.00 |
| 0505 | Inter-metacarpal bone graft | 147.00 | 588.00 | 98.00 | 393.00 | 3.00 | TM | 61.00 |
| 0507 | Removal of autogenous bone for grafting (not subject to general modifier 0005) | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | TM | 61.00 |
| **3.1.2.2** | **Acute or chronic osteomyelitis** | | | | | | | |
| 0509 | Conservative treatment. | iii | | iii | | | | |
| 0511 | Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks postoperative care | | | | | | | |
| 0512 | Sternum sequestrectomy and drainage: Including six weeks after-care | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| **3.1.2.3** | **Osteotomy** | | | | | | | |
| 0514 | Sternum: Repair of pectus excavatum. | 330.00 | 1320.00 | 220.00 | 880.00 | 3.00 | TM | 61.00 |
| 0515 | Sternum: Repair of pectus carinatum. | 330.00 | 1320.00 | 220.00 | 880.00 | 3.00 | TM | 61.00 |
| 0516 | Pelvic. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 0521 | Femoral: Proximal. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| | **KNEE REGION** | | | | | | | |
| 0523 | Children. | 115.00 | 460.00 | 77.00 | 308.00 | 3.00 | TM | 61.00 |
| 0527 | Adults. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 0528 | Os Calcis (Dwyer operation). | 115.00 | 460.00 | 77.00 | 308.00 | 3.00 | TM | 61.00 |
| 0530 | Metacarpal and phalanx: Corrective for mal-union or rotation | 120.00 | 480.00 | 80.00 | 320.00 | 3.00 | TM | 61.00 |
| 0532 | Rotation osteotomies of the Radius, Ulna or Humerus | 160.00 | 640.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0533 | Osteotomy, single metatarsal | 60.00 | 240.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0534 | Multiple metatarsal osteotomies. | 150.00 | 600.00 | 100.00 | 400.00 | 3.00 | TM | 61.00 |
| **3.1.2.4** | **Exostosis** | | | | | | | |
| 0535 | Exostosis: Excision: Readily accessible sites. | 60.00 | 240.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0537 | Exostosis: Excision: Less accessible sites. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | TM | 61.00 |
| **3.1.2.5** | **Biopsy** | | | | | | | |
| 0539 | Needle Biopsy: Spine (no after-care), modifier 0005 not applicable. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 0541 | Needle Biopsy: Other sites (no after-care), modifier 0005 not applicable. | 32.00 | 128.00 | 32.00 | 128.00 | 4.00 | T | 81.00 |
| | **OPEN (MODIFIER 0005 NOT APPLICABLE)** | | | | | | | |
| 0543 | Readily accessible site. | 64.00 | 256.00 | 60.00 | 240.00 | As per bone | | |
| 0545 | Less accessible site. | 96.00 | 385.00 | 64.00 | 256.00 | As per bone | | |
| 3.2 | Joints | | | | | | | |
| 3.2.1 | **Dislocations** | | | | | | | |
| 0547 | Clavicle: either end. | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | TM | 61.00 |
| 0549 | Shoulder. | 51.00 | 205.00 | 5100 | 205.00 | 3.00 | TM | 61.00 |
| 0551 | Elbow. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0552 | Wrist. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0553 | Perilunar trans-scaphoid fracture dislocation | 130.00 | 520.00 | 87.00 | 348.00 | 3.00 | TM | 61.00 |
| 0555 | Lunate. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0556 | Carpo-metacarpo dislocation | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0557 | Metacarpo-phalangeal and interphalangeal (hand) | 26.00 | 105.00 | 26.00 | 105.00 | 3.00 | TM | 61.00 |
| 0559 | Hip. | 109.00 | 436.00 | 73.00 | 293.00 | 3.00 | TM | 61.00 |
| 0561 | Knee. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | TM | 61.00 |
| 0563 | Patella. | 32.00 | 128.00 | 32.00 | 128.00 | 3.00 | TM | 61.00 |
| 0565 | Ankle. | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |

[iii] Per service (specify)

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 0567 | Sub-Talar dislocation. | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0569 | Intertarsal or Tarsometatarsal or Midtarsal. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0571 | Metatarsophalangeal and interphalangeal joints (foot) | 14.00 | 56.00 | 14.00 | 56.00 | 3.00 | TM | 61.00 |
| 0573 | Spine: with or without paralysis. | | | | | | | |
| 3.2.2 | Operations for dislocations | | | | | | | |
| 0578 | Recurrent dislocation of shoulder | 200.00 | 800.00 | 133.00 | 533.00 | 3.00 | TM | 61.00 |
| 0579 | Recurrent dislocation of all other joints. | 161.00 | 645.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 3.2.3 | Capsular operations | | | | | | | |
| 0582 | Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0583 | Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care). | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | TM | 61.00 |
| 0585 | Capsulectomy digital joint. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0586 | Multiple percutaneous capsulotomies of metacarpophalangeal joints. | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0587 | Release of digital joint contracture. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| 3.2.4 | Synovectomy | | | | | | | |
| 0589 | Digital joint. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0592 | Large joint. | 160.00 | 640.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0593 | Tendon synovectomy. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| 3.2.5 | Arthrodesis | | | | | | | |
| 0597 | Shoulder. | 224.00 | 896.00 | 149.00 | 596.00 | 3.00 | TM | 61.00 |
| 0598 | Elbow. | 180.00 | 720.00 | 120.00 | 480.00 | 3.00 | TM | 61.00 |
| 0599 | Wrist. | 180.00 | 720.00 | 120.00 | 480.00 | 3.00 | TM | 61.00 |
| 0600 | Digital joint. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| 0601 | Hip. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 0602 | Knee. | 180.00 | 720.00 | 120.00 | 420.00 | 3.00 | TM | 61.00 |
| 0603 | Ankle. | 180.00 | 720.00 | 120.00 | 420.00 | 3.00 | TM | 61.00 |
| 0604 | Sub-talar. | 130.00 | 520.00 | 87.00 | 348.00 | 3.00 | TM | 61.00 |
| 0605 | Stabilization of foot (triple-arthrodesis). | 180.00 | 720.00 | 120.00 | 480.00 | 3.00 | TM | 61.00 |
| 0607 | Mid-tarsal wedge resection | 180.00 | 720.00 | 120.00 | 480.00 | 3.00 | TM | 61.00 |
| 3.2.6 | Arthroplasty | | | | | | | |
| 0614 | Debridement large joints | 160.00 | 640.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0615 | Excision medial or lateral end of clavicle. | 116.00 | 465.00 | 77.00 | 308.00 | 3.00 | TM | 61.00 |
| 0617 | Shoulder: Acromioplasty. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | TM | 61.00 |
| 0619 | Shoulder: Partial replacement | 277.00 | 1108.00 | 185.00 | 740.00 | 5.00 | TM | 101.00 |
| 0620 | Shoulder: Total replacement. | 416.00 | 1665.00 | 277.00 | 1108.00 | 5.00 | TM | 101.00 |
| 0621 | Elbow: Excision head of radius. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | TM | 61.00 |
| 0622 | Elbow: Excision. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | TM | 61.00 |
| 0623 | Elbow: Partial replacement | 188.00 | 753.00 | 125.00 | 500.00 | 3.00 | TM | 61.00 |
| 0624 | Elbow: Total replacement. | 282.00 | 1128.00 | 188.00 | 753.00 | 3.00 | TM | 61.00 |
| 0625 | Wrist: Excision distal end of ulna. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | TM | 61.00 |
| 0626 | Wrist: Excision single bone | 110.00 | 440.00 | 73.00 | 293.00 | 3.00 | TM | 61.00 |
| 0627 | Wrist: Excision proximal row | 166.00 | 665.00 | 111.00 | 445.00 | 3.00 | TM | 61.00 |
| 0631 | Wrist: Total replacement. | 249.00 | 996.00 | 166.00 | 665.00 | 3.00 | TM | 61.00 |
| 0635 | Digital Joint: Total replacement. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | TM | 61.00 |
| 0637 | Hip: Total replacement | 416.00 | 1665.00 | 277.00 | 1108.00 | 3.00 | TM | 61.00 |
| 0639 | Hip: Cup. | 416.00 | 1665.00 | 277.00 | 1108.00 | 3.00 | TM | 61.00 |
| 0641 | Hip: Prosthetic replacement of femoral head. | 288.00 | 1153.00 | 192.00 | 768.00 | 3.00 | TM | 61.00 |
| 0643 | Hip: Girdlestone. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 0645 | Knee: Partial replacement | 277.00 | 1108.00 | 185.00 | 740.00 | 3.00 | TM | 61.00 |
| 0646 | Knee: Total replacement. | 416.00 | 1665.00 | 277.00 | 1108.00 | 3.00 | TM | 61.00 |
| 0649 | Ankle: Total replacement | 249.00 | 996.00 | 166.00 | 665.00 | 3.00 | TM | 61.00 |
| 0650 | Ankle: Astragalectomy. | 154.00 | 616.00 | 103.00 | 413.00 | 3.00 | TM | 61.00 |
| 3.2.7 | Miscellaneous (joints) | | | | | | | |
| 0661 | Aspiration of joint or intra-articular injection (not including after-care), modifier 0005 not applicable. | 9.00 | 36.00 | 9.00 | 36.00 | 3.00 | T | 61.00 |
| | **MULTIPLE INTRA-ARTICULAR INJECTIONS FOR RHEUMATOID ARTHRITIS (EXCLUDING AFTER-CARE), MODIFIER 0005 NOT APPLICABLE)** | | | | | | | |
| 0663 | First joint. | 7.50 | 30.00 | 7.50 | 30.00 | 3.00 | T | 61.00 |
| 0665 | Additional (each). | 4.00 | 16.00 | 4.00 | 16.00 | 3.00 | T | 61.00 |
| 0667 | Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable. | 60.00 | 240.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0669 | Manipulation large joint under general anaesthetic (not including after-care), modifier 0005 not applicable :**Hip** | 14.00 | 56.00 | 14.00 | 56.00 | 4.00 | T | 81.00 |
| | Manipulation large joint under general anaesthetic (not including after-care), modifier 0005 not applicable : **Knee** | 14.00 | 56.00 | 14.00 | 56.00 | 3.00 | T | 61.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | Manipulation large joint under general anaesthetic (not including after-care), modifier 0005 not applicable: **Shoulder** | 14.00 | 56.00 | 14.00 | 56.00 | 3.00 | T | 61.00 |
| 0670 | The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic : **Hip** | [v] | | [v] | | 4.00 | T | 81.00 |
| | The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic : **Knee** | [v] | | [v] | | 3.00 | T | 61.00 |
| | The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic: **Shoulder** | [v] | | [v] | | 3.00 | T | 61.00 |
| 0673 | Meniscectomy or operation for other internal derangement of knee. | 109.00 | 436.00 | 73.00 | 293.00 | 3.00 | TM | 61.00 |
| 3.2.8 | Joint ligament reconstruction or suture | | | | | | | |
| 0675 | Ankle: Collateral. | 160.00 | 640.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0677 | Knee: Collateral. | 160.00 | 640.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0678 | Knee: Cruciate. | 160.00 | 640.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0679 | Ligament augmentation procedure of knee. | 280.00 | 1120.00 | 187.00 | 748.00 | 3.00 | TM | 61.00 |
| 0680 | Digital joint ligament. | 140.00 | 560.00 | 93.00 | 372.00 | 3.00 | TM | 61.00 |
| 3.3 | Amputations | | | | | | | |
| 3.3.1 | Specific Amputations | | | | | | | |
| 0682 | Fore-quarter amputation. | 294.00 | 1176.00 | 196.00 | 785.00 | 9.00 | TM | 182.00 |
| 0683 | Through shoulder. | 148.00 | 593.00 | 99.00 | 396.00 | 5.00 | TM | 101.00 |
| 0685 | Upper arm or fore-arm. | 116.00 | 465.00 | 77.00 | 308.00 | 3.00 | TM | 61.00 |
| 0687 | Partial amputation of the hand: One ray. | 102.00 | 408.00 | 68.00 | 273.00 | 3.00 | TM | 61.00 |
| 0691 | Part of or whole of finger. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0693 | Hindquarter amputation. | 420.00 | 1680. | 280.00 | 1120.00 | 6.00 | TM | 121.00 |
| 0695 | Through hip joint region. | 192.00 | 768.00 | 128.00 | 513.00 | 6.00 | TM | 121.00 |
| 0697 | Through thigh | 128.00 | 513.00 | 85.00 | 340.00 | 6.00 | TM | 121.00 |
| 0699 | Below knee, through knee or Syme. | 148.00 | 593.00 | 99.00 | 396.00 | 5.00 | TM | 101.00 |
| 0701 | Trans metatarsal or trans tarsal. | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0703 | Foot: One ray. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0705 | Toe. | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | TM | 61.00 |
| 3.3.2 | Post-amputation reconstruction | | | | | | | |
| 0706 | Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler | 75.00 | 300.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0707 | Krukenberg reconstruction | 206.00 | 825.00 | 137.00 | 548.00 | 3.00 | TM | 61.00 |
| 0709 | Metacarpal transfer. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | TM | 61.00 |
| 0711 | Pollicization of the finger (to include all stages). | 282.00 | 1128.00 | 188.00 | 753.00 | 3.00 | TM | 61.00 |
| 0712 | Toe to thumb transfer. | 800.00 | 3200.00 | 533.00 | 2133.00 | 3.00 | TM | 61.00 |
| 3.4 | Muscles, tendons and fasciae : | | | | | | | |
| 3.4.1 | Investigations : | | | | | | | |
| 0713 | Electromyography. | 75.00 | 300.00 | | | 3.00 | [vi]T | 61.00 |
| 0714 | Electromyographic neuromuscular junctional study, including edrophonium response. | 57.00 | 228.00 | 38.00 | 153.00 | 3.00 | [vi]T | 61.00 |
| 0715 | Strength duration curve per session. | 10.50 | 43.00 | 7.00 | 28.00 | 3.00 | [vi]T | 61.00 |
| 0717 | Electrical examination of single nerve or muscle. | 9.00 | 36.00 | 6.00 | 25.00 | 3.00 | [vi]T | 61.00 |
| 0718 | Oxidative study for mitochondrial function. | 64.00 | 256.00 | 43.00 | 173.00 | | | |
| 0721 | Voltage integration during isometric contraction | 12.00 | 48.00 | 8.00 | 33.00 | 3.00 | [vi]T | 61.00 |
| 0723 | Tonometry with edrophonium | 8.00 | 33.00 | 5.00 | 20.00 | 3.00 | [vi]T | 61.00 |
| 0725 | Isometric tension studies with edrophonium. | 10.00 | 40.00 | 7.00 | 28.00 | 3.00 | [vi]T | 61.00 |
| | **CRANIAL REFLEX STUDY (BOTH EARLY AND LATE RESPONSES) SUPRA OCCULOFACIAL OR CORNEO-FACIAL OR FLABELLOFACIAL** | | | | | | | |
| 0727 | Unilateral. | 8.00 | 33.00 | 5.00 | 20.00 | 3.00 | [vi]T | 61.00 |
| 0728 | Bilateral. | 14.00 | 56.00 | 9.00 | 36.00 | 3.00 | [vi]T | 61.00 |
| 0729 | Tendon reflex time. | 7.00 | 28.00 | 5.00 | 20.00 | 3.00 | [vi]T | 61.00 |
| 0730 | Limb-brain somatosensory studies (per limb). | 49.00 | 196.00 | 32.00 | 128.00 | - | | |
| 0731 | Visio and audio-sensory studies. | 49.00 | 196.00 | 32.00 | 128.00 | - | | |
| 0733 | Motor nerve conduction studies (single nerve). | 26.00 | 105.00 | 17.00 | 68.00 | - | | |
| 0735 | Examinations of sensory nerve conduction by sweep averages (single nerve). | 31.00 | 125.00 | 21.00 | 85.00 | 3.00 | [vi]T | 61.00 |
| 0737 | Biopsy for motor nerve terminals and end plates. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | [vi]T | 61.00 |
| 0739 | Combined muscle biopsy with end plates and nerve terminal biopsy. | 34.00 | 136.00 | 34.00 | 136.00 | 8.00 | [vi]T | 162.00 |

[v] Per consultation
[vi] If required

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 0740 | Muscle fatigue studies. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | [vi]T | 61.00 |
| 0741 | Muscle biopsy. | 20.00 | 80.00 | 20.00 | 74.00 | 8.00 | [vi]T | 162.00 |
| 0742 | Global fee for all muscle studies, including histochemical studies | 262.00 | 1048.00 | - | - | - | | - |
| | **BIOCHEMICAL ESTIMATIONS ON MUSCLE BIOPSY SPECIMENS** | | | | | | | |
| 4701 | Creatine kinase. | 20.25 | 74.90 | - | - | - | | - |
| 4703 | Adenylate kinase. | 33.30 | 123.20 | - | - | - | | - |
| 4705 | Pyruvate kinase. | 5.70 | 21.10 | - | - | - | | - |
| 4707 | Lactate dehydrogenase. | 1.60 | 5.90 | - | - | - | | - |
| 4709 | Adenylate deaminase | 9.90 | 36.60 | - | - | - | | - |
| 4711 | Phosphoglycerate kinase. | 13.70 | 50.70 | - | - | - | | - |
| 4713 | Phosphoglycerate mutase. | 25.90 | 95.80 | - | - | - | | - |
| 4715 | Enolase. | 32.70 | 121.00 | - | - | - | | - |
| 4717 | Phosphofructokinase | 37.70 | 139.50 | - | - | - | | - |
| 4719 | Aldolase. | 15.75 | 58.30 | - | - | - | | - |
| 4721 | Glyceraldehyde 3 phosphate dehydrogenase. | 11.06 | 40.90 | - | - | - | | - |
| 4723 | Phosphorylase. | 34.70 | 128.40 | - | - | - | | - |
| 4725 | Phosphoglucomutase. | 40.30 | 149.10 | - | - | - | | - |
| 4727 | Phosphohexose Isomerase. | 28.80 | 106.60 | - | - | - | | - |
| 4729 | Muscle biopsy for muscle tension study . | 43.00 | 159.10 | - | - | - | | - |
| 4731 | H-response study (per nerve) | 14.00 | 51.80 | - | - | - | | - |
| 4733 | Late response study (per nerve). | 20.00 | 74.00 | - | - | - | | - |
| 4735 | Single fibre studies | 71.00 | 299.60 | - | - | - | | - |
| 4737 | Somatosensory study (limb-spine). | 69.00 | 255.30 | - | - | - | | - |
| 4739 | Dystrophin estimation. | 82.00 | 346.00 | - | - | - | | - |
| 4744 | Tension/caffeine/halothane procedure in malignant hyper-thermia. | 143.00 | 603.50 | - | - | - | | - |
| 4745 | Electron microscopy | 75.00 | 277.50 | - | - | - | | - |
| 3.4.2 | Decompression Operations | | | | | | | |
| 0743 | Major compartmental decompression. | 132.00 | 528.00 | 88.00 | 353.00 | 3.00 | T | 61.00 |
| 0744 | Fasciotomy only. | 60.00 | 240.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 3.4.3 | Muscle and tendon repair | | | | | | | |
| 0745 | Biceps humeri. | 109.00 | 436.00 | 73.00 | 293.00 | 3.00 | T | 61.00 |
| 0746 | Removal of calcification in Rotator cuff. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | TM | 61.00 |
| 0747 | Rotator cuff. | 134.00 | 536.00 | 89.00 | 356.00 | 4.00 | T | 81.00 |
| 0755 | Infrapatellar or quadriceps tendon | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | T | 61.00 |
| 0757 | Achilles tendon. | 128.00 | 513.00 | 85.00 | 340.00 | 4.00 | T | 81.00 |
| 0759 | Other single tendon. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0763 | Tendon or ligament injection | 9.00 | 36.00 | 9.00 | 36.00 | 3.00 | T | 61.00 |
| | **HAND** | | | | | | | |
| | **FLEXOR TENDON SUTURE** | | | | | | | |
| 0767 | Primary (per tendon). | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | T | 61.00 |
| 0769 | Secondary (per tendon) | 160.00 | 592.00 | 107.00 | 428.00 | 3.00 | T | 61.00 |
| | **EXTENSOR TENDON SUTURE** | | | | | | | |
| 0771 | Primary (per tendon). | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0773 | Secondary (per tendon). | 80.00 | 320.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0774 | Repair of Boutonniere deformity or Mallet finger. | 122.00 | 488.00 | 81.00 | 325.00 | 3.00 | T | 61.00 |
| 3.4.4 | Tendon graft | | | | | | | |
| 0775 | Free tendon graft. | 160.00 | 640.00 | 107.00 | 428.00 | 3.00 | T | 61.00 |
| 0776 | Reconstruction of pulley for flexor tendon. | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| | **FINGER** | | | | | | | |
| 0777 | Flexor. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | T | 61.00 |
| 0779 | Extensor. | 122.00 | 488.00 | 81.00 | 325.00 | 3.00 | T | 61.00 |
| 0780 | Two stage flexor tendon graft using silastic rod. | 240.00 | 960.00 | 160.00 | 640.00 | 3.00 | T | 61.00 |
| 3.4.5 | Tenolysis | | | | | | | |
| 0781 | Tendon freeing operation, except where specified elsewhere | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0782 | Carpal tunnel syndrome. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0783 | De Quervain. | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | T | 61.00 |
| 0784 | Trigger finger. | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | T | 61.00 |
| 0785 | Flexor tendon freeing operation following free tendon graft or suture. | 150.00 | 600.00 | 100.00 | 400.00 | 3.00 | T | 61.00 |

[vi] If required

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 0787 | Extensor tendon freeing operation following graft or suture | 115.00 | 460.00 | 77.00 | 308.00 | 3.00 | T | 61.00 |
| 0788 | Intrinsic tendon release per finger . | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0789 | Central tendon tenotomy for Boutonniere deformity | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 3.4.6 | Tenodesis | | | | | | | |
| 0790 | Digital joint. | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 3.4.7 | Muscle tendon and fascia transfer | | | | | | | |
| 0791 | Single tendon transfer. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | T | 61.00 |
| 0792 | Multiple tendon transfer. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | T | 61.00 |
| 0793 | Hamstring to quadriceps transfer. | 141.00 | 565.00 | 94.00 | 376.00 | 3.00 | T | 61.00 |
| 0794 | Pectoralis major or Latissimus dorsi transfer to biceps tendon | 320.00 | 1280.00 | 213.00 | 853.00 | 5.00 | T | |
| 0795 | Tendon transfer at elbow | 116.00 | 465.00 | 77.00 | 308.00 | 3.00 | T | 61.00 |
| 0796 | Iliopsoas at hip. | 224.00 | 896.00 | 149.00 | 596.00 | 5.00 | T | |
| 0797 | Knee (Eggers). | 141.00 | 565.00 | 94.00 | 376.00 | 3.00 | T | 61.00 |
| | **HAND TENDONS** | | | | | | | |
| 0803 | Single tendon transfer (first) | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | T | 61.00 |
| 0809 | Substitution for intrinsic paralysis of hand. | 224.00 | 896.00 | 149.00 | 596.00 | 3.00 | T | 61.00 |
| 0811 | Opponens transfers. | 128.00 | 513..00 | 85.00 | 340.00 | 3.00 | T | 61.00 |
| 3.4.8 | Muscle slide operations and tendon lengthening | | | | | | | |
| 0812 | Percutaneous Tenotomy: All sites. | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | T | 61.00 |
| 0813 | Torticollis. | 96.00 | 385.00 | 64.00 | 256.00 | 5.00 | T | 101.00 |
| 0815 | Scalenotomy. | 132.00 | 528.00 | 88.00 | 353.00 | 5.00 | T | 101.00 |
| 0817 | Scalenotomy with excision of first rib. | 190.00 | 760.00 | 127.00 | 508.00 | 3.00 | T | 61.00 |
| 0821 | Tennis elbow. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | T | 61.00 |
| 0823 | Excision or slide for Volkmann's Contracture. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | T | 61.00 |
| 0825 | Hip: Open muscle release. | 116.00 | 465.00 | 77.00 | 308.00 | 7.00 | T | 141.00 |
| 0829 | Knee: Quadricepsplasty. | 160.00 | 592.00 | 107.00 | 428.00 | 3.00 | T | 61.00 |
| 0831 | Knee: Open tenotomy. | 141.00 | 565.00 | 94.00 | 376.00 | 3.00 | T | 61.00 |
| 0835 | Calf. | 96.00 | 385.00 | 64.00 | 256.00 | 4.00 | T | 81.00 |
| 0837 | Open elongation tendon Achilles. | 96.00 | 385.00 | 64.00 | 256.00 | 4.00 | T | 81.00 |
| 0845 | Foot: Plantar fasciotomy. | 70.00 | 280.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 0846 | Foot: Postero-medial release for club-foot. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | T | 61.00 |
| 3.5 | Bursae and ganglia | | | | | | | |
| | **EXCISION** | | | | | | | |
| 0847 | Semimembranosus. | 90.00 | 360.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 0849 | Prepatellar. | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 0851 | Olecranon. | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 0853 | Small bursa or ganglion. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | T | 61.00 |
| 0855 | Compound palmar ganglion or synovectomy. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | T | 61.00 |
| 0857 | Aspiration or injection (no after-care), modifier 0005 not applicable | 9.00 | 36.00 | 9.00 | 36.00 | 3.00 | T | 61.00 |
| 3.6 | Miscellaneous | | | | | | | |
| 3.6.1 | Leg equalisation and congenital hips and feet | | | | | | | |
| 0859 | Leg shortening. | 282.00 | 1128.00 | 188.00 | 753.00 | 3.00 | TM | 61.00 |
| 0861 | Leg lengthening. | 416.00 | 1165.00 | 277.00 | 1264.00 | 3.00 | TM | 61.00 |
| 0863 | Epiphysiodesis at one level. | 116.00 | 465.00 | 77.00 | 308.00 | 3.00 | TM | 61.00 |
| | **CONGENITAL DISLOCATION OF HIP** | | | | | | | |
| | **INITIAL NON-OPERATIVE REDUCTION AND APPLICATION OF PLASTERCAST** | | | | | | | |
| 0865 | One hip. | 109.00 | 435.00 | 73.00 | 293.00 | 3.00 | TM | 61.00 |
| 0867 | Two hips. | 160.00 | 240.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0868 | Open reduction of congenital dislocation of the hip | 186.00 | 745.00 | 124.00 | 496.00 | 3.00 | | 61.00 |
| 0869 | Subsequent plaster | 32.00 | 128.00 | 32.00 | 128.00 | | | |
| | **CONGENITAL CLUB FOOT** | | | | | | | |
| | **MANIPULATION AND PLASTER** | | | | | | | |
| 0873 | One foot. | 26.00 | 105.00 | 26.00 | 105.00 | 3.00 | T | 61.00 |
| 3.6.2 | Removal of internal fixatives or prosthesis | | | | | | | |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 0883 | Removal of internal fixatives or prosthesis: Readily accessible. | 32.00 | 128.00 | 32.00 | 128.00 | As per bone (specify) + M | | |
| 0884 | Removal of internal fixatives or prosthesis: Less accessible | 64.00 | 256.00 | 60.00 | 240.00 | As per bone (specify) + M | | |
| 0885 | Removal of prosthesis for infection soon after operation | 128.00 | 513.00 | 85.00 | 340.00 | As per bone (specify) + M | | |
| 0886 | Late removal of infected total joint replacement prosthesis (including six weeks after-care). Fee for total joint replacement of the specific joint plus 64,00 units (general practitioner 42,00 units) | | | | | 6.00 | TM | 121.00 |
| 3.7 | Plasters (exclusive of after-care) | | | | | | | |
| | **Note:** The initial application of a plaster cast is included in the scheduled fee for the particular procedure, except for scoliosis | | | | | | | |
| 0887 | Limb cast (modifier 0005 not applicable). | 13.00 | 53.00 | 13.00 | 53.00 | 3.00 | T | 61.00 |
| 0889 | Spica, plaster jacket or hinged cast brace. | 32.00 | 128.00 | 32.00 | 128.00 | 4.00 | T | 81.00 |
| 0891 | Turnbuckle cast. | 51.00 | 101.00 | 51.00 | 101.00 | 5.00 | T | 101.00 |
| 0893 | Adjustment or repair of turnbuckle cast. | 19.00 | 76.00 | 19.00 | 76.00 | 5.00 | T | 101.00 |
| 3.8 | Special areas | | | | | | | |
| 3.8.1 | Toes: Multiple claw toes: Radical operation | | | | | | | |
| 0897 | One foot. | 140.00 | 560.00 | 93.00 | 373.00 | 3.00 | TM | 61.00 |
| 0901 | Tenotomy extensor tendons | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | TM | 61.00 |
| 0903 | Hammer toe or overlapping toe | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0905 | Filleting toe or syndactyly. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 3.8.2 | Big toe | | | | | | | |
| 0906 | Arthrodesis Hallux. | 128.00 | 513.00 | 85.00 | 340.00 | 3.00 | TM | 61.00 |
| 0907 | Hallux Valgus: Bunionectomy | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0909 | Excision arthroplasty. | 77.00 | 308.00 | 60.00 | 240.00 | 3.00 | TM | 61.00 |
| 0910 | Prosthetic replacement big toe. | 192.00 | 768.00 | 128.00 | 513.00 | 3.00 | TM | 61.00 |
| 0911 | Osteotomy first metatarsal including bunionectomy. | 102.00 | 408.00 | 68.00 | 273.00 | 3.00 | TM | 61.00 |
| 3.8.3 | Reimplantations | | | | | | | |
| | **MODIFIERS** | | | | | | | |
| 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 the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts. | | | | | | | |
| 0912 | Replant of amputated upper limb proximal to wrist joint | 730.00 | 2920.00 | 487.00 | 1948.00 | 3.00 | TM | 61.00 |
| 0913 | Replantation of thumb. | 670.00 | 2680.00 | 447.00 | 1788.00 | 3.00 | TM | 61.00 |
| 0914 | Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable. | 580.00 | 2320.00 | 387.00 | 1548.00 | 3.00 | TM | 61.00 |
| 0915 | Replantation operation through the palm. | 1270.00 | 5080.00 | 847.00 | 3388.00 | 3.00 | TM | 61.00 |
| 3.8.4 | Hands: (Note: Skin: See Integumentary System) | | | | | | | |
| | **TUMOURS** | | | | | | | |
| 0919 | Epidermoid cysts. | 35.00 | 140.00 | 35.00 | 140.00 | 3.00 | TM | 61.00 |
| 0920 | Ganglion or fibroma. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | TM | 61.00 |
| 0921 | Nodular synovitis (Giant cell tumour of tendon sheath) | 86.00 | 345.00 | 60.00 | 240..00 | 3.00 | TM | 61.00 |
| | **REMOVAL OF FOREIGN BODIES REQUIRING INCISION** | | | | | | | |
| 0922 | Under local anaesthetic. | 19.00 | 76.00 | 19.00 | 76.00 | 3.00 | TM | 61.00 |
| 0923 | Under general or regional anaesthetic. | 32.00 | 128.00 | 32.00 | 128.00 | 3.00 | TM | 61.00 |
| | **CRUSHED HAND INJURIES** | | | | | | | |
| 0924 | Initial extensive soft tissue toilet under general anaesthetic (sliding scale). | 37.00 to 110.00 | 148.00 | 37.00 to 73.00 | 148.00 | 3.00 | TM | 61.00 |
| 0925 | Subsequent dressing changes under general anaesthetic | 16.00 | 65.00 | 16.00 | 65.00 | 3.00 | TM | 61.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 3.8.5 | Spine | | | | | | | |
| | **MODIFIER** | | | | | | | |
| 0061 | 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. | | | | | | | |
| 0929 | Manupilation of spine under general anaesthetic: (no after-care), modifier 0005 not applicable. | 14.00 | 56.00 | 14.00 | 56.00 | 5.00 | T | 101.00 |
| 0931 | Spinal fusion: One level. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 0934 | Spinal fusion: Multiple levels | 352.00 | 1408.00 | 235.00 | 940.00 | 3.00 | TM | 61.00 |
| 0935 | Occipito-cervical fusion. | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 0937 | Sacro-iliac fusion. | 224.00 | 896.00 | 149.00 | 596.00 | 3.00 | TM | 61.00 |
| 0939 | Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon | 160.00 | 592.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0940 | Trans-thoracic anterior exposure of the spine if done by a second surgeon | 160.00 | 592.00 | 107.00 | 428.00 | 3.00 | TM | 61.00 |
| 0943 | Lumbar discectomy. | 240.00 | 960.00 | 160.00 | 592.00 | 3.00 | TM | 61.00 |
| 0945 | Lumbar discectomy: Multiple levels on both sides. | 274.00 | 1096.00 | 183.00 | 733.00 | 3.00 | TM | 61.00 |
| 0947 | Surgical removal cervical or thoracic disc: One level | 264.00 | 1056.00 | 176.00 | 705.00 | 3.00 | TM | 61.00 |
| 0949 | Surgical removal cervical or thoracic disc: Multiple levels | 300.00 | 1200.00 | 200.00 | 800.00 | 3.00 | TM | 61.00 |
| 0951 | Removal disc plus spinal fusion: One level. | 354.00 | 1416.00 | 236.00 | 945.00 | 3.00 | TM | 61.00 |
| 0953 | Removal disc plus spinal fusion: Multiple levels. | 386.00 | 1545.00 | 257.00 | 1028.00 | 3.00 | TM | 61.00 |
| 0959 | Excision of coccyx. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | TM | 61.00 |
| 0961 | Costo-transversectomy. | 198.00 | 793.00 | 132.00 | 528.00 | 3.00 | TM | 61.00 |
| 0963 | Antero-lateral decompression of spinal cord or anterior debridement | 326.00 | 1305.00 | 217.00 | 868.00 | 3.00 | TM | 61.00 |
| 3.8.6 | Spinal deformities | | | | | | | |
| | **MODIFIER** | | | | | | | |
| 0065 | Additional operative procedures by same surgeon (other than the first two items listed under this heading) within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere. | | | | | | | |
| 0965 | Treatment: As per consultation and/or visit and/or procedure performed | | | | | | | |
| 0967 | Scoliosis: Plaster casts: See section 3.7 | | | | | | | |
| 0969 | Skull or skull-femoral traction including two weeks after-care | 64.00 | 256.00 | 60.00 | 240.00 | | | |
| 0971 | Halo-splint and POP jacket including two weeks after-care | 116.00 | 465.00 | 77.00 | 308.00 | | | |
| 0973 | Spinal fusion. | 400.00 | 1600.00 | 267.00 | 1068.00 | 3.00 | TM | 61.00 |
| 0975 | Internal mechanical fixation and spinal fusion | 440.00 | 1760.00 | 293.00 | 1173.00 | 4.00 | TM | 81.00 |
| 0976 | Internal mechanical fixation by using Harrington/Zielke/or similar procedure and spinal fusion with sub-laminal wires | 480.00 | 1920.00 | 320.00 | 1280.00 | 5.00 | TM | 101.00 |
| 0977 | Cotrel-Dubboiset/or similar procedure (8 to 10 hooks) and spinal fusion | 550.00 | 2200.00 | 367.00 | 1474.00 | 5.00 | TM | 101.00 |
| 0978 | Internal mechanical fixation without fusion. | 330.00 | 1320.00 | 220.00 | 880.00 | 4.00 | TM | 81.00 |
| 0979 | Revision of fusion and repair of pseudo-arthrosis at one or more levels: Posterior approach | 300.00 | 1200.00 | 200.00 | 800.00 | 3.00 | TM | 61.00 |
| 0981 | Osteotomy of posterior elements and fusion. | 440.00 | 1760.00 | 293.00 | 1173.00 | 3.00 | TM | 61.00 |
| 0983 | Osteotomy, excision or release of anterior spinal elements | 350.00 | 1400.00 | 233.00 | 933.00 | 4.00 | TM | 81.00 |
| 0984 | Dwyer type of procedure. | 480.00 | 1920.00 | 320.00 | 1280.00 | 4.00 | TM | 81.00 |
| 0985 | Removal of internal mechanical fixation. | 70.00 | 280.00 | 60.00 | 240.00 | 6.00 | TM | 121.00 |
| 0986 | Removal of internal mechanical fixation: Multiple levels . | 100.00 | 400.00 | 67.00 | 268.00 | 6.00 | TM | 121.00 |
| 3.9 | Facial bone procedures | | | | | | | |
| | **Please note:** Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff | | | | | | | |
| 0987 | Repair of orbital floor (blowout fracture). | 182.00 | 728.00 | 121.00 | 485.00 | 4.00 | TM | 81.00 |
| 0988 | Genioplasty. | 263.00 | 1053.00 | 175.00 | 700.00 | 4.00 | TM | 81.00 |
| | **OPEN REDUCTION AND FIXATION OF CENTRAL MID-THIRD FACIAL FRACTURE WITH DISPLACEMENT** | | | | | | | |
| 0989 | Le Fort I. | 184.00 | 736.00 | 123.00 | 493.00 | 4.00 | TM | 81.00 |
| 0990 | Le Fort II. | 302.00 | 1208.00 | 201.00 | 805.00 | 4.00 | TM | 81.00 |
| 0991 | Le Fort III. | 433.00 | 1733.00 | 289.00 | 1156.00 | 4.00 | TM | 81.00 |
| 0992 | Le Fort I Osteotomy. | 970.00 | 3880.00 | 647.00 | 2588.00 | 4.00 | TM | 81.00 |
| 0993 | Palatal Osteotomy. | 302.00 | 1208.00 | 201.00 | 805.00 | 4.00 | TM | 81.00 |
| 0994 | Le Fort II Osteotomy (team fee). | 1103.00 | 4413.00 | 735.00 | 2940.00 | 4.00 | TM | 81.00 |
| 0995 | Le Fort III Osteotomy (team fee). | 1654.00 | 6616.00 | 1103.00 | 4413.00 | 4.00 | TM | 81.00 |
| 0996 | Fracture of maxilla without displacement. | ˅ | | ˅ | | | | |

˅ Per consultation

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **MANDIBLE: FRACTURED NOSE AND ZYGOMA** | | | | | | | |
| 0997 | Open reduction and fixation. | 302.00 | 1208.00 | 201.00 | 805.00 | 3.00 | TM | 61.00 |
| 0999 | Closed reduction by inter-maxillary fixation. | 184.00 | 735.00 | 123.00 | 493.00 | 3.00 | TM | 53.50 |
| 1001 | Temporo-mandibular joint: Reconstruction for dysfunction | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | TM | 71.30 |
| 1003 | Manipulation: Immobilisation and follow-up of fractured nose. | 35.00 | 140.00 | 35.00 | 140.00 | 3.00 | TM | 53.50 |
| 1005 | Nasal fracture without manipulation. | v | | v | | | | |
| 1007 | Mandibulectomy. | 206.00 | 825.00 | 137.00 | 548.00 | 5.00 | TM | 101.00 |
| 1009 | Maxillectomy | 336.00 | 1344.00 | 224.00 | 896.00 | 4.00 | TM | 81.00 |
| 1011 | Bone graft to mandible. | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | TM | 81.00 |
| 1012 | Adjustment of occlusion by ramisection. | 227.00 | 908.00 | 151.00 | 605.00 | 4.00 | TM | 81.00 |
| 1013 | Fracture of arch of zygoma without displacement. | v | | v | | | | |
| 1015 | Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures, recent fractures (within four weeks) | 131.00 | 525.00 | 87.00 | 348.00 | 3.00 | TM | 61.00 |
| 1017 | Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; (after four weeks) | 262.00 | 1048.00 | 175.00 | 700.00 | 3.00 | TM | 61.00 |

v Per consultation

4 RESPIRATORY SYSTEM

4.1 Nose and sinuses

**MODIFIERS GOVERNING NASAL OPERATIONS**

0068 Fees for multiple intra-nasal procedures should be charged for separately subject to modifier 0005 with a maximum of three procedures. Applicable to the following items: 1020, 1022, 1024 1025, 1029, 1031,1033, 1035, 1036, 1039, 1041, 1043, 1067, 1069, 1079.

0069 When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1033, 1035 and 1036.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1019 | Nasendoscopy in rooms with either rigid or flexible endoscope (may only be charged for together with a first consultation) | 12.00 | | | | | | |
| 1020 | Septum perforation repair, by any method. | 125.00 | 500.00 | 83.00 | 332.00 | 4.00 | T | 81.00 |
| 1022 | Septumplasty with or without caudal deflection. | 110.00 | 440.00 | 73.00 | 293.00 | 4.00 | T | 81.00 |
| 1024 | Insertion of silastic obturator into nasal septum perforation (excluding material) | 27.30 | 110.00 | 27.30 | 110.00 | 4.00 | T | 81.00 |
| 1025 | Intranasal antrostomy, uni- or bilateral. | 60.00 | 240.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1027 | Dacrocystorhinostomy. | 210.00 | 840.00 | 140.00 | 560.00 | 5.00 | T | 81.00 |
| 1029 | Turbinectomy, uni- or bilateral | 45.00 | 180.00 | 45.00 | 180.00 | 4.00 | T | 81.00 |
| 1031 | Removal of single nasal polyp at rooms (at initial consultation only) | 15.00 | 60.00 | 15.00 | 60.00 | | | 81.00 |
| 1033 | Removal of multiple polyps in hospital under general anaesthetic | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 1034 | Autogenous nasal bone transplant: Bone removal included | 100.00 | 400.00 | 67.00 | 268.00 | 4.00 | T | 810.. |
| 1035 | Unilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation | 113.00 | 418.10 | 75.00 | | 4.00 | T | 81.00 |
| 1036 | Bilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal sphenoid operation. | 198.00 | 732.60 | 132.00 | 488.40 | 4.00 | T | |
| | **DIATHERMY TO NOSE OR PHARYNX EXCLUSIVE OF CONSULTATION FEE, UNI- OR BILATERAL** | | | | | | | |
| 1037 | Under local anaesthetic. | 8.00 | 33.00 | 8.00 | 33.00 | | | |
| 1039 | Under general anaesthetic | 21.00 | 85.00 | 21.00 | 85.00 | 4.00 | T | 81.00 |
| | **SEVERE EPISTAXIS, REQUIRING HOSPITALISATION** | | | | | | | |
| 1041 | Anterior plugging (including after-care). | 40.00 | 160.00 | 40.00 | 16.000 | 6.00 | T | 121.00 |
| 1043 | Anterior and posterior plugging (including after-care) | 60.00 | 240.00 | 60.00 | 240.00 | 6.00 | T | 121.00 |
| 1045 | Ligation anterior ethmoidal artery. | 59.00 | 236.00 | 59.00 | 263.00 | 6.00 | T | 121.00 |
| 1047 | Caldwell-Luc operation (unilateral). | 92.00 | 368.00 | 61.00 | 245.00 | 4.00 | T | 81.00 |
| 1049 | Ligation internal maxillary artery. | 130.00 | 520.00 | 87.00 | 348.00 | 6.00 | T | 121.00 |
| 1050 | Vidian neurectomy (transantral or transnasal). | 113.00 | 453.00 | 75.00 | 300.00 | 4.00 | T | 81.00 |
| 1051 | Removal nasopharyngeal fibroma. | 285.00 | 1140.00 | 190.00 | 760.00 | 6.00 | T | 121.00 |
| 1052 | Instrumental examination of the nasopharynx including biopsy under general anaesthetic. | 24.00 | 96.00 | 16.00 | 65.00 | 4.00 | T | 81.00 |
| 1053 | Frontal sinus drainage only | 73.00 | 293.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1054 | Antroscopy through the canine fossa (uni- or bilateral) | 40.00 | 160.00 | | | | T | |
| 1055 | External frontal ethmoidectomy | 194.00 | 776.00 | 129.00 | 516.00 | 4.00 | T | 81.00 |
| 1057 | External ethmoidectomy and/or sphenoidectomy | 164.00 | 656.00 | 109.00 | 436.00 | 4.00 | T | 81.00 |
| 1058 | Sublabial transseptal sphenoidotomy. | 137.00 | 548.00 | 91.00 | 365.00 | 4.00 | T | 81.00 |
| 1059 | Frontal osteomyelitis. | 194.00 | 776.00 | 129.00 | 516.00 | 4.00 | T | 81.00 |
| 1060 | Obliteration of frontal sinus. | 220.00 | 880.00 | 147.00 | 588.00 | 4.00 | T | 81.00 |
| 1061 | Lateral rhinotomy. | 164.00 | 656.00 | 109.00 | 436.00 | 4.00 | T | 81.00 |
| 1063 | Removal of foreign bodies from nose at rooms. | 10.00 | 40.00 | 10.00 | 40.00 | | | |
| 1065 | Removal of foreign body from nose under general anaesthetic | 21.00 | 85.00 | 21.00 | 85.00 | 4.00 | T | 81.00 |
| 1067 | Proof puncture at rooms (unilatetal). | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |
| 1069 | Proof puncture, uni- or bilateral under general anaesthetic | 21.00 | 85.00 | 21.00 | 85.00 | 4.00 | T | 81.00 |
| 1071 | Proetz treatment (consultation fee only to be charged for first treatment). | 4.00 | 16.00 | 4.00 | 16.00 | | | |
| 1077 | Septum abscess, at rooms, including after-care. | 8.00 | 33.00 | 8.00 | 33.00 | | | |
| 1079 | Septum abscess, under general anaesthetic. | 21.00 | 85.00 | 21.00 | 85.00 | 4.00 | T | 81.00 |
| 1081 | Oro-antral fistula (without Caldwell-Luc). | 86.00 | 345.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1083 | Choanal atresia: Intranasal approach. | 113.00 | 453.00 | 75.00 | 300.00 | 5.00 | T | 101.00 |
| 1084 | Choanal atresia: Transpalatal approach. | 194.00 | 776.00 | 129.00 | 516.00 | 7.00 | T | 141.00 |
| 1085 | Total reconstruction of the nose: including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomies) and nose tip | 350.00 | 1440.00 | 233.00 | 933.00 | 5.00 | T | 101.00 |
| 1087 | Sub-total reconstruction consisting of any two of the following: septumplasty, osteotomies, nasal tip reconstruction | 210.00 | 840.00 | 140.00 | 560.00 | 5.00 | T | 101.00 |
| | **FOREHEAD RHINOPLASTY (ALL STAGES)** | | | | | | | |
| 1089 | Total. | 552.00 | 2042.40 | 368.00 | 1361.60 | 5.00 | T | 101.00 |
| 1091 | Partial. | 414.00 | 1531.80 | 276.00 | 1021.20 | 5.00 | T | 101.00 |
| 1093 | Rhinophyma without skin graft | 138.00 | 582.40 | 92.00 | 340.40 | 5.00 | T | 101.00 |
| 1095 | Full nasal reconstruction for secondary cleft lip deformity | 277.00 | 1024.90 | 185.00 | 684.50 | 5.00 | T | 101.00 |
| 1097 | Partial nasal reconstruction for cleft lip deformity | 175.00 | 647.50 | 117.00 | 432.90 | 5.00 | T | 101.00 |
| 1099 | Columella lengthening. | 138.00 | 553.00 | 92.00 | 368.00 | 5.00 | T | 101.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 4.2 | Throat | | | | | | | |
| 1101 | Dissection of tonsils and adenoidectomy (all methods). | 69.00 | 255.30 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1105 | Removal of adenoids alone | 24.00 | 96.00 | 24.00 | 96.00 | 4.00 | T | 81.00 |
| 1106 | Laser assisted uvulopalatoplasy (L.A.U.P): In the rooms (+ item 3201 for hire of laser) (a 25% reduction in applicable should further follow-up operations be performed by the same surgeon) | 113.00 | 453.00 | 75.00 | 300.00 | 5.00 | T | 101.00 |
| 1107 | Opening of quinsy - at rooms. | 12.00 | 48.00 | 12.00 | 48.00 | 6.00 | T | 121.00 |
| 1109 | Opening of quinsy under general anaesthetic | 21.00 | 85.00 | 21.00 | 85.00 | 6.00 | T | 121.00 |
| 1110 | Ludwig's Angina: Drainage. | 42.00 | 168.00 | 42.00 | 168.00 | 9.00 | T | 181.00 |
| 1111 | Post tonsillectomy or adenoidectomy haemorrhage treated de novo. | 46.00 | 185.00 | 46.00 | 185.00 | 6.00 | T | 121.00 |
| 1112 | Pharyngeal pouch operation. | 210.00 | 840.00 | 140.00 | 560.00 | 5.00 | T | 101.00 |
| 1113 | Retropharyngeal abscess internal approach. | 28.00 | 113.00 | 28.00 | 113.00 | 6.00 | T | 121.00 |
| 1115 | Retropharyngeal abscess external approach. | 85.00 | 340.00 | 60.00 | 240.00 | 6.00 | T | 121.00 |
| 1116 | Uvulopalatopharyngoplasty (including tonsillectomy) | 113.00 | 453.00 | 75.00 | 300.00 | 5.00 | T | 101.00 |
| 4.3 | Larynx | | | | | | | |
| | **SPECIFIC MODIFIER GOVERNING THIS SECTION OF THE TARIFF** | | | | | | | |
| 0067 | Micro-surgery of the larynx; to the fee of the operation performed add 25%. | | | | | | | |
| 1117 | Laryngeal intubation. | 10.00 | 40.00 | 10.00 | 40.00 | | | |
| | **LARYNGECTOMY** | | | | | | | |
| 1119 | Without block dissection of the neck. | 350.00 | 1400.00 | 233.00 | 933.00 | 7.00 | T | 141.00 |
| 1123 | Botulinum toxin injection for adductor dysphonia (+ item 0201 + item 0202). | 35.00 | 140.00 | | | | | |
| 1125 | Endolaryngeal operations (with full details of the procedure performed) | 58.00 | 233.00 | 58.00 | 233.00 | 6.00 | T | 121.00 |
| 1126 | Post laryngectomy for voice restoration. | 80.00 | 320.00 | 60.00 | 240.00 | 9.00 | T | 182.00 |
| 1127 | Tracheotomy. | 80.00 | 320.00 | 60.00 | 240.00 | 9.00 | T | 182.00 |
| 1128 | Endolaryngeal operations using a laser. | 75.00 | 300.00 | 50.00 | 200.00 | 8.00 | T | 162.00 |
| 1129 | External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor paralysis, laryngo- fissure. | 197.00 | 788.00 | 131.00 | 525.00 | 8.00 | T | 162.00 |
| | **DIRECT LARYNGOSCOPY** | | | | | | | |
| 1130 | Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used) | 30.00 | 120.00 | 30.00 | 120.00 | 6.00 | T | 121.00 |
| 1131 | Plus foreign body removal | 46.00 | 184.00 | 46.00 | 184.00 | 6.00 | T | 121.00 |
| 4.4 | Bronchial procedures | | | | | | | |
| | **BRONCHOSCOPY** | | | | | | | |
| | **Note:** Please specify on account if a biopsy was performed together with the bronchoscopy | | | | | | | |
| 1132 | Diagnostic bronchoscopy | 65.00 | 260.00 | 43.00 | 173.00 | 6.00 | T | 121.00 |
| 1133 | With removal of foreign body. | 80.00 | 320.00 | 53.00 | 213.00 | 8.00 | T | 162.00 |
| 1134 | Bronchoscopy with use of laser. | 75.00 | 300.00 | | | 8.00 | T | 162.00 |
| 1135 | With bronchography. | 80.00 | 320.00 | 53.00 | 213.00 | 8.00 | T | 162.00 |
| 1136 | Nebulisation (in rooms) | 12.00 | 48.00 | 12.00 | 48.00 | 12.00 | ii | 48.00 |
| 1137 | Bronchial lavage. | | | | | 8.00 | T | 162.00 |
| 1138 | Thoracotomy: for broncho-pleural fistula(including ruptured bronchus, any cause) | 350.00 | 1400.00 | 233.00 | 933.00 | 12.00 | T | 48.00 |
| 4.5 | Pleura | | | | | | | |
| 1139 | Pleural needle biopsy: (no after-care), modifier 0005 not applicable | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| 1141 | Insertion of intercostal catheter (under water drainage) | 50.00 | 200.00 | 50.00 | 200.00 | 6.00 | T | 121.00 |
| 1142 | Intra-pleural block. | 36.00 | 145.00 | 36.00 | 145.00 | 36.00 | ii | 145.00 |
| 1143 | Paracentesis chest: Diagnostic. | 8.00 | 33.00 | 8.00 | 33.00 | 3.00 | T | 61.00 |
| 1145 | Paracentesis chest: Therapeutic. | 13.00 | 53.00 | 13.00 | 53.00 | 3.00 | T | 61.00 |
| 1147 | Pneumothorax: Induction (diagnostic). | 25.00 | 100.00 | 25.00 | 100.00 | | | |
| 1149 | Pleurectomy. | 250.00 | 1000.00 | 167.00 | 668.00 | 11.00 | T | 222.00 |
| 1151 | Decortication of lung. | 350.00 | 1400.00 | 233.00 | 933.00 | 11.00 | T | 222.00 |
| 1153 | Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) | 55.00 | 220.00 | 55.00 | 220.00 | 3.00 | T | 61.00 |

ii Clinical Units

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 4.6 | Pulmonary procedures | | | | | | | |
| 4.6.1 | Surgical | | | | | | | |
| 1155 | Needle biopsy lung: (no after-care) modifier 0005 not applicable | 32.00 | 128.00 | 32.00 | 128.00 | 5.00 | T | 101.00 |
| 1157 | Pneumonectomy. | 350.00 | 1400.00 | 233.00 | 933.00 | 11.00 | T | 184.20 |
| 1159 | Pulmonary lobectomy. | 350.00 | 1400.00 | 233.00 | 933.00 | 11.00 | T | 184.20 |
| 1161 | Segmental lobectomy. | 365.00 | 1460.00 | 243.00 | 973.00 | 11.00 | T | 184.20 |
| | **EXCISION TRACHEAL STENOSIS** | | | | | | | |
| 1163 | Cervical. | 375.00 | 1500.00 | 250.00 | 1000.00 | 8.00 | T | 162.00 |
| 1164 | Intra thoracic. | 350.00 | 1400.00 | 233.00 | 933.00 | 12.00 | T | 242.00 |
| 1167 | Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks. | 215.00 | 860.00 | 143.00 | 573.00 | 12.00 | T | 242.00 |
| 1168 | Thoracoplasty: Complete. | 250.00 | 1000.00 | 167.00 | 668.00 | 11.00 | T | 222.00 |
| 1169 | Thoracoplasty: Limited/osteoplastic. | 200.00 | 800.00 | 133.00 | 533.00 | 11.00 | T | 220.00 |
| 1171 | Drainage empyema (including six weeks after treatment) | 170.00 | 680.00 | 113.00 | 533.00 | 11.00 | T | 222.00 |
| 1173 | Drainage of lung abscess (including six weeks after treatment) | 170.00 | 680.00 | 113.00 | 533.00 | 11.00 | T | 222.00 |
| 1175 | Thoracotomy (limited): For lung or pleural biopsy. | 115.00 | 460.00 | 77.00 | 308.00 | 11.00 | T | 222.00 |
| 1177 | Major: Diagnostic, as for inoperable carcinoma | 215.00 | 860.00 | 143.00 | 222.00 | 11.00 | T | 222.00 |
| 1179 | Thoracoscopy. | 89.00 | 356.00 | 60.00 | 240.00 | 11.00 | T | 222.00 |
| 1181 | Unilateral lung transplant. | 600.00 | 2400.00 | 400.00 | 1600.00 | 15.00 | T | |
| 1182 | Harvesting donor lung: Unilateral. | 120.00 | 480.00 | 80.00 | 320.00 | 5.00 | T | 101.00 |
| | **EXCISION OR PLICATION OF EMPHYSEMATOUS CYST** | | | | | | | |
| 1183 | Unilateral. | 250.00 | 1000.00 | 167.00 | 668.00 | 11.00 | T | 222.00 |
| 1184 | Bilateral synchronous (Median sternotomy). | 438.00 | 1753.00 | 292.00 | 1167. | 11.00 | T | 222.00 |
| 1185 | Re-exploration following sternal dehiscence. | 100.00 | 400.00 | 67.00 | 268.00 | 11.00 | T | 222.00 |
| 4.6.2 | Pulmonary function tests | | | | | | | |
| 1186 | Flow volume test: Inspiration/expiration. | 30.00 | 120.00 | 20.00 | 80.00 | 30.00 | ii | 121.00 |
| 1188 | Flow volume test: Inspiration/expiration pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies) | 50.00 | 200.00 | 33.00 | 133.00 | 50.00 | ii | 200.00 |
| 1189 | Forced expirogram only | 10.00 | 40.00 | 10.00 | 40.00 | 10.00 | ii | 40.00 |
| 1191 | N2 single breath distribution | 10.00 | 40.00 | 10.00 | 40.00 | 10.00 | ii | 40.00 |
| 1192 | Peak expiratory flow only. | 5.00 | 20.00 | 5.00 | 20.00 | 5.00 | ii | 101.00 |
| 1193 | Closed circuit or body plethysmograph determination of F.R.C. | 24.00 | 96.00 | 24.00 | 96.00 | 24.00 | ii | 96.00 |
| 1195 | Airway resistance, body plethysmograph. | 24.00 | 96.00 | 24.00 | 96.00 | 24.00 | ii | 96.00 |
| 1196 | Airway resistance, body plethysmograph: pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1195 applies) | 40.00 | 160.00 | 40.00 | 160.00 | 35.00 | ii | 148.00 |
| 1197 | Compliance and resistance, using oesophageal balloon | 24.00 | 96.00 | 24.00 | 96.00 | 24.00 | ii | 96.00 |
| 1198 | Histamine/metacholine inhalation test. | 40.00 | 160.00 | 40.00 | 160.00 | 35.00 | ii | 148.00 |
| 1199 | Cardio-respiratory exercise test (treadmill or cycle to be charged for separately) with recording of V.E., V.O2, H.R., R.R., ECG and oximetry | 24.00 | 96.00 | 24.00 | 96.00 | 24.00 | ii | 96.00 |
| 1200 | C.O. diffusion test, single breath or steady state. | 24.00 | 96.00 | 24.00 | 96.00 | 24.00 | ii | 96.00 |
| 1201 | Maximum inspiratory/expiratory pressure. | 5.00 | 20.00 | 5.00 | 20.00 | 5.00 | ii | 20.00 |
| 4.7 | Intensive care: (in intensive care or high care unit) Respiratory, cardiac, general | | | | | | | |
| | **MODIFIER GOVERNING THE SUBSECTION INTENSIVE CARE: RESPIRATORY, CARDIAC, GENERAL.** | | | | | | | |
| 0071 | Where work is initiated after hours, over a weekend or on public holidays, a further 12,00 clinical units may be charged. | | | | | | | |
| | **RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF** | | | | | | | |
| Q | Units in respect of items 1204 to 1210 exclude the following : | | | | | | | |
| | (a) Anaesthetic and/or surgical fees for any condition or procedure. | | | | | | | |
| | (b) Cost of any drugs and/or materials. | | | | | | | |
| | (c) Any other cost which may be incurred before, during or after the consultation and/or the therapy. | | | | | | | |
| | (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen | | | | | | | |
| | (e) Procedural items 1202 and 1212 to 1221 | | | | | | | |
| | **but include the following:** | | | | | | | |
| | (f) Performing and interpretation of a resting ECG | | | | | | | |
| | (g) Interpretation of chemistry tests and x-rays | | | | | | | |

ii Clinical Units

| | |
|---|---|
| R | Units for items 1208, 1209 and 1210 include resuscitation (i.e. item 1211). |
| S | Units for items 1212, 1213 and 1214 include the following<br>(a) Measurement of minute volume, vital capacity, time- and vital capacity studies.<br>(b) Testing and connecting the machine.<br>(c) Putting patient on machine: setting machine, synchronising patient with machine.<br>(d) Instruction to nursing staff.<br>(e) All subsequent visits for 24 hours. |
| T | Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204. |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 4.7.1 | Neonatal procedures | | | | | | | |
| 1202 | Insertion of central veneous catheter via peripheral vein in neonates. | 40.00 | 160.00 | 40.00 | 160.00 | 40.00 | ii | 160.00 |
| 4.7.2 | Tariff items for intensive care | | | | | | | |
| | **Category 1:** Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.) | | | | | | | |
| 1204 | Per Day | 30.00 | 120.00 | 30.00 | 120.00 | 30.00 | ii | 120.00 |
| | **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 pancreatitus, eclampsia, flail chest, etc.) | | | | | | | |
| 1205 | First day. | 100.00 | 400.00 | 67.00 | 400.00 | 100.00 | ii | 400.00 |
| 1206 | Subsequent days, per day. | 50.00 | 200.00 | 50.00 | 200.00 | 50.00 | ii | 200.00 |
| 1207 | After two weeks, per day. | 25.00 | | 25.00 | 92.50 | 25.00 | ii | |
| | **Please Note:** The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 | | | | | | | |
| | **Category 3:** Cases with multiple organ failure (may require multidisciplinary intervention) | | | | | | | |
| 1208 | First day (principal practitioner). | 125.00 | 500.00101.00 | 83.00 | 333.00 | 125.00 | ii | 500.00 |
| 1209 | First day (per involved practitioner). | 50.00 | 200.00 | 50.00 | 200.00 | 50.00 | ii | 200.00 |
| 1210 | Subsequent days (per involved practitioner). | 50.00 | 200.00 | 50.00 | 200.00 | 50.00 | ii | 200.00 |
| 4.7.3 | Procedures | | | | | | | |
| 1211 | Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical units per half hour up to a maximum of 150,00 clinical units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc. | | | | | | | |
| | **VENTILATION** | | | | | | | |
| 1212 | First day. | 75.00 | 300.00 | 50.00 | 200.00 | 75.00 | ii | 300.00 |
| 1213 | Subsequent days, per day. | 50.00 | 200.00 | 50.00 | 200.00 | 50.00 | ii | 200.00 |
| 1214 | After two weeks, per day. | 25.00 | 100.00 | 25.00 | 100.00 | 25.00 | ii | 100.00 |
| 1215 | Insertion of arterial pressure cannula. | 25.00 | 100.00 | 25.00 | 100.00 | 25.00 | ii | 100.00 |
| 1216 | Insertion of Swan Ganz catheter for haemodynamic monitoring | 50.00 | 200.00 | 50.00 | 200.00 | 50.00 | ii | 200.00 |
| 1217 | Insertion of central venous line via peripheral vein. | 10.00 | 40.00 | 10.00 | 40.00 | 10.00 | ii | 40.00 |
| 1218 | Insertion of central venous line via subclavian or jugular veins. | 25.00 | 100.00 | 25.00 | 100.00 | 25.00 | ii | 100.00 |
| 1219 | Hyperalimentation (daily tariff). | 15.00 | 60.00 | 15.00 | 60.00 | 15.00 | ii | 60.00 |
| 1220 | Patient-controlled analgesic pump: Hire fee: Per 24 hours (Casette to be charged for according to item 0201 per patient). | 30.00 | 120.00 | 30.00 | 120.00 | 30.00 | ii | 120.00 |
| 1221 | Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient. | 30.00 | 120.00 | 30.00 | 120.00 | 30.00 | ii | 120.00 |

ii Clinical Units

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 5 | MEDIASTINAL PROCEDURES | | | | | | | |
| 1222 | Mediastinal tumours. | 285.00 | 1140.00 | 190.00 | 760.00 | 11.00 | T | 222.00 |
| 1223 | Mediastinoscopy. | 95.00 | 380.00 | 63.00 | 253.00 | 5.00 | T | 101.00 |
| 1224 | Mediastinotomy. | 115.00 | 460.00 | 77.00 | 308.00 | 11.00 | T | 222.00 |
| 1225 | Excision of malignant chest wall tumours involving sternum and multiple ribs. | 350.00 | 1400.00 | 233.00 | 933.00 | 11.00 | T | 222.00 |
| 1226 | Removal of single rib with a lesion. | 282.00 | 1128.00 | 188.00 | 753.00 | 11.00 | T | 222.00 |

6 CARDIOVASCULAR SYSTEM

**MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)**

0100 Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical units is applicable.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 6.1 | General | | | | | | | |
| 1227 | Prolonged neonatal resuscitation. | 20.00 | 80.00 | 20.00 | 80.00 | 20.00 | ii | 80.00 |
| | **GENERAL PRACTITIONER'S FEE FOR THE TAKING OF AN ECG ONLY** | | | | | | | |
| | Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG | | | | | | | |
| 1228 | Without effort: 1/2 (item1232). | | | 4.50 | 18.00 | | | |
| 1229 | Without and with effort: 1/2 (item 1233). | | | 6.50 | 26.00 | | | |
| | Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added | | | | | | | |
| | **PHYSICIAN'S FEE FOR INTERPRETING AN ECG** | | | | | | | |
| | A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred to him by a general practitioner. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation | | | | | | | |
| 1230 | Without effort. | 6.00 | 25.00 | | | | | |
| 1231 | Without and with effort. | 10.00 | 40.00 | | | | | |
| | **ELECTROCARDIOGRAM** | | | | | | | |
| 1232 | Without effort. | 9.00 | 36.00 | 9.00 | 36.00 | | | |
| 1233 | Without and with effort . | 13.00 | 53.00 | 13.00 | 53.00 | | | |
| 1234 | Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus | 40.00 | 160.00 | 40.00 | 160.00 | | | |
| 1235 | Multi-stage treadmill test. | 60.00 | 240.00 | 60.00 | 240.00 | | | |
| 1236 | Under 4 years. | 12.00 | | 12.00 | | | | |
| 1237 | 24 Hour ambulatory blood pressure: Hire fee. | 30.00 | 120.00 | 30.00 | 120.00 | | | |
| 1238 | 24 Hour ambulatory ECG monitoring (holter): Hire fee. | 55.00 | 220.00 | 55.00 | 220.00 | | | |
| 1239 | 24 Hour ambulatory ECG monitoring (holter): Interpretation | 27.00 | 108.00 | 27.00 | 108.00 | | | |
| 1240 | Signal averaged electrocardiogram. | 80.00 | 320.00 | 53.00 | 213.00 | | | |
| 1241 | X-ray Screening: Chest. | 4.00 | 16.00 | 4.00 | 16.00 | | | |
| 1242 | X-ray screening: Prosthetic valves. | 10.00 | 40.00 | 10.00 | 40.00 | | | |
| 1243 | Two week event triggered ambulatory ECG monitoring: Hire fee. | 55.00 | 220.00 | 55.00 | 220.00 | | | |
| 1244 | Two week event triggered ambulatory ECG monitoring: Interpretation. | 25.00 | 100.00 | 25.00 | 100.00 | | | |
| 1245 | Angiography cerebral: First two series. | 34.30 | 138.00 | 34.30 | 138.00 | 4.00 | T | 81.00 |
| 1246 | Angiography peripheral: Per limb. | 25.00 | 100.00 | 25.00 | 100.00 | 4.00 | T | 81.00 |
| 1247 | Electrical correction of cardiac irregularities. | 65.00 | 260.00 | 60.00 | 240.00 | 6.00 | T | 121.00 |
| 1248 | Paracentesis of pericardium. | 50.00 | 200.00 | 50.00 | 200.00 | 9.00 | T | 182.00 |
| 6.2 | Invasive cardiology | | | | | | | |
| 6.2.1 | Cardiac catheterisation | | | | | | | |
| 1249 | Right and left cardiac catheterisation without coronary angiography (with or without biopsy). | 140.00 | 560.00 | | | 9.00 | T | 182.00 |
| 1250 | Endomyocardial biopsy. | 70.00 | 280.00 | 60.00 | 240.00 | 9.00 | T | 182.00 |
| 1251 | Transseptal puncture. | 70.00 | 280.00 | 60.00 | 240..00 | 9.00 | T | 182.00 |
| 1252 | Left heart catheterisation with coronary angiography (with or without biopsy). | 140.00 | 560.00 | | | 9.00 | T | 182.00 |
| 1253 | Right heart catheterisation (with or without biopsy) | 70.00 | 280.00 | | | 9.00 | T | 182.00 |
| 1254 | Catheterisation of coronary artery bypass grafts and/or internal mammary grafts. | 40.00 | 160.00 | 40.00 | 160.00 | 9.00 | T | 182.00 |
| 1255 | Tilt test. | 50.00 | 200.00 | 50.00 | 200.00 | | | |

ii Clinical Units

**Catheterisation laboratory equipment**

a) A committee of 3 (three) members shall be established, and shall consist of at least 2 (two) members nominated by the Representative Association of Medical Schemes, to consider applications by medical practitioners to approve equipment for catheterisation laboratories

b) The fee payable by a medical practitioner for the inspection for classification, will be R 1316.00 or such other fee as may be determined by the committee from time to time. In addition, any such practitioner shall also be liable for all traveling and/or accommodation costs reasonably incurred

c) No additional fees may be charged for theatre or nursing staff

d) Certification by doctor required for catheterisation laboratory use

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 5360 | Analogue monoplane unit: Once off charge per patient by owner of equipment (See notes above). | 157.50 | [xiv] 582.80 | | | | | |
| 5361 | Digital monoplane unit: Once off charge per patient by owner of equipment (See notes above). | 570.00 | [xiv] 2109.00 | | | | | |
| 5362 | Analogue bi-plane unit: Once off charge per patient by owner of equipment (See notes above). | 296.70 | [xiv] 1097.80 | | | | | |
| 5363 | Digital bi-plane unit: Once off charge per patient by owner of equipment (See notes above). | 670.10 | [xiv] 2479.40 | | | | | |
| 6.2.2 | Electrophysiological study | | | | | | | |
| 1256 | Ventricular stimulation study. | 160.00 | 730.00 | | | 9.00 | T | 182.00 |
| 1257 | Full electrophysiological study | 300.00 | 1200.00 | | | 9.00 | T | 182.00 |
| 6.2.3 | Pacemakers | | | | | | | |
| 1258 | Permanent - single chamber. | 155.00 | 620.00 | 103.00 | 413.00 | 9.00 | T | 182.00 |
| 1259 | Permanent - dual chamber. | 230.00 | 920.00 | 153.00 | 613.00 | 9.00 | T | 182.00 |
| 1260 | AV nodal ablation. | 300.00 | 1200.00 | 200.00 | 800.00 | 9.00 | T | 182.00 |
| 1261 | Accessory pathway ablation. | 600.00 | 2400.00 | 400.00 | 1600.00 | 9.00 | T | 182.00 |
| 1262 | Electrophysiological mapping. | 500.00 | 2000.00 | 333.00 | 1333.00 | | | |
| 1263 | Insertion transvenous implantable defibrillator. | 600.00 | 2400.00 | 400.00 | 1600.00 | 15.00 | T | 303.00 |
| 1264 | Test for implantable transvenous defibrillator | 120.00 | 480.00 | 80.00 | 320.00 | 15.00 | T | 303.00 |
| 1265 | Renewal of pacemaker unit only, team fee. | 125.00 | 500.00 | 83.00 | 333.00 | 9.00 | T | 182.00 |
| 1266 | Resiting pacemaker generator. | 80.00 | 320.00 | 60.00 | 240.00 | | | |
| 1267 | Repositioning of catheter electrode. | 50.00 | 200.00 | 50.00 | 200.00 | 9.00 | T | 182.00 |
| 1268 | Threshold testing: Own equipment. | 15.00 | 303.00 | | | | | |
| 1269 | Threshold testing: Hospital equipment. | 11.00 | 45.00 | | | | | |
| 1270 | Programming of atrio-ventricular sequential pacemaker | 50.00 | 200.00 | 50.00 | 200.00 | | | |
| 1273 | Insertion of temporary pacemaker (modifier 0005 not applicable). | 120.00 | 480.00 | 80.00 | 320.00 | 9.00 | T | 182300 |
| 1275 | Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer. | 200.00 | 800.00 | 133.00 | 533.00 | 9.00 | T | 182.00 |
| 6.2.4 | Percutaneous transluminal angioplasty | | | | | | | |
| 1276 | First cardiologist: single lesion | 260.00 | 1040.00 | 173.00 | 693.00 | 13.00 | T | 262.00 |
| 1277 | Second cardiologist: single lesion. | 140.00 | 560.00 | 93.00 | 373.00 | 13.00 | T | 262.00 |
| 1278 | First cardiologist: second lesion. | 60.00 | 240.00 | 60.00 | 240.00 | 13.00 | T | 262.00 |
| 1279 | Second cardiologist: second lesion. | 40.00 | 160.00 | 40.00 | 160.00 | 13.00 | T | 262.00 |
| 1280 | First cardiologist: third or subsequent lesions (each) | 60.00 | 240.00 | 60.00 | 240.00 | 13.00 | T | 262.00 |
| 1281 | Second cardiologist: third or subsequent lesions (each) | 40.00 | 160.00 | 40.00 | 160.00 | 13.00 | T | 262.00 |
| 1282 | Use of balloon procedures including - first cardiologist<br>- Atrial septostomy<br>- Pulmonary valve valvuloplasty<br>- Aortic valve valvuloplasty<br>- Coarctation dilation<br>- Mitral valve valvuloplasty. | 260.00 | 1040.00 | 173.00 | 693.00 | 15.00 | T | 303..00 |
| 1283 | Use of balloon procedure as in item 1282 - second cardiologist | 140.00 | 560.00 | 93.00 | 373.00 | 15.00 | T | 303.00 |
| 1284 | Atherectomy: single lesion: first cardiologist. | 300.00 | 1200.00 | 200.00 | 800.00 | | | |
| 1285 | Atherectomy: single lesion: second cardiologist. | 180.00 | 720.00 | 120.00 | 480.00 | | | |
| 1286 | Insertion of intravascular stent: first cardiologist. | 100.00 | 400.00 | 67.00 | 268.00 | | | |
| 1287 | Insertion of intravascular stent: second cardiologist | 50.00 | 200.00 | 50.00 | 200.00 | | | |
| 6.2.5 | Paediatric cardiac catheterisation | | | | | | | |
| 1288 | Paediatric cardiac catheterisation | 210.00 | 840.00 | 140.00 | 560.00 | 12.00 | T | 242.00 |
| 1289 | Paediatric cardiac catheterisation: Infants below the age of one year. | 263.00 | 560.00 | 175.00 | 700.00 | 12.00 | T | 242.00 |
| | | | | | | (Refer to Modifier 0043) | | |
| 6. 3 | Cardiac surgery | | | | | | | |
| 1294 | Patent ductus arteriosus. | 320.00 | 1280.00 | 213.00 | 853.00 | 13.00 | T | 262.00 |
| 1295 | Pericardiectomy for constrictive pericarditis. | 400.00 | 1600.00 | 267.00 | 1068.00 | 15.00 | T | 262.00 |
| 1297 | Coarctation of aorta. | 425.00 | 1700.00 | 283.00 | 1133.00 | 15.00 | T | 303.00 |

[xiv] Fee equal to benefit payable for private hospitals

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1299 | Systemo-pulmonary anastomosis. | 425.00 | 1700.00 | 283.00 | 1133.00 | 15.00 | T | 303.00 |
| 1301 | Mitral valvotomy: Closed heart technique. | 350.00 | 1400.00 | 233.00 | 933.00 | 15.00 | T | 303.00 |
| 1302 | Heart transplant. | 875.00 | 3500.00 | 583.00 | 2333.00 | 15.00 | T | 303.00 |
| 1303 | Harvesting donor heart. | 75.00 | 300.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 1305 | Operative implantation of cardiac pacemaker by thoracotomy | 220.00 | 880.00 | 147.00 | 588.00 | 15.00 | T | 30.033 |
| 1307 | Re-exploration after cardiac-surgery. | 215.00 | 860.00 | 143.00 | 573.00 | 15.00 | T | 303.00 |
| 1308 | Heart and lung transplant. | 1000.00 | 4000.00 | 667.00 | 2668.00 | 15.00 | T | 303.00 |
| 1309 | Harvesting donor heart and lungs. | 120.00 | 480.00 | 80.00 | 320.00 | 5.00 | T | 101.00 |
| 1311 | Pericardial drainage. | 140.00 | 560.00 | 93.00 | 373.00 | 13.00 | T | 262.00 |
| 6.3.1 | Open heart surgery | | | | | | | |
| 1312 | Evaluation of coronary angiogram by cardio-thoracic surgeon | 25.00 | 100.00 | | | | | |
| 1320 | Repeat open heart surgery (additional fee above procedure fee) | 250.00 | 1000.00 | 167.00 | 668.00 | 15.00 | T | 303.00 |
| 1321 | Stand-by fee for coronary angioplasty. | 30.00 | 120.00 | 30.00 | 120.00 | 30.00 | ii | 120.00 |
| 1322 | Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour. | 20.00 | 80.00 | | | | | |
| 6.3.1.1 | **Congenital conditions** | | | | | | | |
| | **ATRIAL SEPTAL DEFECT** | | | | | | | |
| 1323 | Osteum secundum. | 500.00 | 2000.00 | 333.00 | 1333.00 | 15.00 | T | 303.00 |
| 1325 | Sinus venosus or osteum primum. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1327 | Ventricular septal defect. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1329 | Fallot's tetralogy. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1330 | Pulmonary stenosis. | 500.00 | 2000.00 | 333.00 | 1333.00 | 15.00 | T | 303.00 |
| 1331 | Transposition of large vessels (venous repair). | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1332 | Transposition of great arteries (arterial repair). | 750.00 | 3000.00 | 500.00 | 2000.00 | 15.00 | T | 303.00 |
| 1333 | Ebstein's Anomaly. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1335 | Total anomalous venous drainage. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1337 | Creation of atrial septal defect by thoracotomy with or without cardiac bypass. | 500.00 | 2000.00 | 333.00 | 1333.00 | 15.00 | T | 303.00 |
| 1338 | Fontan type repair | 750.00 | 3000.00 | 500.00 | 2000.00 | 15.00 | T | 303.00 |
| 6.3.1.2 | **Acquired conditions** | | | | | | | |
| 1339 | Mitral valve replacement. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1340 | Mitral valvuloplasty | 688.00 | 2753.00 | 459.00 | 1836.00 | 15.00 | T | 303.00 |
| 1341 | Aortic valve replacement. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1342 | Tricuspid annulo plasty. | 188.00 | 753.00 | 125.00 | 500.00 | 15.00 | T | 303.00 |
| 1343 | Double valve replacement. | 750.00 | 3000.00 | 500.00 | 2000.00 | 15.00 | T | 303.00 |
| 1344 | Acute dissecting aneurysm repair. | 750.00 | 3000.00 | 500.00 | 2000.00 | 15.00 | T | 303.00 |
| 1345 | Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest. | 1000.00 | 4000.00 | 667.00 | 2668.00 | 15.00 | T | 303.00 |
| | **AORTA-CORONARY BYPASS OPERATION (INCLUDING INTERPRETATION OF ANGIOGRAM)** | | | | | | | |
| 1346 | Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable). | 100.00 | 400.00 | 67.00 | 268.00 | | | |
| 1347 | Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable). | 175.00 | 700.00 | 117.00 | 468.00 | | | |
| 1348 | Utilizing saphenous veins. | 750.00 | 3000.00 | 500.00 | 2000.00 | 15.00 | T | 303.00 |
| 1349 | Additional IMA implant. | 781.00 | 3125.00 | 521.00 | 2085.00 | 15.00 | T | 303.00 |
| 1350 | Double IMA implant. | 813.00 | 3253.00 | 542.00 | 2168.00 | 15.00 | T | 303.00 |
| 1351 | Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm | 875.00 | 3500.00 | 583.00 | 2333.00 | 15.00 | T | 303.000 |
| 1352 | Cardiac aneurysm. | 563.00 | 2253.00 | 375.00 | 1500.00 | 15.00 | T | 303.00 |
| 1353 | Ascending/descending thoracic aortic aneurysm repair | 625.00 | 2500.00 | 417.00 | 1668.00 | 15.00 | T | 303.00 |
| 1354 | Arrhythmia surgery. | 688.00 | 2753.00 | 459.00 | 1836.00 | 15.00 | T | 303.00 |
| 1355 | Cardiac tumour. | 625.00 | 2500.00 | 417.00 | 1668.00 | 15.00 | T | 303.00 |
| 1356 | Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable). | 188.00 | 753.00 | 125.00 | 500.00 | 15.00 | T | 303.00 |
| 6.4 | Peripheral vascular system | | | | | | | |
| 6.4.1 | Investigations | | | | | | | |
| | **MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF** | | | | | | | |
| 0072 | The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins. | | | | | | | |

[ii] Clinical Units

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **SKIN TEMPERATURE TEST** | | | | | | | |
| 1357 | Response to reflex heating. | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 1359 | Response to reflex cooling | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 1361 | Cold sensitivity test. | 17.00 | 68.00 | 17.00 | 68.00 | | | |
| 1363 | Oscillometry test. | 5.00 | 20.00 | 5.00 | 20.00 | | | |
| 1365 | Sweat test. | 17.00 | 68.00 | 17.00 | 68.00 | | | |
| 1367 | Doppler blood tests. | 6.00 | 25.00 | 6.00 | 25.00 | | | |
| 5369 | Doppler arterial pressures | 6.00 | 25.00 | 6.00 | 25.00 | | | |
| 5371 | Doppler arterial pressures with exercise | 10.00 | 37.00 | 10.00 | 37.00 | | | |
| 5373 | Doppler segmental pressures and wave forms | 12.00 | 44.40 | 12.00 | 44.40 | | | |
| 5375 | Venous doppler examination (both limbs) | 9.00 | 33.30 | 9.00 | 33.30 | | | |
| 5377 | Venous plethysmography | 16.00 | 59.20 | 16.00 | 59.20 | | | |
| 5379 | Supra-orbital doppler test | 5.00 | 18.50 | 5.00 | 18.50 | | | |
| 5381 | Carotid non-invasive complex tests | 39.00 | 144.30 | 39.00 | 144.30 | | | |
| 6.4.2 | Arterio-venous abnormalities : | | | | | | | |
| 1369 | Fistula or aneurysm (as for grafting of various arteries) | | | | | | | |
| 6.4.3 | Arteries : | | | | | | | |
| **6.4.3.1** | **Aorta-iliac and major branches** | | | | | | | |
| | **ABDOMINAL AORTA AND ILIAC ARTERY** | | | | | | | |
| 1372 | Unruptured | 540.00 | 2160.00 | 360.00 | 1440.00 | 15.00 | T | 303.00 |
| 1373 | Ruptured. | 600.00 | 2400.00 | 400.00 | 1600.00 | 15.00 | T | 303.00 |
| 1375 | Grafting and/or thrombo-endarteriectomy for thrombosis | 444.00 | 1776.00 | 296.00 | 1185.00 | 15.00 | T | 303.000 |
| 1376 | Aorta bifemoral graft, including proximal and distal endarteriectomy and preparation for anastomosis | 594.00 | 2376.00 | 396.00 | 1585.00 | 15.00 | T | 303.00 |
| **6.4.3.2** | **Iliac artery** | | | | | | | |
| 1379 | Prosthetic grafting and/or Thrombo-endarteriectomy | 300.00 | 1200.00 | 200.00 | 800.00 | 13.00 | T | 262.00 |
| **6.4.3.3** | **Peripheral** | | | | | | | |
| 1385 | Prosthetic grafting. | 255.00 | 1020.00 | 170.00 | 680.00 | 5.00 | T | 101.00 |
| | **GRAFTING VEIN** | | | | | | | |
| 1387 | Vein grafting proximal to knee joint. | 300.00 | 1200.00 | 200.00 | 800.00 | 5.00 | T | 101.00 |
| 1388 | Distal to knee joint | 444.00 | 1776.00 | 296.00 | 1185.00 | 5.00 | T | 101.00 |
| 1389 | Endarterectomy when not part of another specified procedure | 264.00 | 1056.00 | 176.00 | 705.00 | 5.00 | T | 101.00 |
| 1390 | Carotid endarterectomy. | 300.00 | 1200.00 | 200.00 | 800.00 | 10.00 | T | 202.00 |
| | **EMBOLECTOMY** | | | | | | | |
| 1393 | Peripheral embolectomy transfemoral . | 168.00 | 673.00 | 112.00 | 448.00 | 5.00 | T | 101.00 |
| | **MISCELLANEOUS ARTERIAL PROCEDURES** | | | | | | | |
| 1395 | Arterial suture: trauma. | 125.00 | 500.00 | 83.00 | 333.00 | 5.00 | T | 101.00 |
| 1397 | Profundoplasty. | 210.00 | 840.00 | 140.00 | 560.00 | 5.00 | T | 101.00 |
| 1399 | Distal tibial (Ankle region). | 456.00 | 1825.00 | 304.00 | 1216.00 | 5.00 | T | 101.00 |
| 1401 | Femoro-femoral. | 254.00 | 1016.00 | 169.00 | 676.00 | 5.00 | T | 101.00 |
| 1402 | Carotid-subclavian. | 288.00 | 1153.00 | 192.00 | 768.00 | 8.00 | T | 162.00 |
| 1403 | Axillo-femoral: (Bifemoral + 50%). | 288.00 | 1153.00 | 192.00 | 768.00 | 8.00 | T | 162.00 |
| 6.4.4 | Veins | | | | | | | |
| 1407 | Ligation of saphenous vein. | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| 1408 | Placement of Hickman catheter or similar. | 91.00 | 365.00 | 61.00 | 245.00 | 4.00 | T | 81.00 |
| | **LIGATION OF INFERIOR VENA CAVA :** | | | | | | | |
| 1410 | Abdominal. | 180.00 | 720.00 | 120.00 | 480.00 | 8.00 | T | 162.00 |
| | **"UMBRELLA" OPERATION ON INFERIOR VENA CAVA :** | | | | | | | |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1412 | Abdominal. | 100.00 | 400.00 | 67.00 | 268.00 | 8.00 | T | 162.00 |
| | **COMBINED PROCEDURE FOR VARICOSE VEINS: LIGATION OF SAPHENOUS VEIN, STRIPPING, MULTIPLE LIGATION INCLUDING OF PERFORATING VEINS AS INDICATED:** | | | | | | | |
| 1413 | Unilateral. | 141.00 | 565.00 | 94.00 | 376.00 | 3.00 | T | 61.00 |
| 1415 | Bilateral. | 247.00 | 988.00 | 165.00 | 660.00 | 3.00 | T | 61.00 |
| 1417 | Extensive sub-fascial ligation of perforating veins. | 125.00 | 500.00 | 83.00 | 333.00 | 3.00 | T | 61.00 |
| 1419 | Lesser varicose vein procedures | 31.00 | 125.00 | 31.00 | 125.00 | 3.00 | T | 61.00 |
| | **COMPRESSION SCLEROTHERAPY OF VARICOSE VEINS** | | | | | | | |
| 1421 | Per injection to a maximum of nine injections per leg (excluding cost of material) | 9.00 | 36.00 | 9.00 | 36.00 | | | |
| | **THROMBECTOMY** | | | | | | | |
| 1425 | Inferior vena cava (Trans abdominal). | 240.00 | 960.00 | 160.00 | 640.00 | 11.00 | T | 222.00 |
| 1427 | Ilio-femoral. | 175.00 | 700.00 | 117.00 | 468.00 | 6.00 | T | 120.00 |
| 6.4.5 | Portal hypertension | | | | | | | |
| 1429 | Porto-caval shunt. | 500.00 | 2000.00 | 333.00 | 1333.00 | 11.00 | T | 222.00 |
| 6.5 | Cardiac rehabilitation | | | | | | | |
| | **Phase I:** Consultations to be charged according to the consultative services section of the Tariff | | | | | | | |
| 1431 | Phase II: Exercise rehabilitation: Per patient per 60 min session with a maximum of 5 patients per group | 12.00 | 48.00 | 12.00 | 48.00 | | | |
| 1432 | Phase III: Exercise rehabilitation: Per patient per 60 min session with a maximum of 10 patients per group | 6.00 | 25.00 | 6.00 | 25.00 | | | |
| | **Please note:** | | | | | | | |
| | a. A practitioner is only allowed to instruct one group at a time. | | | | | | | |
| | b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months. | | | | | | | |
| 7 | LYMPHO-RETICULAR SYSTEM | | | | | | | |
| 7.1 | Spleen | | | | | | | |
| | **SPLENECTOMY** | | | | | | | |
| 1435 | Splenectomy (In all cases) | 175.00 | 700.00 | 117.00 | 468.00 | 9.00 | T | 182.00 |
| 1436 | Splenorrhaphy. | 175.00 | 700.00 | 117.00 | 468.00 | 9.00 | T | 182.00 |
| 7.2 | Lymph nodes and lymphatic channels | | | | | | | |
| | **EXCISION OF LYMPH NODE FOR BIOPSY** | | | | | | | |
| 1439 | Neck or axilla. | 65.00 | 260.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1441 | Groin. | 65.00 | 260.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1443 | Simple excision of lymph nodes for tuberculosis | 91.00 | 365.00 | 61.00 | 245.00 | 3.00 | T | 61.00 |
| | **RADICAL EXCISION OF LYMPH NODES OF NECK: TOTAL** | | | | | | | |
| 1445 | Unilateral. | 275.00 | 1100.00 | 183.00 | 733.00 | 5.00 | T | 101.00 |
| 1447 | Suprahyoid unilateral. | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 1449 | Radical excision of lymph nodes of axilla. | 160.00 | 640.00 | 107.00 | 428.00 | 4.00 | T | 81.00 |
| | **RADICAL EXCISION OF LYMPH NODES OF GROIN** | | | | | | | |
| 1451 | Ilio-inguinal. | 175.00 | 700.00 | 117.00 | 468.00 | 4.00 | T | 81.00 |
| 1453 | Inguinal. | 150.00 | 600.00 | 100.00 | 400.00 | 4.00 | T | 81.00 |
| 1455 | Retroperitioneal lymphadenectomy including pelvic, aortic and renal nodes. | 275.00 | 1100.00 | 183.00 | 733.00 | 6.00 | T | 120.00 |
| | **BONE MARROW BIOPSY** | | | | | | | |
| 1457 | By trephine. | 13.00 | 53.00 | 13.00 | 53.00 | 3.00 | T | 61.00 |
| 1458 | Simple aspiration of marrow by means of trocar or cannula | 8.00 | 33.00 | 8.00 | 33.00 | | | |
| 1459 | Staging laparotomy for lymphoma (including splenectomy) | 245.00 | 980.00 | 163.00 | 653.00 | 7.00 | T | 141.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **BONE MARROW TRANSPLANTATION** | | | | | | | |
| 1450 | Cryopreservation of bone marrow or peripheral blood stem cells | 58.00 | 233.00 | 58.00 | 233.00 | 5.00 | T | 101.00 |
| 1454 | Plasma/cell separation using designated cell separator equipment (per hour) (specify time used) | 39.00 | 156.00 | 39.00 | 156.00 | 5.00 | T | 101.00 |
| 1456 | Preparation of extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis | 42.00 | 168.00 | 42.00 | 168.00 | 5.00 | T | 101.00 |
| 8 | DIGESTIVE SYSTEM | | | | | | | |
| | **MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF** | | | | | | | |
| 0074 | A reduction of 33,33% (1/3) of the fee will apply to all fibre optic procedures performed by means of hospital equipment. | | | | | | | |
| 0075 | The fee plus 21,00 clinical units will apply where fibre optic procedures are performed in rooms with own equipment. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff). | | | | | | | |
| 8.1 | Oral cavity | | | | | | | |
| 1461 | All dental procedures. | | | | | 4.00 | T | 81.00 |
| 1463 | Surgical biopsy of tongue. | 15.00 | 60.00 | 15.00 | 60.00 | 4.00 | T | 81.00 |
| 1465 | Surgical biopsy of palate | 15.00 | 60.00 | 15.00 | 60.00 | 4.00 | T | 81.00 |
| 1467 | Drainage of intra-oral abscess. | 31.00 | 125.00 | 31.00 | 125.00 | 4.00 | T | 81.00 |
| 1469 | Local excision of mucosal lesion of oral cavity. | 23.00 | 93.00 | 23.00 | 93.00 | 4.00 | T | 81.00 |
| 1471 | Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure | 412.00 | 1648.00 | 275.00 | 1100.00 | 7.00 | T | 141.00 |
| 1473 | Complicated reconstruction following major ablative procedure for head and neck cancer. | vii | | vii | | 7.00 | T | 141.00 |
| 1475 | Cleft palate: Repair primary deformity with or without pharyngoplasty | 277.00 | 1108.00 | 185.00 | 740.00 | 6.00 | T | 120.00 |
| 1477 | Cleft palate: Secondary repair. | 206.00 | 825.00 | 137.00 | 548.00 | 6.00 | T | 120.00 |
| 1479 | Pharyngoplasty with or without pharyngeal flap. | 227.00 | 908.00 | 151.00 | 605.00 | 6.00 | T | 120.00 |
| 1481 | Closure of palatal fistula. | 138.00 | 553.00 | 92.00 | 368.00 | 5.00 | T | 101.00 |
| 1483 | Closure of oro-antral fistula with Caldwell-Luc. | 138.00 | 553.00 | 92.00 | 368.00 | 4.00 | T | 81.00 |
| 8.2 | Lips | | | | | | | |
| 1485 | Local excision of benign lesion of lip. | 27.00 | 108.00 | 27.00 | 108.00 | 4.00 | T | 81.00 |
| 1487 | Resection for lip malignancy. | 91.00 | 365.00 | 61.00 | 245.00 | 4.00 | T | 81.00 |
| | **CLEFT LIP** | | | | | | | |
| 1489 | Unilateral. | 206.00 | 825.00 | 137.00 | 548.00 | 5.00 | T | 101.00 |
| 1491 | Bilateral. | 361.00 | 1445.00 | 241.00 | 968.00 | 5.00 | T | 101.00 |
| 1493 | Total revision of secondary cleft lip deformities. | 206.00 | 825.00 | 137.00 | 548.00 | 5.00 | T | 101.00 |
| 1495 | Abbé flap (all stages included). | 233.00 | 933.00 | 155.00 | 620.00 | 5.00 | T | 101.00 |
| 1497 | Vermilionectomy. | 104.00 | 416.00 | 69.00 | 276.00 | 4.00 | T | 81.00 |
| 1499 | Lip reconstruction following an injury: Direct repair | 91.00 | 365.00 | 61.00 | 245.00 | 4.00 | T | 81.00 |
| | **LIP RECONSTRUCTION FOLLOWING AN INJURY OR TUMOUR REMOVAL** | | | | | | | |
| 1501 | Flap repair. | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 1503 | Total reconstruction (first stage). | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 1504 | Subsequent stages (see item 0299). | 104.00 | 416.00 | 69.00 | 276.00 | 4.00 | T | 81.00 |
| 8.3 | Tongue | | | | | | | |
| 1505 | Partial glossectomy. | 141.00 | | 94.00 | 347.80 | 6.00 | T | 120.00 |
| 1507 | Local excision of lesion of tongue. | 27.00 | 108.00 | 27.00 | 108.00 | 4.00 | T | 81.00 |
| 8.4 | Palate, uvula and salivary glands | | | | | | | |
| 1509 | Wide excision of lesion of palate. | 100.00 | 400.00 | 67.00 | 268.00 | 5.00 | T | 101.00 |
| 1511 | Radical resection of palate (including skin graft). | 250.00 | 1000.00 | 167.00 | 668.00 | 7.00 | T | 141.00 |
| 1513 | Excision of ranula. | 41.00 | 165.00 | 41.00 | 165.00 | 5.00 | T | 101.00 |
| 1515 | Excision of sublingual salivary gland. | 120.00 | 480.00 | 80.00 | 320.00 | 4.00 | T | 81.00 |
| 1517 | Excision of submandibular salivary gland. | 146.00 | 855.00 | 97.00 | 388.00 | 4.00 | T | 81.00 |

[vii] By arrangement between medical practitioner/patient/medical schemes

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1519 | Excision of submandibular salivary gland with suprahyoid dissection | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 1521 | Excision of submandibular salivary gland: With radical neck dissection. | 275.00 | 1100.00 | 183.00 | 733.00 | 6.00 | T | 120.00 |
| 1523 | Local resection of parotid tumour. | 125.00 | 500.00 | 83.00 | 333.00 | 5.00 | T | 101.00 |
| 1525 | Partial parotidectomy. | 230.00 | 920.00 | 153.00 | 613.00 | 5.00 | T | 101.00 |
| 1527 | Total parotidectomy. | 250.00 | 1000.00 | 167.00 | 668.00 | 5.00 | T | 101.00 |
| 1529 | Extracapsular Parotidectomy | 300.00 | 1200.00 | 200.00 | 800.00 | 5.00 | T | 101.00 |
| 1531 | Drainage of parotid abscess. | 25.00 | 100.00 | 25.00 | 100.00 | 4.00 | T | 81.00 |
| 1533 | Closure of salivary fistula. | 91.00 | 365.00 | 61.00 | 245.00 | 4.00 | T | 81.00 |
| 1535 | Dilatation of salivary duct. | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |
| 1537 | Operative removal of salivary calculus. | 55.00 | 220.00 | 55.00 | 220.00 | 4.00 | T | 81.00 |
| 1539 | Meatotomy: Salivary duct. | 20.00 | 80.00 | 20.00 | 80.00 | 4.00 | T | 81.00 |
| 1541 | Branchial cyst and/or fistula: Excision. | 140.00 | 560.00 | 93.00 | 373.00 | 5.00 | T | 101.00 |
| 1543 | Excision of cystic hygroma | 140.00 | 560.00 | 93.00 | 373.00 | 5.00 | T | 101.00 |
| 1544 | Ludwig's Angina: Drainage | 42.00 | 168.00 | 42.00 | 168.00 | 9.00 | T | 182.00 |
| 8.5 | Oesophagus | | | | | | | |
| 1545 | Oesophagoscopy with rigid instrument: First and subsequent | 47.00 | 188.00 | 47.00 | 188.00 | 4.00 | T | 81.00 |
| 1547 | Oesophageal acid perfusion test | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 1549 | Oesophagoscopy with dilatation of stricture. | 70.00 | 280.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1550 | With removal of foreign body. | 70.00 | 280.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1551 | With insertion of indwelling oesophageal tube. | 80.00 | 320.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1552 | Injection of oesophageal varices (endoscopy inclusive) | 80.00 | 320.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1553 | Subsequent injection of oesophageal varices (endoscopy inclusive). | 65.00 | 260.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1554 | Per-oral small bowel biopsy. | 25.00 | 100.00 | 25.00 | 100.00 | 4.00 | T | 81.00 |
| 1555 | Repair of tracheal oesophageal fistula and oesophageal atresia. | 400.00 | 1600.00 | 267.00 | 1068.00 | 15.00 | T | 303.00 |
| 1557 | Oesophageal dilatation. | 40.00 | 160.00 | 40.00 | 160.00 | 4.00 | T | 81.00 |
| | **OESOPHAGECTOMY** | | | | | | | |
| 1559 | Two stage. | 500.00 | 2000.00 | 333.00 | 1333.00 | 11.00 | T | 222.00 |
| 1560 | Three stage. | 550.00 | 2200.00 | 367.00 | 1468.00 | 11.00 | T | 222.00 |
| 1561 | Thoraco-abdominal oesophagogastrectomy . | 500.00 | 2000.00 | 333.00 | 1333.00 | 11.00 | T | 222.00 |
| | **HIATUS HERNIA AND DIAPHRAGMATIC HERNIA REPAIR** | | | | | | | |
| 1563 | With anti-reflux procedure. | 300.00 | 1200.00 | 200.00 | 800.00 | 11.00 | T | 222.00 |
| 1565 | With Collis Nissen oesophageal lengthening procedure | 350.00 | 1400.00 | 233.00 | 933.00 | 11.00 | T | 222.00 |
| 1566 | Private fee: Gastroplasty. | 325.00 | 1300.00 | 217.00 | 868.00 | 8.00 | T | 162.00 |
| 1567 | Bochdalek hernia repair in newborn. | 250.00 | 1000.00 | 167.00 | 668.00 | 14.00 | T | 282.00 |
| 1568 | Hiatus hernia and diaphragmatic repair: Revision after previous repair. | 375.00 | 1500.00 | 250.00 | 1000.00 | 11.00 | T | 222.00 |
| 1569 | Heller's operation. | 250.00 | 1000.00 | 167.00 | 668.00 | 14.00 | T | 282.00 |
| 1575 | Insertion of indwelling oesophageal tube - laparotomy | 142.00 | 568.00 | 95.00 | 380.00 | 6.00 | T | 120.00 |
| 1578 | Oesophageal motility (2 channel + pneumograph) | 100.00 | 400.00 | 67.00 | 268.00 | 4.00 | T | 120.00 |
| 1579 | Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach | 400.00 | 1600.00 | 267.00 | 1068.00 | 11.00 | T | 222.00 |
| 1580 | Oesophageal motility (3 Channel + pneumograph + pH pull-through) | 110.00 | 440.00 | 73.00 | 293.00 | 4.00 | T | 81.00 |
| 1581 | Removal of benign oesophageal tumours. | 285.00 | 1140.00 | 190.00 | 760.00 | 11.00 | T | 222.00 |
| 1582 | Oesophageal motility (3 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia) | 150.00 | 600.00 | 100.00 | 400.00 | 4.00 | T | 81.00 |
| 1583 | Excision of intrathoracic oesophageal diverticulum. | 250.00 | 1000.00 | 167.00 | 668.00 | 11.00 | T | 222.00 |
| 1584 | 24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per pH probe) | 55.00 | 220.00 | 55.00 | 220.00 | | | |
| 1585 | 24 Hour oesophageal pH studies: Interpretation | 27.00 | 108.00 | 27.00 | 108.00 | | | |
| 8.6 | Stomach | | | | | | | |
| 1587 | Upper gastro-intestinal fibre-optic endoscopy - Own equipment | 65.00 | 260.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1588 | Plus polypectomy | 90.00 | 360.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1591 | Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach) | 90.00 | 360.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1593 | Augmented histamine test: Gastric intubation with x-ray screening. | 5.00 | 20.00 | 5.00 | 20.00 | | | |
| 1597 | Gastrostomy or Gastrotomy | 116.00 | 465.00 | 77.00 | 308.00 | 6.00 | T | 120.00 |
| 1599 | Pyloromyotomy (Rammstedt). | 116.00 | 465.00 | 77.00 | 308.00 | 6.00 | T | 120.00 |
| 1601 | Local excision of ulcer or benign neoplasm | 141.00 | 565.00 | 94.00 | 376.00 | 6.00 | T | 120.00 |
| | **VAGOTOMY.** | | | | | | | |
| 1603 | Abdominal. | 150.00 | 600.00 | 100.00 | 400.00 | 6.00 | T | 120.00 |
| 1604 | Thoracic. | 150.00 | 600.00 | 100.00 | 400.00 | 11.00 | T | 222.00 |
| 1605 | Truncal or selective with drainage procedures. | 250.00 | 1000.00 | 167.00 | 668.00 | 6.00 | T | 120.00 |
| 1607 | Vagotomy and antrectomy | 320.00 | 1280.00 | 213.00 | 853.00 | 6.00 | T | 120.00 |
| 1609 | Highly selective vagotomy. | 250.00 | 1000.00 | 167.00 | 668.00 | 6.00 | T | 120.00 |
| 1611 | Pyloroplasty. | 141.00 | 565.00 | 94.00 | 376.00 | 6.00 | T | 120.00 |
| 1613 | Gastroenterostomy | 141.00 | 565.00 | 94.00 | 376.00 | 6.00 | T | 120.00 |
| 1615 | Suture of perforated gastric or duodenal ulcer or wound or injury | 200.00 | 800.00 | 133.00 | 533.00 | 7.00 | T | 141.00 |
| 1617 | Partial gastrectomy. | 300.00 | 1200.00 | 200.00 | 800.00 | 7.00 | T | 141.00 |
| 1619 | Total gastrectomy | 375.00 | 1500.00 | 250.00 | 1000.00 | 7.00 | T | 141.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1621 | Revision of gastrectomy or gastro-enterostomy. | 375.00 | 1500.00 | 250.00 | 1000.00 | 7.00 | T | 141.00 |
| 1625 | Gastro-oesophageal operation for portal hypertension (Tanner) | 375.00 | 1500.00 | 250.00 | 1000.00 | 11.00 | T | 222.00 |
| 8.7 | Duodenum | | | | | | | |
| 1627 | Duodenal intubation (under X-ray screening) | 8.00 | 33.00 | | | | | |
| 1629 | Duodenal intubation with biliary drainage after gall bladder stimulation | 21.00 | 85.00 | | | | | |
| 1631 | Duodenal intubation: Under three years | 15.00 | 60.00 | | | | | |
| 8.8 | Intestines | | | | | | | |
| 1632 | H2 breath test (intestines) | 9.00 | 36.00 | 9.00 | 36.00 | | | |
| 1633 | Complete test using lactose or lactulose. | 27.00 | 108.00 | 27.00 | 108.00 | | | |
| 1634 | Enterotomy or Enterostomy. | 116.00 | 465.00 | 77.00 | 308.00 | 6.00 | T | 120.00 |
| 1635 | Intestinal obstruction of the newborn. | 240.00 | 960.00 | 160.00 | 640.00 | 7.00 | T | 141.00 |
| 1637 | Operation for relief of intestinal obstruction | 230.00 | 920.00 | 153.00 | 613.00 | 7.00 | T | 141.00 |
| 1639 | Resection of small bowel with enterostomy or anastomosis | 175.00 | | 117.00 | | 6.00 | T | 120.00 |
| 1641 | Entero-enterostomy or entero-colostomy for bypass | 141.00 | 565.00 | 94.00 | 376.00 | 6.00 | T | 120.00 |
| 1645 | Suture of intestine (small or large): Perforated ulcer, wound or injury | 116.00 | 465.00 | 77.00 | 352.00 | 6.00 | T | 120.00 |
| 1647 | Closure of intestinal fistula | 258.00 | 1033.00 | 172.00 | 688.00 | 6.00 | T | 120.00 |
| 1649 | Excision of Meckel's diverticulum | 111.00 | 445.00 | 74.00 | 296.00 | 6.00 | T | 120.00 |
| 1651 | Excision of lesion of mesentery. | 90.00 | 360.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1652 | Laparotomy for mesenteric thrombosis | 300.00 | 1200.00 | 200.00 | 800.00 | 8.00 | T | 162.00 |
| | **TOTAL FIBRE-OPTIC COLONOSCOPY** | | | | | | | |
| 1653 | With own equipment (including biopsy) | 120.00 | 480.00 | 80.00 | 320.00 | 4.00 | T | 81.00 |
| 1654 | Fibre-optic colonoscopy with removal of polyps: Own equipment. | 150.00 | 600.00 | 100.00 | 400.00 | 4.00 | T | 81.00 |
| 1656 | Left sided fibre-optic colonoscopy. | 80.00 | 320.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1657 | Right or left hemicolectomy or segmental colectomy. | 325.00 | 1300.00 | 217.00 | 868.00 | 6.00 | T | 120.00 |
| 1658 | Reconstruction of colon after Hartman's procedure | 241.00 | 965.00 | 161.00 | 645.00 | 6.00 | T | 120.00 |
| 1661 | Colotomy: Including removal of tumour or foreign body. | 135.00 | 540.00 | 90.00 | 360.00 | 6.00 | T | 120.00 |
| 1663 | Total colectomy. | 390.00 | 1560.00 | 260.00 | 1040.00 | 6.00 | T | 120.00 |
| 1665 | Colostomy or ileostomy isolated procedure. | 90.00 | 360.00 | 60.00 | 240.00 | 6.00 | T | 120.00 |
| 1666 | Continent ileostomy pouch (all types). | 300.00 | 1200.00 | 200.00 | 800.00 | 6.00 | T | 120.00 |
| 1667 | Colostomy Closure | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 1668 | Revision of ileostomy pouch | 375.00 | 1500.00 | 250.00 | 1000.00 | 6.00 | T | 120.00 |
| 1669 | Total proctocolectomy and ileostomy. | 480.00 | 1921.00 | 320.00 | 1280.00 | 7.00 | T | 141.00 |
| 1670 | Proctocolectomy, ileostomy and ileostomy pouch | 540.00 | 2160.00 | 360.00 | 1440.00 | 7.00 | T | 141.00 |
| 1671 | Colomyotomy (Reilly operation) | 185.00 | 740.00 | 123.00 | 493.00 | 6.00 | T | 120.00 |
| 8.9 | Appendix | | | | | | | |
| 1673 | Drainage of appendix abscess | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 1675 | Appendicectomy. | 100.00 | 400.00 | 67.00 | 268.00 | 4.00 | T | 81.00 |
| 8.10 | Rectum and anus | | | | | | | |
| 1676 | Fibre-optic sigmoidoscopy | 65.00 | 260.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1677 | Sigmoidoscopy: First and subsequent, with or without biopsy . | 13.00 | 53.00 | 13.00 | 53.00 | 3.00 | T | 61.00 |
| 1678 | Fibre-optic sigmoidoscopy, plus polypectomy. | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1679 | Sigmoidoscopy with removal of polyps, first and subsequent | 30.00 | 120.00 | 30.00 | 120.00 | 3.00 | T | 61.00 |
| | **PROCTOSCOPY WITH REMOVAL OF POLYPS** | | | | | | | |
| 1681 | First time. | 21.00 | 85.00 | 21.00 | 85.00 | 3.00 | T | 61.00 |
| 1683 | Subsequent times. | 15.00 | 60.00 | 15.00 | 60.00 | 3.00 | T | 61.00 |
| 1685 | Endoscopic fulguration of tumour. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 1687 | Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary | 325.00 | 1300.00 | 217.00 | 868.00 | 6.00 | T | 120.00 |
| 1689 | Perineal resection of rectum | 141.00 | 565.00 | 94.00 | 376.00 | 5.00 | T | 101.00 |
| | **ABDOMINO-PERINEAL RESECTION OF RECTUM** | | | | | | | |
| 1691 | Abdominal surgeon [viii] | 350.00 | 1400.00 | 233.00 | 933.00 | 7.00 | T | 141.00 |
| 1692 | Perineal surgeon [viii] | 100.00 | 400.00 | 67.00 | 1268.00 | | | |
| 1693 | Local excision of rectal tumour (posterior approach) | 200.00 | 800.00 | 133.00 | 533.00 | 4.00 | T | 81.00 |
| 1695 | Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour. | 300.00 | 1200.00 | 200.00 | 800.00 | 7.00 | T | 141.00 |
| | **REPAIR OF PROLAPSED RECTUM: ABDOMINAL** | | | | | | | |
| 1697 | Roscoe Graham Moskovitz | 300.00 | 1200.00 | 200.00 | 800.00 | 6.00 | T | 120.00 |
| 1699 | Ivalon sponge. | 200.00 | 800.00 | 133.00 | 533.00 | 6.00 | T | 120.00 |
| 1701 | Perineal. | 150.00 | 600.00 | 100.00 | 400.00 | 4.00 | T | 81.00 |

[viii] Abdominal and/or perineal assistant's fee to be charged additionally

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1703 | Thierisch suture. | 35.00 | 140.00 | 35.00 | 140.00 | 4.00 | T | 81.00 |
| 1705 | Incision and drainage of peri-anal abscess. | 40.00 | 160.00 | 40.00 | 160.00 | 3.00 | T | 61.00 |
| 1707 | Drainage of submucous abscess. | 40.00 | 160.00 | 40.00 | 160.00 | 3.00 | T | 61.00 |
| 1709 | Drainage of ischio-rectal abscess. | 60.00 | 240.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1711 | Excision of pelvi-rectal fistula | 200.00 | 800.00 | 133.00 | 533.00 | 5.00 | T | 101.00 |
| 1713 | Excision of fistula-in-ano | 105.00 | 420.00 | 70.00 | 280.00 | 3.00 | T | 61.00 |
| 1715 | Operation for fissure-in-ano | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 1719 | Rubber band ligation of haemorrhoids: per haemorrhoid | 10.00 | 40.00 | 10.00 | 40.00 | 3.00 | T | 61.00 |
| 1721 | Sclerosing injection for haemorroids: per injection | 5.00 | 20.00 | 5.00 | 20.00 | | | |
| 1723 | Haemorrhoidectomy. | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1725 | Drainage of external thrombosed pile. | 12.50 | 50.00 | 12.50 | 50.00 | 3.00 | T | 61.00 |
| 1727 | Multiple procedures (haemorrhoids, fissure, etc.). | 90.00 | 360.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1729 | Excision of anal skin tags | 25.00 | 100.00 | 25.00 | 100.00 | 3.00 | T | 61.00 |
| 1731 | Operation for low imperforate anus. | 105.00 | 420.00 | 70.00 | 280.00 | 6.00 | T | 120.00 |
| 1733 | Anoplasty: Y-V-plasty. | 41.00 | 165.00 | 41.00 | 165.00 | 3.00 | T | 61.00 |
| 1735 | Anal sphincteroplasty for incontinence. | 120.00 | 480.00 | 80.00 | 320.00 | 3.00 | T | 61.00 |
| 1737 | Dilation of ano-rectal stricture. | 12.50 | 50.00 | 12.50 | 50.00 | 3.00 | T | 61.00 |
| 1739 | Closure of recto-vesical fistula | 241.00 | 965.00 | 161.00 | 645.00 | 5.00 | T | 101.00 |
| 1741 | Closure of recto-urethral fistula | 241.00 | 965.00 | 161.00 | 645.00 | 5.00 | T | 101.00 |
| 8.11 | Liver | | | | | | | |
| 1743 | Needle biopsy of liver. | 25.00 | 100.00 | 25.00 | 100.00 | 3.00 | T | 61.00 |
| 1745 | Biopsy of liver by laparotomy. | 90.00 | 360.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1747 | Drainage of liver abscess or cyst. | 141.00 | 565.00 | 94.00 | 376.00 | 7.00 | T | 141.00 |
| 1748 | Body composition measured by bio- electrical impedance | [xii] | | [xii] | | | [xii] | |
| | **HEMI-HEPATECTOMY** | | | | | | | |
| 1749 | Right. | 440.00 | 1760.00 | 293.00 | 1173.00 | 9.00 | T | 182.00 |
| 1751 | Left. | 300.00 | 1200.00 | 200.00 | 800.00 | 9.00 | T | 182.00 |
| 1753 | Partial or segmental hepatectomy. | 150.00 | | 100.00 | 400.00 | 9.00 | T | 182.00 |
| 1755 | Liver transplant. | 1320.00 | 5280.00 | 880.00 | 3520.00 | 15.00 | T | 303.00 |
| 1756 | Harvesting donor hepatectomy. | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 1757 | Suture of liver wound or injury. | 180.00 | 720.00 | 120.00 | 480.00 | 9.00 | T | 182.00 |
| 8.12 | Biliary tract | | | | | | | |
| 1759 | Cholecystostomy. | 116.00 | 465.00 | 77.00 | 308.00 | 6.00 | T | 120.00 |
| 1761 | Cholecystectomy. | 225.00 | 900.00 | 150.00 | 600.00 | 6.00 | T | 120.00 |
| 1762 | Cholecystectomy and operative cholangiogram. | 255.00 | 1020.00 | 170.00 | 680.00 | 6.00 | T | 120.00 |
| 1763 | With exploration of common bile duct. | 275.00 | 1020.00 | 183.00 | 733.00 | 6.00 | T | 120.00 |
| 1765 | Exploration of common bile duct: Secondary operation | 291.00 | 1165.00 | 194.00 | 776.00 | 6.00 | T | 120.00 |
| 1767 | Reconstruction of common bile duct. | 400.00 | 1600.00 | 267.00 | 1068.00 | 6.00 | T | 120.00 |
| 1769 | Cholecysto-enterostomy or gastrostomy. | 175.00 | 700.00 | 117.00 | 468.00 | 6.00 | T | 120.00 |
| 1770 | Endoscopic placement of biliduodenal endoprosthesis (125,00 units for sphincterectomy + 25,00 units for insertion of endoprosthesis) | 150.00 | 600.00 | 100.00 | 400.00 | 6.00 | T | 120.00 |
| 1772 | Endoscopic placement of a nasobiliary stent. | 125.00 | 500.00 | 83.00 | 333.00 | 6.00 | T | 120.00 |
| 1773 | Transduodenal sphincteroplasty. | 225.00 | 900.00 | 150.00 | 600.00 | 6.00 | T | 120.00 |
| 1774 | Balloon dilatation of common bile duct strictures. | 125.00 | 500.00 | 83.00 | 333.00 | 6.00 | T | 120.00 |
| 1775 | Excision choledochal cyst with reconstruction. | 400.00 | 1600.00 | 267.00 | 1068.00 | 6.00 | T | 120.00 |
| 1777 | Porto-enterostomy for biliary atresia. | 175.00 | | 117.00 | | 11.00 | T | 222.00 |
| 8.13 | Pancreas | | | | | | | |
| 1778 | Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus. | 97.00 | 388.00 | 65.00 | 260.00 | 4.00 | T | 81.00 |
| 1780 | Gastric and duodenal intubation. | 8.00 | 33.00 | 8.00 | 33.00 | | | |
| 1781 | Procedure (excluding laboratory tests) | 21.00 | 85.00 | 21.00 | 85.00 | | | |
| 1782 | Endoscopic sphincterotomy. | 125.00 | 500.00 | 83.00 | 333.00 | 4.00 | T | 81.00 |
| 1783 | Drainage of pancreatic abscess | 180.00 | 720.00 | 120.00 | 480.00 | 6.00 | T | 120.00 |
| 1785 | Internal drainage of pancreatic cyst. | 250.00 | 1000.00 | 167.00 | 668.00 | 6.00 | T | 120.00 |
| 1787 | Operative pancreatogram: Add. | 10.00 | 40.00 | 10.00 | 40.00 | | | |
| 1789 | Pancreatico-duodenectomy | 500.00 | 2000.00 | 333.00 | 1333.00 | 8.00 | T | 162.00 |
| 1791 | Local, partial or subtotal pancreatectomy. | 250.00 | 1000.00 | 167.00 | 668.00 | 8.00 | T | 162.00 |
| 1793 | Distal pancreatectomy with internal drainage. | 300.00 | 1200.00 | 200.00 | 800.00 | 8.00 | T | 162.00 |
| 1795 | Triple anastomosis for carcinoma of pancreas. | 241.00 | 965.00 | 161.00 | 645.00 | 8.00 | T | 162.00 |
| 8.14 | Peritoneal cavity | | | | | | | |
| | **PNEUMO-PERITONEUM** | | | | | | | |
| 1797 | First. | 13.00 | 53.00 | 13.00 | 53.00 | 4.00 | T | 81.00 |
| 1799 | Repeat. | 6.00 | 25.00 | 6.00 | 25.00 | 4.00 | T | 81.00 |
| 1800 | Peritoneal lavage. | 20.00 | 80.00 | 20.00 | 80.00 | | | |
| 1801 | Diagnostic paracentesis: Abdomen. | 8.00 | 33.00 | 8.00 | 33.00 | | | |

[xii] By arrangement with scheme

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1803 | Therapeutic paracentesis: Abdomen. | 13.00 | 53.00 | 13.00 | 53.00 | | | |
| 1807 | Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027). | 45.00 | 180.00 | 45.00 | 180.00 | 5.00 | T | 101.00 |
| 1809 | Laparotomy. | 170.00 | 680.00 | 113.00 | 453.00 | 4.00 | T | 81.00 |
| 1810 | Radical removal of retro-peritoneal malignant tumours: including sacro-coccygeal and pre-sacral. | 350.00 | 1400.00 | 233.00 | 933.00 | 7.00 | T | 141.00 |
| 1811 | Suture of burst abdomen | 100.00 | 400.00 | 67.00 | 268.00 | 7.00 | T | 141.00 |
| 1812 | Laparotomy for control of surgical haemorrhage. | 105.00 | 420.00 | 70.00 | 280.00 | 9.00 | T | 182.00 |
| 1813 | Drainage of subphrenic abscess. | 180.00 | 720.00 | 120.00 | 480.00 | 7.00 | T | 141.00 |
| | **DRAINAGE OF OTHER INTRAPERITONEAL ABSCESS (EXCLUDING APPENDIX ABSCESS)** | | | | | | | |
| 1815 | Per abdomen. | 180.00 | 720.00 | 120.00 | 480.00 | 5.00 | T | 101.00 |
| 1817 | Transrectal drainage of pelvic abscess. | 75.00 | 300.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 9 | HERNIAE | | | | | | | |
| | **INGUINAL OR FEMORAL HERNIA :** | | | | | | | |
| 1819 | Adult. | 125.00 | 500.00 | 83.00 | 333.00 | 4.00 | T | 81.00 |
| 1821 | Child, under 14 years. | 90.00 | 360.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1823 | Inguinal hernia: Infant under one year. | 100.00 | 400.00 | 67.00 | 268.00 | 4.00 | T | 81.00 |
| 1825 | Recurrent inguinal or femoral hernia. | 155.00 | 620.00 | 103.00 | 413.00 | 4.00 | T | 81.00 |
| 1827 | Strangulated hernia requiring resection of bowel. | 238.00 | 953.00 | 159.00 | 636.00 | 7.00 | T | 141.00 |
| 1829 | Epigastric hernia. | 60.00 | 240.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| | **UMBILICAL HERNIA** | | | | | | | |
| 1831 | Adult. | 140.00 | 560.00 | 93.00 | 373.00 | 4.00 | T | 81.00 |
| 1833 | Child under 14 years. | 60.00 | 240.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 1835 | Incisional hernia. | 160.00 | 640.00 | 107.00 | 428.00 | 4.00 | T | 81.00 |
| 1837 | Repair of omphalocele in new-born (one or more procedures). | 275.00 | 1100.00 | 183.00 | 733.00 | 7.00 | T | 141.00 |

10 URINARY SYSTEM

**RULES GOVERNING THE SECTION URINARY SYSTEM**

FF (a) When a cystoscopy precedes a related operation, modifier 0013 applies, e.g. cystoscopy followed by transurethral prostatectomy.

(b) When a cystoscopy precedes an unrelated operation, modifier 0005 applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair.

(c) No modifier applies to item 1949 when performed together with any of items 1951 to 1973.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 10.1 | Kidney | | | | | | | |
| 1839 | Renal biopsy, per kidney, open. | 71.00 | 285.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 1841 | Renal biopsy (needle). | 30.00 | 120.00 | 30.00 | 120.00 | 3.00 | T | 61.00 |
| | **PERITONEAL DIALYSIS** | | | | | | | |
| 1843 | First day. | 33.00 | 133.00 | 33.00 | 133.00 | | | |
| 1845 | Every subsequent day. | 33.00 | 133.00 | 33.00 | 133.00 | | | |
| | **HAEMODIALYSIS :** | | | | | | | |
| 1847 | Per hour or part thereof. | 21.00 | 85.00 | 21.00 | 85.00 | | | |
| 1849 | Maximum: Eight hours. | 168.00 | 673.00 | 112.00 | 448.00 | | | |
| 1851 | Thereafter per week. | 55.00 | 220.00 | 55.00 | 220.00 | | | |
| 1852 | Continuous hemodiafiltration per day in intensive or high care unit | 33.00 | 133.00 | 33.00 | 133.00 | | | |
| | **NEPHRECTOMY:** | | | | | | | |
| | | | | | | | | 101.00 |
| 1853 | Primary nephrectomy. | 225.00 | 900.00 | 150.00 | 600.00 | 5.00 | T | 101.00 |
| 1855 | Secondary nephrectomy. | 267.00 | 1068.00 | 178.00 | 713.00 | 5.00 | T | 101.00 |
| 1857 | Radical nephrectomy with regional lymphadenectomy for tumour. | 280.00 | 1120.00 | 187.00 | 748.00 | 6.00 | T | 120.00 |
| 1859 | Partial | 267.00 | 1068.00 | 178.00 | 713.00 | 5.00 | T | 101.00 |
| 1861 | Symphysiotomy for horse-shoe kidney. | 287.00 | 1148.00 | 191.00 | 765.00 | 6.00 | T | 120.00 |
| 1863 | Nephro-ureterectomy. | 305.00 | 1220.00 | 203.00 | 813.00 | 5.00 | T | 101.00 |
| 1865 | Nephrotomy with drainage nephrostomy. | 189.00 | 756.00 | 126.00 | 505.00 | 6.00 | T | 120.00 |
| 1869 | Nephrolithotomy. | 227.00 | 908.00 | 151.00 | 605.00 | 5.00 | T | 101.00 |
| 1870 | Nephrolithotomy: Multiple calculi: repeat open operation + 25% | 284.00 | 1136.00 | 189.00 | 756.00 | | | |
| 1871 | Staghorn stone - surgical. | 341.00 | 1365.00 | 227.00 | 908.00 | 6.00 | T | 120.00 |
| 1873 | Suture renal laceration (renorraphy). | 193.00 | 773.00 | 129.00 | 516.00 | 6.00 | T | 120.00 |
| 1875 | Percutaneous aspiration cyst: Nephrostomy, pyelostomy | 34.00 | 136.00 | 34.00 | 136.00 | 3.00 | T | 61.00 |
| 1877 | Operation for renal cyst: Marsupialisation or excision | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 1879 | Closure renal fistula. | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 1881 | Pyeloplasty. | 252.00 | 1008.00 | 168.00 | 673.00 | 5.00 | T | 101.00 |
| 1883 | Pyelostomy. | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 1885 | Pyelolithotomy | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 1887 | Complicated pyelolithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation). | 223.00 | 893.00 | 149.00 | 596.00 | 5.00 | T | 101.00 |
| 1889 | Nephrectomy for Allograft: Living or dead | 255.00 | 1020.00 | 170.00 | 680.00 | 5.00 | T | 101.00 |
| 1891 | Perinephric abscess or renal abscess: Drainage. | 113.00 | 453.00 | 75.00 | 300.00 | 7.00 | T | 141.00 |
| 1893 | Aberrant renal vessels : Repositioning with pyeloplasty | 210.00 | 840.00 | 140.00 | 560.00 | 5.00 | T | 101.00 |
| 1894 | Auto transplantation of kidney. | 200.00 | | 133.00 | | 10.00 | T | 202.00 |
| 1895 | Allo transplantation of kidney. | 420.00 | 1680.00 | 280.00 | 1120.00 | 10.00 | T | 202.00 |
| 10.2 | Ureter | | | | | | | |
| 1897 | Ureterorrhaphy: Suture of ureter | 147.00 | 588.00 | 98.00 | 393.00 | 5.00 | T | 101.00 |
| 1898 | Lumbar approach. | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 1899 | Ureteroplasty. | 181.00 | 725.00 | 121.00 | 485.00 | 5.00 | T | 101.00 |
| 1901 | Ureterolysis. | 118.00 | 473.00 | 79.00 | 316.00 | 5.00 | T | 101.00 |
| 1902 | Lumbar approach. | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 1903 | Ureterectomy only. | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| 1905 | Ureterolithotomy. | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| | **CUTANEOUS URETEROSTOMY :** | | | | | | | |
| 1907 | Unilateral. | 108.00 | 433.00 | 72.00 | 288.00 | 5.00 | T | 101.00 |
| 1909 | Bilateral . | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| | **URETERO-ENTEROSTOMY :** | | | | | | | |
| 1911 | Unilateral. | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| 1913 | Bilateral. | 240.00 | 960.00 | 160.00 | 640.00 | 5.00 | T | 101.00 |
| 1915 | Uretero-ureterostomy. | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| 1917 | Transuretero-ureterostomy. | 155.00 | 620.00 | 103.00 | 413.00 | 5.00 | T | 101.00 |
| 1919 | Closure of ureteric fistula. | 147.00 | 588.00 | 98.00 | 393.00 | 5.00 | T | 101.00 |
| 1921 | Immediate deligation of ureter. | 147.00 | 588.00 | 98.00 | 393.00 | 5.00 | T | 101.00 |
| 1923 | Ureterolysis for retrocaval ureter with anastomosis. | 168.00 | 673.00 | 112.00 | 448.00 | 5.00 | T | 101.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 1925 | Uretero-pyelostomy. | 252.00 | 1008.00 | 168.00 | 673.00 | 5.00 | T | 101.00 |
| | **URETERO-NEO-CYSTOSTOMY :** | | | | | | | |
| 1927 | Unilateral. | 168.00 | 673.00 | 112.00 | 448.00 | 5.00 | T | 101.00 |
| 1929 | Bilateral. | 294.00 | 1176.00 | 196.00 | 785.00 | 5.00 | T | 101.00 |
| 1931 | With Boariplasty. | 197.00 | 785.00 | 131.00 | 525.00 | 5.00 | T | 101.00 |
| 1933 | Uretero-sigmoidostomy with rectal bladder and colostomy | 252.00 | 1008.00 | 168.00 | 673.00 | 5.00 | T | 101.00 |
| 1935 | Uretero-ileal conduit. | 252.00 | 1008.00 | 168.00 | 673.00 | 5.00 | T | 101.00 |
| | **REPLACEMENT OF URETER BY BOWEL SEGMENT:** | | | | | | | |
| 1937 | Unilateral | 277.00 | 1108.00 | 185.00 | 740.00 | 5.00 | T | 101.00 |
| 1939 | Bilateral | 485.00 | 1940.00 | 323.00 | 1293.00 | 5.00 | T | 101.00 |
| | **URETEROSTOMY-IN-SITU:** | | | | | | | |
| 1941 | Unilateral | 100.00 | 400.00 | 67.00 | 268.00 | 5.00 | T | 101.00 |
| 1943 | Bilateral | 175.00 | 700.00 | 117.00 | 468.00 | 5.00 | T | 101.00 |
| 10.3 | Bladder | | | | | | | |
| 1945 | Instillation of radio-opaque material for cystography or urethrocystography. | 5.00 | 20.00 | 5.00 | 20.00 | 3.00 | T | 61.00 |
| 1947 | Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder | 10.00 | 40.00 | 10.00 | 40.00 | 3.00 | T | 61.00 |
| 1949 | Cystoscopy: Hospital equipment. | 44.00 | 175.00 | 44.00 | 175.00 | 3.00 | T | 61.00 |
| 1951 | And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral | +10.00 | 40.00 | +10.00 | 40.00 | 3.00 | T | 61.00 |
| 1952 | J J Stent catheter. | +44.00 | 175.00 | +44.00 | 175.00 | 3.00 | T | 61.00 |
| 1953 | With hydrodilatation of the bladder for interstitial cystitis | +5.00 | 20.00 | +5.00 | 20.00 | 3.00 | T | 61.00 |
| 1954 | Urethroscopy. | +35.00 | 140.00 | | | 3.00 | T | 61.00 |
| 1955 | And bilateral ureteric catheterisation with differential function studies requiring additional attention time. | +35.00 | 140.00 | +35.00 | 140.00 | 3.00 | T | 61.00 |
| 1957 | With dilatation of the ureter or ureters. | +25.00 | 100.00 | +25.00 | 100.00 | 3.00 | T | 61.00 |
| 1959 | With manipulation of ureteral calculus. | +20.00 | 80.00 | +20.00 | 80.00 | 3.00 | T | 61.00 |
| 1961 | With removal of foreign body or calculus from urethra or bladder. | +20.00 | 80.00 | +20.00 | 80.00 | 3.00 | T | 61.00 |
| 1963 | With fulguration or treatment of minor lesions, with or without biopsy. | +15.00 | 60.00 | +15.00 | 60.00 | 3.00 | T | 61.00 |
| 1964 | And control of haemorrhage and blood clot evacuation | +15.00 | 60.00 | +15.00 | 60.00 | 3.00 | T | 61.00 |
| 1965 | And catheterisation of the ejaculatory duct. | +10.00 | 40.00 | +10.00 | 40.00 | 3.00 | T | 61.00 |
| 1967 | With ureteric meatotomy: Unilateral or bilateral | +15.00 | 60.00 | +15.00 | 60.00 | 3.00 | T | 61.00 |
| 1969 | And cold biopsy. | +15.00 | 60.00 | +15.00 | 60.00 | 3.00 | T | 61.00 |
| 1971 | With cryosurgery for bladder or prostatic disease | +55.00 | 220.00 | +55.00 | 220.00 | 3.00 | T | 61.00 |
| 1973 | With incision fulguration, or resection of bladderneck and/or posterior urethra for congenital valves or obstructive hypertrophic bladderneck in a child | +35.00 | 140.00 | +35.00 | 140.00 | 3.00 | T | 61.00 |
| 1975 | Ultraviolet cystoscopy for bladder tumour. | 60.00 | 240.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1976 | Optic urethrotomy. | 80.00 | 320.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 1977 | Transuretheral resection of ejaculatory duct. | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| | **INTERNAL URETHROTOMY :** | | | | | | | |
| 1979 | Female. | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| 1981 | Male. | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| 1983 | Transuretheral resection of bladder tumour. | 100.00 | 400.00 | 67.00 | | 5.00 | T | 101.00 |
| 1984 | Transuretheral resection of bladder tumours: Large multiple tumours. | 115.00 | | 77.00 | | 5.00 | T | 101.00 |
| | **TRANSURETHERAL RESECTION OF BLADDERNECK :** | | | | | | | |
| 1985 | Female or child. | 105.00 | 420.00 | 70.00 | 280.00 | 5.00 | T | 101.00 |
| 1986 | Male. | 125.00 | 500.00 | 83.00 | 333.00 | 5.00 | T | 101.00 |
| 1987 | Litholapaxy. | 80.00 | 320.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 1989 | Cystometrogram. | 25.00 | 100.00 | 25.00 | 100.00 | 3.00 | T | 61.00 |
| 1991 | Flowmetric bladder, studies with videocystograph | 40.00 | 160.00 | 40.00 | 160.00 | 3.00 | T | 61.00 |
| 1992 | Without videocystograph. | 25.00 | 100.00 | 25.00 | 100.00 | 3.00 | T | 61.00 |
| 1993 | Voiding cysto-urethrogram. | 21.00 | 85.00 | 21.00 | 85.00 | 3.00 | T | 61.00 |
| 1994 | Rigiscan examination. | 66.00 | 240.00 | 60.00 | 240.00 | | | |
| 1995 | Percutaneous aspiration of bladder. | 10.00 | 40.00 | 10.00 | 40.00 | 3.00 | T | 61.00 |
| 1996 | Bladder catheterisation - male (not at operation) | 6.00 | 25.00 | 6.00 | 25.00 | 3.00 | T | 61.00 |
| 1997 | Bladder catheterisation - female (not at operation) | 3.00 | 13.00 | 3.00 | 13.00 | | | |
| 1999 | Percutaneous cystostomy. | 24.00 | 96.00 | 24.00 | 96.00 | 3.00 | T | 61.00 |
| | **TOTAL CYSTECTOMY :** | | | | | | | |
| 2001 | After previous urinary diversion. | 294.00 | 1176.00 | 196.00 | 785.00 | 8.00 | T | 162.00 |
| 2003 | With conduit construction and ureteric anastomosis | 420.00 | 1680.00 | 280.00 | 1120.00 | 8.00 | T | 162.00 |
| 2005 | Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone | 650.00 | 2600.00 | 433.00 | 1733.00 | 8.00 | T | 162.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 2006 | Cystectomy with continent urinary diversion (e.g. Kocks Pouch). | 700.00 | 2800.00 | 467.00 | 1868.00 | 8.00 | T | 162.00 |
| 2007 | Partial cystectomy. | 147.00 | 588.00 | 98.00 | 393.00 | 6.00 | T | 120.00 |
| 2008 | Continent urinary diversion without cystectomy (e.g. Kocks Pouch). | 600.00 | 2400.00 | 400.00 | 1600.00 | 8.00 | T | 162.00 |
| 2009 | Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters. | 462.00 | 1848.00 | 308.00 | 1233.00 | 8.00 | T | 162.00 |
| 2010 | Reversion of temporary conduit. | 360.00 | 1440.00 | 240.00 | 960.00 | 8.00 | T | 162.00 |
| 2011 | Partial cystectomy with uretero-neo-cystostomy | 202.00 | 808.00 | 135.00 | 540.00 | 6.00 | T | 120.00 |
| 2012 | Reversion of conduit with major urinary tract reconstruction | 600.00 | 2400.00 | 400.00 | 1600.00 | 8.00 | T | 162.00 |
| 2013 | Diverticulectomy (independent procedure): Multiple or single . | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| 2015 | Suprapubic cystostomy. | 67.00 | 268.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 2016 | Abdomino-neo-urethrostomy. | 252.00 | 1008.00 | 168.00 | 673.00 | 5.00 | T | 101.00 |
| 2017 | Open loop fulguration or excision of bladder tumour | 101.00 | 405.00 | 67.00 | 268.00 | 5.00 | T | 101.00 |
| 2019 | Operation for vesico-vaginal or urethra- vaginal fistula | 155.00 | 620.00 | 103.00 | 413.00 | 5.00 | T | 101.00 |
| 2020 | Abdominal approach. | 185.00 | 740.00 | 123.00 | 493.00 | 5.00 | T | 101.00 |
| 2021 | Vesico-plication (Hamilton Stewart). | 118.00 | 473.00 | 79.00 | 316.00 | 5.00 | T | 101.00 |
| 2023 | Vesico-urethrapexy for correction or urinary incontinence: Abdominal approach. | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 2025 | Vesico-urethrapexy with rectus sling. | 167.00 | 668.00 | 111.00 | 444.00 | 5.00 | T | 101.00 |
| | **OPEN OPERATION FOR URETEROCELE:** | | | | | | | |
| 2027 | Unilateral. | | | | | | | |
| 2029 | Bilateral. | | | | | | | |
| | **RECONSTRUCTION OF ECTOPIC BLADDER EXCLUSIVE OF ORTHOPAEDIC OPERATION (IF REQUIRED) :** | | | | | | | |
| 2031 | Initial . | 264.00 | 1056.00 | 176.00 | 705.00 | 8.00 | T | 162.00 |
| 2033 | Subsequent. | 53.00 | 213.00 | 53.00 | 213.00 | 8.00 | T | 162.00 |
| 2035 | Cutaneous vesicostomy. | 118.00 | 473.00 | 79.00 | 316.00 | 5.00 | T | 101.00 |
| 2037 | Cystoplasty, cysto-urethraplasty, vesicolysis. | 126.00 | 505.00 | 84.00 | 336.00 | 5.00 | T | 101.00 |
| 2039 | Operation for ruptured bladder. | 137.00 | 548.00 | 91.00 | 365.00 | 6.00 | T | 120.00 |
| 2041 | Enterocystoplasty. | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 2043 | Cysto-lithotomy. | 67.00 | 268.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 2045 | Excision of patent-urachus or urachal cyst. | 112.00 | 448.00 | 75.00 | 300.00 | 5.00 | T | 101.00 |
| 2047 | Drainage of perivesical or prevesical abscess | 64.00 | 256.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| | **EVACUATION OF CLOTS FROM BLADDER :** | | | | | | | |
| 2049 | Other than post-operative. | 40.00 | 160.00 | 40.00 | 160.00 | 3.00 | T | 61.00 |
| 2050 | Post-operative. | | | | | 4.00 | T | 81.00 |
| 2051 | Simple bladder lavage: Including catheterisation. | 12.00 | 48.00 | 12.00 | 48.00 | 3.00 | T | 61.00 |
| | **BLADDER NECK PLASTY :** | | | | | | | |
| 2053 | Male. | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| 2057 | Female. | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| 10.4 | Urethra | | | | | | | |
| | **OPEN BIOPSY OF URETHRA:** | | | | | | | |
| 2059 | Male. | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 2061 | Female. | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| | **DILATATION OF URETHRAL STRICTURE: BY PASSAGE SOUND:** | | | | | | | |
| 2063 | Initial (male). | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 2065 | Subsequent (male). | 10.00 | 40.00 | 10.00 | 40.00 | 3.00 | T | 61.00 |
| 2067 | By passage of filiform and follower (male). | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 2069 | Dilatation of female urethra | 5.00 | 20.00 | 5.00 | 20.00 | 3.00 | T | 61.00 |
| 2071 | Urethrorraphy: Suture of urethral wound or injury | 139.00 | 556.00 | 93.00 | 373.00 | 4.00 | T | 81.00 |
| 2073 | External urethrotomy: Pendulous urethra (anterior). | 67.00 | 268.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| | **URETHRAPLASTY: PENDULOUS URETHRA** | | | | | | | |
| 2075 | First stage. | 71.00 | 285.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 2077 | Second stage. | 145.00 | 580.00 | 97.00 | 388.00 | 4.00 | T | 81.00 |
| 2079 | Reconstruction of female urethra. | 147.00 | 580.00 | 98.00 | 393.00 | 4.00 | T | 81.00 |
| 2081 | Reconstruction or repair of male anterior urethra (one stage). | 160.00 | 640.00 | 107.00 | 428.00 | 4.00 | T | 81.00 |
| | **RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA** | | | | | | | |
| 2083 | First stage. | 168.00 | 673.00 | 112.00 | 448.00 | 6.00 | T | 120.00 |
| 2085 | Second stage . | 168.00 | 673.00 | 112.00 | 448.00 | 6.00 | T | 120.00 |
| 2086 | If done in one stage. | 294.00 | 1176.00 | 196.00 | 785.00 | 6.00 | T | 120.00 |
| 2087 | Urethral diverticulectomy: Male or female | 147.00 | 588.00 | 98.00 | 393.00 | 4.00 | T | 81.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 2088 | Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 units. | 77.00 | 308.00 | 60.00 | 240.00 | | | |
| 2089 | Marsupialisation of urethral diverticula: Male or female | 34.00 | 136.00 | 34.00 | 136.00 | 4.00 | T | 81.00 |
| | **TOTAL URETHRECTOMY** | | | | | | | |
| 2091 | Female. | 147.00 | 588.00 | 98.00 | 393.00 | 5.00 | T | 101.00 |
| 2093 | Male . | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |
| 2095 | Drainage of simple localised perineal urinary extravasation . | 42.00 | 168.00 | 42.00 | 168.00 | 5.00 | T | 101.00 |
| 2097 | Drainage of extensive perineal urinary extravasation. | 137.00 | 548.00 | 91.00 | 365.00 | 5.00 | T | 101.00 |
| 2099 | Fulguration for urethral caruncle or polyp. | 15.00 | 60.00 | 15.00 | 60.00 | 3.00 | T | 61.00 |
| 2101 | Excision of urethral caruncle. | 26.00 | 105.00 | 26.00 | 105.00 | 3.00 | T | 61.00 |
| 2103 | Simple urethral meatotomy. | 15.00 | 60.00 | 15.00 | 60.00 | 3.00 | T | 61.00 |
| | **INCISION OF DEEP PERI-URETHRAL ABSCESS** | | | | | | | |
| 2105 | Female. | 42.00 | 168.00 | 42.00 | 168.00 | 3.00 | T | 61.00 |
| 2107 | Male . | 25.00 | 100.00 | 25.00 | 100.00 | 3.00 | T | 61.00 |
| 2109 | Badenoch pull-through for intractable stricture or incontinence . | 181.00 | 725.00 | 121.00 | 485.00 | 5.00 | T | 101.00 |
| 2111 | External sphincterotomy. | 108.00 | 433.00 | 72.00 | 288.00 | 5.00 | T | 101.00 |
| 2113 | Drainage of Skenegland abscess or cyst. | 25.00 | 60.00 | 25.00 | 60.00 | 3.00 | T | 61.00 |
| 2115 | Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses) | 168.00 | 673.00 | 112.00 | 448.00 | 5.00 | T | 101.00 |
| 2116 | Urethral meatoplasty. | 44.00 | 176.00 | 44.00 | 176.00 | 3.00 | T | 61.00 |
| 2117 | Closure of urethrostomy or urethro-cutaneous fistula (independent procedure). | 29.00 | 116.00 | 29.00 | 116.00 | 3.00 | T | 61.00 |
| 2121 | Closure of urethrovaginal fistula: Including diversionary procedures. | 189.00 | 756.00 | 126.00 | 505.00 | 5.00 | T | 101.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 11 | MALE GENITAL SYSTEM | | | | | | | |
| 11.1 | Penis | | | | | | | |
| 2123 | Biopsy of penis (independent procedure). | 12.00 | 48.00 | 12.00 | 48.00 | 3.00 | T | 61.00 |
| | **DESTRUCTION OF CONDYLOMATA : CHEMO- OR CRYOTHERAPY:** | | | | | | | |
| 2125 | Limited number (see item 2317). | 10.00 | 40.00 | 10.00 | 40.00 | 3.00 | T | 61.00 |
| 2127 | Multiple extensive. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| | **ELECTRODESICCATION:** | | | | | | | |
| 2129 | Limited number. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 2131 | Multiple extensive. | 40.00 | 160.00 | 40.00 | 160.00 | 3.00 | T | 61.00 |
| | **CIRCUMCISION:** | | | | | | | |
| 2132 | Ligation of abnormal venous drainage. | 50.00 | 200.00 | 50.00 | 200.00 | 3.00 | T | 61.00 |
| 2133 | Clamp procedure. | 25.00 | 100.00 | 25.00 | 100.00 | 3.00 | T | 61.00 |
| 2137 | Surgical excision other than by clamp or dorsal slit, any age. | 34.00 | 136.00 | 34.00 | 136.00 | 3.00 | T | 61.00 |
| 2139 | Dorsal slit of prepuce (independent procedure). | 17.00 | 68.00 | 17.00 | 68.00 | 3.00 | T | 61.00 |
| | **PLASTIC OPERATION ON PENIS** | | | | | | | |
| 2141 | Plastic operation for insertion of prostheses. | 101.00 | 61.00 | 67.00 | 268.00 | 3.00 | T | 61.00 |
| 2143 | For straightening of chordee e.g. hypospadias with or without mobilisation of urethra. | 67.00 | 268.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2145 | For straightening of chordee with transplantation of prepuce | 84.00 | 337.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2147 | For injury: Including fracture of penis and skingraft if required. | 168.00 | 673.00 | 112.00 | 448.00 | 3.00 | T | 61.00 |
| 2149 | For epispadias distal to the external sphincter | 168.00 | 67.3.00 | 112.00 | 448.00 | 3.00 | T | 61.00 |
| 2153 | Plastic operation for epispadias with incontinence. | 168.00 | 673.00 | 112.00 | 448.00 | 3.00 | T | 61.00 |
| 2154 | Induction of artificial erection | 16.00 | 65.00 | 16.00 | | 3.00 | T | 61.00 |
| | **HYPOSPADIAS** | | | | | | | |
| 2155 | Urethral reconstruction. | 187.00 | 748.00 | 125.00 | 500.00 | 3.00 | T | 61.00 |
| 2157 | Subsequent procedures for repair of urethra: Total | 84.00 | 336.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2159 | Urethraplasty: Complete, one stage for hypospadias | 210.00 | 840.00 | 140.00 | 560.00 | 3.00 | T | 61.00 |
| | **TOTAL AMPUTATION OF PENIS** | | | | | | | |
| 2161 | Without gland dissection. | 210.00 | 840.00 | 140.00 | 560.00 | 4.00 | T | 81.00 |
| 2163 | With gland dissection. | 336.00 | 1345.00 | 224.00 | 896.00 | 6.00 | T | 120.00 |
| | **PARTIAL AMPUTATION OF PENIS** | | | | | | | |
| 2165 | With gland-dissection. | 210.00 | 840.00 | 140.00 | 560.00 | 6.00 | T | 120.00 |
| 2167 | Without gland-dissection. | 84.00 | 336.00 | 60.00 | 24.00 | 4.00 | T | 81.00 |
| 2169 | Injection procedure for Peyronies disease | 13.00 | 53.00 | 13.00 | 53.00 | 3.00 | T | 61.00 |
| | **PRIAPISM OPERATION** | | | | | | | |
| 2171 | Irrigation of corpora cavernosa for priapism. | 42.00 | 168.00 | 42.00 | 168.00 | 3.00 | T | 61.00 |
| 2173 | Shunt procedure: Any type | 252.00 | 1008.00 | 168.00 | 673.00 | 4.00 | T | 81.00 |
| 2174 | Stab shunt. | 42.00 | 168.00 | 42.00 | 168.00 | 4.00 | T | 81.00 |
| 11.2 | Testis and epididymis | | | | | | | |
| | **SPECIFIC MODIFIER** | | | | | | | |
| 0078 | When testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure. | | | | | | | |
| 2175 | Testis biopsy, needle (independent procedure). | 10.00 | 40.00 | 10.00 | 40.00 | 3.00 | T | 61.00 |
| | **TESTIS BIOPSY, INCISIONAL: INDEPENDENT PROCEDURE** | | | | | | | |
| 2177 | Unilateral. | 27.00 | 108.00 | 27.00 | 108.00 | 3.00 | T | 61.00 |
| 2179 | Bilateral. | 47.00 | 188.00 | 47.00 | 188.00 | 3.00 | T | 61.00 |
| 2181 | Biopsy of epididymis, needle. | 15.00 | 60.00 | 15.00 | 60.00 | 3.00 | T | 61.00 |
| 2183 | Puncture aspiration hydrocoele with or without injection of medication | 10.00 | 40.00 | 10.00 | 40.00 | 3.00 | T | 61.00 |
| 2185 | Operation for maldescended testicle: Including herniotomy | 118.00 | 472.00 | 79.00 | 316.00 | 4.00 | T | 81.00 |
| 2187 | Operation for torsion appendix testis. | 53.00 | 213.00 | 53.00 | 213.00 | 4.00 | T | 81.00 |
| 2189 | Operation for torsion testis with fixation of contralateral testis | 76.00 | 305.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **ORCHIDECTOMY (TOTAL OR SUBCAPSULAR):** | | | | | | | |
| 2191 | Unilateral. | 38.00 | 153.00 | 38.00 | 153.00 | 3.00 | T | 61.00 |
| 2193 | Bilateral. | 67.00 | 268.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2195 | Radical operation for malignant testis: Excluding gland dissection. | 130.00 | 520.00 | 87.00 | 348.00 | 6.00 | T | 120.00 |
| 2197 | Operation for hydrocoele or spermatocoele. | 55.00 | 220.00 | 55.00 | 220.00 | 4.00 | T | 81.00 |
| 2199 | Varicocelectomy. | 38.00 | 153.00 | 38.00 | 153.00 | 4.00 | T | 81.00 |
| 2201 | Abdominal ligation of spermatic vein for varicocoele | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| | **EPIDIDYMECTOMY:** | | | | | | | |
| 2203 | Unilateral. | 76.00 | 305.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2205 | Bilateral. | 133.00 | 533.00 | 89.00 | 356.00 | 3.00 | T | 61.00 |
| 2207 | Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy | 34.00 | 136.00 | 34.00 | 136.00 | 3.00 | T | 61.00 |
| 2209 | Vasotomy: Unilateral or bilateral. | 7.00 | 28.00 | 7.00 | 28.00 | 3.00 | T | 61.00 |
| | **VASOGRAM, SEMINAL VESICULOGRAM:** | | | | | | | |
| 2210 | Unilateral | 17.00 | 68.00 | 17.00 | 68.00 | 3.00 | T | 61.00 |
| 2211 | Bilateral. | 30.00 | 120.00 | 30.00 | 120.00 | 3.00 | T | 61.00 |
| 2212 | Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material). | 34.00 | 136.00 | 34.00 | 136.00 | 4.00 | T | 81.00 |
| 2213 | Suture or repair of testicular injury. | 34.00 | 136.00 | 34.00 | 136.00 | 4.00 | T | 81.00 |
| 2215 | Incision and drainage of testis or epididymis e.g. abscess or haematoma. | 34.00 | 136.00 | 34.00 | 136.00 | 4.00 | T | 81.00 |
| 2217 | Excision of local lesion of testis or epididymis. | 34.00 | 136.00 | 34.00 | 136.00 | 4.00 | T | 81.00 |
| | **VASO-VASOSTOMY:** | | | | | | | |
| 2219 | Unilateral. | 67.00 | 268.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2221 | Bilateral. | 117.00 | 468.00 | 78.00 | 313.00 | 3.00 | T | 61.00 |
| | **EPIDIDYMO-VASOSTOMY:** | | | | | | | |
| 2223 | Unilateral. | 67.00 | 268.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2225 | Bilateral. | 117.00 | 468.00 | 78.00 | 313.00 | 3.00 | T | 61.00 |
| 2227 | Incision and drainage of scrotal wall abscess. | 17.00 | 68.00 | 17.00 | 68.00 | 3.00 | T | 61.00 |
| 2229 | Excision of Mullerian duct cyst. | 189.00 | 756.00 | 126.00 | 505.00 | 4.00 | T | 81.00 |
| 2231 | Excision of lesion of spermatic cord. | 84.00 | 336.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2233 | Seminal Vesiculectomy. | 162.00 | 648.00 | 108.00 | 433.00 | 5.00 | T | 101.00 |
| 11.3 | Prostate | | | | | | | |
| 2235 | Biopsy prostate: Needle or punch, single or multiple, any approach. | 8.00 | 33.00 | 8.00 | 33.00 | 3.00 | T | 61.00 |
| 2237 | Biopsy, prostate, incisional, any approach. | 105.00 | 420.00 | 70.00 | 280.00 | 4.00 | T | 81.00 |
| 2239 | Transurethral drainage of prostatic abscess. | 46.00 | 185.00 | 46.00 | 185.00 | 4.00 | T | 81.00 |
| 2241 | Perineal drainage of prostatic abscess. | 77.00 | 308.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 2243 | Trans-urethral cryo-surgical removal of prostate. | 126.00 | 505.00 | 84.00 | 336.00 | 6.00 | T | 120.00 |
| 2245 | Trans-urethral resection of prostate. | 252.00 | 1008.00 | 168.00 | 673.00 | 6.00 | T | 120.00 |
| 2247 | Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer. | 63.00 | 253.00 | 60.00 | 240.00 | 6.00 | T | 120.00 |
| 2249 | Trans-urethral resection of post-operative bladder neck contracture. | 126.00 | 505.00 | 84.00 | 336.00 | 5.00 | T | 101.00 |
| | **PROSTATECTOMY: PERINEAL:** | | | | | | | |
| 2251 | Sub-total. | 252.00 | 1008.00 | 168.00 | 673.00 | 6.00 | T | 120.00 |
| 2253 | Radical. | 336.00 | 1345.00 | 224.00 | 896.00 | 8.00 | T | 162.00 |
| 2254 | Pelvic lymphadenectomy. | 175.00 | 700.00 | 117.00 | 468.00 | 8.00 | T | 162.00 |
| 2255 | Supra-pelvic, transvesical. | 252.00 | 1008.00 | 168.00 | 673.00 | 6.00 | T | 101.00 |
| | **RETROPUBIC:** | | | | | | | |
| 2257 | Sub-total. | 252.00 | 1008.00 | 168.00 | 673.00 | 6.00 | T | 101.00 |
| 2259 | Radical. | 336.00 | 1345.00 | 224.00 | 896.00 | 8.00 | T | 162.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 12 | FEMALE GENITAL SYSTEM | | | | | | | |
| 12.1 | Vulva and introitus | | | | | | | |
| 2271 | Removal of tag or polyp. | 6.00 | 121.00 | 6.00 | 121.00 | 3.00 | T | 61.00 |
| 2272 | Removal of small superficial benign lesions. | 23.00 | 93.00 | 23.00 | 93.00 | 3.00 | T | 61.00 |
| 2273 | Biopsy with suture in theatre (excluding after-care). | 27.00 | 108.00 | 27.00 | 108.00 | 3.00 | T | 61.00 |
| 2274 | Laser therapy of vulva and/or vagina (colposcopically directed) | 71.00 | 285.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2275 | Reduction labial hypertrophy. | 67.00 | 268.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 2277 | Removal of extensive benign vulva tumour. | 67.00 | 268.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| | **SECONDARY PERINEAL REPAIR** | | | | | | | |
| 2279 | Repair second degree tear | 45.00 | 180.00 | 45.00 | 180.00 | 6.00 | T | 120.00 |
| 2280 | Repair third degree tear. | 96.00 | 385.00 | 64.00 | 256.00 | 6.00 | T | 120.00 |
| 2281 | Excision of inclusion cyst | 43.00 | 173.00 | 43.00 | 173.00 | 4.00 | T | 81.00 |
| 2283 | Hymenectomy. | 43.00 | 173.00 | 43.00 | 173.00 | 4.00 | T | 81.00 |
| 2285 | Drainage haematocolpos. | 54.00 | 216.00 | 54.00 | 216.00 | 4.00 | T | 81.00 |
| 2287 | Clitoris repair for injury: Including skin graft if required | 67.00 | 268.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 2289 | Denervation or alcohol infiltration vulva (Woodruff) | 54.00 | 216.00 | 54.00 | 216.00 | 4.00 | T | 81.00 |
| 2291 | Vulva: Undercutting skin (ball). | 58.00 | 233.00 | 58.00 | 233.00 | 4.00 | T | 81.00 |
| 2293 | Vulva and introitus: Drainage of abscess. | 27.00 | 108.00 | 27.00 | 108.00 | 3.00 | T | 61.00 |
| | **BARTHOLIN GLAND** | | | | | | | |
| 2295 | Bartholin abscess marsupialisation. | 36.00 | 145.00 | 36.00 | 145.00 | 3.00 | T | 61.00 |
| 2297 | Bartholin gland excision. | 45.00 | 180.00 | 45.00 | 18.00 | 3.00 | T | 61.00 |
| 2299 | Bartholin radical excision for malignant lesion. | 357.00 | 1428.00 | 238.00 | 952.00 | 6.00 | T | 120.00 |
| | **OPERATION FOR ENLARGING INTROITUS** | | | | | | | |
| 2301 | Fenton plasty . | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 2303 | Bilateral Z-plasty. | 88.00 | 353.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| | **VULVECTOMY** | | | | | | | |
| 2305 | Partial vulvectomy | 161.00 | 645.00 | 107.00 | 428.00 | 4.00 | T | 81.00 |
| 2307 | Vulvectomy. | 225.00 | 900.00 | 150.00 | 600.00 | 6.00 | T | 120.00 |
| 2309 | Radical vulvectomy with bilateral lymphadenectomy | 357.00 | 1428.00 | 238.00 | 953.00 | 6.00 | T | 120.00 |
| 2311 | Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection. | 402.00 | 1608.00 | 268.00 | 1073.00 | 6.00 | T | 120.00 |
| 12.2 | Vaginal procedures and operations | | | | | | | |
| 2312 | Artificial insemination. | 13.00 | 53.00 | 13.00 | 53.00 | | | |
| 2313 | Examination under anaesthetic when no other procedures are performed. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 2314 | Intra uterine insemination. | 18.00 | 73.00 | 18.00 | 73.00 | | | |
| 2315 | Simms Huhner test plus wet smear. | 5.00 | 20.00 | 5.00 | 20.00 | | | |
| | **DESTRUCTION OF CONDYLOMATA BY CHEMO-, CRYO- OR ELECTROTHERAPY, OR HARMONIC SCALPEL:** | | | | | | | |
| 2316 | First lesion. | 14.00 | 56.00 | 14.00 | 56.00 | 3.00 | T | 61.00 |
| 2317 | Limited repeat. | 7.00 | 28.00 | 7.00 | 28.00 | 3.00 | T | 61.00 |
| 2318 | Widespread. | 56.00 | 225.00 | 56.00 | 225.00 | 3.00 | T | 61.00 |
| 2319 | Excision of cysts or tumours. | 54.00 | 216.00 | 54.00 | 216.00 | 3.00 | T | 61.00 |
| 2321 | Drainage of vaginal abscess | 54.00 | 216.00 | 54.00 | 216.00 | 3.00 | T | 61.00 |
| 2322 | Pudendal nerve block. | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 2323 | Reconstruction of vagina after atresia. | 107.00 | 428.00 | 71.00 | 285.00 | 5.00 | T | 101.00 |
| | **CONSTRUCTION OF ARTIFICIAL VAGINA:** | | | | | | | |
| 2325 | Construction of artificial vagina: Labial fusion. | 179.00 | 716.00 | 119.00 | 476.00 | 4.00 | T | 81.00 |
| 2327 | Construction of artificial vagina: Macindoe type | 196.00 | 785.00 | 131.00 | 525.00 | 5.00 | T | 101.00 |
| 2329 | Construction of vagina: Bowel pull-through operation: Two surgeons: Each. | 241.00 | 965.00 | 161.00 | | 6.00 | T | 120.00 |
| 2331 | Vaginal septum removal | 107.00 | 428.00 | 71.00 | 285.00 | 4.00 | T | 81.00 |
| | **COLPOTOMY** | | | | | | | |
| 2339 | Colpotomy: Diagnostic (excluding after-care). | 20.00 | 80.00 | 20.00 | 80.00 | 4.00 | T | 81.00 |
| 2341 | Colpotomy: Therapeutic, with or without sterilisation | 103.00 | 413.00 | 69.00 | 276.00 | 4.00 | T | 81.00 |
| | **VAGINAL HYSTERECTOMY** | | | | | | | |
| 2343 | Vaginal hysterectomy. Without repair. | 255.00 | 1020.00 | 170.00 | 680.00 | 6.00 | T | 120.00 |
| 2345 | Vaginal hysterectomy. With repair. | 300.00 | 1200.00 | 200.00 | 800.00 | 6.00 | T | 120.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 2357 | Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oopherectomy. | 320.00 | 1280.00 | 213.00 | 853.00 | 6.00 | T | 120.00 |
| 2361 | Vaginal hysterectomy and repair for total prolapse | 320.00 | 1280.00 | 213.00 | 85.3.00 | 6.00 | T | 120.00 |
| 2363 | Fothergill or Manchester repair operation | 196.00 | 785.00 | 131.00 | 525.00 | 5.00 | T | 101.00 |
| 2365 | Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy). | 232.00 | 928.00 | 155.00 | 620.00 | 5.00 | T | 101.00 |
| 2366 | Posterior repair alone. | 107.00 | 428.00 | 71.00 | 285.00 | 5.00 | T | 101.00 |
| 2367 | Other operations for prolapse: Anterior repair - with or without posterior repair. | 161.00 | 645.00 | 107.00 | 428.00 | 5.00 | T | 101.00 |
| 2368 | Uterovesical fistula. | 210.00 | 840.00 | 140.00 | 560.00 | 5.00 | T | 101.00 |
| 2369 | Repair of Vesico- or urethro-vaginal fistula. | 179.00 | 716.00 | 119.00 | 476.00 | 5.00 | T | 101.00 |
| 2370 | Repair of V.V.F. - Obstetric or radiation. | 232.00 | 928.00 | 155.00 | 620.00 | 5.00 | T | 101.00 |
| 2371 | Closure of uretero-vaginal fistula. | 250.00 | 1000.00 | 167.00 | 668.00 | 5.00 | T | 101.00 |
| 2372 | Closure of uretero-vaginal fistula: Obstetric or radiation | 250.00 | 1000.00 | 167.00 | 668.00 | 5.00 | T | 101.00 |
| 2373 | Closure of recto-vaginal fistula | 134.00 | 536.00 | 89.00 | 356.00 | 5.00 | T | 101.00 |
| 2374 | Closure of recto-vaginal fistula: Obstetric or radiation | 151.00 | 605.00 | 101.00 | 405.00 | 5.00 | T | 101.00 |
| 2375 | Colpocleisis. | 129.00 | 516.00 | 86.00 | 345.00 | 4.00 | T | 81.00 |
| 2377 | Le Fort operation. | 129.00 | 516.00 | 86.00 | 345.00 | 4.00 | T | 81.00 |
| 2379 | Schauta operation. | 357.00 | 1428.00 | 238.00 | 953.00 | 8.00 | T | 162.00 |
| 2381 | Vaginectomy. | 268.00 | 1073.00 | 179.00 | 716.00 | 8.00 | T | 162.00 |
| 2383 | Synchronous combined hysterocolpectomy: (one or two surgeons - total fee). | 429.00 | 1716.00 | 286.00 | 1145.00 | 8.00 | T | 162.00 |
| 2385 | Vaginal laceration or trauma: Repair. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 12.3 | Cervix | | | | | | | |
| 2389 | Paracervical nerve block. | 20.00 | 80.00 | 20.00 | 80.00 | | | |
| 2391 | Cervix: Canal reconstruction. | 147.00 | 588.00 | 98.00 | 393.00 | 3.00 | T | 61.00 |
| 2392 | Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room | 14.00 | 56.00 | 14.00 | 56.00 | | | |
| 2395 | Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic | 22.00 | 88.00 | 22.00 | 88.00 | 3.00 | T | 61.00 |
| 2396 | Laser or harmonic scalpel treatment of the cervix | 80.00 | 320.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2397 | Dilation of cervix for stenosis and insertion prosthesis and Budge suture. | 31.00 | 125.00 | 31.00 | 125.00 | 3.00 | T | 61.00 |
| | **BIOPSY** | | | | | | | |
| 2399 | Punch biopsy (excluding after-care). | 9.00 | 36.00 | 9.00 | 36.00 | 3.00 | T | 61.00 |
| 2400 | Biopsy during pregnancy (excluding after-care). | 13.00 | 53.00 | 13.00 | 53.00 | 3.00 | T | 61.00 |
| 2403 | Wedge biopsy: Cervix (excluding after-care). | 18.00 | 73.00 | 18.00 | 73.00 | 3.00 | T | 61.00 |
| 2404 | Biopsy: Wedge during pregnancy: Cervix (excluding after-care) . | 24.00 | 96.00 | 24.00 | 96.00 | 3.00 | T | 61.00 |
| 2405 | Cone biopsy: Cervix (excluding after-care). | 54.00 | 216.00 | 54.00 | 216.00 | 3.00 | T | 61.00 |
| 2407 | Amputation: Cervix. | 67.00 | 268.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2409 | Cervix encirclage: McDonald stitch. | 35.00 | 140.00 | 35.00 | 140.00 | 3.00 | T | 61.00 |
| 2411 | Cervix encirclage: Shirodkar suture. | 60.00 | 240.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2413 | Cervix encirclage: Lash. | 49.00 | 196.00 | 49.00 | 196.00 | 3.00 | T | 61.00 |
| 2415 | Cervix encirclage: Removal items 2409 and 2411 without anaesthetic. | 5.00 | 20.000 | 5.00 | 20.00 | | | |
| 2416 | Cervix: Removal items 2409 and 2411 with anaesthetic in theatre. | 30.00 | 120.00 | 30.00 | 120.00 | 3.00 | T | 61.00 |
| | **REPAIR OF TEARS** | | | | | | | |
| 2417 | Emmet repair of tears. | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 2418 | Sturmdorff repair of tears. | 54.00 | 216.00 | 54.00 | 216.00 | 3.00 | T | 61.00 |
| | **EXTIRPATION OF CERVICAL STUMP** | | | | | | | |
| 2421 | Extirpation of cervical stump: Vaginal. | 134.00 | 536.00 | 89.00 | 356.00 | 5.00 | T | 101.00 |
| 2423 | Extirpation of cervical stump: Abdominal. | 134.00 | 536.00 | 89.00 | 356.00 | 5.00 | T | 101.00 |
| 2425 | Removal of cervical polyps (excluding after-care). | 13.00 | 53.00 | 13.00 | 53.00 | 3.00 | T | 61.00 |
| 2427 | Removal of cervical myomata. | 54.00 | 216.00 | 54.00 | 216.00 | 3.00 | T | 61.00 |
| | **COLPOSCOPY** | | | | | | | |
| 2429 | Colposcopy (excluding after-care). | 27.00 | 108.00 | 27.00 | 108.00 | 3.00 | T | 61.00 |
| 12.4 | Uterus | | | | | | | |
| 2433 | Embryo transfer. | 45.00 | 216.00 | 45.00 | 216.00 | 4.00 | T | 81.00 |
| 2434 | Endometrial biopsy (excluding after-care). | 18.00 | 73.00 | 18.00 | 73.00 | 3.00 | T | 61.00 |
| | **HYSTEROSCOPY** | | | | | | | |
| 2435 | Hysterosalpingogram (excluding after-care). | 22.00 | 88.00 | 22.00 | 88.00 | 3.00 | T | 61.00 |
| 2436 | Hysteroscopy (excluding after-care). | 40.00 | 160.00 | 40.00 | 160.00 | 3.00 | T | 61.00 |
| 2437 | Hysteroscopy and D&C (excluding after- care). | 58.00 | 233.00 | 58.00 | 233.00 | 3.00 | T | 61.00 |
| 2438 | Hysteroscopy and removal of uterine septum (excluding after-care). | 80.00 | 320.00 | 60.00 | 320.00 | 3.00 | T | 61.00 |
| 2439 | Hysteroscopy and division of endometrial and endocervical bands (excluding after- care). | 63.00 | 253.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 2440 | Hysteroscopy and polypectomy (excluding after-care) | 75.00 | 300.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2441 | Hysteroscopy and myomectomy (excluding after-care) | 130.00 | 520.00 | 87.00 | 348.00 | 3.00 | T | 61.00 |
| 2442 | Insertion of I.U.C.D. (excluding after-care). | 18.00 | 73.00 | 18.00 | 73.00 | 3.00 | T | 61.00 |
| | **EVACUATION OF UTERUS** | | | | | | | |
| 2443 | D&C: (excluding after-care). | 35.00 | 140.00 | 35.00 | 140.00 | 3.00 | T | 61.00 |
| 2444 | Fractional D&C (excluding after-care). | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 2445 | Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 2447 | Evacuation of uterus, incomplete abortion: After 12 weeks gestation. | 71.00 | 285.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 2448 | Termination of pregnancy before 12 weeks. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 2449 | Evacuation: Missed abortion: Before 12 weeks gestation | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 2451 | Evacuation: Missed abortion: After 12 weeks gestation | 80.00 | 320.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 2452 | Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin. | 54.00 | 216.00 | 54.00 | 216.00 | 4.00 | T | 81.00 |
| 2453 | Evacuation hydatidiform mole. | 80.00 | 320.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 2455 | Evacuation uterus post-partum. | 54.00 | 216.00 | 54.00 | 216.00 | 6.00 | T | 120.00 |
| 2461 | Ventrosuspension. | 80.00 | 320.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 2463 | Uteroplasty: Strassman. | 143.00 | 573.00 | 95.00 | 380.00 | 6.00 | T | 120.00 |
| 2465 | Uteroplasty: Tompkins. | 143.00 | 573.00 | 95.00 | 380.00 | 6.00 | T | 120.00 |
| 2467 | Myomectomy. | 143.00 | 573.00 | 95.00 | 380.00 | 6.00 | T | 120.00 |
| 2469 | Subtotal hysterectomy with or without unilateral or bilateral salpingo-oopherectomy. | 125.00 | 500.00 | 83.00 | 333.00 | 6.00 | T | 120.00 |
| 2471 | Total abdominal hysterectomy: With or without unilateral/ bilateral salpingo-oopherectomy - uncomplicated | 225.00 | 900.00 | 150.00 | 600.00 | 6.00 | T | 120.00 |
| 2473 | Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy | 246.00 | 985.00 | 164.00 | 657.00 | 6.00 | T | 120.00 |
| 2475 | Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim). | 357.00 | 1428.00 | 238.00 | 953.00 | 8.00 | T | 162.00 |
| 2477 | Abdominal hysterotomy with or without sterilisation | 188.00 | 753.00 | 125.00 | 500.00 | 6.00 | T | 120.00 |
| 2478 | Radio frequency endometrial ablation(RaFEA procedure). | 200.00 | 800.00 | 133.00 | 533.00 | 6.00 | T | 120.00 |
| 2479 | Hysteroscopy and endometrial ablation (resectoscope or YAG laser). | 225.00 | 900.00 | 150.00 | 600.00 | 6.00 | T | 120.00 |
| 12.5 | Fallopian tubes | | | | | | | |
| | **MODIFIER: MICROSURGERY** | | | | | | | |
| 0066 | Where microsurgical techniques are used, with the aid of a microscope 25% may be added to the fee. | | | | | | | |
| 2480 | Laparoscopy by second gynaecologist during RaFEA procedure (item 2478) or hysteroscopy and endometrial ablation (item 2479) | 120.00 | 480.00 | | | | | |
| 2481 | Insufflation Fallopian tubes (excluding after-care). | 16.00 | 65.00 | 16.00 | 65.00 | 3.00 | T | 61.00 |
| 2483 | Salpingolysis. | 125.00 | 500.00 | 83.00 | 333.00 | 4.00 | T | 81.00 |
| 2485 | Salpingostomy. | 161.00 | 645.00 | 107.00 | 428.00 | 4.00 | T | 81.00 |
| 2487 | Tuboplasty tubal anastamosis or re-implantation. | 196.00 | 785.00 | 131.00 | 525.00 | 4.00 | T | 81.00 |
| 2489 | Ectopic pregnancy under 12 weeks (salpingectomy) | 125.00 | 500.00 | 83.00 | 333.00 | 6.00 | T | 120.00 |
| 2490 | Ectopic pregnancy under 12 weeks (salpingostomy) | 161.00 | 645.00 | 107.00 | 428.00 | 6.00 | T | 120.00 |
| 2491 | Ectopic pregnancy - after 12 weeks. | 225.00 | 900.00 | 150.00 | 600.00 | 6.00 | T | 120.00 |
| 2492 | Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons | 94.00 | 376.00 | 63.00 | 253.00 | 5.00 | T | 101.00 |
| | **LAPAROSCOPY** | | | | | | | |
| | **Note:** See item 1807 for open procedures performed with a laparoscope. This item may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically. | | | | | | | |
| 2493 | Laparoscopy (excluding after-care). | 89.00 | 356.00 | 59.00 | 236.00 | 5.00 | T | 101.00 |
| 2496 | Plus aspiration of a cyst (excluding after-care). | +18.00 | 73.00 | +12.00 | 48.00 | 5.00 | T | 101.00 |
| 2497 | Plus sterilisation. | +40.00 | 160.00 | +27.00 | 108.00 | 5.00 | T | 101.00 |
| 2499 | Plus biopsy (excluding after-care). | +18.00 | 73.00 | +12.00 | 48.00 | 5.00 | T | 101.00 |
| 2500 | Plus ablation of endometriosis by laser, harmonic scalpel or cautery | +51.00 | 205.00 | +34.00 | 136.00 | 5.00 | T | 101.00 |
| 2501 | Plus cauterisation and/or lysis of adhesions. | +18.00 | 73.00 | +12.00 | 48.00 | 5.00 | T | 101.00 |
| 2502 | Plus aspiration of follicles (IVF) (excluding after-care) | +52.00 | 208.00 | +35.00 | 140.00 | 5.00 | T | 101.00 |
| 2504 | Plus Gamete intra fallopian tube transfer(includes follicle aspiration) (GIFT). | +107.00 | 428.00 | +71.00 | 285.00 | 5.00 | T | 101.00 |
| 2506 | Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST) | 58.00 | 233.00 | 58.00 | 233.00 | | | |
| 12.6 | Ovaries | | | | | | | |
| | **MODIFIER: MICROSURGERY** | | | | | | | |
| 0066 | Where microsurgical techniques are used, with the aid of a microscope 25% may be added to the fee. | | | | | | | |
| 2525 | Wedge resection of ovaries, unilateral or bilateral. | 105.00 | 420.00 | 70.00 | 280.00 | 4.00 | T | 81.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 2527 | Removal of ovarian tumour or cyst. | 134.00 | 536.00 | 89.00 | 356.00 | 4.00 | T | 81.00 |
| 2529 | Oophorectomy: Uni- or bilateral | 134.00 | 536.00 | 89.00 | 356.00 | 4.00 | T | 81.00 |
| 2531 | Ovarian carcinoma debulking and omentectomy. | 357.00 | 1428.00 | 238.00 | 953.00 | 6.00 | T | 120.00 |
| 2532 | Ovarian carcinoma - Abdominal hysterectomy, bilateral salpingo-oopherectomy. debulking and omentectomy. | 469.00 | 1876.00 | 313.00 | 1253.00 | 6.00 | T | 120.00 |
| 12.7 | Miscellaneous procedures | | | | | | | |
| | **EXENTERATION** | | | | | | | |
| 2535 | Exenteration: Anterior. | 402.00 | 1608.00 | 268.00 | 1073.00 | 8.00 | T | 162.00 |
| 2537 | Posterior exenteration. | 402.00 | 1608.00 | 268.00 | 1073.00 | 8.00 | T | 162.00 |
| 2539 | Exenteration total. | 625.00 | 2500.00 | 417.00 | 1668.00 | 8.00 | T | 162.00 |
| 2541 | Presacral neurectomy. | 98.00 | 393.00 | 65.00 | 260.00 | 5.00 | T | 101.00 |
| 2543 | Moschowitz operation. | 120.00 | 480.00 | 80.00 | 320.00 | 5.00 | T | 101.00 |
| | **OPERATIONS FOR STRESS INCONTINENCE** | | | | | | | |
| 2545 | Marshall-Marchetti-Kranz: Operation. | 150.00 | 600.00 | 100.00 | 400.000 | 5.00 | T | 101.00 |
| 2546 | Urethro-vesicopexy (Abdominal approach). | 149.00 | 596.00 | 99.00 | 396.00 | 6.00 | T | 120.00 |
| 2547 | Burch colposuspension. | 161.00 | 645.00 | 107.00 | 428.00 | 5.00 | T | 101.00 |
| 2549 | Sacro-colposuspension with or without mesh | 240.00 | 960.00 | 160.00 | 640.00 | 5.00 | T | 101.00 |
| 2550 | Urethro-vesicopexy (combined abdominal and vaginal approach). | 196.00 | 785.00 | 131.00 | 525.00 | 5.00 | T | 101.00 |
| 2551 | Laparotomy. | 170.00 | 680.00 | 113.00 | 453.00 | 4.00 | T | 81.00 |
| 2552 | Removal benign retroperitoneal tumour. | 223.00 | 893.00 | 149.00 | 596.00 | 6.00 | T | 120.00 |
| 2553 | Radical removal of malignant retro-peritoneal tumour | 350.00 | 1400.00 | 233.00 | 933.00 | 8.00 | T | 162.00 |
| 2554 | Drainage of pelvic abcess per abdomen | 180.00 | 720.00 | 120.00 | 480.00 | 6.00 | T | 120.00 |
| 2556 | Drainage of pelvic abcess per vagina(refer item 2341) | 75.00 | 300.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 2558 | Drainage intra-abdominal abscess - delayed closure. | 268.00 | 1073.00 | 179.00 | 716.00 | 6.00 | T | 120.00 |
| 2560 | Surgery for extensive endometriosis (may not be used with another procedure or as a modifier). | 179.00 | 716.00 | 119.00 | 476.00 | 6.00 | T | 162.00 |
| 2565 | Implantation hormone pellets (excluding after-care). | 3.00 | 13.00 | 3.00 | 13.00 | | | |
| 2570 | Ligation of internal iliac vessels (when not part of another procedure) | 225.00 | 900.00 | 150.00 | 600.00 | 8.00 | T | 162.00 |

13 OBSTETRIC PROCEDURES

**RULES GOVERNING THIS SECTION OF THE TARIFF**

U (i) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he has performed.

(a) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical units according to item 2614.

(b) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical units according to item 2614.

(ii) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614.

(iii) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616 and the general practitioner according to item 2614.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 13.1 | Pre-natal care and procedures | | | | | | | |
| 2601 | First pre-natal visit. | 18.00[ix] | 93.00 | 12.00[ix] | 63.00 | | | |
| 2602 | Repeat pre-natal visit. | 12.00[ix] | 62.00 | 12.00[ix] | 62.00 | | | |
| 2603 | External cephalic version (excluding after-care). | 22.00 | 88.00 | 22.00 | 88.00 | | | |
| 2605 | Amniocentesis (excluding after-care). | 36.00 | 145.00 | 36.00 | 145.00 | | | |
| 2607 | Amnioscopy (excluding after-care). | 18.00 | 93.00 | 18.00 | 93.00 | | | |
| 2609 | Intra-uterine transfusion of foetus or cordocentesis | 134.00 | 536.00 | 89.00 | 356.00 | | | |
| 2610 | Tococardiography pre-natal and intrapartum (including stress and non-stress test; Own machine) (excluding after-care) | 16.00 | 65.00 | 16.00 | 65.00 | | | |
| 2611 | Chorion villus sampling (excluding after-care). | 54.00 | 216.00 | 54.00 | 216.00 | | | |
| 13.2 | Confinements | | | | | | | |

[ix] Consultative units

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **MODIFIER** | | | | | | | |
| 0012 | The additional fee for an after-hours confinement shall be 12,00 clinical units for each half hour or part thereof of actual time spent with the patient | | | | | | | |
| | **Note:** Modifier 0011 is applicable for after-hour Caesarean section | | | | | | | |
| 2614 | Global obstetric care: All inclusive fee that includes all modes of delivery (including Caeserean) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit) | 259.00 | 1036.00 | 179.00 | 716.00 | 6.00 | T | 120.00 |
| 2616 | Intrapartum obstetric care by obstetrician in consultation (excluding after-care). | 190.00 | 760.00 | 127.00 | 508.00 | | | |
| | **Global obstetric care includes** | | | | | | | |
| | • All modes of delivery (including Caesarean) | | | | | | | |
| | • All inductions of labour (medical or surgical) | | | | | | | |
| | • Intrapartum paracervical and pudential blocks | | | | | | | |
| | • Intrapartum amnioscopy | | | | | | | |
| | • Foetal blood sampling | | | | | | | |
| | • Application of scalp leads | | | | | | | |
| | • Symphysiotomy | | | | | | | |
| | • Manual removal of placenta | | | | | | | |
| | • Repair cervical tears | | | | | | | |
| | • Correction of uterine inversion | | | | | | | |
| | • Drainage of vulval haematoma | | | | | | | |
| | • Repair third degree tear | | | | | | | |
| | • Repair second degree tear | | | | | | | |
| | • Repair episiotomy | | | | | | | |
| | • Recuscitation of newborn by obstetrician | | | | | | | |
| | • Tracheal intubation | | | | | | | |
| | • Missed confinement | | | | | | | |
| | **Global obstetric care excludes** | | | | | | | |
| | • Prenatal consultations | | | | | | | |
| | • Prenatal procedures (Items 2603 - 2611) | | | | | | | |
| | • Emergency hysterectomy for obstetrical reasons | | | | | | | |
| | • Abdominal operation for repair of ruptured gravid uterus | | | | | | | |
| | • Intensive care for obstetrical emergencies | | | | | | | |
| | • Tubal ligation performed as a post-partum procedure | | | | | | | |
| | • Post-partum complications occurring after discharge from the hospital | | | | | | | |
| | • Modifier 0012 | | | | | | | |
| 13.3 | Operative procedures (excluding antenatal care) | | | | | | | |
| 2653 | Caesarean - hysterectomy. | 335.00 | 1340.00 | 223.00 | 893.00 | 9.00 | T | 182.00 |
| 2657 | Post-partum hysterectomy. | 300.00 | 1200.00 | 200.00 | 800.00 | 8.00 | T | 162.00 |
| 2669 | Abdominal operation for ruptured gravid uterus: Repair. | 250.00 | 1000.00 | 167.00 | 668.00 | 9.00 | T | 182.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 14 | NERVOUS SYSTEM | | | | | | | |
| 14.1 | Diagnostic procedures | | | | | | | |
| 2681 | Visual evoked potentials (V.E.P.): Unilateral. | 50.00 | 200.00 | | | | | |
| 2682 | Bilateral. | 88.00 | 353.00 | | | | | |
| 2683 | Electro-retinography (Ganzfeld method): Unilateral. | 60.00 | 240.00 | | | | | |
| 2684 | Bilateral. | 105.00 | 420.00 | | | | | |
| 2685 | Electro-oculography: Unilateral | 30.00 | 120.00 | | | | | |
| 2686 | Bilateral. | 53.00 | 213.00 | | | | | |
| 2687 | V.E.P. stable condition: (photic drive) Unilateral | 50.00 | 200.00 | | | | | |
| 2689 | Bilateral. | 88.00 | 353.00 | | | | | |
| 2690 | Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P. | 150.00 | 600.00 | | | | | |
| | **Note:** See items 2691 to 2702 under section 17.5.1: Audiometry | | | | | | | |
| 2703 | Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and cortex | 48.00 | 193.00 | | | | | |
| 2705 | Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment | 6.00 | 25.00 | 6.00 | 25.00 | | | |
| 2707 | Full fee for complete neurological evoked potential evaluation including neurological A.E.P., bilateral V.E.P., and bilateral median and/or posterior tibial stimulation | 220.00 | 880.00 | | | | | |
| 2708 | Evaluation of cognitive evoked potential with visual or audiology stimulus. | 80.00 | 320.00 | | | | | |
| 2709 | Full spinogram including bilateral median and posterior-tibial studies | 140.00 | 560.00 | | | | | |
| 2710 | Morphia saturation testing in rooms (consultation x2 plus item 0206) (excluding injection material) | | | | | | | |
| 2711 | Electro-encephalography - Taking of record | 26.00 | 105.00 | 26.00 | 105.00 | | | |
| 2712 | Electro-encephalography - Interpretation. | 12.00 | 48.00 | 12.00 | 48.00 | | | |
| | **SLEEP ELECTRO-ENCEPHALOGRAPHY** | | | | | | | |
| 6001 | Sleep electro-encephalography - infants that fit into a perambulator - taking of record. | 29.00 | 107.30 | 29.00 | 107.30 | | | |
| 6002 | Sleep electro-encephalography - infants that fit into a perambulator - interpretation. | 12.00 | 44.40 | 12.00 | 44.40 | | | |
| 6003 | Sleep electro-encephalography - adults and children over infant age - taking of record. | 31.00 | 100.60 | 31.00 | 100.60 | | | |
| 6004 | Sleep electro-encephalography - adults and children over infant age - interpretation. | 12.00 | 44.40 | 12.00 | 44.40 | | | |
| 2713 | Lumbar puncture and/or intrathecal injections. | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 2714 | Cisternal puncture and/or intrathecal injections. | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 2715 | 8 Hour ambulatory EEG monitoring (Holter): Hire | 136.00 | 545.00 | | | | | |
| 2716 | 8 Hour ambulatory EEG monitoring (Holter): Interpretation | 30.00 | 120.00 | | | | | |
| | **ELECTROMYOGRAPHY.** | | | | | | | |
| 2717 | First | 75.00 | 300.00 | 50.00 | 200.00 | | | |
| 2718 | Subsequent | 75.00 | 300.00 | 50.00 | 200.00 | | | |
| 2719 | Overnight polysomnogram and sleep staging: Hire | 125.00 | 500.00 | | | | | |
| 2720 | Overnight polysomnogram and sleep staging: Interpretation | 23.00 | 93.00 | | | | | |
| 2721 | Daytime polysomnogram: Hire. | 125.00 | 500.00 | | | | | |
| 2722 | Daytime polysomnogram: Interpetation. | 17.00 | 68.00 | | | | | |
| 2723 | Multiple sleep latency test - interpretation. | 125.00 | 500.00 | | | | | |
| 2724 | Overnight continuous positive airways pressure (CPAP) titration | 155.00 | 620.00 | 103.00 | | | | |
| | **ANGIOGRAPHY CAROTIS** | | | | | | | |
| 2725 | Unilateral. | 25.00 | 100.00 | 25.00 | 100.00 | 4.00 | T | 81.00 |
| 2726 | Bilateral. | 44.00 | 176.00 | 44.00 | 176.00 | 4.00 | T | 81.00 |
| 2727 | Vertebral artery: Direct needling. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 2729 | Vertebral catheterisation. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| | **AIR ENCEPHALOGRAPHY AND POSTERIOR FOSSA TOMOGRAPHY** | | | | | | | |
| 2731 | Injection of air (independent procedure). | 14.50 | 58.00 | | | 4.00 | T | 81.00 |
| 2735 | Posterior fossa tomography attendance by clinician | 31.50 | 126.00 | iii | | | | |
| 2737 | Visual field charting on Bjerrum Screen. | 7.00 | 28.00 | 7.00 | 28.00 | | | |

iii Per service (specify)

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **VENTRICULAR NEEDLING WITHOUT BURRING** | | | | | | | |
| 2739 | Tapping only. | 16.00 | 65.00 | 16.00 | 65.00 | 4.00 | T | 81.00 |
| 2741 | Plus introduction of air and/or contrast dye for ventriculography. | 43.00 | 173.00 | 43.00 | 173.00 | 4.00 | T | 81.00 |
| | **SUBDURAL TAPPING:** | | | | | | | |
| 2743 | First sitting. | 15.00 | 60.00 | 15.00 | 60.00 | 4.00 | T | 81.00 |
| 2745 | Subsequent . | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |
| 14.2 | Introduction of burr holes for: | | | | | | | |
| 2747 | Ventriculography. | 150.00 | 600.00 | 100.00 | 400.00 | 8.00 | T | 162.00 |
| 2749 | Catheterisation for ventriculography and/or drainage | 150.00 | 600.00 | 100.00 | 400.00 | 8.00 | T | 162.00 |
| 2751 | Biopsy of brain tumor. | 150.00 | 600.00 | 100.00 | 400.00 | 8.00 | T | 162.00 |
| 2753 | Subdural haematoma or hygroma. | 150.00 | 600.00 | 100.00 | 400.00 | 8.00 | T | 162.00 |
| 2755 | Subdural empyema. | 150.00 | 600.00 | 100.00 | 400.00 | 8.00 | T | 162.00 |
| 2757 | Brain abscess. | 150.00 | 600.00 | 100.00 | 400.00 | 8.00 | T | 162.00 |
| 14.3 | Nerve procedures : | | | | | | | |
| | **NERVE BIOPSY:** | | | | | | | |
| 2759 | Peripheral. | 37.00 | 148.00 | 37.00 | 148.00 | 4.00 | T | 81.00 |
| 2763 | Cranial nerves: Extra-cranial | 20.00 | 80.00 | 20.00 | 80.00 | 4.00 | T | 81.00 |
| 2765 | Nerve conduction studies (see item 0733 and 3285) | 26.00 | 105.00 | 17.00 | 68.00 | 4.00 | T | 81.00 |
| | **BOTULINUM TOXIN INJECTIONS** | | | | | | | |
| 6005 | For blepharospasm (+ item 0201+ item 0202) | 25.00 | 92.50 | | | | | |
| 6006 | For hemifacial spasm (+ item 0201 + item 0202) | 30.00 | 111.00 | | | | | |
| 6007 | For adductor dysphonia (+ item 0201 + item0202) | 35.00 | 147.70 | | | | | |
| 6008 | In extra-ocular muscles (+ item 0201 + item0202) | 35.00 | 147.70 | | | | | |
| 6009 | For spasmodic torticollis and/or cranial dystonia (+ item 0201 + item 0202). | 50.00 | 185.00 | | | | | |
| **14.3.1** | **Nerve repair or suture :** | | | | | | | |
| 2767 | Suture brachial plexus (see also items 2837 and 2839) | 300.00 | 1200.00 | 200.00 | 800.00 | 6.00 | T | 120.00 |
| | **SUTURE: LARGE NERVE:** | | | | | | | |
| 2769 | Primary. | 134.00 | 536.00 | 89.00 | 356.00 | 5.00 | T | 101.00 |
| 2771 | Secondary. | 202.00 | 808.00 | 135.00 | 540.00 | 5.00 | T | 101.00 |
| | **DIGITAL NERVE:** | | | | | | | |
| 2773 | Primary. | 65.00 | 260.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2775 | Secondary . | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | T | 61.00 |
| | **NERVE GRAFT:** | | | | | | | |
| 2777 | Simple. | 202.00 | 808.00 | 135.00 | 540.00 | 4.00 | T | 81.00 |
| | **FASCICULAR :** | | | | | | | |
| 2779 | First fasciculus. | 202.00 | 808..00 | 135.00 | 540.00 | 4.00 | T | 81.00 |
| 2781 | Each additional fasciculus. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 2783 | Nerve flap: To include all stages. | 224.00 | 896.00 | 149.00 | 596.00 | 4.00 | T | 81.00 |
| 2785 | Facio-accessory or facio-hypoglossal anastomosis | 124.00 | 496.00 | 83.00 | 333.00 | 6.00 | T | 120.00 |
| 2787 | Grafting of facial nerve. | 215.00 | 860.00 | 143.00 | 573.00 | 5.00 | T | 101.00 |
| **14.3.2** | **Neurectomy :** | | | | | | | |
| | **TRIGEMINAL GANGLION :** | | | | | | | |
| 2789 | Injection of alcohol. | 150.00 | 600.00 | 100.00 | 400.00 | 4.00 | T | 81.00 |
| 2791 | Injection of cortisone. | 65.00 | 260.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| 2793 | Coagulation through high frequency. | 170.00 | 680.00 | 113.00 | 453.00 | 3.00 | T | 61.00 |
| | **PROCEDURES FOR PAIN RELIEF :** | | | | | | | |
| 2799 | Intrathecal injections for pain. | 36.00 | 145.00 | 36.00 | 145.00 | 4.00 | T | 81.00 |
| 2800 | Plexus nerve block. | 36.00 | 145.00 | 36.00 | 145.00 | 36.00 | ii T | |
| 2801 | Epidural injection for pain. | 36.00 | 145.00 | 36.00 | 145.00 | | | |
| 2802 | Peripheral nerve block. | 25.00 | 100.00 | 25.00 | 100.00 | 25.00 | ii T | 100.00 |

ii Clinical Units

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **ALCOHOL INJECTION IN PERIPHERAL NERVES FOR PAIN:** | | | | | | | |
| 2803 | Unilateral. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 2805 | Bilateral. | 35.00 | 140.00 | 35.00 | 140.00 | 3.00 | T | 61.00 |
| 2809 | Peripheral nerve section for pain. | 45.00 | 180.00 | 45.00 | 180.00 | 3.00 | T | 61.00 |
| 2811 | Pudendal neurectomy: Bilateral. | 116.00 | 465.00 | 77.00 | 308.00 | 3.00 | T | 61.00 |
| 2813 | Obturator or Stoffels. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | T | 61.00 |
| 2815 | Interdigital. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | T | 61.00 |
| 2825 | Excision: Neuroma: Peripheral. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| **14.3.3** | **Other nerve procedures :** | | | | | | | |
| 2827 | Transposition of ulnar nerve. | 100.00 | 400.00 | 67.00 | 268.00 | 3.00 | T | 61.00 |
| | **NEUROLYSIS:** | | | | | | | |
| 2829 | Minor. | 51.00 | 205.00 | 51.00 | 205.00 | 3.00 | T | 61.00 |
| 2831 | Major. | 132.00 | 528.00 | 88.00 | 353.00 | 3.00 | T | 61.00 |
| 2833 | Digital. | 96.00 | 385.00 | 64.00 | 256.00 | 3.00 | T | 61.00 |
| 2835 | Scalenotomy. | 132.00 | 528.00 | 88.00 | 353.00 | 6.00 | T | 120.00 |
| 2837 | Brachial plexus, suture or neurolysis (item 2767) | 300.00 | 1200.00 | 200.00 | 800.00 | 6.00 | T | 120.00 |
| 2839 | Total brachial plexus exposure with graft neurolysis and transplantation | 450.00 | 1800.00 | 300.00 | 1200.00 | 6.00 | T | 120.00 |
| 2841 | Carpal Tunnel. | 64.00 | 256.00 | 60.00 | 240.00 | 3.00 | T | 61.00 |
| | **LUMBAR SYMPATHECTOMY:** | | | | | | | |
| 2843 | Unilateral. | 153.00 | 613.00 | 102.00 | 408.00 | 4.00 | T | 81.00 |
| 2845 | Bilateral. | 268.00 | 1073.00 | 179.00 | 716.00 | 6.00 | T | 120.00 |
| | **CERVICAL SYMPATHECTOMY :** | | | | | | | |
| 2846 | Trans-thoracic approach (use item 2847 or item 2848 as appropriate) | | | | | 11.00 | T | 222.00 |
| 2847 | Unilateral. | 153.00 | 613.00 | 102.00 | 408.00 | 4.00 | T | 81.00 |
| 2848 | Bilateral . | 268.00 | 1073.00 | 179.00 | 716.00 | 6.00 | T | 120.00 |
| | **SYMPATHETIC BLOCK: OTHER LEVELS:** | | | | | | | |
| 2849 | Unilateral. | 20.00 | 80.00 | 20.00 | 80.00 | 3.00 | T | 61.00 |
| 2851 | Bilateral | 35.00 | 140.00 | 35.00 | 140.00 | 3.00 | T | 61.00 |
| 2853 | Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion | 20.00 | 80.00 | 20.00 | 80.00 | 4.00 | T | 81.00 |
| 14.4 | Skull procedures : | | | | | | | |
| | **REMOVAL OF SKULL TUMOUR: WITH OR WITHOUT PLASTIC REPAIR:** | | | | | | | |
| 2855 | Small. | 170.00 | 680.00 | 113.00 | 453.00 | 5.00 | T | 101.00 |
| 2857 | Major. | 200.00 | 800.00 | 133.00 | 533.00 | 8.00 | T | 162.00 |
| | **REPAIR OF DEPRESSED FRACTURE OF SKULL: WITHOUT BRAIN LACERATION:** | | | | | | | |
| 2859 | Major. | 200.00 | 800.00 | 133.00 | 533.00 | 8.00 | T | 162.00 |
| 2860 | Small . | 170.00 | 680.00 | 113.00 | 453.00 | 8.00 | T | 162.00 |
| | **WITH BRAIN LACERATIONS:** | | | | | | | |
| 2861 | Small. | 200.00 | 800.00 | 133.00 | 533.00 | 8.00 | T | 162.00 |
| 2862 | Major. | 375.00 | 1500.00 | 250.00 | 1000.00 | 8.00 | T | 162.00 |
| 2863 | Cranioplasty. | 280.00 | 1120.00 | 187.00 | 748.00 | 8.00 | T | 162.00 |
| 2864 | Encephalocoele (excluding frontal). | 200.00 | 800.00 | 133.00 | 533.00 | 8.00 | T | 162.00 |
| | **CRANIOSTENOSIS:** | | | | | | | |
| 2865 | Few sutures. | 213.00 | 853.00 | 142.00 | | 9.00 | T | 182.00 |
| 2867 | Multiple sutures | 280.00 | 1120.00 | 187.00 | 748.00 | 9.00 | T | 182.00 |
| 14.5 | Shunt procedures : | | | | | | | |
| 2869 | Ventriculo-cisternostomy. | 280.00 | 1120.00 | 187.00 | 748.00 | 8.00 | T | 162.00 |
| 2871 | Ventriculo-caval shunt. | 280.00 | 1120.00 | 187.00 | 748.00 | 11.00 | T | 222.00 |
| 2873 | Ventriculo-peritoneal shunt. | 280.00 | 1120..0 | 187.00 | 748.00 | 8.00 | T | 162.00 |
| 2875 | Theco-peritoneal C.S.F. shunt. | 280.00 | 1120.00 | 187.00 | 748.00 | 8.00 | T | 162.00 |
| 14.6 | Aneurysm repair : | | | | | | | |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 2876 | Repair of aneurysms or arteriovenous anomalies (Intracranial). | 700.00 | 2800.00 | 467.00 | 1868.00 | 15.00 | T | 303.00 |
| 2877 | Extracranial to intracranial vessel. | 700.00 | 2800.00 | 467.00 | 1868.00 | 15.00 | T | 303.00 |
| 2878 | Posterior fossa arteriovenous anomalies. | 700.00 | 2800.00 | 467.00 | 1868.00 | 15.00 | T | 303.00 |
| 14.7 | Posterior fossa surgery : | | | | | | | |
| | **NEURECTOMY :** | | | | | | | |
| 2879 | Glossopharyngeal nerve. | 480.00 | 1920.00 | 320.00 | 1280.00 | 6.00 | T | 120.00 |
| | **EIGHTH NERVE:** | | | | | | | |
| 2881 | Intracranial. | 480.00 | 1920.00 | 320.00 | 1280.00 | 8.00 | T | 162.00 |
| 2883 | Extracranial. | 480.00 | 1920.00 | 320.00 | 1280.00 | 4.00 | T | 81.00 |
| 2884 | Subtemporal section of the trigeminal nerve. | 375.00 | 1500.00 | 250.00 | 1000.00 | 9.00 | T | 182.00 |
| 2885 | Trigeminal tractotomy. | 480.00 | 1920.00 | 320.00 | 1280.00 | 9.00 | T | 182.00 |
| 2886 | Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiari malformation or obstructive cysts e.g. Dandy Walker or parasites | 450.00 | 1800.00 | 300.00 | 1200.00 | 9.00 | T | 182.00 |
| 2887 | Vestibular nerve. | 480.00 | 1920.00 | 320.00 | 1280.00 | 9.00 | T | 182.00 |
| | **POSTERIOR FOSSA TUMOUR REMOVAL :** | | | | | | | |
| 2889 | Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma, cholesteatoma | 700.00 | 2800.00 | 467.00 | 1868.00 | 11.00 | T | 222.00 |
| 2891 | Glioma, secondary deposits. | 450.00 | 1800.00 | 300.00 | 1200.00 | 11.00 | T | 222.00 |
| 2893 | Abscess. | 450.00 | 1800.00 | 300.00 | 1200.00 | 11.00 | T | 222.00 |
| | **EXCISION OF TUMOUR OF GLOMUS JUGULARE:** | | | | | | | |
| 2895 | Intracranial. | 420.00 | 1680.00 | 280.00 | 1120.00 | 11.00 | T | 222.00 |
| 2897 | Extracranial. | 420.00 | 1680.00 | 280.00 | 1120.00 | 9.00 | T | 182.00 |
| 2898 | Hemispherectomy . | 500.00 | 2000.00 | 333.00 | 1333.00 | 15.00 | T | 303.00 |
| 14.7.1 | **Supratentorial procedures :** | | | | | | | |
| 2899 | Craniectomy for extra-dural haematoma or empyema | 375.00 | 1500.00 | 250.00 | 1000.00 | 11.00 | T | 222.00 |
| 14.8 | Craniotomy for : | | | | | | | |
| 2900 | Extra-dural orbital decompression or excision of orbital tumour. | 700.00 | 2800.00 | 467.00 | 1868.00 | 11.00 | T | 222.00 |
| 2901 | Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, Pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/ pharyngioma | 700.00 | 2800.00 | 467.00 | 1868.00 | 11.00 | T | 222.00 |
| 2903 | Abscess, Glioma. | 450.00 | 1800.00 | 300.00 | 1200.00 | 11.00 | T | 222.00 |
| 2904 | Haematoma, foreign body: Cerebral or cerebellar. | 450.00 | 1800.00 | 300.00 | 1200.00 | 11.00 | T | 222.00 |
| 2905 | Focal epilepsy: Excision of cortical scar. | 450.00 | 1800.00 | 300.00 | 1200.00 | 11.00 | T | 222.00 |
| 2906 | With anterior fossa meningocoele and repair of bony skull defect. | 375.00 | 1500.00 | 250.00 | 1000.00 | 11.00 | T | 222.00 |
| 2907 | Temporal lobectomy. | 450.00 | 1800.00 | 300.00 | 1200.00 | 11.00 | T | 222.00 |
| 2908 | Torkildsen anastomosis. | 375.00 | 1500.00 | 250.00 | 1000.00 | 11.00 | T | 222.00 |
| 2909 | CSF-leaks. | 450.00 | 1800.00 | 300.00 | 1200.00 | 11.00 | T | 222.00 |
| 2910 | Removal of arteriovenous malformation. | 700.00 | 2800.00 | 467.00 | 1868.00 | 11.00 | T | 222.00 |
| 14.8.1 | **Stereo-tactic cerebral and spinal cord procedures:** | | | | | | | |
| 2911 | First sitting. | 280.00 | 1120.00 | 187.00 | 745.00 | 4.00 | T | 81.00 |
| 2913 | Repeat. | 196.00 | 785.00 | 131.00 | 525.00 | 4.00 | T | 81.00 |
| 2915 | Transnasal hypophysectomy | 300.00 | 1200.00 | 200.00 | 800.00 | 11.00 | T | 222.00 |
| 2916 | Transfrontal hypophysectomy. | 480.00 | 1920.00 | 320.00 | 1280.00 | 11.00 | T | 222.00 |
| 2917 | Transnasal hypophyseal implants | 172.00 | | 115.00 | 460.00 | 11.00 | T | 222.00 |
| 2918 | Non-operative supervision of paraplegics for all disciplines except urologists | [iii] | | [iii] | | | | |
| 14.9 | Spinal operations : | | | | | | | |
| 2919 | Laminectomy for spinal stenosis: At multiple levels | 386.00 | 1545.00 | 257.00 | 1028.00 | 3.00 | TM | 61.00 |
| | **LAMINECTOMY :** | | | | | | | |
| 2921 | One level | 224.00 | 896.00 | 149.00 | 596.00 | 3.00 | TM | 61.00 |
| 2922 | Multiple levels | 256.00 | 1025.00 | 171.00 | 685.00 | 3.00 | TM | 61.00 |
| | **CHORDOTOMY:** | | | | | | | |
| 2923 | Unilateral | 178.00 | 713.00 | 119.00 | 476.00 | 3.00 | TM | 61.00 |
| 2925 | Open | 350.00 | 1400.00 | 233.00 | 933.00 | 3.00 | TM | 61.00 |

[iii] Per service (specify)

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **RHIZOTOMY:** | | | | | | | |
| 2927 | Extradural, but intraspinal | 320.00 | 1280.00 | 213.00 | 853.00 | 3.00 | TM | 61.00 |
| 2928 | Intradural: | 350.00 | 1400.00 | 233.00 | 933.00 | 3.00 | TM | 61.00 |
| | **REMOVAL OF SPINAL CORD TUMOUR: INTRAMEDULLAR :** | | | | | | | |
| 2929 | Posterior approach | 700.00 | 2800.00 | 467.00 | 1868.00 | 8.00 | T | 162.00 |
| 2930 | Anterio-lateral approach | 700.00 | 2800.00 | 467.00 | 1868.00 | 8.00 | T | 162.00 |
| | **EXTRAMEDULLARY, BUT INTRADURAL:** | | | | | | | |
| 2931 | Posterior approach | 350.00 | 1400.00 | 233.00 | 933.300 | 3.00 | TM | 61.00 |
| 2932 | Anterio-lateral approach | 350.00 | 1400.00 | 233.00 | 933.00 | 8.00 | T | 162.00 |
| 2933 | Intraspinal, but extradural: Posterior approach. | 320.00 | 1280.00 | 213.00 | 853.00 | 7.00 | T | 141.00 |
| 2935 | Transcutaneous chordotomy . | 225.00 | 900.00 | 150.00 | 600.00 | 3.00 | T | 61.00 |
| 2937 | Repair of meningocele, involving nerve tissue | 250.00 | 1000.00 | 167.00 | 668.00 | 9.00 | T | 182.00 |
| 2938 | Simple . | 150.00 | 600.00 | 100.00 | 400.00 | 9.00 | T | 182.00 |
| 2939 | Excision of arterial vascular malformations and cysts of the spinal cord | 700.00 | 2800.00 | 467.00 | 1868.00 | 9.00 | T | 182.00 |
| 2940 | Lumbar osteophyte removal | 187.00 | 748.00 | 125.00 | 500.00 | 3.00 | TM | 61.00 |
| 2941 | Cervical or thoracic osteophyte removal | 285.00 | 1140.0 | 190.00 | 760.00 | 3.00 | TM | 61.00 |
| 14.10 | Arterial ligations : | | | | | | | |
| | **CAROTIS :** | | | | | | | |
| 2951 | Trauma | 120.00 | 480.00 | 80.00 | 320.00 | 8.00 | T | 162.00 |
| 2953 | For aneurysm (A.V. anomaly) | 150.00 | 600.00 | 100.00 | 400.00 | 8.00 | T | 162.00 |
| 2955 | Removal of carotid body tumour (without vascular reconstruction). | 250.00 | 600.00 | 167.00 | 668.00 | 8.00 | T | 162.00 |

14.11 Medical psychotherapy

**Please note:** The item numbers in this section do not follow in numerical order since new items have been added.

**RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY**

Va 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 Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods.

**MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY :**

0079 When a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to item 2957 for a 20-minute session or part thereof, provided that such a part comprises 50% or more of the time of a session.

| | | PSYCHIATRIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | |
|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | Rc |
| 2957 | Individual psychotherapy (specific type): Including play therapy for children: Per short session (20 minutes) | 24.00 | 96.00 | 16.00 | 65.00 | | |
| 2974 | Individual psychotherapy (specific type): Including play therapy for children: Per intermediate session (40 minutes) | 48.00 | 193.00 | 32.00 | 128.00 | | |
| 2975 | Individual psychotherapy (specific type): Including play therapy for children: Per extended session (60 minutes or longer) | 72.00 | 288.00 | 48.00 | 128.00 | | |
| 2958 | Psychoanalytic therapy : Per 60-minute session | 72.00 | 288.00 | 48.00 | 128.00 | | |
| 2962 | Directive therapy to family, parent(s), spouse : Per 20-minute session. | 24.00 | 96.00 | 16.00 | 65.00 | | |
| 2963 | Pairs, marraige or sex therapy: Per 20-minute session | 24.00 | 96.00 | 16.00 | 65.00 | | |
| 2976 | Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session. | 48.00 | 193.00 | 32.00 | 128.00 | | |
| 2977 | Extended treatment where either items 2962 or 2963 are used: Per 60-minute session | 72.00 | 288.00 | 48.00 | 193.00 | | |
| 2968 | Group therapy: Adults (specify number): Tariff per person per 80-minute session. | 8.00 | 33.00 | 5.00 | 20.00 | | |
| | Group therapy: Children (specify number): Tariff per person per 80-minute session | 8.00 | 33.00 | 5.00 | 20.00 | | |

| | | PSYCHIATRIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 14.12 | Physical treatment methods : | | | | | | | |
| 2970 | Electro-convulsive treatment (ECT): Each time (See rule Va.). | 12.00 | | 8.00 | | 3.00 | T | 61.00 |
| 2971 | Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours) | 6.00 | 25.00 | 4.00 | 16.00 | | | |
| 14.13 | Psychiatric examination methods : | | | | | | | |
| 2972 | Narco-analysis (Maximum of 3 sessions per treatment): Per session | 24.00 | 96.00 | 16.00 | 65.00 | | | |
| 2973 | Psychometry (specify examination): Per session (Maximum of 3 sessions per examination) | 24.00 | 96.00 | 16.00 | 65.00 | | | |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 15 | ENDOCRINE SYSTEM | | | | | | | |
| 15.1 | Thyroid : | | | | | | | |
| 2983 | Partial lobectomy. | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 2985 | Total lobectomy. | 200.00 | 800.00 | 133.00 | 533.00 | 5.00 | T | 101.00 |
| 2987 | Subtotal thyroidectomy. | 200.00 | 800.00 | 133.00 | 533.00 | 5.00 | T | 101.00 |
| 2989 | Total thyroidectomy. | 241.00 | 965.00 | 161.00 | 645.00 | 5.00 | T | 101.00 |
| 2991 | Thyroglossal cyst or fistula excision. | 90.00 | 360.00 | 60.00 | 240.00 | 5.00 | T | 101.00 |
| 15.2 | Parathyroid : | | | | | | | |
| 2993 | Exploration of parathyroid glands for hyperparathyroidism including removal. | 275.00 | 1100.00 | 183.00 | 733.00 | 5.00 | T | 101.00 |
| 15.3 | Adrenals : | | | | | | | |
| 2995 | Adrenalectomy: Unilateral. | 225.00 | 900.00 | 150.00 | 600.00 | 9.00 | T | 182.00 |
| 2997 | Bilateral exploration of adrenal glands: Including removal | 394.00 | 1576.00 | 263.00 | 1053.00 | 11.00 | T | 222.00 |
| 15.4 | Hypophysis : | | | | | | | |
| 2999 | Transethmoidal hypophysectomy. | 300.00 | 1200.00 | 200.00 | 800.00 | 11.00 | T | 222.00 |
| 3000 | Transnasal hypophysectomy (see item 2915). | 300.00 | 1200.00 | 200.00 | 800.00 | 11.00 | T | 222.00 |
| 15.5 | General : | | | | | | | |
| 3001 | Implantation of pellets (excluding cost of material) (excluding after-care). | 3.00 | 13.00 | 3.00 | 13.00 | | | |
| 16 | EYE | | | | | | | |
| 16.1 | Procedures performed in rooms : | | | | | | | |
| | (a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions | | | | | | | |
| | (b) Material used is excluded | | | | | | | |
| | (c) The tariff for photography is not related to the number of photographs taken | | | | | | | |
| 3002 | Gonioscopy. | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3003 | Fundus contact lens or 90 D lens examination | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3004 | Peripheral fundus examination with indirect ophthalmoscope | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3005 | Endothelial cell count. | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3006 | Keratometry. | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3007 | Potential acuity measurement | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3008 | Contrast sensitivity test. | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3010 | Orthoptic consultation. | 10.00 | 40.00 | 10.00 | 40.00 | | | |
| 3011 | Orthoptic subsequent sessions. | 5.00 | 20.00 | 5.00 | 20.00 | | | |
| 3012 | Pre-surgical retinal examination before retinal surgery | 32.00 | 128.00 | 32.00 | 128.00 | | | |
| 3013 | Ocular motility assessment comprehensive examination | 12.00 | 48.00 | 12.00 | 48.00 | | | |
| 3014 | Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) | 7.00 | 28.00 | 7.00 | 28.00 | | | |
| 3015 | Charting of visual field with manual perimeter. | 28.00 | 113.00 | 28.00 | 113.00 | | | |
| 3016 | Retinal threshold test without storage facilities | 30.00 | 120.00 | 30.00 | 120.00 | | | |
| 3017 | Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs. | 74.00 | 296.00 | 60.00 | 240.00 | | | |
| 3018 | Retinal threshold trend evaluation (additional to item 3017) | 16.00 | 65.00 | 16.00 | 65.00 | | | |
| 3019 | Ocular muscle function with Hess screen or perimeter | 16.00 | 65.00 | 16.00 | 65.00 | | | |
| | **SPECIAL EYE INVESTIGATIONS :** | | | | | | | |
| 3020 | Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery. | 46.00 | 185.00 | 46.00 | 185.00 | | | |
| 3021 | Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations | 9.00 | 36.00 | 9.00 | 36.00 | | | |
| 3025 | Electronic tonography. | 19.00 | 76.00 | 19.00 | 76.00 | | | |
| 3027 | Fundus photography. | 21.00 | 85.00 | 21.00 | 85.00 | | | |
| 3029 | Anterior segment microphotography. | 21.00 | 85.00 | 21.00 | 85.00 | | | |
| 3031 | Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography). | 45.00 | 180.00 | 45.00 | 180.00 | | | |
| 3032 | Eyelid and orbit photography. | 9.00 | 36.00 | 9.00 | 36.00 | | | |
| 3033 | Interpretation of item 3031 referred by other clinician | 16.00 | 65.00 | 16.00 | 65.00 | | | |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 3034 | Determination of lens implant power per eye. | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 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 | 22.00 | 88.00 | 22.00 | 88.00 | As per procedure | | |
| 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) | 36.00 | 145.00 | 36.00 | 145.00 | | | |
| 16.2 | Retina: | | | | | | | |
| 3037 | Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy. | 280.00 | 1120.00 | 187.00 | 745.00 | 6.00 | T | 120.00 |
| 3039 | Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye | 105.00 | 420.00 | 70.00 | 280.00 | 6.00 | T | 120.00 |
| 3041 | Pan retinal photocoagulation (per eye): done in one sitting or excimer laser for refractive keratectomy. | 150.00 | 600.00 | 100.00 | 400.00 | 6.00 | T | 120.00 |
| 3044 | Removal of encircling band and/or buckling material | 105.00 | 420.00 | 70.00 | 280.00 | 6.00 | T | |
| 16.3 | Cataract: | | | | | | | |
| 3045 | Intra-capsular. | 210.00 | 840.00. | 140.00 | 560.00 | 7.00 | T | 141.00 |
| 3047 | Extra-capsular (including capsulotomy). | 210.00 | 840.00 | 140.00 | 560.00 | 7.00 | T | 141.00 |
| 3049 | Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable) | 57.00 | 228.00 | 57.00 | 228.00 | 7.00 | T | 141.00 |
| 3051 | Needling or capsulotomy. | 130.00 | 520.00 | 87.00 | 348.00 | 4.00 | T | 81.000 |
| 3052 | Laser capsulotomy. | 105.00 | 420.00 | 70.00 | 280.00 | 4.00 | T | 81.00 |
| 3057 | Removal of lenticulus. | 210.00 | 840.00 | 140.00 | 560.00 | 7.00 | T | 141.00 |
| 3059 | Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded). | 210.00 | 840.00 | 140.00 | 560.00 | 7.00 | T | 141.00 |
| 3060 | Use of own surgical microscope for surgery or examination (not for slitlamp microscope) (for use by ophthalmologists only) | | | | | | | |
| 16.4 | Glaucoma: | | | | | | | |
| 3061 | Drainage operation. | 210.00 | 840.00 | 140.00 | 560.00 | 6.00 | T | 120.00 |
| 3063 | Cyclocryotherapy or cyclodiathermy. | 105.00 | 420.00 | 70.00 | 280.00 | 6.00 | T | 120.00 |
| 3064 | Laser trabeculoplasty. | 105.00 | 420.00 | 70.00 | 280.00 | 6.00 | T | 120.00 |
| 3065 | Removal of blood from anterior chamber. | 105.00 | 420.00 | 70.00 | 280.00 | 4.00 | T | 81.00 |
| 3067 | Goniotomy. | 210.00 | 840.00 | 140.00 | 560.00 | 7.00 | T | 141.00 |
| 16.5 | Intra-ocular foreign body: | | | | | | | |
| 3071 | Anterior to Iris. | 127.00 | 508.00 | 85.00 | 340.00 | 4.00 | T | 81.00 |
| 3073 | Posterior to Iris (including prophylactic thermal treatment to retina) | 210.00 | 840.00 | 140.00 | 560.00 | 6.00 | T | 120.00 |
| 16.6 | Strabismus: | | | | | | | |
| | **(WHETHER OPERATION PERFORMED ON ONE EYE OR BOTH)** | | | | | | | |
| 3074 | Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (see item 0202) | 20.00 | 80.00 | 20.00 | 80.00 | | | |
| 3075 | Operation on one or two muscles. | 160.00 | 640.00 | 107.00 | 428.00 | 5.00 | T | 101.00 |
| 3076 | Operation on three or four muscles. | 200.00 | 800.00 | 133.00 | 533.00 | 5.00 | T | 101.00 |
| 3077 | Subsequent operation one or two muscles. | 120.00 | 480.00 | 80.00 | 320.00 | 5.00 | T | 101.00 |
| 3078 | Subsequent operation on three or four muscles | 150.00 | 600.00 | 100.00 | 400.00 | 5.00 | T | 101.00 |
| 16.7 | Globe: | | | | | | | |
| 3079 | Transcleral biopsy. | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 3080 | Examination of eyes under general anaesthetic where no surgery is done | 80.00 | 320.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 3081 | Treatment of minor perforating injury | 102.00 | 408.00 | 68.00 | 273.00 | 6.00 | T | 120.00 |
| 3083 | Treatment of major perforating injury | 226.00 | 905.00 | 151.00 | 605.00 | 6.00 | T | 120.00 |
| 3085 | Enucleation or Evisceration | 105.00 | 420.00 | 70.00 | 280.00 | 5.00 | T | 101.00 |
| 3087 | Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis | 160.00 | 640.00 | 107.00 | 428.00 | 5.00 | T | 101.00 |
| 3088 | Hydroxyapetite insertion (additional to item 3087) | +40.00 | 160.00 | +40.00 | 160.00 | 5.00 | T | 101.00 |
| 3089 | Subconjunctival injection if not done at time of operation | 10.00 | 40.00 | 10.00 | 40.00 | 5.00 | T | 101.00 |
| 3091 | Retrobulbar injection (if not done at time of operation) | 16.00 | 65.00 | 16.00 | 65.00 | 4.00 | T | 81.00 |
| 3092 | External laser treatment for superficial lesions | 53.00 | 213.00 | 53.00 | 213.00 | | | |
| 3093 | Treatment of tumors of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation | 209.00 | 836.00 | 139.00 | 556.00 | 6.00 | T | 120.00 |
| 3095 | Biopsy of vitreous body or anterior chamber contents | 105.00 | 420.00 | 70.00 | 280.00 | 6.00 | T | 120.00 |
| 3096 | Adding of air or gas in vitreous as a post-operative procedure | 130.00 | 520.00 | 87.00 | 348.00 | 7.00 | T | 141.00 |
| 3097 | Anterior vitrectomy | 280.00 | 1120.00 | 187.00 | 748.00 | 6.00 | T | 120.00 |
| 3098 | Removal of silicon from globe | 280.00 | 1120.00 | 187.00 | 748.00 | 6.00 | T | 120.00 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 3099 | Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement | 419.00 | 1676.00 | 279.00 | 1116.00 | 6.00 | T | 120.00 |
| 3100 | Lensectomy done at time of posterior vitrectomy | 30.00 | 120.00 | 30.00 | 120.00 | 7.00 | T | 141.00 |
| 16.8 | Orbit: | | | | | | | |
| 3101 | Drainage of orbital abscess | 105.00 | 420.00 | 70.00 | 280.00 | 5.00 | T | 101.00 |
| 3103 | Removal of tumour | 240.00 | 960.00 | 160.00 | 640.00 | 5.00 | T | 101.00 |
| 3105 | Exenteration | 275.00 | 1100.00 | 183.00 | 733.00 | 5.00 | T | 101.00 |
| 3107 | Orbitotomy requiring bone flap | 240.00 | 960.00 | 160.00 | 640.00 | 5.00 | T | 101.00 |
| 3108 | Eye socket reconstruction | 206.00 | 825.00 | 137.00 | 548.00 | 5.00 | T | 101.00 |
| 3109 | Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously | 300.00 | 1200.00 | 200.00 | 800.00 | 5.00 | T | 101.00 |
| 3110 | Second stage hydroxyapetite implantation | 110.00 | 440.00 | 73.00 | 293.00 | 5.00 | T | 101.00 |
| 16.9 | Cornea: | | | | | | | |
| 3111 | Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient) | v | | v | | | | |
| 3113 | Fitting of contact lenses and instuctions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for 1 year | 200.00 | 800.00 | 133.00 | 533.00 | | | |
| 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 | 166.00 | 665.00 | 111.00 | 445.00 | | | |
| 3117 | Removal of foreign body: On the basis of fee per consultation | v | | v | | 4.00 | T | 81.00 |
| 3118 | Curettage of cornea after removal of foreign body | 10.00 | 40.00 | 10.00 | 40.00 | | | |
| 3119 | Tattooing. | 26.00 | 105.00 | 26.00 | 105.00 | 4.00 | T | 81.00 |
| 3121 | Graft (Lamellar of fullthickness) | 289.00 | 1156.00 | 193.00 | 773.00 | 6.00 | T | 120.00 |
| 3122 | Epikeratophakia. | 289.00 | 1156.00 | 193.00 | 773.00 | | | |
| 3123 | Insertion of intra-corneal prosthesis. | 254.00 | 1016.00 | 169.00 | 676.00 | 6.00 | T | 120.00 |
| 3124 | Removal of corneal stitches under microscope (maximum of 2 procedures) Additional fee for sterile tray (see item 0202) | 9.00 | 36.00 | 9.00 | 36.00 | | | |
| 3125 | Keratectomy or conjuctival flap. | 127.00 | 508.00 | 85.00 | 340.00 | 6.00 | T | 120.00 |
| 3127 | Cauterization of cornea (by chemical, thermal or cryotherapy methods). | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |
| 3128 | Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved) or lamellar keratectomy for refractive surgery (LK, ALK, MLK) | 150.00 | 400.00 | 100.00 | 400.00 | 6.00 | T | 120.00 |
| 3129 | Additional to item 3128 for the use of own diamond knives | +40.00 | 160.00 | +40.00 | 160.0 | | | |
| 3126 | Additional to item 3128 for the use of own microkeratome used with an excimer laser | +51.20 | 205.00 | +51.20 | 205.00 | | | |
| 3130 | Pterygium or conjunctival cyst or conjunctival tumor | 53.00 | 213.00 | 53.00 | 213.00 | 4.00 | T | 81.00 |
| 3131 | Paracentesis | 53.00 | 213.00 | 53.00 | 213.00 | 4.00 | T | 81.00 |
| 16.10 | Ducts: | | | | | | | |
| 3133 | Probing and/or syringing, per duct | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |
| 3135 | Insertion of polythene tubes (additional): Unilateral | 13.00 | 53.00 | 13.00 | 53.00 | 4.00 | T | 81.00 |
| 3137 | Excision of lacrimal sac: Unilateral | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 3139 | Dacryocystorhinostomy (Single) with or without polythene tube | 210.00 | 840.00 | 140.00 | 560.00 | 5.00 | T | 101.00 |
| 3141 | Sealing of punctum. | 20.00 | 80.00 | 20.00 | 80.00 | 4.00 | T | 81.00 |
| 3143 | Three-snip operation. | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |
| | **REPAIR OF CANALICULUS:** | | | | | | | |
| 3145 | Primary procedure. | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 3147 | Secondary procedure. | 175.00 | 700.00 | 117.00 | 468.00 | 4.00 | T | 81.00 |
| 16.11 | Iris: | | | | | | | |
| 3149 | Iridectomy or iridotomy by open operation as isolated procedure. | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 3151 | Excision of iris tumour. | 185.00 | 740.00 | 123.00 | 493.00 | 6.00 | T | 120.00 |
| 3153 | Iridectomy or iridotomy by laser or photo-coagulation as isolated procedure (maximum one procedure) | 105.00 | 420.00 | 70.00 | 280.00 | 4.00 | T | 81.00 |
| 3155 | Iridocyclectomy for tumour. | 266.00 | 1065.00 | 177.00 | 708.00 | 6.00 | T | 120.00 |
| 3157 | Division of anterior synechiae as isolated procedure | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 16.12 | Lids: | | | | | | | |
| 3161 | Tarsorrhaphy. | 47.00 | 188.00 | 47.00 | 188.00 | 4.00 | T | 81.00 |
| 3163 | Excision of superficial lid tumour. | 47.00 | 188.00 | 47.00 | 188.00 | 4.00 | T | 81.00 |
| 3165 | Repair of skin lacerations of the lid. | 47.00 | 188.00 | 47.00 | 188.00 | 4.00 | T | 81.00 |
| 3167 | Diathermy to wart on lid margin. | 12.00 | 48.00 | 12.00 | 48.00 | 4.00 | T | 81.00 |
| 3169 | Electrolysis of any number of eyelashes (per eye) | 15.00 | 60.00 | 15.00 | 60.00 | | | |
| 3171 | Excision of Meibomian cyst. Addisional fee for sterile tray (see item 0202). | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |

v Per consultation

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 3173 | Epicanthal folds. | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 3174 | Botulinum toxin injection for blepharospasm (+ item 0201 + item 0202) | 25.00 | 100.00 | | | | | |
| 3175 | Botulinum toxin injection in extra-ocular muscles (+ item 0201+ item 0202) | 35.00 | 140.00 | | | | | |
| 3176 | Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material. | 187.00 | 748.00 | 125.00 | 500.00 | 4.00 | T | 81.00 |
| **16.12.1** | **Entropion or ectropion by:** | | | | | | | |
| 3177 | Cautery. | 10.00 | 40.00 | 10.00 | 40.00 | 4.00 | T | 81.00 |
| 3179 | Suture. | 47.00 | 188.00 | 47.00 | 188.00 | 4.00 | T | 81.00 |
| 3181 | Open operation. | 105.00 | 420.00 | 70.00 | 280.00 | 4.00 | T | 81.00 |
| 3183 | Free skin, mucosal grafting or flap | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| **16.12.2** | **Reconstruction of eyelid:** | | | | | | | |
| | **STAGED PROCEDURES FOR PARTIAL OR TOTAL LOSS OF EYELID** | | | | | | | |
| 3185 | First stage. | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 3187 | Subsequent stage. | 206.00 | 825.00 | 137.00 | 548.00 | 4.00 | T | 81.00 |
| 3189 | Full thickness eyelid laceration for tumour or injury: Direct repair | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 3191 | Blepharoplasty: upper lids for improvement in function | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| **16.12.3** | **Ptosis:** | | | | | | | |
| 3193 | Repair by superior rectus, levator or frontalis muscle operation | 190.00 | 760.00 | 127.00 | 508.00 | 4.00 | T | 81.00 |
| | **PTOSIS: BY LESSER PROCEDURE e.g. SLING OPERATION:** | | | | | | | |
| 3195 | Unilateral. | 95.00 | 380.00 | 63.00 | 253.00 | 4.00 | T | 81.00 |
| 3197 | Bilateral. | 166.00 | 665.00 | 111.00 | 445.00 | 4.00 | T | 81.00 |
| 16.13 | Conjunctiva: | | | | | | | |
| 3199 | Repair of conjunctiva by grafting. | 132.00 | 528.00 | 88.00 | 353.00 | 4.00 | T | 81.00 |
| 3200 | Repair of lacerated conjunctiva. | 47.00 | 188.00 | 47.00 | 188.00 | 4.00 | T | 81.00 |
| 16.14 | General: | | | | | | | |
| 3198 | Excimer laser: Hire fee. | 284.40 | | | | | | |
| 3192 | If a practitioner performs the procedure in his own facility an excimer laser theatre fee of R10.30 per minute may be charged | | | | | | | |
| 3201 | Laser apparatus: Hire fee for one or both eyes done in one sitting | 109.00 | 436.00 | | | | | |
| 3202 | Phako emulcification apparatus: Hire fee | 72.17 | | | | | | |
| 3203 | Vitrectomy apparatus: Hire fee | 120.00 | 480.00 | | | | | |

17 EAR

**Please note:** The items of this section are placed in a more logical order but due to a problem to renumber existing items, the item numbers will not follow in numerical order. A new range of numbers are added for section 17.6 Microsurgery of the skull base, namely items 5221 to 5252.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 17.1 | External ear (Pinna): | | | | | | | |
| | **MAJOR CONGENITAL DEFORMITY RECONSTRUCTION OF EXTERNAL EAR:** | | | | | | | |
| 3267 | Unilateral | 138.00 | 553.00 | 92.00 | 368.00 | 5.00 | T | 101.00 |
| 3269 | Bilateral | 242.00 | 968.00 | 161.00 | 645.00 | 5.00 | T | 101.00 |
| 3271 | Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear | x | | x | | | | |
| 3270 | Excision of superficial pre-auricular fistula | 55.00 | 220.00 | 55.00 | 220.00 | 4.00 | T | 81.00 |
| 3272 | Excision of complicated pre-auricular fistula. | 140.00 | 560.00 | 93.00 | 373.00 | 4.00 | T | 81.00 |
| 17.2 | External ear canal: | | | | | | | |
| 3204 | Removal of foreign body at rooms. | v | | v | | | | |
| 3205 | Removal of foreign body under general anaesthetic | 21.00 | 85.00 | 21.00 | 85.00 | 4.00 | T | 81.00 |
| | **MEATUS ATRESIA:** | | | | | | | |
| 3215 | Repair of stenosis of cartilaginous portion | 164.00 | 656.00 | 109.00 | 436.00 | 4.00 | T | 81.00 |
| 3217 | Congenital | 277.00 | 1108.00 | 185.00 | 740.00 | 4.00 | T | 81.00 |
| 3219 | Removal of osteoma from meatus: Solitary. | 77.00 | 308.00 | 60.00 | 240.00 | 4.00 | T | 81.00 |
| 3221 | Removal of osteoma from meatus: Multiple. | 215.00 | 860.00 | 143.00 | 573.00 | 4.00 | T | 81.00 |
| 17.3 | Middle ear: | | | | | | | |
| 3207 | Unilateral myringotomy. | 28.00 | 113.00 | 28.00 | 113.00 | 4.00 | T | 81.00 |
| 3209 | Bilateral myringotomy. | 34.00 | 136.00 | 34.00 | 136.00 | 4.00 | T | 81.00 |
| 3211 | Unilateral myringotomy with insertion of ventilation tube | 34.00 | 136.00 | 34.00 | 136.00 | 4.00 | T | 81.00 |
| 3212 | Bilateral myringotomy with insertion of unilateral ventilation tube. | 42.00 | 168.00 | 42.00 | 168.00 | 4.00 | T | 81.00 |
| 3213 | Bilateral myringotomy with insertion of bilateral ventilation tubes. | 50.00 | 200.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| 3237 | Exploratory tympanotomy | 59.00 | 236.00 | 59.00 | 236.00 | 5.00 | T | 101.00 |
| 3243 | Myringoplasty | 138.00 | 553.00 | 92.00 | 368.00 | 5.00 | T | 101.00 |
| 3245 | Tympanoplasty with or without muscle grafting. | 277.00 | 1108.00 | 185.00 | 740.00 | 5.00 | T | 101.00 |
| 3249 | Stapedotomy and stapedectomy. | 277.00 | 1108.00 | 185.00 | 740.00 | 5.00 | T | 101.00 |
| 3257 | Cortical mastoidectomy. | 130.00 | 520.00 | 87.00 | 348.00 | 5.00 | T | 101.00 |
| 3259 | Radical mastoidectomy (excluding minor procedures) | 195.00 | 780.00 | 130.00 | 520.00 | 5.00 | T | 101.00 |
| 3261 | Muscle grafting to mastoid cavity without tympanoplasty | 180.00 | 720.00 | 120.00 | 480.00 | 5.00 | T | 101.00 |
| 3263 | Autogenous bone graft to mastoid cavity | 180.00 | 720.00 | 120.00 | 480.00 | 5.00 | T | 101.00 |
| 3265 | Reconstruction of posterior canal wall, following radical mastoid | 320.00 | 1280.00 | 213.00 | 853.00 | 5.00 | T | 101.00 |
| 3264 | Tympanomastoidectomy. | 375.00 | 1500.00 | 250.00 | 1000.00 | 5.00 | T | 101.00 |
| 3266 | Gentamycin instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded) | 30.00 | 120.00 | 30.00 | 120.00 | 5.00 | T | 101.00 |
| 17.4 | Facial nerve: | | | | | | | |
| **17.4.1** | **Facial nerve tests:** | | | | | | | |
| 3223 | Percutaneous stimulation of the facial nerve. | 9.00 | 36.00 | 9.00 | 36.00 | 4.00 | T | 81.00 |
| 3224 | Electroneurography (ENOG). | 75.00 | 300.00 | 50.00 | 200.00 | 4.00 | T | 81.00 |
| **17.4.2** | **Facial nerve surgery:** | | | | | | | |
| | **EXPLORATION OF FACIAL NERVE:** | | | | | | | |
| 3227 | Exploration of tympanomastiod segment. | 277.00 | 1108.00 | 185.00 | 740.00 | 5.00 | T | 101.00 |
| 3228 | Grafting of the tympanomastoid segment (including item 3227) | 436.00 | 1745.00 | 291.00 | 1165.00 | 5.00 | T | 101.00 |
| 3230 | Extratemporal grafting of the facial nerve. | 436.00 | 1745.00 | 291.00 | 1165.00 | 5.00 | T | 101.00 |
| 3232 | Facio-accessory or facio-hypoglossal anastomosis | 124.00 | 496.00 | 83.00 | 333.00 | 6.00 | T | 120.00 |
| 17.5 | Inner ear: | | | | | | | |
| **17.5.1** | **Audiometry:** | | | | | | | |
| 3273 | Pure tone audiometry (air conduction) | 6.50 | 26.00 | 4.30 | 18.00 | | | |
| 3274 | Pure tone audiometry (bone conduction with masking). | 6.50 | 26.00 | 4.30 | 18.00 | | | |
| 3275 | Impedance audiometry (tympanometry). | 6.50 | 26.00 | 4.30 | 18.00 | | | |
| 3276 | Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc. | 6.50 | 26.00 | 4.30 | 18.00 | | | |

x By arrangement
v Per consultation

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 3277 | Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score). | 10.00 | 40.00 | 6.70 | 27.00 | | | |
| 3278 | Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.) | 6.50 | 26.00 | 4.30 | 18.00 | | | |
| 2691 | Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral | 50.00 | 200.00 | | | | | |
| 2692 | Bilateral. | 88.00 | 353.00 | | | | | |
| 2693 | A.E.P. Audiological examination: unilateral at a minimum of 4 decibels | 60.00 | 240.00 | | | | | |
| 2694 | Bilateral | 105.00 | 420.00 | | | | | |
| 2695 | Audiology 40Hz response: unilateral. | 30.00 | 120.00 | | | | | |
| 2696 | Bilateral. | 53.00 | 213.00 | | | | | |
| 2697 | Mid- and long latency auditory evoked potentials: unilateral . | 30.00 | 120.00 | | | | | |
| 2698 | Bilateral. | 53.00 | 213.00 | | | | | |
| 2699 | Electro-cochleography: unilateral | 50.00 | 200.00 | | | | | |
| 2700 | Bilateral | 88.00 | 353.00 | | | | | |
| 2702 | Total fee for audiological evaluation including bilateral A.E.P. and bilateral electro-cochleography | 140.00 | 560.00 | | | | | |
| 3250 | Otoacoustic emission (high risk patients only) | 40.00 | 160.00 | 40.00 | 160.00 | | | |
| **17.5.2** | **Balance tests:** | | | | | | | |
| 3251 | Minimal caloric test (excluding consultation fee). | 10.00 | 40.00 | 10.00 | 40.00 | | | |
| 3252 | Bithermal Halpike caloric test (excluding consultation fee) | 20.00 | 80.00 | 20.00 | 80.00 | | | |
| 3253 | Electro-nystagmography for spontaneous and positional nystagmus. | 25.00 | 100.00 | 25.00 | 100.00 | | | |
| 3255 | Caloric test done with electronystagmography | 70.00 | 280.00 | 60.00 | 240.00 | | | |
| 3254 | Video nystagmoscopy (monocular). | 25.00 | 100.00 | 25.00 | 100.00 | | | |
| 3256 | Video nystagmoscopy (binocular) | 50.00 | 200.00 | 50.00 | 200.00 | | | |
| **17.5.3** | **Inner ear surgery:** | | | | | | | |
| 3233 | Labyrinthectomy via the middle ear or mastoid. | 277.00 | 1108.00 | 185.00 | 740.00 | 5.00 | T | 101.00 |
| 3240 | Endolymphatic sac surgery | 277.00 | 1108.00 | 185.00 | 740.00 | 4.00 | T | 81.00 |
| 3246 | Cochlear implant surgery | 277.00 | 1108.00 | 185.00 | 740.00 | 5.00 | T | 101.00 |
| 3244 | Fenestration and occlusion of the posterior semicircular canal (F.O.S.) for benign paroxysmal positioning vertigo (BPPV) | 310.00 | 1240.00 | 207.00 | 765.90 | 5.00 | T | 101.00 |
| 17.6 | Microsurgery of the skull base: | | | | | | | |
| **17.6.1** | **Middel fossa approach (ie transtemporal or supralabyrinthine):** | | | | | | | |
| 3229 | Facial nerve: Exploration of the labyrinthine segment | 420.00 | 1680.00 | 280.00 | 1120.00 | 5.00 | T | 101.00 |
| 5221 | Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment included) | 510.00 | 2040.00 | 340.00 | 1360.00 | 11.00 | T | 222.00 |
| 5222 | Facial nerve surgery inside the internal auditory canal (if grafting required and harvesting of graft included) | 620.00 | 2480.00 | 413.00 | 1653.00 | 11.00 | T | 222.00 |
| 5223 | Vestibular neurectomy, removal of supralabyrinthine tumours, or similar procedures | 530.00 | 2120.00 | 353.00 | 1413.00 | 11.00 | T | 222.00 |
| 5224 | Removal of acoustic neuroma via the middle fossa approach | 660.00 | 2640.00 | 440.00 | 1761.00 | 11.00 | T | 222.00 |
| **17.6.2** | **Translabyrinthine approach:** | | | | | | | |
| 5227 | Cochleo-vestibular neurectomy | 530.00 | 2120.00 | 353.00 | 2120.00 | 11.00 | T | 222.00 |
| 3239 | Acoustic neuroma removal translabyrinthine | 660.00 | 2640.00 | 440.00 | 1760.00 | 5.00 | T | 101.00 |
| 5229 | Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting and graft removal included) | 660.00 | 2640.00 | 440.00 | 1760.00 | 11.00 | T | 222.000 |
| **17.6.3** | **Transotic approach to the cerebellopontine angle:** | | | | | | | |
| 5232 | Removal of acoustic neuroma or cyst of the internal auditory canal | 660.00 | 2640.00 | 440.00 | 1760.00 | 11.00 | T | 222.00 |
| **17.6.4** | **Infratemporal fossa approach type A:** | | | | | | | |
| 5235 | Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours | 710.00 | 2840.00 | 473.00 | 1893.00 | 11.00 | T | 222.00 |
| **17.6.5** | **Infratemporal fossa approach type B:** | | | | | | | |
| 5238 | Removal of tumour of the petrous apex | 620.00 | 2480.00 | 413.00 | 1653.00 | 11.00 | T | 222.00 |
| 5239 | Removal of tumour of the clivus | 620.00 | 2480.00 | 413.00 | 1653.00 | 11.00 | T | 222.00 |
| **17.6.6** | **Infratemporal approach type C:** | | | | | | | |
| 5242 | Removal of nasopharyngeal angiofibroma or carcinoma | 520.00 | 2080.00 | 347.00 | 1388.00 | 8.00 | T | 162.00 |
| 5243 | Removal of tumour from the infratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx | 520.00 | 2080.00 | 347.00 | 1388.00 | 11.00 | T | 222.000 |
| **17.6.7** | **Subtotal petrosectomy:** | | | | | | | |
| 5246 | Subtotal petrosectomy for removal of temporal bone tumour | 600.00 | 2400.00 | 400.00 | 1600.00 | 11.00 | T | 222.000 |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 5247 | Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity | 480.00 | 1920.00 | 320.00 | 1280.00 | 11.00 | T | 222.00 |
| 17.6.8 | **Petrosectomy and radical dissection of petromandibular fossa:** | | | | | | | |
| 5250 | Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland. | 520.00 | 2080.00 | 347.00 | 1388.00 | 11.00 | T | 222.000 |
| 5251 | Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland | 600.00 | 2400.00 | 400.00 | 1600.00 | 8.00 | T | 162.00 |
| 5252 | Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland | 660.00 | 2640.00 | 440.00 | 1760.00 | 8.00 | T | 162.00 |
| 18 | PHYSICAL TREATMENT: | | | | | | | |
| | **SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT:** | | | | | | | |
| 0077 | When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. | | | | | | | |
| 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 | 3.00 | | | | | |
| 3280 | Consultation units for specialists in physical medicine when treatment is given (per treatment) | 13.50 | 55.00 | | | | | |
| 3281 | Ultrasonic therapy. | 10.00 | 40.00 | | | | | |
| 3282 | Shortwave diathermy. | 10.00 | 40.00 | | | | | |
| 3284 | Sensory nerve conduction studies | 31.00 | | | | | | |
| 3285 | Motor nerve conduction studies | 26.00 | 125.00 | | | | | |
| 3287 | Spinal joint and ligament injection. | 20.00 | 80.00 | 13.00 | 53.00 | | | |
| 3288 | Epidural injection. | 36.00 | 145.00 | | | | | |
| 3289 | Multiple injections - First joint. | 7.50 | 30.00 | | | | | |
| 3290 | Each additional joint. | 4.50 | 18.00 | | | | | |
| 3291 | Tendon or ligament injection. | 9.00 | 36.00 | | | | | |
| 3292 | Aspiration of joint or intra-articular injection. | 9.00 | 36.00 | | | | | |
| 3293 | Aspiration or injection of bursa or ganglion | 9.00 | 36.00 | | | | | |
| 3294 | Paracervical nerve block. | 20.00 | 80.00 | | | | | |
| 3295 | Paravertebral root block - unilateral. | 20.00 | 80.00 | | | | | |
| 3296 | Paravertebral root block - bilateral. | 30.00 | 120.00 | | | | | |
| 3297 | Manipulation of spine performed by a specialist in Physical Medicine. | 14.00 | 56.00 | | | | | |
| 3298 | Spinal traction. | 6.00 | 25.00 | | | | | |
| 3299 | Manipulation of large joints under general anaesthesia : Hip | 14.00 | 56.00 | | | 4.00 | T | 81.00 |
| | : Knee or Shoulder | 14.00 | 56.00 | | | 3.00 | T | 61.00 |
| 3300 | Manipulation of large joints without anaesthetic | xi | | xi | | | | |
| 3301 | Muscle fatigue studies | 20.00 | 80.00 | | | | | |
| 3302 | Strength duration curve per session | 10.50 | 43.00 | | | | | |
| 3303 | Electromyography | 75.00 | 300.00 | | | | | |
| 3304 | All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M) | 10.00 | 40.00 | 10.00 | 40.00 | | | |

xi Consultation fee only

19 RADIOLOGY:

**DIAGNOSTIC PROCEDURES**

**Please note:** The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values

**RULES GOVERNING THE SECTION RADIOLOGY**

Y Except where otherwise indicated, radiologists are entitled to charge for contrast material used.

Z No fee to be subject to more than one reduction.

GG 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 5 years.

**MODIFIERS GOVERNING THE SECTION OF THE TARIFF**

0001 For involuntarily scheduled after-hours emergency radiological services (see General Rule B), the additional premium shall be 50% of the fee for the particular services (Section 19.12: Portable unit examinations excluded). For after-hours MR scans (items 6200 to 6255), a maximum levy of 100,00 radiological units is applicable.

0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.

0080 Multiple examinations: Full Fee.

0081 Repeat examinations: No reduction.

0082 "+" Means that this item is complementary to a preceding item and is therefore not subject to reduction.

0083 A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19 where hospital equipment is used.

0084 In the case of radiological items where films are used practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit.

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 19.1 | Skeleton: | | | | | | | |
| **19.1.1** | **Limbs:** | | | | | | | |
| 3305 | Finger, toe. | 9.50 | 51.00 | 6.30 | | | | |
| 3307 | Limb per region e.g. shoulder, elbow, knee, foot, hand, wrist, or ankle (an adjacent part which does not require an additional set of views should not be added e.g. wrist or hand) | 11.60 | 62.00 | 7.70 | | | | |
| 3309 | Smith-Petersen or equivalent control, in theatre. | 58.00 | 310.00 | 38.70 | | | | |
| 3311 | Stress studies, e.g. joint. | 11.60 | 62.00 | 7.70 | | | | |
| 3313 | Length studies per right and left pair of long bones | 11.60 | 62.00 | 7.70 | | | | |
| 3315 | Skeletal survey under 5 years | 29.80 | 159.00 | 19.90 | | | | |
| 3317 | Skeletal survey over 5 years | 42.00 | 225.00 | 28.00 | | | | |
| 3319 | Arthrography per joint | 23.10 | 124.00 | 15.40 | | | | |
| 3320 | Introduction of contrast medium or air: Add | +20.70 | 111.00 | +13.80 | | | | |
| **19.1.2** | **Spinal column:** | | | | | | | |
| 3321 | Per region, e.g. cervical, sacral, coccygeal, one region thoracic | 16.60 | 89.00 | 11.00 | | | | |
| 3325 | Stress studies | 16.60 | 89.00 | 11.00 | | | | |
| 3329 | Scoliosis studies | 31.60 | 169.00 | 21.00 | | | | |
| 3331 | Pelvis (Sacro-iliac or hip joints only to be added where an extra set of views is required). | 16.60 | 89.00 | 11.00 | | | | |
| | **MYELOGRAPHY:** | | | | | | | |
| 3333 | Lumbar | 43.30 | 231.00 | 28.90 | | 4.00 | T | 81.00 |
| 3334 | Thoracic | 33.30 | 178.00 | 22.20 | | 4.00 | T | 81.00 |
| 3335 | Cervical | 53.30 | 285.00 | 35.50 | | 4.00 | T | 81.00 |
| 3336 | Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) | | | | | 4.00 | T | 81.00 |
| 3344 | Introduction of contrast medium | +28.10 | 150.00 | +18.70 | | | | |
| 3345 | Discography. | 51.90 | 277.00 | 34.60 | | 4.00 | T | 81.00 |
| 3347 | Introduction of contrast medium per disc level: Add | +42.30 | 226.00 | +28.20 | | | | |
| **19.1.3** | **Skull:** | | | | | | | |
| 3349 | Skull studies | 23.50 | 126.00 | 15.70 | | | | |
| 3351 | Paranasal sinuses | 16.50 | 88.00 | 11.00 | | | | |
| 3353 | Facial bones and/or orbits | 18.90 | 101.00 | 12.60 | | | | |
| 3355 | Mandible | 14.10 | 76.00 | 9.40 | | | | |
| 3357 | Nasal bone | 11.70 | 63.00 | 7.80 | | | | |
| 3359 | Mastoid: Bilateral | 27.00 | 145.00 | 18.00 | | | | |

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **TEETH:** | | | | | | | |
| 3361 | One quadrant | 5.50 | 30.00 | 3.70 | 14.70 | | | |
| 3363 | Two quadrants | 9.50 | 51.00 | 6.30 | 28.70 | | | |
| 3365 | Full mouth | 16.50 | 88.00 | 11.00 | 50.10 | | | |
| 3366 | Rotation tomography of the teeth and jaws. | 20.00 | 107.00 | 13.30 | 60.50 | | | |
| 3367 | Temporo-mandibular joints: Per side. | 16.50 | 88.00 | 11.00 | 50.10 | | | |
| 3369 | Tomography: Per side | 16.50 | 88.00 | 11.00 | 50.10 | | | |
| 3371 | Localisation of foreign body in the eye. | 23.50 | 126.00 | 15.70 | 71.40 | | | |
| 3381 | Ventriculography | 40.90 | 219.00 | 27.30 | 124.20 | 4.00 | T | 81.00 |
| 3385 | Post-nasal studies: Lateral neck | 9.50 | 51.00 | 6.30 | 28.70 | | | |
| 3387 | Maxillo-facial cephalometry | 13.20 | 71.00 | 8.80 | 40.00 | | | |
| 3389 | Dacryocystography. | 16.55 | 89.00 | 11.00 | 50.10 | 4.00 | T | 81.00 |
| 3391 | For introduction of contrast medium add | +16.55 | 89.00 | +11.00 | 50.10 | | | |
| 19.2 | Alimentary tract: | | | | | | | |
| 3393 | Bowel washout: Add | +7.20 | 39.00 | +4.80 | 21.80 | | | |
| 3395 | Sialography (plus 80% for each additional gland) | 19.00 | 102.00 | 12.70 | 57.80 | 4.00 | T | 81.00 |
| 3397 | Introduction of contrast medium (plus 80% for each additional gland - add) | +16.60 | 89.00 | +11.00 | 50.10 | | | |
| 3399 | Pharynx and oesophagus | 19.00 | 102.00 | 12.70 | 57.80 | | | |
| 3403 | Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through. | 30.00 | 160.00 | 20.00 | 91.00 | | | |
| 3405 | Double contrast: Add | +11.00 | 59.00 | +7.30 | 33.20 | | | |
| 3406 | Small bowel meal (control film of abdomen included except when part of item 3408) | 30.00 | 160.00 | 20.00 | 91.00 | | | |
| 3408 | Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon) | 43.30 | 231.00 | 28.90 | 131.50 | | | |
| 3409 | Barium enema(control film of abdomen included) | 27.50 | 147.00 | 18.30 | 83.30 | | | |
| 3411 | Air contrast study : Add | +29.00 | 155.00 | +19.30 | 87.80 | | | |
| 3415 | Biliary Tract: E.R.C.P. own equipment: Choledogram and/or pancreatography screening included. | 35.00 | 187.00 | 23.30 | 106.00 | 4.00 | T | 81.00 |
| 3416 | Pancreas: E.R.C.P. hospital equipment: Choledogram and/or pancreatography screening included | 23.30 | 125.00 | 15.50 | 70.50 | 4.00 | T | 81.00 |
| | **Note:** For items 3415 and 3416: Endoscopy (see item 1778) | | | | | | | |
| 3417 | Gastric/oesophageal/duodenal intubation control | 8.80 | 47.00 | 5.90 | 26.80 | | | |
| 3419 | Gastric/oesophageal intubation insertion of tube Add | +8.40 | 45.00 | +5.60 | 25.50 | | | |
| 3421 | Duodenal intubation: Insertion of tube: Add | +16.50 | 88.00 | +11.00 | 50.10 | | | |
| 3423 | Hypotonic duodenography (item 3403 and item 3405 included) | +44.00 | 235.00 | +29.30 | 133.30 | | | |
| 19.3 | Biliary tract: | | | | | | | |
| 3425 | Oral cholecystography. | 23.50 | 126.00 | 15.70 | 71.40 | | | |
| | **CHOLANGIOGRAPHY:** | | | | | | | |
| 3427 | Intravenous | 33.00 | 176.00 | 22.00 | 100.10 | | | |
| 3431 | Operative: First series: Add item 3607 only when the Radiologist attends personally in theatre | 31.60 | 169.00 | 21.00 | 95.60 | | | |
| 3432 | Subsequent series | 15.80 | 81.00 | 10.50 | 47.80 | | | |
| 3433 | Post operative: T-tube | 25.00 | 134.00 | 16.70 | 76.00 | | | |
| 3435 | Introduction of contrast medium: Add | +8.40 | 45.00 | +5.60 | 25.50 | | | |
| 3437 | Trans hepatic, percutaneous | 27.50 | 147.00 | 18.30 | 83.30 | | | |
| 3439 | Introduction of contrast medium: Add. | +49.70 | 266.00 | +33.10 | 150.60 | | | |
| 3441 | Tomography of biliary tract: Add. | +14.10 | 76.00 | +9.40 | 42.80 | | | |
| 19.4 | Chest: | | | | | | | |
| 3443 | Larynx (Tomography included) | 18.80 | 101.00 | 12.50 | 56.90 | | | |
| 3445 | Chest (item 3601 included). | 14.10 | 76.00 | 9.40 | 42.80 | | | |
| 3447 | Chest and cardiac studies (item 3601 included) | 18.90 | 101.00 | 12.60 | 57.30 | | | |
| 3449 | Ribs | 18.50 | 99.00 | 12.30 | 56.00 | | | |
| 3451 | Sternum or sterno-clavicular joints | 18.90 | 101.00 | 12.60 | 57.30 | | | |
| | **BRONCHOGRAPHY:** | | | | | | | |
| 3453 | Unilateral | 18.90 | 101.00 | 12.60 | 57.30 | 8.00 | T | 162.00 |
| 3455 | Bilateral | 33.10 | 177.00 | 22.10 | 100.60 | 8.00 | T | 162.00 |
| 3457 | Introduction of contrast medium included | 53.60 | 286.00 | 35.70 | 162.40 | | | |
| 3461 | Pleurography | 18.90 | 101.00 | 12.60 | 57.30 | 3.00 | T | 61.00 |
| 3463 | For introduction of contrast medium: Add | +4.20 | 23.00 | +2.80 | 12.70 | | | |
| 3465 | Laryngography | 16.50 | 88.00 | 11.00 | 50.10 | | | |
| 3467 | For introduction of contrast medium: Add | +15.00 | 80.00 | +10.00 | 45.50 | | | |
| 3468 | Thoracic inlet | 9.50 | 51.00 | 6.30 | 28.70 | | | |

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 19.5 | Abdomen: | | | | | | | |
| 3477 | Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.) | 14.10 | 76.00 | 9.40 | 42.80 | | | |
| 3479 | Acute abdomen or equivalent studies | 23.50 | 126.00 | 15.70 | 71.40 | | | |
| 19.6 | Urinary tract: | | | | | | | |
| | **EXCRETORY UROGRAM:** | | | | | | | |
| 3487 | Control film included and bladder views before and after mictrurition (intraveneus pyelogram) (item 0206 not applicable) | 37.60 | 201.00 | 25.10 | 114.20 | | | |
| 3493 | Waterload test: Add. | +18.30 | 98.00 | +12.20 | 55.50 | | | |
| 3497 | Cystography only or urethrography only (retrograde). | 29.00 | 155.00 | 19.30 | 87.80 | | | |
| | **CYSTO-URETHROGRAPHY:** | | | | | | | |
| 3499 | Retrograde | 47.80 | 255.00 | 31.90 | 145.10 | | | |
| 3503 | Introduction of contrast medium | +5.50 | 30.00 | +3.70 | 16.80 | | | |
| 3505 | Retrograde-prograde pyelography | 27.50 | 147.00 | 18.30 | 83.30 | 3.00 | T | 61.00 |
| 3511 | Aspiration renal cyst | 27.60 | 148.00 | 18.40 | 83.70 | | | |
| 3513 | Tomography of renal tract: Add | +14.10 | 76.00 | +9.40 | 42.80 | | | |
| 19.7 | Gynaecology and obstetrics: | | | | | | | |
| 3515 | Pregnancy | 14.10 | 76.00 | 9.40 | 42.80 | | | |
| 3517 | Pelvimetry | 26.10 | 140.00 | 17.40 | 79.20 | | | |
| 3519 | Hystero-salpingography . | 18.70 | 100.00 | 12.50 | 56.90 | 3.00 | T | 61.00 |
| 3521 | Introduction of contrast medium: Add | +23.00 | 123.00 | +15.30 | 69.60 | | | |
| 19.8 | Vascular studies: | | | | | | | |
| | **MODIFIER GOVERNING VASCULAR STUDIES** | | | | | | | |
| 0086 | Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080. | | | | | | | |
| **19.8.1** | **Film Series** | | | | | | | |
| | **MODIFIER GOVERNING "FILM SERIES"** | | | | | | | |
| 0087 | Per additional series of item 3531 to item 3551 (excluding items 3541, 3542, 3544 and 3546): 50% of the fees. | | | | | | | |
| | **Note:** In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added. | | | | | | | |
| | **ANGIOGRAPHY:** | | | | | | | |
| 3527 | Cerebral angiography: First two series. | 37.70 | 202.00 | 25.10 | 114.20 | 4.00 | T | 81.00 |
| 3529 | Additional series: Each | 14.10 | 76.00 | 9.40 | 42.80 | | | |
| 3531 | Peripheral angiography: per limb: First series | 27.50 | 147.00 | 18.30 | 83.30 | 4.00 | T | 81.00 |
| 3533 | Other arteriography: per field: First series | 39.30 | 210.00 | 26.20 | 119.20 | | | |
| 3534 | Digital vascular subtraction: Per series for first 6 series | 55.00 | 294.00 | 36.70 | 167.00 | 4.00 | T | 81.00 |
| 3535 | Aortography: First series | 39.30 | 210.00 | 26.20 | 119.20 | 4.00 | T | 81.00 |
| 3540 | Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof (also chargeable by cardiologist who employs radiographer) | 15.50 | 83.00 | | | | | |

**Cardio-Catheterisation laboratory equipment**

a) A committee of 3 (three) members shall be established, and shall consist of at least 2 (two) members nominated by the Representative Association of Medical Schemes, to consider applications by medical practitioners to approve equipment for catheterisation laboratories

b) The fee payable by a medical practitioner for the inspection for classification, will be R555.80 or such other fee as may be determined by the committee from time to time. In addition, any such practitioner shall also be liable for all travelling and/or accommodation costs reasonably incurred

c) No additional fees may be charged for theatre or nursing staff

d) Certification by doctor required for catheterisation laboratory use

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 3541 | Analogue monoplane unit: Once off charge per patient by owner of equipment (See notes above) | 157.50 | 629.00 | | | | | |
| 3542 | Digital monoplane unit: Once off charge per patient by owner of equipment (See notes above) | 570.00 | 2275.00 | | | | | |
| 3544 | Analogue bi-plane unit: Once off charge per patient by owner of equipment (See notes above) | 296.70 | 1185.00 | | | | | |
| 3546 | Digital bi-plane unit: Once off charge per patient by owner of equipment (See notes above) | 670.10 | 2675.00 | | | | | |
| 3543 | Vena cavography: First series | 34.60 | 185.00 | 23.10 | 105.10 | | | |
| 3545 | Venography: Per limb | 27.50 | 147.00 | 18.30 | 83.30 | | | |
| 3547 | Splenoportography | 39.30 | 210.00 | 26.20 | 119.20 | 4.00 | T | 81.00 |
| 3549 | Lymphangiography | 37.70 | 202.00 | 25.10 | 114.20 | | | |
| **19.8.2** | **Introduction of contrast medium:** | | | | | | | |
| 3551 | Lymphangiography: Catheterisation (per limb): Add | +66.30 | 354.00 | +44.20 | 201.10 | | | |
| 3553 | Femoral artery: Direct injection | 22.50 | 120.00 | 15.00 | 68.30 | | | |
| 3555 | Other artery or aorta: Direct injection | 33.20 | 178.00 | 22.10 | 100.60 | | | |
| 3557 | Catheterisation of artery or aorta (including percutaneous catheterisation of the axillary artery) | +49.70 | 266.00 | +33.10 | 150.60 | | | |
| 3559 | Selective catheterisation of artery or ascending aorta (manipulation of a catheter from a large vessel, usually the aorta, into a smaller branch under fluoroscopy) | 66.30 | 354.00 | 44.20 | 201.10 | 4.00 | T | 81.00 |
| 3561 | Selective catheterisation of vena renalis and vena cava for selective catheterisation of a vein | 66.30 | 354.00 | 44.20 | 201.10 | 4.00 | T | 81.00 |
| 3563 | Direct intravenous for limb | +11.10 | 60.00 | +7.40 | 33.70 | | | |
| 3565 | Direct intravenous for angiocardiography, aortography, cavography, pulmonary arteriography, etc | +26.80 | 143.00 | +17.90 | 81.40 | | | |
| 3567 | Venous catheterisation for angiocardiography, aortography cavography, pulmonary arteriography and peripheral venography | +34.60 | 185.00 | +23.10 | 105.10 | | | |
| 3569 | Venous pressure studies: Add | +16.55 | 89.00 | +11.00 | 50.10 | | | |
| 3571 | Splenoportography: Direct injection or catheter | +31.60 | 169.00 | +21.10 | 96.00 | | | |
| 3573 | Splenoportography: With pressure studies: Add | +16.55 | 89.00 | +11.00 | 50.10 | | | |
| 3575 | "Cut-downs" for venography: Add | +16.55 | 89.00 | +11.00 | 50.10 | | | |
| 19.9 | Tomography and cinematography: | | | | | | | |
| | **Please note:** The calculated amounts in this section are calculated according to the computed tomography unit values | | | | | | | |
| 3577 | Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations | | | | | | | |
| 3579 | Tomography (multi-dimensional in motion): Add 150% | | | | | | | |
| 3581 | Cinematography: For first series: Add 100% | | | | | | | |
| 3583 | Cinematography: For each series after the first: Add 80% of the primary fee | | | | | | | |
| **19.9.1** | **Computed Tomography:** | | | | | | | |
| | **MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF** | | | | | | | |
| 0089 | The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations, and 16 or more for abdomen examinations. Fees for examination on a matrix number of less than 250 shall be reduced by 50%. | | | | | | | |
| 3585 | Head, single examination, full series | 160.00 | 677.00 | | | 5.00 | T | 101.00 |
| 3587 | Head, repeat examination at the same visit, after contrast, full series | 55.00 | 233.00 | | | 5.00 | T | 101.00 |
| 3598 | Electron beam computed tomography for assessment of coronary artery calcification (complete fee - no additions) | | | | | | | |
| 3589 | Chest | 185.00 | 783.00 | | | 5.00 | T | 101.00 |
| 3591 | Abdomen (including base of chest and/or pelvis) | 215.00 | 910.00 | | | 5.00 | T | 101.00 |
| 3593 | Multiple examinations: For an additional part the lesser fee shall be reduced to | 50.00 | 212.00 | | | 5.00 | T | 101.00 |
| 3595 | Limbs and other limited examinations | 50.00 | 212.00 | | | 5.00 | T | 101.00 |
| 3597 | Contrast media : General Rule Y applies | | | | | | | |
| 19.10 | Miscellaneous: | | | | | | | |
| 3601 | Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447) | +11.60 | 62.00 | +7.70 | 27.80 | | + | |

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | |
|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | Rc |
| 3602 | Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add | 16.00 | 86.00 | 10.70 | 38.60 | | |
| 3603 | Sinography | 27.70 | 148.00 | 18.40 | 66.40 | | |
| 3604 | Bone densitometry (to be charged once only for one or more levels done at the same session) | 100.00 | | 67.00 | 241.90 | | |
| 3605 | Mammography: Unilateral or bilateral | 32.00 | 171.00 | 21.00 | 75.80 | | |
| 3606 | Repeat mammography, unilateral or bilateral, for localisation of tumour | 32.00 | 171.00 | 21.00 | 75.80 | | |
| 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 | 8.40 | 45.00 | 5.60 | 20.20 | | |
| 3609 | Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done. | | | | | | |
| 3611 | Foreign body localisation: Introduction of sterile needle markers: Add | +16.50 | 88.00 | +11.00 | 39.70 | | |
| 3613 | Setting of sterile trays | 3.30 | 18.00 | 3.30 | 11.90 | | |

19.11 Ultrasonic investigations:

**Please note:** The calculated amounts in this section are calculated according to the ultrasound unit values (see page 2, item 2.6)

**Note:** See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.

**MODIFIER GOVERNING ULTRASONIC INVESTIGATIONS:**

0160 Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units.

**GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY**

EE All second and consecutive ultrasound scans performed during pregnancy are excluded from the benefits offered by medical schemes unless proper motivation for such scan(s) is submitted to the medical scheme as follows:

(a) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options).

(b) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be.

(c) In case of a referral to a radiologist, no motivation should be required from the radiologist.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | |
|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | Rc |
| 3614 | Transvaginal aspiration of ova | 110.00 | 398.00 | 73.00 | 263.50 | | |
| 3615 | Fetal maturity | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3617 | Fetal maturity follow up (same pregnancy) | 25.00 | 91.00 | 17.00 | 61.40 | | |
| 3618 | Pelvic organs (vaginal or abdominal probe) | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3620 | Cardiac examination plus Doppler colour mapping | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3621 | Cardiac examination (M.Mode) | 25.00 | 91.00 | 17.00 | 61.40 | | |
| 3622 | Cardiac examination: 2 Dimensional | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3623 | Cardiac examination + effort | +10.00 | 37.00 | +6.70 | 24.20 | | |
| 3624 | Cardiac examinations + contrast | +10.00 | 37.00 | +6.70 | 24.20 | | |
| 3625 | Cardiac examinations + doppler | +50.00 | 181.00 | +33.00 | 119.10 | | |
| 3626 | Cardiac examination + phonocardiography | +10.00 | 37.00 | +6.70 | 24.20 | | |
| 3627 | Examination of the whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract) | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3628 | Renal tract | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3629 | High definition (small parts) scan: thyroid, breast lump, scrotum, etc. | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3630 | Examination of a mass (extra abdominal) | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3631 | Ophthalmic examination | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3632 | Axial length measurement and calculation of intraocular lens power | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3633 | Neonatal head scan | 50.00 | 181.00 | 33.00 | 119.10 | | |
| 3634 | Peripheral vascular scan | 39.00 | 141.00 | 26.00 | 93.90 | | |
| 3635 | + Doppler | 39.00 | 141.00 | 26.00 | 93.90 | | |
| 3636 | Trans-oesophageal echocardiography including passing the device | 100.00 | 362.00 | 67.00 | 241.90 | | |
| 3637 | Duplex scan | 78.00 | 282.00 | 52.00 | 187.70 | | |

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 19.12 | Portable unit and theatre examinations: | | | | | | | |
| 3639 | Where portable X-ray unit is used in the hospital or theatre: Add | +10.00 | 54.00 | +7.00 | 31.90 | | | |
| 3640 | Theatre investigations with fixed installation | +4.50 | 25.00 | +3.00 | 13.70 | | | |

| | | SPECIALIST RADIOLOGIST/ NUCLEAR PHYSICIANS | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 19.13 | Diagnostic procedures requiring the use of radio-isotopes: | | | | | | | |
| | **RULE GOVERNING THIS SUBSECTION OF THE TARIFF** | | | | | | | |
| AA | Procedures to exclude cost of isotope. | | | | | | | |
| 3641 | Tracer test | 33.20 | 151.10 | 22.10 | 118.00 | | | |
| 3642 | Repeat of further tracer tests for same investigation: Half of above fee | 16.60 | 75.50 | 11.10 | 60.00 | | | |
| 3643 | If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee | | | | | | | |
| 3644 | Tracer test of complete body or brain tumour location . | 82.20 | 374.00 | 54.80 | 293.00 | | | |
| 3645 | Other organ scanning with use of relevant radio isotopes | 82.20 | 374.00 | 54.80 | 293.00 | | | |
| 3646 | Thyroid scanning | 28.80 | 131.00 | 19.20 | 103.00 | | | |

19.14 Interventional radiological procedures:

**MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURE**

0090 Radiologist's fee for participation in a team: 25,00 radiology units per 1/2 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.

**Note:** In regard to multiple examinations see modifier 0080

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 5020 | Transhepatic portal embolisation | 100.00 | 455.00 | | | 12.00 | T | 242.00 |
| 5022 | Embolisation of extracranial arteries for bleeding. | 75.00 | 341.30 | | | 9.00 | T | 182.00 |
| 5026 | Amniocentesis. | 36.00 | 163.80 | | | 6.00 | T | 120.00 |
| 5028 | Antegrade pyelography with insertion of the drainage catheter into the renal pelvis or ureter . | 50.00 | 227.50 | | | 6.00 | T | 120.00 |
| 5030 | Percutaneous Nephrostomy with conversion into permanent nephrostomy. | 50.00 | 227.50 | | | 6.00 | T | 120.00 |
| 5032 | Tumour embolisation . | 25.00 | 113.80 | | | 9.00 | T | 182.00 |
| 5034 | Fine needle aspiration or biopsy. | 25.00 | 113.80 | | | 6.00 | T | 120.00 |
| 5036 | Insertion of drainage catheter into abdominal abscess under ultrasound or CT control. | 25.00 | 113.80 | | | 6.00 | T | 120.00 |
| 5038 | Embolisation of intracranial vessels with silastic spheres or Invalon. | 100.00 | 455.00 | | | 13.00 | T | 262.00 |
| 5040 | Balloon occlusion of intracavernous or supraclinoid aneurysms of the internal carotid artery. | 100.00 | 455.00 | | | 13.00 | T | 262.00 |
| 5042 | Balloon occlusion of carotico-cavernous fistulae. | 100.00 | 455.00 | | | 13.00 | T | 262.00 |
| 5044 | Transhepatic Portal and Hepatic Venous sampling . | 125.00 | 568.80 | | | 9.00 | T | 182.00 |
| 5046 | Percutaneous transhepatic biliary drainage. | 50.00 | 227.50 | | | 9.00 | T | 182.00 |
| 5048 | Percutaneous transhepatic insertion of a permanent internal biliary prosthesis . | 100.00 | 455.00 | | | 9.00 | T | 182.00 |
| 5050 | Percutaneous extraction of renal pelvic or calyceal stone . | 125.00 | 568.80 | | | 5.00 | T | 101.00 |
| 5052 | Embolisation of spermatic vein. | 50.00 | 227.50 | | | 3.00 | T | 101.00 |
| 5054 | Selective catheterisation of spermatic vein. | 50.00 | 227.50 | | | 3.00 | T | 61.00 |
| 5056 | Percutaneous transluminal angioplasty performed by radiologists: Per lesion. | 112.00 | 509.60 | | | 13.00 | T | 262.00 |

19.15 Magnetic Resonance Imaging:

**MODIFIERS GOVERNING THIS SECTION OF THE TARIFF:**

6100 In order to charge the full fee (600,00 radiology units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes.

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.

6102 All post-contrast studies (except bone tumour) to be charge at 50% of the fee.

6103 Post-contrast study: Bone tumour: 100% of the fee.

6104 Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable.

6105 Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items.

6106 Where a MR angiography of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability.

6107 Where a MR angiography of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability.

6108 Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series".

**PROCEDURES FOR THE RENDERING OF ACCOUNTS FOR MAGNETIC RESONANCE IMAGING:**

Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.

The applicable modifier(s) must always be reflected on the account together with the applicable item per anatomical region.

Examples:

1. Examination with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes:
   Item 6200: Brain Modifier 6100 Amount: 100% of the fee

   or if only a T2 weighted axial/coronal series was done:
   Item 6200: Brain Modifier 6101 Amount: 66,67% of the fee

2. Examination of hypophysis comprising two (2) T1 series viz. Sagittal and coronal:
   Item 6208: Hypophysis Modifier 6104 Amount: 66,67% of the fee

3. Examination of hypophysis pre- and post-contrast comprising four (4) T1 weighted sequences:
   Item 6208: Hypophysis Modifier 6105 Amount: 100% of the fee
   Item 6260: Gadolinium (current price)
   Item 0201: Disposable items

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| | **MAGNETIC RESONANCE IMAGING: PER ANATOMICAL REGION:** | | | | | | | |
| | **Note:** See modifier 6101 for limited examinations | | | | | | | |
| 6200 | Brain | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6201 | Orbits | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6202 | Paranasal sinuses | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6203 | Soft tissue: Face/skull | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6204 | Skull base/cranio-cervical joint | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6205 | Middle and internal ears | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6206 | Soft tissue: Neck | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6207 | Thyroid/para-thyroid | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | |
| 6208 | Hypophysis (see modifiers 6104 and 6105 for limited examinations) | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6209 | Bone tumour (see modifier 6103) | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 1010..0 |
| 6210 | Cervical vertebrae | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6211 | Thoracic vertebrae | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6212 | Lumbar vertebrae | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6213 | Sacrum. | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6214 | Pelvis. | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6215 | Pelvic organs. | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6216 | Abdomen | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6217 | Thorax wall. | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6218 | Mediastinum. | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6219 | Soft tissue: Back. | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6220 | Left shoulder | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6221 | Right shoulder | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6222 | Both hips | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6223 | Left hip . | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6224 | Right hip | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6225 | Left upper arm | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6226 | Right upper-arm | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |

| | | SPECIALIST RADIOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | | ANAESTHETIC | | |
|---|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | | Rc |
| 6227 | Left elbow | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 101.00 |
| 6228 | Right elbow | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6229 | Left fore-arm | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6230 | Right fore-arm | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6231 | Left wrist and hand | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6232 | Right wrist and hand | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6233 | Left upper-leg | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6234 | Right upper-leg | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6235 | Left knee | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6236 | Right knee | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6237 | Left lower-leg | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6238 | Right lower-leg | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6239 | Left ankle | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6240 | Right ankle | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6241 | Left foot | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6242 | Right foot | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| | **MAGNETIC RESONANCE ANGIOGRAPHY (SEE MODIFIERS 6106 TO 6108)** | | | | | | | |
| 6250 | Brain | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6251 | Large vessels: Neck | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6252 | Large vessels: Chest | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6253 | Large vessels: Abdomen | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6254 | Large vessels: Legs | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| 6255 | Heart | 600.00 | 2436.00 | 400.00 | 1624.00 | 5.00 | T | 89.10 |
| | **CONTRAST MEDIUM:** | | | | | | | |
| 6260 | Current price according to the regular price list published by the Radiological Society of S A. | | | | | | | |
| | **LOW FIELD STRENGTH PERIPHERAL JOINT MAGNETIC RESONANCE IMAGING** | | | | | | | |
| 6270 | Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine, or head examinations | 105.00 | 426.30 | 70.00 | 284.20 | 5.00 | T | 89.10 |

20 RADIATION ONCOLOGY

**Please note:** The calculated amounts in this section are calculated according to the radiotherapy unit values

**MODIFIERS GOVERNING THIS SECTION RADIATION ONCOLOGY**

0093 The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus.
0094 Where a specialist in radiation oncology uses equipment which is not his own, only 33,33% (1/3) of the fee for the procedure is chargeable.

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | |
|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | Rc |
| 20.1 | Kilovolt therapy: | | | | | | |
| | **RULE GOVERNING THIS SECTION OF THE TARIFF** | | | | | | |
| BB | The fees in this section do NOT include the cost of radium or isotopes. | | | | | | |
| 3657 | First field (per treatment) | 21.00 | 96.00 | | | | |
| 3659 | Additional fields (per treatment) | 7.00 | 33.00 | | | | |
| 20.2 | Radium therapy: | | | | | | |
| 3675 | Insertion of radium or gold pellets: Excluding after-care (See item 0109) | 60.00 | 253.80 | | | | |
| 20.3 | Isotope therapy: | | | | | | |
| | **MODIFIER GOVERNING THIS SUB-SECTION OF THE TARIFF** | | | | | | |
| 0096 | Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope. | | | | | | |
| 3680 | Administration of isotopes: Simple | 50.00 | 211.50 | | | | |
| 3682 | Administration of isotopes: Complex | 80.00 | 338.40 | | | | |
| | **AFTERLOADING THERAPY** | | | | | | |
| 5155 | Remote afterloading therapy: Simple | 66.00 | 279.20 | | | | |
| 5156 | Remote afterloading therapy: Inter-mediate | 99.00 | 418.80 | | | | |
| 5157 | Remote afterloading therapy: Complex. | 132.00 | 558.40 | | | | |
| 20.4 | Megavolt Therapy: | | | | | | |
| | **TELECOBALT THERAPY:** | | | | | | |
| 3689 | First field (per treatment) | 30.00 | 126.90 | | | | |
| 3690 | Subsequent fields per treatment) (to a maximum of 7). | 10.00 | 42.30 | | | | |
| | **LINEAR ACCELERATOR:** | | | | | | |
| 3692 | First field (per treatment) | 60.00 | 253.80 | | | | |
| 3693 | Subsequent fields (per treatment) (to a maximum of 5). | 20.00 | 84.60 | | | | |
| 20.5 | Beta-ray therapy with strontium-90-applicator: | | | | | | |
| 3696 | Per treatment. | 36.00 | 152.30 | | | | |
| 3697 | Maximum fee | 124.00 | 524.50 | | | | |
| 20.6 | Planning of therapy: | | | | | | |
| | **SIMULATION OR LOCALISATION:** | | | | | | |
| 5120 | Manual | 20.00 | 84.60 | | | | |
| 5123 | Simple: simulation of single area with either a single port or parallel opposed ports. Simple or no blocking. Custom made simulators | 90.00 | 380.70 | | | | |
| 5124 | Intermediate: Simulation of three or more converging ports, two separate treatment areas or multiple blocks | 135.00 | 571.10 | | | | |
| 5125 | Complex: Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast | 180.00 | 761.40 | | | | |
| 5127 | Second series: Any further simulation during the same course or treatment for correlation of field settings or booster volumes. Maximum three per course | 60.00 | 253.80 | | | | |
| | **GRAPHIC PLANNING:** | | | | | | |
| 5130 | Manual | 25.00 | 105.80 | | | | |
| 5132 | Simple: Teletherapy isodose plan: One or two parallel opposed unimodified ports directed to a single area of interest - whether hand or computer calculated. PC-based planning computers | 50.00 | 211.50 | | | | |

| | | SPECIALIST | | GENERAL PRACTITIONER | | ANAESTHETIC | |
|---|---|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc | UNITS | Rc |
| 5133 | Intermediate: Teletherapy isodose plan: Three or more treatment ports directed at a single area or interest. | 75.00 | 317.30 | | | | |
| 5134 | Complex: Teletherapy isodose plan: Mantle or inverted Y, tangential ports, the use of wedges, complex blocking, rotational beam, or special beam considerations | 110.00 | 465.30 | | | | |
| 20.7 | Technical aids: | | | | | | |
| 5140 | Control films | 9.00 | 38.10 | | | | |
| 5142 | Dosimetric procedures | 9.00 | 38.10 | | | | |
| 5143 | Artefacts: Simple | 12.50 | 52.90 | | | | |
| 5144 | Artefacts: Intermediate | 25.00 | 105.80 | | | | |
| 5145 | Artefacts: Complex (specify). | 50.00 | 211.50 | | | | |
| 20.8 | Oncological surgical procedures: | | | | | | |
| 5146 | Insertion of afterloading intra-cavitary apparatus under general anaesthetic | 30.00 | 126.90 | | | | |
| 5147 | Insertion of interstitial guides under general anaesthetic | 80.00 | 338.40 | | | | |
| 20.9 | Special procedures: | | | | | | |
| 5148 | Continuing quality assurance | 10.00 | 42.30 | | | | |
| 5149 | Special quality assurance consultation | 45.00 | 190.40 | | | | |
| 5150 | Special treatment procedure (eg. total body irradiation, hemibody radiation, "cone" irradiation, manual afterloading: Clinical fee | 45.00 | 190.40 | | | | |
| 5151 | Supervision, handling loading of radio - elements or shields by doctor: Clinical fee | 10.00 | 42.30 | | | | |

21 PATHOLOGY

Please note: **The calculated amounts in this section are calculated according to the clinical pathology unit values (see page 2, item 2.8)**

**MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF**

0097 Where items under Pathology and Anatomical Pathology fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologist's fee.

Note: **For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.**

0099 For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos:

- Stat test requesting may only be done by the referring practitioner and not by the pathologist.
- Specimens must be collected on a stat basis where applicable.
- Test must be performed on a stat basis.
- Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained.
- This modifier will only apply during normal working hours and will never be used in combination with item 4547.

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 21.1 | Haematology: | | | | |
| 3701 | ACTH or adrenalin-eosinophil response | 7.20 | 30.00 | 4.80 | 17.70 |
| 3703 | Autohaemolysis: Quantitative. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3704 | Antithrombin III. | 7.20 | 30.00 | 4.80 | 17.70 |
| 3705 | Alkali resistant haemoglobin | 4.50 | 19.00 | 3.00 | 11.00 |
| 3706 | Coombs' consumption. | 7.20 | 30.00 | 4.80 | 17.70 |
| 3708 | Drug induced Coombs' test | 7.20 | 30.00 | 4.80 | 17.70 |
| 3709 | Antiglobulin test (Coombs' or trypsinzied red cells). | 3.65 | 15.00 | 2.45 | 9.00 |
| 3710 | Antibody titration. | 7.20 | 30.00 | 4.80 | 17.70 |
| 3711 | Arneth count. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3712 | Antibody identification. | 8.45 | 35.00 | 5.65 | 20.80 |
| 3713 | Bleeding time (does not include the cost of the simplate device) | 2.25 | 10.00 | 1.50 | 5.50 |
| 3714 | Blood volume, dye method. | 7.20 | 30.00 | 4.80 | 17.70 |
| 3715 | Buffy layer examination. | 19.90 | 82.00 | 13.27 | 48.80 |
| 3717 | Bone marrow cytological examination only | 19.90 | 82.00 | 13.27 | 48.80 |
| 3719 | Bone marrow: Aspiration | 8.40 | 35.00 | 5.60 | 20.60 |
| 3720 | Bone marrow trephine biopsy. | 32.60 | 135.00 | 21.70 | 79.90 |
| 3721 | Bone marrow aspiration and trephine biopsy (excluding histology) | 36.80 | 152.00 | 24.50 | 90.20 |
| 3722 | Capillary fragility: Hess | 1.35 | 6.00 | 0.90 | 3.30 |
| 3723 | Circulating anticoagulants | 5.85 | 25.00 | 3.90 | 14.40 |
| 3724 | Coagulation factor inhibitor assay | 9.45 | 39.00 | 6.30 | 23.20 |
| 3725 | Clot retraction. | 1.80 | 8.00 | 1.20 | 4.40 |
| 3726 | Activated protein C resistance | 26.00 | 107.00 | 17.30 | 63.70 |
| 3727 | Coagulation time. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3729 | Cold agglutinins. | 3.60 | 15.00 | 2.40 | 8.80 |
| 3730 | Protein S: Functional. | 37.50 | 155.00 | 25.00 | 92.00 |
| 3731 | Compatibility for blood transfusion | 3.60 | 15.00 | 2.40 | 8.80 |
| 3732 | Cryoglobulin | 3.60 | 15.00 | 2.40 | 8.80 |
| 3733 | Donath-Landsteiner: Qualitative | 3.60 | 15.00 | 2.40 | 8.80 |
| 3734 | Protein C (chromogenic) | 26.00 | 107.00 | 17.30 | 63.70 |
| 3735 | Anti-thrombin III (chromogenic) | 22.00 | 91.00 | 14.70 | 54.10 |
| 3736 | Plasminogen (chromogenic). | 22.00 | 91.00 | 14.70 | 54.10 |
| 3737 | Lupus Russel Viper method | 17.00 | 70.00 | 11.30 | 41.60 |
| 3738 | Lupus Kaolin Exner method. | 25.00 | 103.00 | 16.70 | 61.50 |
| 3739 | Erythrocyte count. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3740 | Factors V and VII: Qualitative | 7.20 | 30.00 | 4.80 | 17.70 |
| 3741 | Coagulation factor assay: Functional | 9.45 | 39.00 | 6.30 | 23.20 |
| 3742 | Coagulation factor assay: Immunological | 4.50 | 19.00 | 3.00 | 11.00 |
| 3743 | Erythrocyte sedimentation rate. | 2.50 | 11.00 | 1.67 | 6.10 |
| 3744 | Fibrin stabilizing factor (urea test) | 4.50 | 19.00 | 3.00 | 11.00 |
| 3745 | Fibrinolysin. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3746 | Fibrin monomers. | 2.70 | 12.00 | 1.80 | 6.60 |
| 3747 | Folic acid clearance test. | 16.20 | 67.00 | 10.80 | 39.70 |
| 3749 | Folic acid absorption test. | 16.20 | 67.00 | 10.80 | 39.70 |
| 3751 | Osmotic fragility (screen). | 2.25 | 10.00 | 1.50 | 5.50 |
| 3752 | Osmotic fragility test: Quantitative | 10.00 | 42.00 | 6.65 | 24.50 |
| 3753 | Osmotic fragility (before and after incubation) | 18.00 | 75.00 | 12.00 | 44.20 |
| 3755 | Full blood count (including items 3739, 3762, 3783, 3785, 3791) | 10.50 | 44.00 | 7.00 | 25.80 |
| 3756 | Full cross match. | 7.20 | 30.00 | 4.80 | 17.70 |
| 3757 | Coagulation factors: Quantitative | 20.25 | 84.00 | 13.50 | 49.70 |
| 3758 | Factor VIII related antigen. | 10.80 | 45.00 | 7.20 | 26.50 |
| 3759 | Coagulation factor correction study | 9.45 | 39.00 | 6.30 | 23.20 |
| 3760 | Coagulation studies, maximum | 108.70 | 448.00 | 72.50 | 266.40 |
| 3762 | Haemoglobin estimation | 1.80 | 8.00 | 1.20 | 4.40 |
| 3763 | Contact activated product assay | 16.20 | 67.00 | 10.80 | 39.70 |
| 3764 | Grouping: A B and O antigens. | 3.60 | 15.00 | 2.40 | 8.80 |
| 3765 | Grouping: Rh antigens | 3.60 | 15.00 | 2.40 | 8.80 |
| 3767 | Euglobulin Lysis time. | 7.20 | 30.00 | 4.80 | 17.70 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 3768 | Haemoglobin A2 (column chromatography) | 15.00 | 62.00 | 10.00 | 36.80 |
| 3769 | Haemoglobin electrophoresis. | 9.45 | 39.00 | 6.30 | 23.20 |
| 3770 | Haemoglobin-S (solubility test) | 3.60 | 15.00 | 2.40 | 8.80 |
| 3771 | Factor III-availability test. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3772 | Haptoglobin. | 9.45 | 39.00 | 6.30 | 23.20 |
| 3773 | Ham's acidified serum test | 8.00 | 33.00 | 5.33 | 19.60 |
| 3774 | Haemopexin. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3775 | Heinz bodies. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3776 | Haemosiderin in urinary sediment | 2.25 | 10.00 | 1.50 | 5.50 |
| 3777 | Heparin estimation. | 9.45 | 39.00 | 6.30 | 23.20 |
| 3779 | Heparin-protamine titration. | 7.20 | 30.00 | 4.80 | 17.70 |
| 3781 | Heparin tolerance. | 7.20 | 30.00 | 4.80 | 17.70 |
| 3783 | Leucocyte differential count. | 6.20 | 26.00 | 4.15 | 15.30 |
| 3785 | Leucocytes: total count | 1.80 | 8.00 | 1.20 | 4.40 |
| 3786 | QBC malaria concentration and fluorescent staining | 25.00 | 103.00 | 16.70 | 61.50 |
| 3787 | LE-cells | 8.30 | 35.00 | 5.55 | 20.40 |
| 3788 | Nitro blue tetrazolium leucocyte function | 12.60 | 52.00 | 8.40 | 30.90 |
| 3789 | Neutrophil alkaline phosphatase | 28.00 | 116.00 | 18.70 | 68.80 |
| 3791 | Packed cell volume: Haematocrit | 1.80 | 8.00 | 1.20 | 4.40 |
| 3792 | Plasmodium falciparum: Monoclonal immunological identification | 9.00 | 38.00 | 6.00 | 22.10 |
| 3793 | Plasma haemoglobin. | 6.75 | 28.00 | 4.50 | 16.60 |
| 3795 | Platelet aggregation per aggregant | 5.85 | 25.00 | 3.90 | 14.40 |
| 3796 | Platelet antibodies: agglutination | 5.40 | 23.00 | 3.60 | 13.20 |
| 3797 | Platelet count. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3798 | Platelet antibodies: Coombs' consumption | 7.20 | 30.00 | 4.80 | 17.70 |
| 3799 | Platelet adhesiveness | 4.50 | 19.00 | 3.00 | 11.00 |
| 3801 | Prothrombin consumption. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3803 | Prothrombin determination (two stages) | 5.85 | 25.00 | 3.90 | 14.40 |
| 3805 | Prothrombin index. | 5.20 | 22.00 | 3.47 | 12.80 |
| 3806 | Therapeutic drug level: Dosage | 4.50 | 19.00 | 3.00 | 11.00 |
| 3807 | Recalcification time. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3809 | Reticulocyte count | 3.00 | 13.00 | 2.00 | 7.40 |
| 3810 | Schumm's test. | 3.60 | 15.00 | 2.40 | 8.80 |
| 3811 | Sickling test | 2.25 | 10.00 | 1.50 | 5.50 |
| 3814 | Sucrose lysis test for PNH. | 3.60 | 15.00 | 2.40 | 8.80 |
| 3815 | Strypven or reptilase time: each | 2.25 | 10.00 | 1.50 | 5.50 |
| 3816 | T and B-cells EAC markers (per marker) | 20.25 | 84.00 | 13.50 | 49.70 |
| 3817 | Thromboplastin generation. | 13.05 | 54.00 | 9.00 | 33.10 |
| 3819 | Thromboplastin inhibition. | 16.20 | 67.00 | 10.70 | 39.40 |
| 3820 | Thrombo - Elastogram | 26.00 | 107.00 | 17.33 | 63.80 |
| 3821 | Viscosity: whole blood or plasma | 3.60 | 15.00 | 2.40 | 8.80 |
| 3825 | Fibrinogen titre. | 3.60 | 15.00 | 2.40 | 8.80 |
| 3827 | Fibrindex test. | 3.60 | 15.00 | 2.40 | 8.80 |
| 3829 | Glucose 6-phosphate-dehydrogenase: Qualitative | 8.00 | 33.00 | 5.33 | 19.60 |
| 3830 | Glucose 6-phosphate-dehydrogenase : Quantitative | 16.00 | 66.00 | 10.70 | 39.40 |
| 3831 | Red cell pyruvate kinase: Qualitative | 8.00 | 33.00 | 5.33 | 19.60 |
| 3832 | Red cell pyruvate kinase: Quantitative | 16.00 | 66.00 | 10.70 | 39.40 |
| 3833 | Glutatione: red cells | 8.10 | 34.00 | 5.40 | 19.90 |
| 3834 | Red cell Rhesus phenotype. | 9.90 | 41.00 | 6.60 | 24.30 |
| 3835 | Haemoglobin F in blood smear | 5.85 | 25.00 | 3.90 | 14.40 |
| 3837 | Partial thromboplastin time. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3839 | Plasminogen assay. | 12.60 | 52.00 | 8.40 | 30.90 |
| 3841 | Thrombin time (screen) | 2.25 | 10.00 | 1.50 | 5.50 |
| 3843 | Thrombin time (serial) | 7.65 | 32.00 | 5.10 | 18.80 |
| 3845 | Thromboplastin generation (screen) | 8.10 | 34.00 | 5.40 | 19.90 |
| 3847 | Haemoglobin H. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3849 | Fibrinolysin: diffusion plate. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3851 | Fibrin degradation products (diffusion plate) | 10.35 | 43.00 | 6.90 | 25.40 |
| 3853 | Fibrin degradation products (latex slide) | 4.50 | 19.00 | 3.00 | 11.00 |
| 3854 | XDP (Dimer test or equivalent latex slide test) | 8.50 | 35.00 | 5.67 | 20.90 |
| 3855 | Haemagglutination inhibition. | 9.90 | 41.00 | 6.60 | 24.30 |
| 21.2 | Microscopic and miscellaneous tests: | | | | |
| 3863 | Autogenous vaccine | 12.60 | 52.00 | 7.40 | 35.20 |
| 3864 | Entomological examination. | 20.70 | 86.00 | 13.80 | 50.80 |
| 3865 | Parasites in blood smear | 5.60 | 24.00 | 3.73 | 13.70 |
| 3866 | Bilharzia: Hatch test. | 3.00 | 13.00 | 2.00 | 7.40 |
| 3867 | Miscellaneous (body fluids urine exudate fungi pus scraping, etc) | 4.20 | 18.00 | 2.80 | 10.30 |
| 3868 | Fungus identification | 8.30 | 35.00 | 5.50 | 20.20 |
| 3869 | Faeces (including parasites). | 4.90 | 21.00 | 3.27 | 12.00 |
| 3870 | Rectal biopsy. | 3.50 | 15.00 | 2.35 | 8.60 |
| 3871 | Addis count. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3873 | Transmission electron microscopy | 85.00 | 350.00 | 57.00 | 209.80 |
| 3874 | Scanning electron microscopy | 100.00 | 413.00 | 67.00 | 246.60 |
| 3875 | Inclusion bodies. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3878 | Crystal identification polarized light microscopy | 4.50 | 19.00 | 3.00 | 11.00 |
| 3879 | Campylobacter in stool: fastidious culture | 9.90 | 41.00 | 6.60 | 24.30 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 3880 | Antigen detection with polyclonal antibodies | 4.50 | 19.00 | 3.00 | 11.00 |
| 3881 | Mycobacteria. | 3.00 | 13.00 | 2.00 | 7.40 |
| 3882 | Antigen detection with monoclonal antibodies | 10.80 | 45.00 | 7.20 | 26.50 |
| 3883 | Concentration techniques for parasites | 3.00 | 11.00 | 2.00 | 7.40 |
| 3884 | Dark field, phase - or interference contrast microscopy, Nomarski or Fontana | 6.30 | 23.20 | 4.20 | 15.50 |
| 3885 | Cytochemical stain. | 5.45 | 20.10 | 3.65 | 13.40 |
| 21.3 | Bacteriology: | | | | |
| 4650 | Antibiotic MIC per organism per antibiotic | 8.00 | 29.40 | 5.33 | 19.60 |
| 4651 | Non-radiometric automated blood cultures | 13.90 | 51.20 | 9.27 | 34.10 |
| 4652 | Rapid automated bacterial identification per organism | 15.00 | 55.20 | 10.00 | 36.80 |
| 4653 | Rapid automated antibiotic susceptibility per organism | 17.00 | 62.60 | 11.33 | 41.70 |
| 4654 | Rapid automated MIC per organism per antibiotic | 17.00 | 62.60 | 11.33 | 41.70 |
| 3887 | Antibiotic susceptibility test: per organism | 8.00 | 33.00 | 5.33 | 19.60 |
| 3888 | Adhesive tape preparation. | 2.70 | 12.00 | 1.80 | 6.60 |
| 3889 | Clostridium difficile toxin : monoclonal immunological | 12.40 | 52.00 | 8.27 | 30.40 |
| 3890 | Antibiotic assay of tissues and fluids | 13.90 | 58.00 | 9.27 | 34.10 |
| 3891 | Blood culture: aerobic. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3892 | Blood culture: anaerobic. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3893 | Bacteriological culture: miscellaneous | 6.30 | 26.00 | 4.20 | 15.50 |
| 3894 | Radiometric blood culture. | 10.80 | 45.00 | 7.20 | 26.50 |
| 3895 | Bacteriological culture : fastidious organisms | 9.90 | 41.00 | 6.60 | 24.30 |
| 3896 | In vivo culture: bacteria. | 16.00 | 66.00 | 10.65 | 39.20 |
| 3897 | In vivo culture: virus | 16.00 | 66.00 | 10.65 | 39.20 |
| 3898 | Bacterial exotoxin production (in vitro assay) | 4.50 | 19.00 | 3.00 | 11.00 |
| 3899 | Bacterial exotoxin production (in vivo assay) | 20.70 | 86.00 | 13.80 | 50.80 |
| 3901 | Fungal culture | 4.50 | 19.00 | 3.00 | 11.00 |
| 3902 | Clostridium difficile (cytotoxicity neutralisation ) | 30.00 | 124.00 | 20.00 | 73.60 |
| 3903 | Antibiotic level: biological fluids | 11.70 | 49.00 | 7.80 | 28.70 |
| 3904 | Rotavirus latex slide test. | 5.62 | 24.00 | 3.75 | 13.80 |
| 3905 | Identification of virus or rickettsia | 20.70 | 86.00 | 3.80 | 50.80 |
| 3906 | Identification: chlamydia | 16.00 | 66.00 | 10.65 | 39.20 |
| 3907 | Culture for staphylococcus aureus | 2.25 | 10.00 | 1.50 | 5.50 |
| 3908 | Anaerobe culture: comprehensive | 9.90 | 41.00 | 6.60 | 24.30 |
| 3909 | Anaerobe culture: limited procedure | 4.50 | 19.00 | 3.00 | 11.00 |
| 3910 | Biological fluid assay: Bact. Stat and percentage killed | 11.25 | 47.00 | 7.50 | 27.60 |
| 3911 | Beta-lactamase assay. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3912 | Bacteriophage typing. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3913 | Sterility control test (physical method) | 2.25 | 10.00 | 1.50 | 5.50 |
| 3914 | Sterility control test (biological method) | 4.50 | 19.00 | 3.00 | 11.00 |
| 3915 | Mycobacterium culture | 4.50 | 19.00 | 3.00 | 11.00 |
| 3916 | Radiometric tuberculosis culture | 10.80 | 45.00 | 7.20 | 26.50 |
| 3917 | Mycoplasma culture: limited. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3918 | Mycoplasma culture: comprehensive | 9.90 | 41.00 | 6.60 | 24.30 |
| 3919 | Identification of mycobacterium. | 9.90 | 41.00 | 6.60 | 24.30 |
| 3920 | Mycobacterium: antibiotic sensitivity | 9.90 | 41.00 | 6.60 | 24.30 |
| 3921 | Antibiotic synergistic study | 20.70 | 86.00 | 13.80 | 50.80 |
| 3922 | Viable cell count. | 1.35 | 6.00 | 0.90 | 3.30 |
| 3923 | Biochemical identification of bacterium: abridged | 3.15 | 13.00 | 2.10 | 7.70 |
| 3924 | Biochemical identification of bacterium: extended | 12.50 | 52.00 | 8.33 | 30.70 |
| 3925 | Serological identification of bacterium: abridged | 3.15 | 13.00 | 2.10 | 7.70 |
| 3926 | Serological identification of bacterium: extended | 10.20 | 42.00 | 6.80 | 25.00 |
| 3927 | Grouping for streptococci. | 7.30 | 30.00 | 4.85 | 17.80 |
| 3928 | Antimicrobic substances | 3.80 | 16.00 | 2.50 | 9.20 |
| 3929 | Radiometric mycobacterium identification | 14.00 | 58.00 | 9.30 | 34.20 |
| 3930 | Radiometric myobacterium antibiotic sensitivity | 25.00 | 103.00 | 16.70 | 61.50 |
| 3931 | Helicobacter: monoclonal immunological | 12.40 | 52.00 | 8.27 | 30.40 |
| 21.4 | Serology: | | | | |
| 3932 | Antibodies to human immunodeficiency virus (HIV): ELISA. | 20.00 | 83.00 | 13.30 | 48.90 |
| 3933 | IgE: total: EMIT or ELISA. | 11.70 | 49.00 | 7.80 | 28.70 |
| 3934 | Auto antibodies by labelled antibodies | 16.00 | 66.00 | 10.65 | 39.20 |
| 3935 | Sperm antibodies | 16.00 | 66.00 | 10.65 | 39.20 |
| 3936 | Virus neutralisation test: First antibody | 75.00 | 309.00 | 50.00 | 184.00 |
| 3937 | Virus neutralisation test: Each additional antibody. | 15.00 | 62.00 | 10.00 | 36.80 |
| 3938 | Precipitation test per antigen. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3939 | Agglutination test per antigen. | 5.50 | 23.00 | 3.67 | 13.50 |
| 3940 | Haemagglutination test: per antigen | 9.90 | 41.00 | 6.60 | 24.30 |
| 3941 | Modified Coombs' test for brucellosis | 4.50 | 19.00 | 3.00 | 11.00 |
| 3943 | Antibody titer to bacterial exotoxin | 3.60 | 15.00 | 2.40 | 8.80 |
| 3944 | IgE: specific antibody titer: ELISA/EMIT: per Ag | 12.40 | 52.00 | 8.27 | 30.40 |
| 3945 | Complement fixation test. | 5.85 | 25.00 | 3.90 | 14.40 |
| 3946 | IgM: specific antibody titer: ELISA/EMIT: per Ag | 14.05 | 58.00 | 9.37 | 34.50 |
| 3947 | C-reactive protein. | 3.60 | 15.0 | 2.40 | 8.80 |
| 3948 | IgG: specific antibody titer: ELISA/EMIT: per Ag | 12.95 | 54.00 | 8.63 | 36.20 |
| 3949 | Qualitative Kahn, VDRL or other flocculation | 2.25 | 10.00 | 1.50 | 5.50 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 3950 | Neutrophil phagocytosis. | 25.20 | 104.00 | 16.80 | 61.80 |
| 3951 | Quantitative Kahn, VDRL or other flocculation | 3.60 | 15.00 | 2.40 | 8.80 |
| 3952 | Neutrophil chemotaxis. | 67.95 | 280.00 | 45.30 | 166.70 |
| 3953 | Tube agglutination test. | 4.15 | 18.00 | 2.76 | 10.20 |
| 3954 | Neutrophil killing ability. | 36.00 | 149.00 | 24.00 | 88.30 |
| 3955 | Paul Bunnell: presumptive. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3956 | Infectious mononucleosis latex slide test (Monospot or equivalent) | 8.50 | 36.00 | 5.67 | 20.90 |
| 3957 | Paul Bunnell: absorption. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3959 | Rose Waaler agglutination test | 4.50 | 19.00 | 3.00 | 11.00 |
| 3960 | Gonococcal, listeria or echinoccoccus agglutination | 9.50 | 40.00 | 6.30 | 23.20 |
| 3961 | Slide agglutination test. | 2.63 | 11.00 | 1.75 | 6.40 |
| 3962 | Rebuck skin window | 5.40 | 23.00 | 3.60 | 13.20 |
| 3963 | Serum complement level: each component | 3.15 | 13.00 | 2.10 | 7.70 |
| 3964 | Stimulated NBT test | 6.30 | 26.00 | 4.20 | 15.50 |
| 3967 | Auto-antibody: sensitized erythrocytes | 4.50 | 19.00 | 3.00 | 11.00 |
| 3968 | Herpes virus typing: monoclonal immunological | 20.69 | 86.00 | 13.79 | 50.70 |
| 3969 | Western blot technique | 74.00 | 305.00 | 49.00 | 180.30 |
| 3970 | Epstein-Barr virus antibody titer | 6.75 | 28.00 | 4.50 | 16.60 |
| 3971 | Immuno-diffusion test: per antigen | 3.15 | 13.00 | 2.10 | 7.70 |
| 3972 | Respiratory syncytial virus (ELISA technique) | 35.00 | 145.00 | 23.00 | 84.60 |
| 3973 | Immuno electrophoresis: per immune serum | 9.45 | 39.00 | 6.30 | 23.20 |
| 3974 | Polymerase chain reaction | 75.00 | 309.00 | 50.00 | 184.00 |
| 3975 | Indirect immuno-fluorescence test (bacterial, viral, parasitic) | 5.85 | 25.00 | 3.90 | 14.40 |
| 3976 | LIF or MIF production: per stimulant | 78.70 | 234.00 | 52.50 | 193.20 |
| 3977 | Counter immuno-electrophoresis | 6.75 | 28.00 | 4.50 | 16.60 |
| 3978 | Lymphocyte transformation. | 51.70 | 213.00 | 34.50 | 127.00 |
| 4601 | Panel typing: antibody detection: Class I | 36.00 | | 24.00 | 88.30 |
| 4602 | Panel typing: antibody detection: Class II | 44.00 | 161.90 | 29.30 | 107.80 |
| 4603 | HLA test for specific locus/antigen | 27.00 | 99.40 | 18.00 | 66.20 |
| 4604 | HLA typing: Class I. | 52.00 | 191.40 | 34.70 | 127.70 |
| 4605 | HLA typing: Class II. | 52.00 | 191.40 | 34.70 | 127.70 |
| 4606 | HLA typing: Class I & II. | 90.00 | 331.20 | 60.00 | 220.80 |
| 4607 | Crossmatching T-cells (per tray) | 18.00 | 66.20 | 12.00 | 44.20 |
| 4608 | Crossmatching B-cells. | 38.00 | 139.80 | 25.30 | 93.10 |
| 4609 | Crossmatching T- & B-cells. | 48.00 | 176.60 | 32.00 | 117.80 |
| 21.5 | Skin tests: | | | | |
| 3979 | Miscellaneous antigens: Each. | 2.25 | 10.00 | 1.50 | 5.50 |
| 3981 | Bacteria. | 4.50 | 19.00 | 3.00 | 11.00 |
| 3983 | Bee venom | 2.70 | 12.00 | 1.80 | 6.60 |
| 3985 | Foods: 15 antigens. | 9.45 | 39.00 | 6.30 | 23.20 |
| 3987 | Inhalants: 10 antigens. | 5.40 | 23.00 | 3.60 | 13.20 |
| 3988 | Skin tests for cell mediated immunity: 7 antigens | 16.00 | 66.00 | 10.65 | 39.20 |
| 3989 | Additional antigens: each | 0.60 | 3.00 | 0.40 | 1.50 |
| 3990 | Tests for cell mediated immunity: each | 2.70 | 12.00 | 1.80 | 6.60 |
| 21.6 | Biochemical tests: Blood | | | | |
| 3991 | Abnormal pigments: Qualitative | 4.50 | 19.00 | 3.00 | 11.00 |
| 3993 | Abnormal pigments: Quantitative | 9.00 | 38.00 | 6.00 | 22.10 |
| 3995 | Acid phosphatase. | 5.18 | 22.00 | 3.45 | 12.70 |
| 3997 | Acid phosphatase fractionation | 1.80 | 8.00 | 1.20 | 4.40 |
| 3998 | Amino acids Quantitative (Post derivatisation HPLC) | 78.12 | 322.00 | 52.08 | 191.70 |
| 3999 | Albumin | 3.11 | 13.00 | 2.07 | 7.60 |
| 4000 | Alcohol | 12.40 | 52.00 | 8.27 | 30.40 |
| 4001 | Alkaline phosphatase. | 5.18 | 22.00 | 3.45 | 12.70 |
| 4002 | Alkaline phosphatase-iso-enzymes | 11.70 | 49.00 | 7.80 | 28.70 |
| 4003 | Ammonia: enzymatic. | 7.71 | 32.00 | 5.14 | 18.90 |
| 4004 | Ammonia: monitor. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4005 | Alpha-1-antitrypsin. | 7.20 | 30.00 | 4.80 | 17.70 |
| 4006 | Amylase | 5.18 | 22.00 | 3.45 | 12.70 |
| 4007 | Arsenic in blood, hair or nails | 36.25 | 150.00 | 24.17 | 88.90 |
| 4009 | Bilirubin: total. | 4.77 | 20.00 | 3.18 | 11.70 |
| 4010 | Bilirubin: conjugated. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4014 | Cadmium: atomic absorption. | 18.12 | 75.00 | 12.08 | 44.50 |
| 4016 | Calcium: ionized . | 6.75 | 28.00 | 4.50 | 16.60 |
| 4017 | Calcium: spectrophotometric. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4018 | Calcium: atomic absorption | 7.25 | 30.00 | 4.83 | 17.80 |
| 4019 | Carotene | 2.25 | 10.00 | 1.50 | 5.50 |
| 4020 | Carnitine (Total or free) in biological fluid: each | 11.69 | 49.00 | 7.79 | 28.70 |
| 4021 | Carnitine (Total or free) in muscle: each | 23.38 | 97.00 | 15.59 | 57.40 |
| 4022 | Acyl Carnitine | 23.38 | 97.00 | 15.59 | 57.40 |
| 4023 | Chloride | 2.59 | 11.00 | 1.73 | 6.40 |
| 4026 | LDL cholesterol (chemical determination) | 5.18 | 22.00 | 3.45 | 12.70 |
| 4027 | Cholesterol total. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4028 | HDL cholesterol. | 5.18 | 22.00 | 3.45 | 12.70 |
| 4029 | Cholinesterase: serum or erythrocyte: each | 7.48 | 31.00 | 4.99 | 18.40 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 4030 | Cholinesterase phenotype (Dibucaine or fluoride each) | 9.00 | 38.00 | 6.00 | 22.10 |
| 4031 | Total CO2 | 5.18 | 22.00 | 3.45 | 12.70 |
| 4032 | Creatinine. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4040 | Homocysteine (random). | 15.30 | 63.00 | 10.20 | 37.50 |
| 4041 | Homocysteine (after Methionine load) | 18.10 | 75.00 | 12.06 | 44.40 |
| 4042 | D-Xylose absorption test: two hours | 13.15 | 55.00 | 8.75 | 32.20 |
| 4045 | Fibrinogen: Quantitative | 3.60 | 15.00 | 2.40 | 8.80 |
| 4047 | Hollander test | 24.75 | 102.00 | 16.50 | 60.70 |
| 4049 | Glucose tolerance test (2 specimens) | 8.97 | 37.00 | 5.98 | 22.00 |
| 4050 | Glucose strip-test with photometric reading | 1.80 | 8.00 | 1.20 | 4.40 |
| 4051 | Galactose. | 11.25 | 47.00 | 7.50 | 27.60 |
| 4052 | Glucose tolerance test (3 specimens) | 13.17 | 55.00 | 8.78 | 32.30 |
| 4053 | Glucose tolerance test (4 specimens) | 17.37 | 72.00 | 11.58 | 42.60 |
| 4057 | Glucose: Quantitative. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4061 | Glucose tolerance test (5 specimens) | 21.56 | 89.00 | 14.37 | 52.80 |
| 4062 | Galactose-1-phosphate uridyl transferase | 16.00 | 66.00 | 10.70 | 39.40 |
| 4063 | Fructosamine. | 7.20 | 30.00 | 4.80 | 17.70 |
| 4064 | Glycosylated haemoglobin: chromatography | 7.20 | 30.00 | 4.80 | 17.70 |
| 4066 | Immunofixation: Total proteinIgGIgAIgMKappaLambda | 46.88 | 193.00 | 31.25 | 115.00 |
| 4067 | Lithium: flame ionization. | 5.18 | 22.00 | 3.45 | 12.70 |
| 4068 | Lithium: atomic absorption. | 7.48 | 31.00 | 4.99 | 18.40 |
| 4071 | Iron | 6.75 | 28.00 | 4.50 | 16.60 |
| 4073 | Iron-binding capacity. | 7.65 | 32.00 | 5.10 | 18.80 |
| 4077 | Astrup: pH, pC02, standard bicarbonate and base excess | 13.50 | 56.00 | 9.00 | 33.10 |
| 4078 | Oximetry analysis: MetHb COHb O2Hb RHb SulfHb | 6.75 | 28.00 | 4.50 | 16.60 |
| 4079 | Ketones in plasma: Qualitative | 2.25 | 10.00 | 1.50 | 5.50 |
| 4081 | Drug level-biological fluid: Quantitative | 10.80 | 45.00 | 7.20 | 26.50 |
| 4083 | Lysosomal enzyme assay. | 36.56 | 151.00 | 24.37 | 89.70 |
| 4085 | Lipase | 5.18 | 22.00 | 3.45 | 12.70 |
| 4091 | Lipoprotein electrophoresis. | 9.00 | 38.00 | 6.00 | 22.10 |
| 4093 | Osmolality: serum or urine | 6.75 | 28.00 | 4.50 | 16.60 |
| 4094 | Magnesium: spectrophotometric | 3.62 | 15.00 | 2.41 | 8.90 |
| 4095 | Magnesium: atomic absorption. | 7.25 | 30.00 | 4.83 | 17.80 |
| 4096 | Mercury: atomic absorption. | 18.12 | 75.00 | 12.08 | 44.50 |
| 4097 | Copper: spectrophotometric. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4098 | Copper: atomic absorption. | 18.12 | 75.00 | 12.08 | 44.50 |
| 4105 | Protein electrophoresis. | 9.00 | 38.00 | 6.00 | 22.10 |
| 4106 | IgG sub-class 1,2,3 or 4: Per sub-class | 20.00 | 83.00 | 13.20 | 48.60 |
| 4109 | Phosphate | 3.62 | 15.00 | 2.41 | 8.90 |
| 4111 | Phospholipids. | 3.15 | 13.00 | 2.10 | 7.70 |
| 4113 | Potassium | 3.62 | 15.00 | 2.41 | 8.90 |
| 4114 | Sodium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4117 | Protein: total. | 3.11 | 13.00 | 2.07 | 7.60 |
| 4121 | pH, pCO2 or pO2: each. | 6.75 | 28.00 | 4.50 | 16.60 |
| 4123 | Pyruvic acid. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4125 | Salicylates. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4126 | Secretin-pancreozymin response | 26.10 | 108.00 | 17.40 | 64.00 |
| 4127 | Caeruloplasmin. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4128 | Phenylalanine: Quantitative. | 11.25 | 47.00 | 7.50 | 27.60 |
| 4129 | Glutamate dehydrogenase (GDH). | 5.40 | 23.00 | 3.60 | 13.20 |
| 4130 | Aspartate aminotransferase (AST). | 5.40 | 23.00 | 3.60 | 13.20 |
| 4131 | Alanine aminotransferase (ALT). | 5.40 | 23.00 | 3.60 | 13.20 |
| 4132 | Creatine kinase (CK) | 5.40 | 23.00 | 3.60 | 13.20 |
| 4133 | Lactate dehydrogenase (LD) | 5.40 | 23.00 | 3.60 | 13.20 |
| 4134 | Gamma glutamyl transferase (GGT). | 5.40 | 23.00 | 3.60 | 13.20 |
| 4135 | Aldolase. | 5.40 | 23.00 | 3.60 | 13.20 |
| 4136 | Angiotensin converting enzyme (ACE). | 9.00 | 38.00 | 6.00 | 22.10 |
| 4137 | Lactate dehydrogenase isoenzyme | 10.80 | 45.00 | 7.20 | 26.50 |
| 4138 | CK-MB: immunoinhibition/precipitation | 10.80 | 45.00 | 7.20 | 26.50 |
| 4139 | Adenosine deaminase. | 5.40 | 23.00 | 3.60 | 13.20 |
| 4142 | Red cell enzymes: each. | 7.80 | 33.00 | 5.20 | 19.10 |
| 4143 | Serum/plasma enzymes: each. | 5.40 | 23.00 | 3.60 | 13.20 |
| 4144 | Transferrin. | 11.70 | 49.00 | 7.80 | 28.70 |
| 4145 | Lead: spectrophotometric. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4146 | Lead: atomic absorption. | 15.00 | 62.00 | 10.00 | 36.80 |
| 4147 | Triglyceride | 6.21 | 26.00 | 4.14 | 15.20 |
| 4149 | Red cell magnesium | 11.70 | 49.00 | 7.80 | 28.70 |
| 4151 | Urea. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4152 | CK-MB: mass determination: Quantitative (Automated) | 12.40 | 52.00 | 8.27 | 30.40 |
| 4153 | CK-MB: mass determination: Quantitative (Not automated) | 17.47 | 72.00 | 11.65 | 42.80 |
| 4154 | Myoglobin quantitative: monoclonal immunological | 12.40 | 52.00 | 8.27 | 30.40 |
| 4155 | Uric acid. | 3.78 | 16.00 | 2.52 | 9.30 |
| 4157 | Vitamin A-saturation test. | 15.30 | 63.00 | 10.20 | 37.50 |
| 4158 | Vitamin E (tocopherol). | 3.60 | 15.00 | 2.40 | 8.80 |
| 4159 | Vitamin A. | 6.30 | 26.00 | 4.20 | 15.50 |
| 4160 | Vitamin C (ascorbic acid). | 2.25 | 10.00 | 1.50 | 5.50 |
| 4161 | Troponin isoforms: each. | 20.00 | 93.00 | 13.33 | 49.10 |
| 4163 | Apoprotein AI: Turbidometric method | 8.28 | 35.00 | 5.52 | 20.30 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 4164 | Apoprotein AI: Labelled antibody technique | 12.42 | 52.00 | 8.28 | 30.50 |
| 4165 | Apoprotein AII: Turbidometric method | 8.28 | 35.00 | 5.52 | 20.30 |
| 4166 | Apoprotein AII: Labelled antibody technique | 12.42 | 52.00 | 8.28 | 30.50 |
| 4167 | Apoprotein B: Turbidometric method | 8.28 | 35.00 | 5.52 | 20.30 |
| 4168 | Apoprotein B: Labelled antibody technique | 12.42 | 52.00 | 8.28 | 30.50 |
| 4170 | Lipoprotein (a) (Lp(a)) assay | 12.42 | 52.00 | 8.28 | 30.50 |
| 4171 | Sodium + potassium + chloride + CO2 + urea | 15.84 | 66.00 | 10.56 | 38.90 |
| 4172 | ELISA/EMIT technique | 12.42 | 52.00 | 8.28 | 30.50 |
| 4181 | Quantitative protein estimation: Mancini method | 7.76 | 32.00 | 5.17 | 19.00 |
| 4182 | Quantitative protein estimation: nephelometer or Turbidometeric method | 8.28 | 35.00 | 5.52 | 20.30 |
| 4183 | Quantitative protein estimation: labelled antibody | 12.42 | 52.00 | 8.28 | 30.50 |
| 4185 | Lactose | 10.80 | 45.00 | 7.20 | 26.50 |
| 4187 | Zinc: atomic absorption. | 18.12 | 75.00 | 12.08 | 44.50 |
| 21.7 | Biochemical tests: Urine | | | | |
| 4188 | Urine dipstick with multiple tests (more than 8) | 1.10 | 2.00 | 0.70 | 2.60 |
| 4189 | Abnormal pigments. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4193 | Alkapton test: homogentisic acid | 4.50 | 19.00 | 3.00 | 11.00 |
| 4194 | Amino acids: Quantitative (Post derivatisation HPLC) | 78.12 | 322.00 | 52.08 | 191.70 |
| 4195 | Amino laevulinic acid. | 18.00 | 75.00 | 12.00 | 44.20 |
| 4197 | Amylase. | 5.18 | 22.00 | 3.45 | 12.70 |
| 4198 | Arsenic | 18.12 | 75.00 | 12.08 | 44.50 |
| 4199 | Ascorbic acid. | 2.25 | 10.00 | 1.50 | 5.50 |
| 4201 | Bence-Jones protein. | 2.70 | 12.00 | 1.80 | 6.60 |
| 4202 | Bence-Jones protein: Bradshaw's test | 2.25 | 10.00 | 1.50 | 5.50 |
| 4203 | Phenol | 3.60 | 15.00 | 2.40 | 8.80 |
| 4204 | Calcium: atomic absorption | 7.25 | 30.00 | 4.83 | 17.80 |
| 4205 | Calcium: spectrophotometric | 3.62 | 15.00 | 2.41 | 8.90 |
| 4206 | Calcium: absorption and excretion studies | 25.00 | 103.00 | 16.70 | 61.50 |
| 4207 | Catecholamines fluorimetric screen test | 11.25 | 47.00 | 7.50 | 27.60 |
| 4208 | Lead: spectrophotometric. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4209 | Lead: atomic absorption. | 15.00 | 62.00 | 10.00 | 36.80 |
| 4211 | Bile pigments: Qualitative. | 2.25 | 10.00 | 1.50 | 5.50 |
| 4212 | Urine dipstick (with 5 or fewer tests) | 1.00 | 5.00 | 0.50 | 1.80 |
| 4213 | Protein: Quantitative. | 2.25 | 10.00 | 1.50 | 5.50 |
| 4214 | Mercury. | 7.25 | 30.00 | 4.83 | 17.80 |
| 4216 | Mucopolysaccharides: Qualitative | 3.60 | 15.00 | 2.40 | 8.80 |
| 4217 | Oxalate/Citrate: enzymic each. | 9.38 | 39.00 | 6.25 | 23.00 |
| 4218 | Glucose: Quantitative. | 2.25 | 10.00 | 1.50 | 5.50 |
| 4219 | Steroids: chromatography (each) | 7.20 | 30.00 | 4.80 | 17.70 |
| 4221 | Creatinine. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4223 | Creatinine clearance. | 7.65 | 32.00 | 5.10 | 18.80 |
| 4225 | Xylose | 3.15 | 13.00 | 2.10 | 7.70 |
| 4227 | Electrophoresis: Qualitative. | 4.50 | 19.00 | 3.00 | 11.00 |
| 4229 | Uric acid clearance. | 7.65 | 32.00 | 5.10 | 18.80 |
| 4237 | 5-Hydroxy-indole-acetic acid: Screen test | 2.70 | 12.00 | 1.80 | 6.60 |
| 4239 | 5-Hydroxy-indole-acetic acid: Quantitative | 6.75 | 28.00 | 4.50 | 16.60 |
| 4245 | Vitamin A-screen test. | 5.40 | 23.00 | 3.60 | 13.20 |
| 4247 | Ketones: excluding dip-stick method | 2.25 | 10.00 | 1.50 | 5.50 |
| 4248 | Reducing substances. | 1.80 | 8.00 | 1.20 | 4.40 |
| 4249 | Melanogen (melanin). | 4.50 | 19.00 | 3.00 | 11.00 |
| 4251 | Metanephrines: column chromatography | 22.05 | 91.00 | 14.70 | 54.10 |
| 4253 | Aromatic amines (gaschromatography/mass spectrophotometry) | 27.00 | 112.00 | 18.00 | 66.20 |
| 4254 | Nitrosonaphtol test for tyrosine | 2.25 | 10.00 | 1.50 | 5.50 |
| 4263 | pH: Excluding dip-stick method | 0.90 | 4.00 | 0.60 | 2.20 |
| 4265 | Thin layer chromatography: one way | 6.75 | 28.00 | 4.50 | 16.60 |
| 4266 | Thin layer chromatography: two way | 11.25 | 47.00 | 7.50 | 27.60 |
| 4267 | Total organic matter screen: infrared | 31.25 | 129.00 | 20.83 | 76.70 |
| 4268 | Organic acids: Quantitative: GCMS | 109.30 | 450.00 | 72.92 | 268.30 |
| 4269 | Phenylpyruvic acid: ferric chloride | 2.25 | 10.00 | 1.50 | 5.50 |
| 4271 | Phosphate excretion index. | 22.05 | 91.00 | 14.70 | 54.10 |
| 4272 | Porphobilinogen qualitative screen: urine | 5.00 | 21.00 | 3.33 | 12.30 |
| 4273 | Porphobilinogen/ALA: Quantitative each | 15.00 | 62.00 | 10.00 | 36.80 |
| 4283 | Magnesium: spectrophotometric | 3.62 | 15.00 | 2.41 | 8.90 |
| 4284 | Magnesium: atomic absorption | 7.25 | 30.00 | 4.83 | 17.80 |
| 4285 | Identification of carbohydrate. | 7.65 | 32.00 | 5.10 | 18.80 |
| 4287 | Identification of drug: Qualitative | 4.50 | 19.00 | 3.00 | 11.00 |
| 4288 | Identification of drug: Quantitative | 10.80 | 45.00 | 7.20 | 26.50 |
| 4293 | Urea clearance | 5.40 | 23.00 | 3.60 | 13.20 |
| 4297 | Copper: spectrophotometric. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4298 | Copper: atomic absorption | 18.12 | 75.00 | 12.08 | 44.50 |
| 4299 | Indoles: Quantitative. | 6.75 | 28.00 | 4.50 | 16.60 |
| 4300 | Indican or indole: Qualitative. | 3.15 | 13.00 | 2.10 | 7.70 |
| 4301 | Chloride | 2.59 | 11.00 | 1.73 | 6.40 |
| 4307 | Ammonium chloride loading test | 22.05 | 91.00 | 14.70 | 54.10 |
| 4309 | Urobilinogen: Quantitative. | 6.75 | 28.00 | 4.50 | 16.60 |
| 4313 | Phosphate. | 3.62 | 15.00 | 2.41 | 8.90 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 4315 | Potassium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4316 | Sodium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4319 | Urea. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4321 | Uric acid. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4322 | Fluoride. | 5.18 | 22.00 | 3.45 | 12.70 |
| 4323 | Total protein and protein electrophoresis | 11.25 | 47.00 | 7.50 | 27.60 |
| 4325 | VMA: Quantitative. | 11.25 | 47.00 | 7.50 | 27.60 |
| 4326 | Catecholamines (HPLC) | 78.12 | 322.00 | 52.08 | 191.70 |
| 4327 | Immunofixation: Total proteinIgGIgAIgMKappaLambdaI | 46.88 | 193.00 | 31.25 | 115.00 |
| 4335 | Cystine: Quantitative. | 12.60 | 52.00 | 8.40 | 30.90 |
| 4336 | Dinitrophenol hydrazine test: ketoacids | 2.25 | 10.00 | 1.50 | 5.50 |
| 4337 | Hydroxyproline: Quantitative | 18.90 | 78.00 | 12.60 | 46.30 |
| 4338 | Hydroxyproline: Qualitative. | 6.75 | 28.00 | 4.50 | 16.60 |
| 21.8 | Biochemical tests: Faeces | | | | |
| 4339 | Chloride. | 2.59 | 11.00 | 1.73 | 6.40 |
| 4343 | Fat: Qualitative. | 3.15 | 13.00 | 2.10 | 7.70 |
| 4345 | Fat: Quantitative. | 22.05 | 91.00 | 14.70 | 54.10 |
| 4347 | pH. | 0.90 | 4.00 | 0.60 | 2.20 |
| 4351 | Occult blood: chemical test. | 2.25 | 10.00 | 1.50 | 5.50 |
| 4352 | Occult blood: Monoclonal antibodies | 10.00 | 42.00 | 6.67 | 24.50 |
| 4357 | Potassium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4358 | Sodium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4361 | Stercobilin. | 2.25 | 10.00 | 1.50 | 5.50 |
| 4362 | Elastase Quantitative ELIZA | 47.00 | 194.00 | 31.33 | 115.30 |
| 4363 | Stercobilinogen: Quantitative. | 6.75 | 28.00 | 4.50 | 16.60 |
| 4364 | Chymotrypsin determination: enzymatic | 7.47 | 31.00 | 4.98 | 18.30 |
| 4365 | Tryptic activity: digestive. | 2.25 | 10.00 | 1.50 | 5.50 |
| 21.9 | Biochemical tests: Miscellaneous | | | | |
| 4366 | Porphyrin screen qualitative: urine, stool, red blood cells: each | 5.00 | 21.00 | 3.33 | 12.30 |
| 4367 | Porphyrin qualitative analysis by TLC: urine, stool, red blood cells: each | 20.00 | 83.00 | 13.33 | 49.10 |
| 4368 | Porphyrin: total quantitation: urine, stool, red blood cells: each | 20.00 | 83.00 | 13.33 | 49.10 |
| 4369 | Porphyrin quantitive analysis by TLCHPLC: urien, stool, red blood cells: each | 30.00 | 124.00 | 20.00 | 73.60 |
| 4370 | Drug level in biological fluid: monoclonal immunological | 12.40 | 52.00 | 8.27 | 30.40 |
| 4371 | Amylase in exudate. | 5.18 | 22.00 | 3.45 | 12.70 |
| 4372 | Fluoride in biological fluids and water | 15.62 | 65.00 | 10.41 | 38.20 |
| 4373 | Breast milk analysis. | 6.75 | 28.00 | 4.50 | 16.60 |
| 4374 | Trace metals in biological fluid: atomic absorption | 18.13 | 75.00 | 12.09 | 44.50 |
| 4375 | Calcium in fluid: spectrophotometric | 3.62 | 15.00 | 2.41 | 8.90 |
| 4376 | Calcium in fluid: atomic absorption | 7.25 | 30.00 | 4.83 | 17.80 |
| 4377 | Gallstone analysis: (BilirubinCaPOxalateCholesterol) | 21.88 | 90.00 | 14.59 | 53.70 |
| 4380 | Lecithin in amniotic fluid: L/S ratio | 27.00 | 112.00 | 18.00 | 66.20 |
| 4382 | Bilirubin in amniotic fluid: spectrophotometric essay | 9.45 | 39.00 | 6.30 | 23.20 |
| 4386 | Oestrogen / Progesterone receptors : Fluorescent method | 20.70 | 86.00 | 13.80 | 50.80 |
| 4387 | Oestrogen/Progesterone receptors: Cytosol radio-isotope techique | 230.00 | 945.00 | 153.00 | 563.00 |
| 4388 | Gastric contents: maximal stimulation test | 27.00 | 112.00 | 18.00 | 66.20 |
| 4389 | Gastric fluid: total acid per specimen | 2.25 | 10.00 | 1.50 | 5.50 |
| 4390 | Foam test: amniotic fluid. | 3.15 | 13.00 | 2.10 | 7.70 |
| 4391 | Renal calculus: chemistry. | 5.40 | 23.00 | 3.60 | 13.20 |
| 4392 | Renal calculus: crystallography. | 16.25 | 67.00 | 10.80 | 39.70 |
| 4393 | Saliva: potassium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4394 | Saliva: sodium | 3.62 | 15.00 | 2.41 | 8.90 |
| 4395 | Sweat:sodium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4396 | Sweat: potassium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4397 | Sweat: chloride. | 2.59 | 11.00 | 1.73 | 6.40 |
| 4399 | Sweat collection by iontophoresis (excluding collection material) | 4.50 | 19.00 | 3.00 | 11.00 |
| 4400 | Tryptophane loading test. | 22.05 | 91.00 | 14.70 | 54.10 |
| 18.50 | Cerebrospinal fluid: | | | | |
| 4401 | Cell count | 3.45 | 15.00 | 2.30 | 8.50 |
| 4407 | Cell count, protein, glucose and chloride | 7.65 | 32.00 | 5.10 | 18.80 |
| 4409 | Chloride | 2.59 | 11.00 | 1.73 | 6.40 |
| 4415 | Potassium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4416 | Sodium. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4417 | Protein: Qualitative. | 0.90 | 4.00 | 0.60 | 2.20 |
| 4419 | Protein: Quantitative. | 3.11 | 13.00 | 2.07 | 7.60 |
| 4421 | Glucose. | 3.62 | 15.00 | 2.41 | 8.90 |
| 4423 | Urea | 3.62 | 15.00 | 2.41 | 8.90 |
| 4425 | Protein electrophoresis | 12.60 | 52.00 | 8.40 | 30.90 |
| 21.11 | RNA/DNA based tests and andrology: | | | | |
| 4430 | Recombinant DNA technique. | 25.00 | 103.00 | 16.67 | 61.30 |
| 4431 | Ribosomal RNA targeting for bacteriological identification | 35.00 | 145.00 | 23.33 | 85.90 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 4432 | Ribosomal RNA amplification for bacteriological identification | 75.00 | 309.00 | 50.00 | 184.00 |
| 4433 | Bacteriological DNA identification (LCR) | 25.00 | 103.00 | 16.67 | 61.30 |
| 4434 | Bacteriological DNA identification (PCR) | 75.00 | 309.00 | 50.00 | 184.00 |
| 4435 | Mixed antiglobulin reaction: semen | 6.60 | 28.00 | 4.40 | 16.20 |
| 4436 | Friberg test: semen. | 14.50 | 60.00 | 9.67 | 35.50 |
| 4437 | Kremer test: semen | 3.60 | 15.00 | 2.40 | 8.80 |
| 4438 | Huhner's test (post coital examination) | 3.00 | 13.00 | 2.00 | 7.40 |
| 4440 | Semen analysis: cell count | 7.65 | 32.00 | 5.10 | 18.80 |
| 4441 | Semen analysis: cytology | 7.20 | 30.00 | 4.80 | 17.70 |
| 4442 | Semen analysis: viability + motility - 6 hours | 7.20 | 30.00 | 4.80 | 17.70 |
| 4443 | Semen analysis: supravital stain | 5.44 | 23.00 | 3.63 | 13.40 |
| 4444 | Prostatic massage. | | | 3.63 | 13.40 |
| 4445 | Seminal fluid: alpha glucosidase | 20.00 | 83.00 | 13.33 | 49.10 |
| 4446 | Seminal fluid fructose | 3.15 | 13.00 | 2.10 | 7.70 |
| 4447 | Seminal fluid: acid phosphatase | 5.18 | 22.00 | 3.45 | 12.70 |
| 21.12 | Isotopes: | | | | |
| 4448 | HCG: Latex agglutination: Qualitative (side room) | 4.00 | 17.00 | 2.67 | 9.80 |
| 4449 | HCG: Latex agglutination: Semi-quantitative (side room) | 9.31 | 39.00 | 6.21 | 22.90 |
| 4450 | HCG: Monoclonal immunological: Qualitative | 10.00 | 42.00 | 6.67 | 24.50 |
| 4451 | HCG: Monoclonal immunological: Quantitative | 12.40 | 52.00 | 8.27 | 30.40 |
| 4453 | Methyl histamine (RIA) | 32.19 | 133.0 | 21.46 | 79.00 |
| 4454 | Basophil histamine release | 129.30 | 533.00 | 86.25 | 317.40 |
| 4455 | Anti IgE receptor antibody test (10 samples and dilution) | 161.50 | 665.00 | 107.70 | 396.30 |
| 4456 | Eosinophyl cationic protein | 27.81 | 115.00 | 18.54 | 68.20 |
| 4457 | Mast cell tryptase. | 96.87 | 399.00 | 64.58 | 237.70 |
| 4458 | Micro-albuminuria: radio-isotope method | 12.42 | 52.00 | 8.30 | 30.50 |
| 4459 | Acetyl choline receptor antibody | 158.10 | 651.00 | 105.40 | 387.90 |
| 4460 | CA-199 tumour marker. | 20.00 | 83.00 | 13.33 | 49.10 |
| 4462 | CA-125 tumour marker. | 20.00 | 83.00 | 13.33 | 49.10 |
| 4463 | C6 complement functional essay | 45.00 | 186.00 | 30.00 | 110.40 |
| 4464 | House dust mite antigen ELIZA. | 20.31 | 84.00 | 13.54 | 49.80 |
| 4465 | Indoor volumetric particle analysis | 50.00 | 206.00 | 33.33 | 122.70 |
| 4466 | Beta-2-microglobulin. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4468 | CA-549. | 20.00 | 83.00 | 13.30 | 48.90 |
| 4469 | Tumor markers: monoclonal immunological (each) | 20.00 | 83.00 | 13.33 | 49.10 |
| 4470 | CA-195 tumour marker. | 20.00 | 83.00 | 13.33 | 49.10 |
| 4471 | Carcino-embryonic antigen. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4472 | MCA antigen tumour marker. | 20.00 | 83.00 | 13.33 | 49.10 |
| 4476 | Neopterin. | 20.00 | 83.00 | 13.33 | 49.10 |
| 4477 | Neuron specific enolase. | 20.00 | 83.00 | 13.33 | 49.10 |
| 4479 | Vitamin B12-absorption: Shilling test | 11.70 | 49.00 | 7.80 | 28.70 |
| 4480 | Serotonin. | 18.75 | 78.00 | 12.50 | 46.00 |
| 4481 | Thyroxine (T4). | 12.42 | 52.00 | 8.28 | 30.50 |
| 4482 | Free thyroxine (FT4). | 17.48 | 72.00 | 11.65 | 42.80 |
| 4483 | T3-resin uptake | 8.10 | 34.00 | 5.40 | 19.90 |
| 4485 | Insulin | 12.42 | 52.00 | 8.28 | 30.50 |
| 4489 | Unsaturated vitamin B12 binding capacity | 12.60 | 52.00 | 8.40 | 30.90 |
| 4490 | Releasing hormone response. | 50.00 | 206.00 | 33.35 | 122.70 |
| 4491 | Vitamin B12. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4492 | Vitamin D3: Calcitroil (RIA). | 75.00 | 309.00 | 50.00 | 184.00 |
| 4493 | Drug concentration: Quantitative | 12.42 | 52.00 | 8.28 | 30.50 |
| 4494 | Free hormone assay. | 17.48 | 72.00 | 11.65 | 42.80 |
| 4495 | Growth hormone. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4496 | Hormone concentration: Quantitative | 12.42 | 52.00 | 8.28 | 30.50 |
| 4497 | Carbohydrate deficient transferrin | 29.06 | 120.00 | 19.37 | 71.30 |
| 4499 | Cortisol. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4500 | DHEA sulphate | 12.42 | 52.00 | 8.28 | 30.50 |
| 4501 | Testosterone. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4502 | Free testosterone. | 17.48 | 72.00 | 11.65 | 42.80 |
| 4503 | Oestradiol | 12.42 | 52.00 | 8.28 | 30.50 |
| 4505 | Oestriol | 10.80 | 45.00 | 7.20 | 26.50 |
| 4506 | Multiple antigen specific IgE screening test for Atopy | 37.26 | 154.00 | 24.80 | 91.30 |
| 4507 | Thyrotropin (TSH). | 12.42 | 52.00 | 8.28 | 30.50 |
| 4508 | Combined antigen specific IgE | 24.48 | 101.00 | 16.60 | 61.10 |
| 4509 | Free tri-iodothyronine (FT3). | 17.48 | 72.00 | 11.65 | 42.80 |
| 4510 | Total tri-iodotironien (T3). | 12.42 | 52.00 | 8.28 | 30.50 |
| 4511 | Renin activity. | 18.90 | 73.00 | 12.60 | 46.30 |
| 4512 | Parathormone. | 17.08 | 71.00 | 11.39 | 41.90 |
| 4513 | IgE: total. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4514 | Antigen specific IgE. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4515 | Aldosterone. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4516 | Follitropin (FSH) | 12.42 | 52.00 | 8.28 | 30.50 |
| 4517 | Lutropin (LH). | 12.42 | 52.00 | 8.28 | 30.50 |
| 4519 | Prostate specific antigen. | 14.49 | 60.00 | 9.66 | 35.50 |
| 4520 | 17 Hydroxy progesterone. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4521 | Progesterone. | 12.42 | 52.00 | 8.28 | 30.50 |

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 4522 | Alpha-feto protein. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4523 | ACTH. | 21.74 | 90.00 | 14.49 | 53.20 |
| 4525 | Placental lactogen. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4526 | Sex hormone binding globulin | 12.42 | 52.00 | 8.28 | 30.50 |
| 4527 | Gastrin. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4528 | Ferritin. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4529 | Anti-DNA antibodies. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4530 | Antiplatelet antibodies. | 15.30 | 63.00 | 10.20 | 37.50 |
| 4531 | Hepatitis: per antigen or antibody | 14.49 | 60.00 | 9.66 | 35.50 |
| 4532 | Transcobalamine. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4533 | Folic acid. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4534 | Prostatic acid phosphatase | 12.42 | 52.00 | 8.28 | 30.50 |
| 4535 | Unsaturated iron binding capacity | 12.42 | 52.00 | 8.28 | 30.50 |
| 4536 | Erythrocyte folate. | 17.48 | 72.00 | 11.65 | 42.80 |
| 4537 | Prolactin. | 12.42 | 52.00 | 8.28 | 30.50 |
| 4540 | HCG: Quantative as used for Down's screen | 15.00 | 62.00 | 10.00 | 36.80 |
| 21.13 | Miscellaneous: | | | | |
| 4541 | Venesection fee outside the laboratory (non-ambulatory patients: At home or hospitalised) within a six (6) kilometer radius (including travelling expenses): May only be charged if the specimen is procured by pathologists or registered individuals in their employment | 3.15 | 13.00 | | |
| | Travelling fees outside six kilometer radius from laboratory or home (whichever is the nearest) 0,15 units per kilometer, one way (see item 5003) | | | | |
| 4542 | Specimen handling fee. | 2.25 | 10.00 | | |
| 4543 | Collection material: per patient (not chargeable with any consultation item) | 1.20[ii] | 5.00 | 1.20[ii] | 5.10 |
| 4544 | Attendance in theatre. | 27.00 | 112.00 | | |
| 4545 | Travelling tariff for nursing sisters doing hospital or home visits, per kilometer, both ways | 0.15 | 1.00 | | |
| 4547 | After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays | Tariff + 50% | | | |
| 4548 | Minimum fee: normal hours | 3.00 | 13.00 | | |
| 4549 | Minimum fee: after-hours. | 6.30 | 10.00 | | |
| 4551 | Fees not detailed in the above Pathology schedule section 21) are obtainable from the Representative Association of Medical Schemes, and will be based on the fee for a comparable service in the Scale of Benefits | | | | |
| 4555 | Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately | | | | |

[ii] Clinical Units

22 ANATOMICAL PATHOLOGY

**Please note:** The calculated amounts in this section are calculated according to the anatomical pathology unit values

**Note:** Histological examinations entailing more than five blocks should receive special consideration

| | | PATHOLOGIST | | OTHER SPECIALIST/ GENERAL PRACTIONER | |
|---|---|---|---|---|---|
| | | UNITS | Rc | UNITS | Rc |
| 22.1 | Exfoliative cytology: | | | | |
| | **SPUTUM, ALL BODY FLUIDS AND TUMOUR ASPIRATES:** | | | | |
| 4561 | First unit. | 13.40 | 55.20 | 8.90 | 36.70 |
| 4563 | Each additional unit. | 7.80 | 32.10 | 5.20 | 21.40 |
| 4564 | Perfomance of fine-needle aspiration for cytology | | | | 21.40 |
| 4565 | Examination of fine needle aspiration in theatre | 49.00 | 201.90 | 32.70 | 134.70 |
| 4566 | Vaginal or cervical smears, each | 11.00 | 45.30 | 7.00 | 28.80 |
| 22.2 | Histology: | | | | |
| 4567 | Histology, one unit or sample | 20.00 | 93.00 | 13.00 | 53.60 |
| 4569 | Histology, two blocks. | 25.00 | 116.00 | 17.00 | 70.00 |
| 4571 | Histology (more than two units), per additional block | 2.50 | 12.00 | 1.60 | 6.60 |
| 4575 | Histology and frozen section in laboratory | 22.70 | 105.00 | 15.10 | 62.20 |
| 4577 | Histology and frozen section in theatre | 49.00 | 227.00 | 32.70 | 134.70 |
| 4579 | Attendance in theatre - no frozen section performed | 26.30 | 122.00 | 17.50 | 72.10 |
| 4581 | Vaso-epididymostomy study in theatre | 30.80 | 143.00 | 20.50 | 84.50 |
| 4582 | Serial step sections (including item 4567) | 23.30 | 108.00 | 15.60 | 64.30 |
| 4583 | Serial step sections, two blocks (including item 4569) | 29.10 | 135.00 | 19.40 | 79.90 |
| 4584 | Serial step sections (more than two units, per additional unit) | 2.90 | 14.00 | 1.90 | 7.80 |
| 4585 | Sex chromatin. | 10.10 | 47.00 | 6.70 | 27.60 |
| 4587 | Histology consultation. | 10.10 | 47.00 | 6.70 | 27.60 |
| 4589 | Special stains. | 6.70 | 31.00 | 4.50 | 18.50 |
| 4591 | Immunofluorescence studies. | 20.70 | 96.00 | 13.80 | 56.90 |
| 4592 | Immunoperoxidase studies. | 40.00 | 185.00 | 26.67 | 109.90 |
| 4593 | Electron microscopy. | 94.00 | 434.00 | 63.00 | 259.60 |
| 4595 | Foetal autopsy excluding histology | 73.00 | 337.00 | 48.67 | 200.50 |
| 23 | HUMAN GENETICS | | | | |
| | **Please note:** The calculated amounts in this section are calculated according to the human genetics unit values (see page 2, item 2.10) | | | | |
| 23.1 | Cytogenetics: | | | | |
| 4750 | Cell culture: Lymphocytes, cord blood | 15.00 | 70.00 | 15.00 | 61.80 |
| 4751 | Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures | 45.00 | 208.00 | 45.00 | 185.40 |
| 4752 | Cell culture: Chorionic villi. | 60.00 | 277.00 | 60.00 | 247.20 |
| 4754 | Cytogenetic analysis: Lymphocytes: idiograms, karyotyping, one staining technique | 135.00 | 623.00 | 135.00 | 556.20 |
| 4755 | Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukaemia bloods: idiograms, karyotyping, one staining technique | 270.00 | 1246.00 | 270.00 | 1112.40 |
| 4757 | Specified additional analysis e.g.mosaicism, Fanconi anaemia, Fra X, additional staining techniques | 70.00 | 323.00 | 70.00 | 288.40 |
| 4760 | FISH procedure, including cell culture | 115.00 | 531.00 | 115.00 | 473.80 |
| 4761 | FISH analysis per probe system | 35.00 | 162.00 | 35.00 | 144.20 |
| 23.2 | DNA-testing: | | | | |
| 4763 | Blood: DNA extraction. | 45.00 | 208.00 | 45.00 | 185.40 |
| 4764 | Blood: Genotype per person: Southern blotting | 89.00 | 411.00 | 89.00 | 366.70 |
| 4765 | Blood: Genotype per person: PCR | 60.00 | 277.00 | 60.00 | 247.20 |
| 4767 | Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction | 90.00 | 416.00 | 90.00 | 370.80 |
| 4768 | Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting | 188.00 | 568.00 | 188.00 | 774.60 |
| 4769 | Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR | 120.00 | 554.00 | 120.00 | 494.40 |

IV TRAVELLING EXPENSES

**RULE GOVERNING THIS SECTION OF THE TARIFF**

[1] 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 section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total.

(b) If more than one patient would be 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 would be 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)

(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)

(f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical aid benefits will not be applicable in such instances

Travelling costs and/or travelling time

When in cases of emergency (refer to general rule P), a doctor has to travel more than 16 kilometres in total to visit a patient, travelling costs and/or travelling time can be charged and shall be calculated as follows

5003 R3.15 for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 3 X R3.15 = R9.45
5005 Specialist: 18.00 clinical units per hour or part thereof
5007 General pracitioner: 12.00 clinical units per hour or part thereof
5009 After hours: Specialist: 27.,00 clinical units per hour or part thereof
5011 After hours: General Practitioner: 18.00 clinical units per hour or part thereof
5013 Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them

[1] Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.

**GAUTENG PROVINCIAL GOVERNMENT**
**DEPARTMENT OF HEALTH**

## SCHEDULE B2

## SCHEDULE FOR SERVICES BY SPEECH THERAPISTS AND AUDIOLOGISTS FOR PRIVATE AND PRIVATE HOSPITAL PATIENTS

### General Rules

A Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged.

B The fee in respect of more than one evaluation under item 029 shall be the full fee for the first evaluation plus half the fee in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.

C In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a practitioner, a higher fee may be negotiated.

### Speech, Voice and Language Disorder

| Code | Service | R.c. |
|---|---|---|
| 001 | Initial consultation and assessment (1 1/2 hours). | 197.00 |
| 003 | Treatment at rooms (30 minutes). | 57.00 |
| 004 | Treatment at rooms (60 minutes). | 114.00 |
| 005 | Therapy: per treatment at hospital/residence up to 30 minutes. (No traveling costs involved) | 57.00 |
| 006 | Therapy: per treatment at hospital/residence up to 60 minutes. (Travel costs and petrol included) | 114.00 |
| | Note: This is only for therapy given to patients in hospitals or at home. Attending physician in the form of a letter must provide proof of inability to attend therapy. After a series of 20 treatments (Total treatments under items 005 and 006 not to exceed 20) at hospital/residence in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such further treatment. | |
| 007 | Group therapy: per patient at rooms (Maximum of 3 patients per therapy) | 19.00 |
| | Note: Professional Group Consultations - no fee to be charged. | |
| 009 | Home programmes, per month. | 29.00 |
| | Note: This category is in lieu of active therapy to discuss the home programme. | |

| Code | Service | R.c. |
|---|---|---|
| | Audiology. | |
| | (Item 001 may not be charged in conjunction with items 011 and 012). | |
| 011 | Consultation (detailed initial interview up to 1 hour). | 114.00 |
| 012 | Consultation (screening or subsequent interview up to 30 minutes). | 57.00 |
| 013 | Pure Tone Audiogram (Air conduction). | 26.00 |
| 015 | Pure Tone Audiogram (Bone conduction). | 26.00 |
| 017 | Full Speech Audiogram including speech reception threshold and discrimination at two or more levels. | 40.00 |
| 018 | Speech audiogram screening. | 26.00 |
| 021 | Immittance Measurements (Impedence) (Tympanometry). | 26.00 |
| 022 | Immittance Measurements (Impedance) (Stapedial reflex). | 26.00 |
| 023 | Other tests (Sisi, Stenger, Tone Decay, Reflex Latency) per test. | 26.00 |
| 025 | Peripheral Hearing Testing of Babies. | 62.00 |
| 029 | Hearing Aid Evaluation (refer to General Rule B). | 37.00 |
| 031 | A.E.P. (ABR) Full Audiological examination (bilateral). | 420.00 |
| 032 | Bilateral mid-latency frequency specific response test. | 213.00 |
| 033 | Electro-nystagmography for spontaneous and positional nystagmus. | 100.00 |
| 035 | Caloric test done with electro-nystagmography. | 280.00 |
| 036 | Otoacoustic emission testing (to be used in the evaluation of high-risk patients only). | 160.00 |
| 037 | Electrocochleagraphy: Unilateral | 200.00 |
| 038 | Bilateral | 353.00 |
| 041 | Cochlea Implants : Pre-implant round window promontory testing (Subject to pre-authorisation and motivation by ENT Specialist) | 193.00 |
| 042 | Cochlea Implants : Full electrode (i.e. 24 electrodes) mapping (approx. 1 hour) (Subject to pre-authorisation and motivation by ENT Specialist) | 114.00 |
| 043 | Cochlea Implants : Subsequent single electrode mapping (approx. 30 minutes) (Subject to pre-authorisation and motivation from ENT Specialist) | 57.00 |
| 051 | Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme). | |
| 052 | Technical adjustment or replacement of earmolds. | 62.00 |
| 053 | Insertion gain measurement. | 29.00 |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B3

## SCHEDULE FOR DIETICIAN SERVICES FOR PRIVATE AND PRIVATE HOSPITAL PATIENTS

### GENERAL RULES

001 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, such higher fee as may be agreed upon between the practitioner and the patient may be charged

002 Medical schemes are not obliged to provide benefits for services by dietitians, it is recommended that enquiries should be made by the member regarding the benefits which are provided by the medical scheme

003 Dietary services are per individual patient.

004 Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars

- The name and practice code number of the referring practitioner.
- The name of the member.
- The name of the patient.
- The name of the medical scheme.
- The membership number of the member.
- The nature of the treatment.
- The date on which the service was rendered.
- The code number of the procedure used in the recommended benefit.

005 When multiple diagnoses apply every applicable diagnosis shall be specified on the statement.

006 Monetary values to be rounded off to the nearest ten cents, on the basis that monetary values ending with 1 to 4 cents be rounded downwards and 5 to 9 be rounded upwards.

007 Visiting codes may be charged additional to the applicable fee only once per day and not with every visit to a domicile or to a hospital.

008 Composite fees may not be used with any other items except for 101 and 103.

009 When individual codes are used a primary consultation may not exceed 7.25 RVU's and a secondary consultation may not exceed 5 RVU's.

## FEES

### 1. COMPOSITE CODES

| Item | Dietary Services | Description of Service | RVU | R.c |
|---|---|---|---|---|
| 051 | Regular Care Primary Consultation (RCPC) | Assessment of relevant aspects of :<br>• lifestyle<br>• biochemistry<br>• anthropometry (W (weight), H (height) & BFS (body frame size)<br>• diet (24 hour habitual nutrition intake recall/3 day nutrition records and nutrient specific food frequency questionnaire, including analysis of data)<br><br>Nutrition counselling<br>• education<br>• diet planning | 5.50 | 104.00 |
| 053 | Regular Care Secondary Consultation (RCSC) | Nutrition counselling<br>• monitoring<br>• education<br>• meal planning | 3.00 | 57.00 |
| 055 | Critical Care Primary Consultation (CCPC) | Assessment of relevant aspects of :<br>• biochemistry<br>• clinical<br>• anthropometry<br><br>Diet planning :<br>• nutrition education<br>• diet planning | 2.75 | 52.00 |
| 057 | Critical Care Secondary Consultation (CCSC) | Assessment of implementation :<br>• monitoring | 1.50 | 29.00 |

### 2. ASSESSMENT CODES

| Item | Dietary Services | Description of Service | RVU | R.c |
|---|---|---|---|---|
| 101 | Hospital/Nursing unit treatment | Treatment of patient in hospital/nursing care unit | 1.00 | 19.00 |
| 103 | Domiciliary treatment | Treatment of patient at home | 2.00 | 38.00 |

### 3. TREATMENT CODES

| Item | Dietary Services | Description of Service | RVU | R.c |
|---|---|---|---|---|
| 131 | Lifestyle Assessment | Data collection and interpretation of relevant lifestyle aspects | 0.50 | 10.00 |
| 133 | Biochemical Assessment | Data collection and interpretation of relevant biochemistry | 0.25 | 5.00 |
| 135 | Clinical Assessment | Clinical evaluation & interpretation of signs | 0.25 | 5.00 |

| Item | Dietary Services | Description of Service | RVU | R.c |
|---|---|---|---|---|
| 137 | Anthropometric Assessment L1 | Evaluation of height & body frame size | 0.25 | 5.00 |
| 139 | Anthropometric Assessment L2 | Evaluation of body composition | 1.00 | 19.00 |
| 141 | Anthropometric Assessment L3 | Evaluation of body circumferences | 0.25 | 5.00 |
| 143 | Nutrition Assessment | Using 24 hour habitual nutrition intake recall/ 3 day nutrition record and nutrient specific food frequency questionnaire and analysis | 2.50 | 47.00 |
| 145 | Monitoring | Evaluation of treatment implementation | 0.75 | 15.00 |

## 4. VISITING CODES

| Item | Dietary Services | Description of Service | RVU | R.c |
|---|---|---|---|---|
| 081 | Nutrition Education | Explanation of nutrition principles | 1.50 | 29.00 |
| 083 | Diet planning | Determination of diet prescription and diet plan for energy and macro-nutritions | 1.50 | 29.00 |
| 084 | Meal planning | • Explanation of :<br>• The food guide pyramid as tool to plan meals<br>• The exchange system as tool to plan meals<br>• Planning of 7-day individualised menu with recipes | 2.50 | 47.00 |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B4

## SCHEDULE FOR PHYSIOTHERAPY SERVICES FOR PRIVATE AND PRIVATE HOSPITAL PATIENTS

**General rules governing the recommended scale of benefits**

001 Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment the relevant fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. Modifier 0001 to be quoted

002 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher fee and such higher fee as may be agreed upon between the practitioner and the scheme may be charged

003 Where a practitioner uses equipment, which is not owned by that practitioner, a reduction of 15% of the relevant tariff will be applicable. Modifier 0003 must be quoted when this rule is applied

004 In the case of prolonged or costly treatment, the practitioner should first ascertain from the scheme concerned whether it will accept financial responsibility in respect of such treatment, since the member may be subject to maximum annual benefits

005 After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment

006 "After hours treatments" shall mean those performed at night between 18h00 and 07h00 on the following day, or during weekends between 13h00 Saturday and 07h00 on Monday. Public holidays are to be regarded as Sundays.

This rule shall apply for all treatments, whether given in the practitioner's rooms, or at a nursing home or private residence, where the patient/next of kin have entered into a prior arrangement, when the patient's condition necessitates it.

The fee for all visits under this rule shall be the total fee plus 50 per cent. Modifier 0006 must then be quoted after the appropriate code number to indicate that this rule is applicable. In cases where the physiotherapist's scheduled working hours extend after 18h00 during the week or 13h00 on a Saturday, the above rule shall not apply and the treatment fee shall be that of the normal listed fee.

007 Practitioners are reminded that a lower fee than that appearing in the scale of benefits shall be charged if the customary fee in the area is less than that charged. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice

008 The fee in respect of more than one procedure (save for evaluation and visiting items 407, 501, 502, 701, 702, 703, 704, 705, 801, 803, 901 and 903) performed at the same consultation or visit, shall be the fee for the major procedure plus half the fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate code numbers for the additional code numbers for the additional procedures to indicate that this rule is applicable.

009 When more than one condition requires treatment and each of these conditions necessitates an individual treatment, they shall be charged as individual treatments. Full details of the nature of the treatments must be stated. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable

010 When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for the one condition, and 50% of the fee for the other condition. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.

011 Every physiotherapist must acquaint himself with the provisions of the Medical Schemes Act, 1967, as amended, and the regulations promulgated under the Act in connection with the rendering of accounts.

Every account shall contain the following particulars :

· The name and practice code number of the referring practitioner (where applicable).

· The name of the member.

· The name of the patient.

· The name of the medical scheme.

· The membership number of the member.

· The nature of the treatment.

· The date on which the service was rendered.

· The code number of the procedure used in the recommended benefit.

012 Monetary values to be rounded off to the nearest 10 cents, on the basis that monetary values ending with a 1 to 4 cents value to be rounded off downwards, and 5 to 9 cents to be rounded off upwards. NB: Rounding off does not apply to amounts occurring once the modifiers are used.

013 Where the physiotherapist performs treatment away from the treatment rooms, travelling costs to be charged according to the AA-rate. Modifier 0013 must be quoted after the appropriate code numbers to show that this rule is applicable. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.

**Modifiers**

0001 Unkept appointment

0003 15% of the relevant tariff to be deducted where equipment used is not owned by the practitioner

0006 Add 50% of the total fee for the treatment

0008 Only 50% of the fee for these additional procedures may be charged

0009 The full fee for the additional condition may be charged

0010 Only 50% of the fee for the second condition may be charged

0013 Travelling costs according to AA-rate. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.

**FEES**

| Item | Description | Units | R.c. |
|---|---|---|---|
| 1 | **RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY** | | |
| 001 | Infra-red, Radiant heat, Wax therapy Hot packs | 10.00 | 19.00 |
| 005 | Ultraviolet light | 17.00 | 32.00 |
| 006 | Laser beam | 17.00 | 32.00 |
| 007 | Cryotherapy | 10.00 | 19.00 |
| 2 | **LOW FREQUENCY CURRENTS** | | |
| 103 | Galvanism, Diodynamic current, Tens. | 10.00 | 19.00 |
| 105 | Muscle and nerve stimulating currents. | 10.00 | 23.00 |
| 107 | Interferential Therapy. | 15.00 | 28.00 |
| 3 | **HIGH FREQUENCY CURRENTS** | | |
| 201 | Shortwave diathermy. | 15.00 | 28.00 |
| 203 | Ultrasound. | 15.00 | 32.00 |
| 205 | Microwave. | 15.00 | 28.00 |
| 4 | **PHYSICAL MODALITIES** | | |
| 301 | Percussion, Vibration. | 10.00 | 19.00 |
| 302 | Level 1:Massage | 10.00 | 19.00 |
| 303 | Level 2: Myofacial release/soft tissue mobilisation, one or more body parts | 20.00 | 37.00 |
| 310 | Level 3:Neural tissue mobilisation | 20.00 | 37.00 |
| 314 | Lymph drainage | 10.00 | 19.00 |
| 304 | Acupuncture | 20.00 | 37.00 |
| 305 | Re-education of movement/ Exercises (excluding ante- and post-natal exercises) | 10.00 | 19.00 |
| 307 | Pre- and post-operative exercises and/or breathing exercises | 10.00 | 19.00 |
| 308 | Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group) | 10.00 | 19.00 |
| 309 | Isokinetic treatment. | 20.00 | 37.00 |
| 315 | Postural drainage. | 13.00 | 24.00 |
| 317 | Traction. | 15.00 | 28.00 |
| 318 | Upper respiratory nebulisation | 10.00 | 19.00 |
| 319 | Nebulisation. | 15.00 | 28.00 |
| 321 | Intermittent positive pressure ventilation. | 15.00 | 28.00 |
| 323 | Suction: Level 1 (including sputum specimen taken by suction) | 10.00 | 19.00 |

| Item | Description | Units | R.c. |
|---|---|---|---|
| 325 | Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient) | 15.00 | 28.00 |
| 327 | Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient). | 10.00 | 19.00 |
| 328 | Dry needling | 20.00 | 37.00 |
| **5** | **MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION** | | |
| 401 | Spinal. | 20.00 | 37.00 |
| 405 | All other joints. | 15.00 | 28.00 |
| 407 | Immobilisation (excluding materials). Rule 008 does not apply. | 10.00 | 19.00 |
| **6** | **REHABILITATION** | | |
| 501 | Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. | 20.00 | 41.00 |
| 502 | Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. | 20.00 | 41.00 |
| 503 | Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this) | 45.00 | 83.00 |
| 504 | EMG Biofeedback treatment | 20.00 | 37.00 |
| 505 | Group rehabilitation. Treatment of a patient with disabling pathology in an appropriate facility requiring specific equipment and supervision, without individual attention for the whole treatment session, in accredited venue only and no charge may be levied by facility | 35.00 | 65.00 |
| 507 | Respiratory Re-education and Training. | 20.00 | 41.00 |
| **7** | **EVALUATION** | | |
| 701 | Evaluation/counselling at the first visit only (to be fully documented) | 10.00 | 19.00 |
| 702 | Complex evaluation/counselling at the first visit only (to be fully documented). | 25.00 | 46.00 |
| 703 | One complete re-assessment of a patient's condition during the course of treatment, and/or counselling of the patient or his family | 10.00 | 19.00 |
| 704 | Lung function: Peak flow (once per treatment). | 5.00 | 10.00 |
| 705 | Computerised/Electronic test for lung pathology | 15.00 | 28.00 |
| 801 | Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition | 35.00 | 65.00 |
| 803 | Effort test - multistage treadmill. | 35.00 | 65.00 |
| **8** | **VISITING CODES** | | |
| 901 | Treatment at a nursing home : Relevant fee plus (to be charged only once per day and not with every hospital visit) | 10.00 | 19.00 |
| 903 | Domiciliary treatments: Relevant fee plus. | 20.00 | 37.00 |

| Item | Description | Units | R.c. |
|---|---|---|---|
| 9 | **COMPOSITE FEES** | | |
| | Note: Composite fees may not be used with any other items in the treatment of the same condition except for evaluation and visiting items 407, 501, 502, 701, 702, 703, 704, 705, 72801, 803, 901 and 903. Modalities used must be detailed with the first treatment. | | |
| | Modifier 0008 may not be used in conjunction with composite fees. | | |
| 921 | Spinal treatment (a minimum of 3 modalities totalling 37.5 units must be used) | 37.50 | 71.00 |
| 923 | Peripheral joint treatment (a minimum of 3 modalities totalling 30 units must be used). | 30.00 | 55.00 |
| 925 | Level 1 Chest pathology (a minimum of 3 modalities totalling 26,5 units must be used). | 26.50 | 49.00 |
| 926 | Level 2 Chest pathology (Complex lung condition requiring the undivided attention of the physiotherapist using modalities totalling not less than 35 units) | 35.00 | 65.00 |
| 927 | Soft tissue injury treatment (a minimum of 3 modalities totalling 30 units must be used). | 30.00 | 62.00 |
| 928 | Upper respiratory treatment (a minimum of 3 modalities, totalling 29.5 units must be used). | 29.50 | 55.00 |
| 929 | Meridian treatment (a minimum of 3 modalities totalling 35 units must be used). | 35.00 | 65.00 |
| 10 | **OTHER** | | |
| 937 | Bird or equivalent free-standing nebuliser excluding oxygen at hospital per day. | 20.00 | 37.00 |
| 938 | Bird or equivalent free-standing nebuliser excluding oxygen domicilliary per day. | 20.00 | 37.00 |
| 939 | Cost of material: Single items below R1 140.00 (VAT included) may be charged for at cost price plus 20% | | |
| 940 | Cost of appliances single items below R1140 (VAT included) may be charged for at cost price plus 20% | | |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B5

## RECOMMENDED SCHEDULE FOR OCCUPATIONAL THERAPY SERVICES

### GENERAL RULES

001 Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged.

002 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, such higher fee as may be agreed upon between the practitioner and the scheme may be charged.

003 Services rendered must be in consultation with a medical or dental practitioner.

004 Medical schemes are not obliged to provide benefits for occupational therapy services, nor are they obliged to pay practitioners direct. Enquiries should be made by the member regarding the benefits which are provided by the medical scheme.

006 "After hours treatments" shall mean an emergency occupational therapy procedure performed after the official consulting hours of the practitioner and must be motivated.

The fee for all visits under this rule shall be the total tariff plus 50%. Modifier 0006 must then be quoted after the appropriate code numbers to indicate that this rule is applicable.

007 Practitioners are reminded that a lower fee than that appearing in the guide to fees shall be charged if the customary fee in the area is less than that charge. Reduced fees shall also be charged where the practitioner would have reduced the fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with usual medical practice.

008 The provision of assistive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate code numbers to show that this rule is applicable.

009 Materials used in the construction of orthoses or pressure garments will be charged at cost plus 20%. Modifier 0009 must be quoted after the appropriate code numbers to show that this rule is applicable.

010 Materials used in treatment shall be charged at cost plus 20%. Modifier 0010 must be quoted after the appropriate code numbers to show that this rule is applicable.

011 Where the occupational therapist performs treatments away from the treatment rooms, travelling costs to be charged according to AA rates e.g. for domicilliary treatments or treatments in nursing homes. Modifier 0011 must be quoted after the appropriate code numbers to show that this rule is applicable.

Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.

012 Every practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars:

i The name and practice number of the consulting medical practitioner or dentist.
ii The name of the member.
iii The name of the patient.
iv The name of the medical scheme.
v The membership number of the patient.
vi The nature of the treatment.
vii The date on which the service was rendered.
viii The code number of the procedure used in the Guide to Fees.

**Modifiers Governing the Guide to Fees.**

0006 Add 50% of the total fee for the procedure.

0008 Assistive devices to be charged at cost.

0009 Material used for orthoses or pressure garments to be charged at cost plus 20%.

0010 Materials used in treatment to be charged at cost plus 20%.

0011 Travelling costs according to AA rates.

Please not that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.

**FEES**

| Code | Service | R.c. |
|---|---|---|
| 1 | **PROCEDURES OF INTERVIEWING, GUIDANCE AND CONSULTANCY** | |
| 101 | Interview. | 33.00 |
| 103 | Guidance. | 33.00 |
| 105 | Consultation - irrespective of duration. | 66.00 |
| 2 | **PROCEDURES OF INITIAL EVALUATION TO DETERMINE THE TREATMENT** | |
| 201 | Observation and screening. | 16.00 |
| 203 | Specific evaluation for a single aspect of dysfunction (Specify which aspect). | 16.00 |
| 205 | Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated) | 50.00 |
| 207 | Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated). | 99.00 |
| 209 | Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed). | 166.00 |
| 211 | Comprehensive in depth evaluation of the total person (Specify aspects assessed). | 230.00 |

| Code | Service | R.c. |
|---|---|---|
| | **Measurement for designing** | |
| 213 | A static orthosis. | 17.00 |
| 215 | A dynamic orthosis. | 17.00 |
| 217 | A pressure garment for one limb. | 17.00 |
| 219 | A pressure garment for one hand. | 17.00 |
| 221 | A pressure garment for the trunk. | 17.00 |
| 223 | A pressure garment for the face (chinstrap only). | 17.00 |
| 225 | A pressure garment for the face (full-face mask). | 17.00 |
| | The whole body or part thereof will be the sum total of the parts | |
| 3 | **PROCEDURES OF THERAPY** | |
| 301 | Group treatment in a task-centered activity, per patient (Treatment time 60 minutes or more). | 24.00 |
| 303 | Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session, per patient) | 25.00 |
| 305 | Groups directed to achieve common aims, per patient) (Treatment time 60 minutes or more). | 39.00 |
| 307 | Simultaneous treatment with two to four patients, each with specific problems, utilising individual activities, per patient (Treatment time up to 60 minutes) | 53.00 |
| 308 | Simultaneous treatment with two to four neuro-behavioural and stress related conditions or severe head injury patients, each with specific problems, utilising individual activities, per patient (Treatment time 90 minutes or more) | 79.00 |
| | Individual and undivided attention during treatment sessions utilising specific activity and/or techniques in an integrated treatment session | |
| 309 | On level one (15 minutes). | 26.00 |
| 311 | On level two (30 minutes). | 53.00 |
| 313 | On level three (45 minutes). | 80.00 |
| 315 | On level four (60 minutes). | 106.00 |
| 317 | On level five (90 minutes). | 141.00 |
| 319 | On level six (120 minutes). | 173.00 |
| 4 | **PROCEDURES REQUIRED TO PROMOTE TREATMENT** | |
| | As schemes will not necessarily grant benefits in respect of some items in this section, they fall into the "By arrangement with the scheme" category. (This does not apply to items 415 to 427 and 431) | |
| 401 | Recommendations as regards to assistive devices, environmental adaptions, alternative/compensatory methods, handling the patient | 24.00 |
| | Designing and constructing a custom-made adaptation or assistive device for treatment in a task-centered activity (specify the adaptation or device) | |
| 403 | On level one. | 24.00 |
| 405 | On level two. | 47.00 |
| 407 | On level three. | 71.00 |

| Code | Service | R.c. |
|---|---|---|
| 409 | On level four. | 94.00 |
| 411 | On level five. | 118.00 |
| 413 | On level six. | 141.00 |
| 415 | Designing and constructing a static orthosis. | 94.00 |
| 417 | Designing and constructing a dynamic orthosis. | 187.00 |
| | Designing and constructing pressure garment for: | |
| 419 | Limb. | 94.00 |
| 421 | Face (chinstrap only). | 71.00 |
| 423 | Face (full-face mask). | 94.00 |
| 425 | Trunk. | 141.00 |
| 427 | Hand. | 141.00 |
| | The whole body or part thereof will be the sum total of the parts for the first garment and 75% of the fee for any additional garments made on the same pattern | |
| 429 | Designing and planning an environmental adaptation. | 62.00 |
| 431 | Planning and preparing in depth home programme on a monthly basis. | 184.00 |
| 433 | Designing and planning an environmental control unit. | 368.00 |

**GAUTENG PROVINCIAL GOVERNMENT**
**DEPARTMENT OF HEALTH**

**SCHEDULE B6**

**SCHEDULE FOR BIOKINETIC SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS**

## GENERAL RULES

001 Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment the relevant fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. Modifier 0001 to be quoted.

002 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher fee and such higher fee as may be agreed upon between the practitioner and the scheme may be charged.

003 In the case of prolonged or costly treatment, the practitioner should first ascertain from the scheme concerned whether it will accept financial responsibility in respect of such treatment, since the member may be subject to maximum annual benefits.

004 After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment.

005 Practitioners are reminded that a lower fee than that appearing in the scale of benefits shall be charged if the customary fee in the area is less than that charged. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice.

008 When more than one condition requires treatment and each of these conditions necessitates an individual treatment, they shall be charged as individual treatments. Full details of the nature of the treatments must be stated. Modifier 0008 must then be quoted after the appropriate code number to indicate that this rule is applicable.

009 When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for the one condition, and 50% of the fee for the other condition. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable.

010 Every biokineticist must acquaint himself with the provisions of the Medical Schemes Act, 1967, as amended, and the regulations promulgated under the Act in connection with the rendering of accounts.

Every account shall contain the following particulars :

- The name and practice code number of the referring practitioner.
- The name of the member.
- The name of the patient.
- The name of the medical scheme.
- The membership number of the member.
- The nature of the treatment.
- The date on which the service was rendered.
- The code number of the procedure used in the recommended benefit.

**Modifiers**

0001 Unkept appointment.

0008 The full fee for the additional condition may be charged.

0009 Only 50% of the fee for the second condition may be charged.

**FEES**

| | Description | R.c. |
|---|---|---|
| **1.** | **EVALUATION** | |
| 908 | Simple evaluation at the first visit only (to be fully documented) | 17.00 |
| 909 | Complex evaluation at the first visit only (to be fully documented). | 34.00 |
| 910 | One complete re-assessment of a patient's condition during the course of treatment | 17.00 |
| 917 | Physical work capacity (treadmill or bicycle ergometer/other electronic equipment) | 59.00 |
| 918 | Physical work capacity with full ECG | 98.00 |
| 921 | Isokinetic Electronic test for diagnostic purposes | 59.00 |
| **2.** | **REHABILITATION** | |
| 922 | Patient education | 17.00 |
| 924 | A single therapeutic exercise session where the condition of the patient requires the undivided attention of the Biokineticist | 34.00 |
| 925 | Hydrotherapy where the condition of the patient is such that it requires the undivided attention of the Biokineticist | 34.00 |
| 928 | A rehabilitative exercise prescription for domicilliary use | 34.00 |
| 930 | Group session with high risk patients, per patients (maximum 10 patients) | 6.00 |

| | Description | R.c. |
|---|---|---|
| 3. | **PREVENTION** | |
| 933 | Programme prescription for an individual with CHD health risks including hyperlipidemia, metabolic disorders, Low-Back pain/ Lumbago etc. | 34.00 |
| 934 | Group exercise sessions, per patient | 6.00 |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B7

## SCHEDULE FOR CHIROPRACTOR SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS

### GENERAL RULES

All accounts must be presented with the following information clearly stated:

- name of chiropractor;
- qualifications of the chiropractor;
- RAMS practice number;
- postal address and telephone number;
- date on which service(s) were provided;
- applicable item codes;
- the nature of treatment;
- the surname and initials of the member;
- the first name of the patient;
- the name of the scheme;
- the membership number of the member;
- where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the practitioner;
- a statement of whether the account is in accordance with the recommended benefit schedule; and
- the name and practice number of the referring practitioner, if applicable.

### FEES

| Item | Description | R.c. |
|---|---|---|
| 1 | **CONSULTATIONS** | |
| 001 | Initial consultation (global fee covering history, examination and additional services, but excluding x-rays) | 67.00 |
| 002 | Subsequent consultation (global fee covering examination and additional services for the same condition, but excluding x-rays) | 50.00 |
| 2 | **RADIOLOGY**<br>**NOTE:** Items 066, 067, 076, 079 and 080 cannot be charged in conjunction with item 073. | |
| | **Modifier 0084 :** Film charges - Add 10% per view | |
| 049 | Ankle, per view | 28.00 |
| 051 | Cervical Spine, per view (Maximum 7 views as per Davis Series) | 41.00 |
| 055 | Elbow, per view | 28.00 |
| 057 | Foot, per view | 28.00 |
| 059 | Femur, per view | 42.00 |
| 060 | Hand, per view | 28.00 |
| | | 28.00 |
| 062 | Hip, per view | 28.00 |

| Item | Description | R.c. |
|---|---|---|
| 064 | Knee, per view | 28.00 |
| 066 | Lumbosacral, per view | 41.00 |
| 067 | Lumbar spine & Pelvis | 67.00 |
| 068 | Pelvis | 41.00 |
| 070 | Ribs | 45.00 |
| 072 | Radius/Ulna | 28.00 |
| 073 | Spine - Full spine study (AP & LAT) | 122.00 |
| 076 | Spine - single studies | 41.00 |
| 077 | Shoulder, per view | 28.00 |
| 079 | Spine - Thoracolumbar, per view | 41.00 |
| 080 | Spine - Thoracic, per view | 41.00 |
| 081 | Tibia/Fibula | 28.00 |
| 082 | Wrist, per view | 28.00 |
| **3** | **CONSUMABLES** | |
| 100 | Consumables at cost plus 10% | |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B8

## SCHEDULE FOR CLINICAL TECHNOLOGIST SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS

### FEES

| | Description | R.c. |
|---|---|---|
| 011 | Preparation and operation of extra-corporeal equipment. | 808.00 |
| 012 | Operation of heart laser during myocardial resuscitation | 902.00 |
| 013 | Continued operation of extra-corporeal equipment for a perfusion time in excess of one hour in 30 minute increments or part thereof provided that such part comprises 50% or more of the time | 84.00 |
| 015 | Preparation and operation of pre-operative, intra-operative or post operative physiological monitoring (cannot submit more than twice) per patient, per admission | 80.00 |
| 017 | Standby with extra-corporeal equipment for surgery within hospital (cannot be used with 011). | 242.00 |
| 019 | Standby within the hospital for coronary angioplasty. | 80.00 |
| 021 | Preparation and operation of intra-aortic balloon pump, stabilisation of device in theatre for hand-over to intensive care personnel | 242.00 |
| 023 | Preparation and operation of cardio assist device (LVAD, RVAD, and BVAD) in theatre and intensive care unit. | 242.00 |
| 027 | Preparation and operation of a post-operative blood salvage device. | 80.00 |
| 029 | Preparation and operation of an autotransfusion cell washing system. | 317.00 |
| 031 | Determination and monitoring of haemodynamic/pulmonary parameters, metabolism, arterial/venous pressure flow studies in high care/ICU (per patient per multiple procedures per day) | 254.00 |
| 033 | Assistance with bronchoscopy procedures, placement of arterial/ venous catheters, ultrasound examinations or photography. | 60.00 |
| 034 | Lymph compression treatment. | 93.00 |
| | Items 035 to 061 apply to out-patient department and normal wards only - Not in high care or intensive care | |
| 035 | Nebulization (per one procedure). | 51.00 |
| 037 | Measurement of Lung volumes and capacities by means of closed circuit (He) or (N2) washout or body plethysmography. | 100.00 |
| 039 | Flow-volume determinations. | 126.00 |
| 041 | Flow-volume (Pre-post B-D). | 209.00 |
| 043 | Airways resistance and conductance measurements using plethysmograph or similar apparatus. | 100.00 |
| 045 | Gas distribution measurements. | 100.00 |
| 047 | Diffusion determinations. | 100.00 |
| 049 | Exercise testing (EIA). | 71.00 |
| 050 | EMCO change-out and re-establishment. | 190.00 |
| 051 | Exercise testing with recording of : VT, VO2, HR, RR, ECG and Oximetry | 100.00 |

| | Description | R.c. |
|---|---|---|
| 053 | Allergy tests. | 47.00 |
| 055 | If RAST included add (per allergen). | 47.00 |
| 057 | Bronchial provocation testing. | 168.00 |
| 059 | Compliance measurements. | 100.00 |
| 061 | Maximum inspiratory (MIP) and/or expiratory (MEP) pressures and/or Vital Capacity and/or PEFR. | 25.00 |
| 063 | Cardiac catheterisation for the first hour. | 166.00 |
| 065 | Each additional 30 minutes or part thereof provided that such part comprises 50% or more of the time | 42.00 |
| 067 | Cardiac Electro physiology and related procedures. | 279.00 |
| 069 | Temporary and single Pacemaker procedures. | 166.00 |
| 070 | Permanent and dual Pacemaker procedures. | 190.00 |
| 071 | Each additional 30 minutes or part thereof provided that such part comprises 50% or more of the time. | 42.00 |
| 073 | Dilatation procedures and stents. | 228.00 |
| 075 | Pacemaker checking and/or reprogramming. | 58.00 |
| 077 | 24 Hour Holter ambulatory monitoring. | 228.00 |
| 079 | Cardiac exercise stress testing. | 120.00 |
| 081 | Recording of twelve led ECG. | 32.00 |
| 083 | Intra-aortic balloon pumping per first hour, in Catheterisation Laboratory. | 166.00 |
| 085 | Each additional 30 minutes or part thereof, provided that such part comprises 50% or more of the time. | 42.00 |
| 087 | M Mode echocardiogram. | 68.00 |
| 089 | 2D echocardiogram. | 121.00 |
| 091 | Doppler flow. | 133.00 |
| 093 | Colour imaging. | 133.00 |
| 095 | ECG signal averaging (Hi-Res). | 221.00 |
| 097 | Ambulatory bloodpressure monitoring. | 77.00 |
| 099 | Vector cardiogram. | 228.00 |
| 111 | Transoesophageal echocardiogram. | 177.00 |
| | Preparation, recording and analyses/technical report of: | |
| 113 | Visual, auditory, somatosensory evoked potentials (SEP). | 153.00 |
| 115 | Additional 2 nerves. | 61.00 |
| 117 | Electroretinography (ERG) - unilateral or Electro-oculography (EOG) | 177.00 |
| 119 | Sleep EEG. | 129.00 |
| 121 | Overnight polysomnogram or EEG (by arrangement with scheme concerned) or 16 - 24 hour ambulatories EEG. | 521.00 |
| 123 | Obstructive sleep apnea screening polysomnogram or 8 - 12 hour ambulatory EEG | 566.00 |
| 125 | Multiple sleep latency test (MSLT) | 456.00 |
| 127 | Overnight CPAP titration. | 428.00 |
| 129 | Electroencephalography (standard). | 108.00 |
| 131 | Mobile EEG recordings (i.e. ICU). | 108.00 |
| 133 | EEG with special activation. | 203.00 |
| 135 | Electromyography: Needle examination per muscle/conduction velocity (motor/sensory) each, to a maximum of 5. | 61.00 |
| 137 | Intra-operative evoked potentials for the 1st hour | 228.00 |
| 139 | Each additional hour or part thereof provided that such part comprises 50% or more of the time. | 153.00 |

| | Description | R.c. |
|---|---|---|
| 141 | Intra-operative EEG (carotid endarterectomy). | 108.00 |
| 143 | Transcranial or Carotid Doppler (bilateral). | 162.00 |
| 145 | Preparation of extra-corporeal equipment: Acute Haemodialysis (AHD), Haemoperfusion (HP), Haemofiltration (HF), Haemo-concentration (HC), Continuous extra-corporeal renal replacement therapies (CAVU, CAVH, CAVHD, CVVU, CVVH, CVVHD), Aphaeresis, Auto transfusion and cell recovery (AT). | 190.00 |
| 147 | Preparation of extra-corporeal equipment for Chronic Haemodialysis (CHD). | 68.00 |
| 149 | Treatment procedure per 1 hour (excluding CAVU, CAVH, CAVHD, CVVU, CVVH, CVVHD). | 138.00 |
| 151 | Treatment procedures for CAVU, CAVH, CAVHD, CVVU, CVVH, CVVHD per 4 hours or part thereof provided that such part comprises 50% or more of the time | 68.00 |
| 153 | Patient training in centre for dialysis, home ventilators and nebulisers, per 30 minutes (to maximum of 24 hours). | 68.00 |
| 155 | Patient training or follow-ups at patient's home, for dialysis, home ventilators and nebulisers, per 30 minutes (to maximum of 24 hours). | 120.00 |
| 157 | Standby with extra corporeal equipment (maximum 4 hours) (per event). | 108.00 |
| 159 | Post Vasectomy semen analysis. | 42.00 |
| | As schemes will not necessarily grant benefits in respect of some items below, they fall into the "By arrangement with the scheme" category | |
| 161 | Complete semen analysis. | 131.00 |
| 163 | Semen wash for A I. | 125.00 |
| 165 | IVF, GIFT, PROST with semen and serum preparation including ovum and embryo handling and transfer (Cannot be used with items 161, 163, 167 and 169) | 1513.00 |
| 167 | Ovum and embryo freezing. | 539.00 |
| 169 | Semen freezing. | 125.00 |
| 171 | Travelling per km in excess of 16km (in own car). | 3.00 |
| 173 | Equipment hire (By arrangement with scheme). | |
| 175 | Cost of material: Lowest available manufacturers price (VAT included) plus 20%. | |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B9

## SCHEDULE FOR DENTAL THERAPIST SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS

### GENERAL RULES

1 **The following Rules apply to all practitioners.**

001 Item 001 refers to a Full Mouth Examination, charting and treatment planning and no further fee shall be chargeable until the treatment plan resulting from this consultation is completed.

002 (a) Every dental therapist shall render a monthly account for every procedure which has been completed irrespective of whether the total treatment plan has been.

(b) Every account shall contain the following particulars :

(i) the surname and initials of the member;
(ii) the first name of the patient;
(iii) the name of the scheme;
(iv) the membership number of the member;
(v) the practice number;
(vi) date on which every service was rendered;
(vii) where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the dental therapist ;
(viii) a statement of whether the account is in accordance with the recommended benefit schedule ; and
(ix) the name of the dental therapist rendering the service must be shown on the account.

2 **Rules for recommended benefits schedule accounts submitted to medical schemes for direct payment (when applicable)**

011 The date of birth of the patient shall be indicated on the account, with the first name of the patient.

012 The designated description appearing in bold against each item code in the recommended scale of benefits shall be indicated on the dental therapist's account. No other wording will be acceptable.

013 A copy of the account shall be rendered to the member of a medical scheme, at the same time as submission to the medical scheme.

014 The rule and item code descriptions shall be strictly adhered to in the rendering of all accounts.

015 The indications for treatment shall be recorded and, in the case of restorative treatment, shall be radiologically verified.

016 All records shall be kept in a transmissible form and be forwarded by the dental therapist to the relevant medical scheme on request.

017 Where an item is indicated as "By arrangement", prior motivation and arrangement must be made with the individual medical scheme.

018 Tooth identification will be applicable to the following codes : 019, 021, 025 to 039, 049, 051, 053, 055, 057 and 059.

## FEES

| | Description | R.c. |
|---|---|---|
| 001 | Full mouth examination, charting and treatment planning (see Rule 001). | 32.00 |
| 003 | Appointment not kept (by arrangement with patient). | |
| 004 | Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning. | 24.00 |
| 005 | Intra-oral radiographs, per film (peri-apical, bitewing and occlusal). | 24.00 |
| 007 | Maximum for 005 (4 x X-rays). | 96.00 |
| 009 | Use of rubber gloves and masks as part of infection control, per dental therapist, per assistant, per visit. | 5.00 |
| 011 | Panoramic radiograph (By arrangement with scheme). | |
| 013 | After hours fee : Additional fee for emergency treatment rendered outside normal working hours where a special journey by the dental therapist to the place of treatment is involved | 76.00 |
| 015 | Preventative visit : This includes oral hygiene instruction, scaling, polishing, reburnishing of restorations and application of fluoride | 98.00 |
| | Note : A preventative visit must include all the above procedures that are indicated and may not be charged more than six monthly. | |
| 017 | Preventative follow-up visit, inclusive of items listed under 015. Procedures performed must be listed. | 58.00 |
| 019 | Fissure sealant, per tooth. | 23.00 |
| 021 | Maximum per quadrant (sealant 2 + teeth). | 54.00 |
| | Note: 019 and 021 chargeable once only in respect of a tooth per annum. | |
| | 019 and 021 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme. | |
| 023 | Treatment of hypersensitive dentine, per visit as an isolated procedure where items 015 or 017 has not been applied. | 25.00 |
| | Extractions during a single visit. | |
| 025 | One tooth in a quadrant. | 36.00 |
| 027 | Two teeth in same quadrant. | 48.00 |
| 029 | Three teeth in same quadrant. | 62.00 |
| 031 | Four teeth in same quadrant. | 77.00 |
| 033 | Five teeth in same quadrant. | 91.00 |
| 035 | Six teeth in same quadrant. | 104.00 |
| 037 | Seven teeth in same quadrant. | 117.00 |
| 039 | Eight teeth in same quadrant. | 132.00 |
| 040 | Local anaesthetic, per visit. | 6.00 |

| | Description | R.c. |
|---|---|---|
| 041 | Use of sutures per sterile pack. | 22.00 |
| 043 | Local treatment of post-extraction bleeding per visit (excluding treatment in the case of blood dyscrasias, e.g. haemophilia) Only if a separate visit is needed after an extraction at a prior visit and as an isolated procedure where no other treatment is performed at the same visit | 23.00 |
| 045 | Treatment of septic socket per visit. Only applicable if a separate visit is needed after the extraction on a prior date and as an isolated procedure where no other treatment is performed at the same visit | 23.00 |
| 047 | Incision and drainage of pyogenic abscess (intra-oral approach) where an extraction does not take place at the same visit. | 44.00 |
| 049 | Temporary filling of indirect pulp capping where permanent filling is not completed at the same visit. | 45.00 |
| | Plastic restorations including direct pulp cap where applicable. | |
| 051 | Plastic restoration/filling per tooth regardless of the number of surfaces treated, where a matrix band is not used. | 65.00 |
| 053 | Plastic restoration/filling per tooth regardless of the number of surfaces treated, where a matrix band is used. | 79.00 |
| | Plastic restorations (using acid etch technique) including direct pulp and use of rubber dam where applicable. | |
| 055 | Plastic restoration/filling per tooth on anterior teeth using acid etch regardless of number of surfaces. | 79.00 |
| 057 | Plastic restoration/filling per tooth on premolar or molar teeth using acid etch regardless of the number of surfaces treated, where a matrix band is not used | 71.00 |
| 059 | Plastic restoration/filling per tooth on premolar or molar teeth using acid etch regardless of the number of surfaces treated, where a matrix band is used | 87.00 |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B10

## SCHEDULE FOR HEARING AID ACCOUSTICIAN SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS

### Preamble

This Association recommends the following fees as a guide for schemes, which wish to determine the level of benefits in respect of services, rendered by Hearing Aid Acousticians.

It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules.

1. Services must be rendered in collaboration with a medical practitioner or.
2. Illness or conditions for which such benefits will be.
3. The limitation, if any, for such benefits.

It is recommended that schemes should consider paying accounts rendered in accordance with the schedule direct to the Hearing Aid Acoustician. If accounts are rendered at rates in excess of this schedule, the applicable benefits should be paid as a reimbursement to the member.

### GENERAL RULES

001 In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, such higher fee as may be agreed upon between the practitioner and the patient may be charged.

002 Medical schemes are not obliged to provide benefits for services by Hearing Aid Acousticians, nor are they obliged to pay practitioners direct. Enquiries should be made by the member regarding the benefits which are provided by the medical scheme.

003 The fee in respect of more than one evaluation shall be the full fee for the first evaluation plus half the fee in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.

004 Each practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars :

- The practice code number of the supplier of service
- The name of the collaborating medical practitioner or audiologist.
- The name of the member.
- The name of the patient.
- The name of the medical scheme.
- The membership number of the member.
- The nature of the treatment.
- The date on which the service was rendered.
- The code number of the procedure used in the recommended benefit.

## FEES

| Item | Description | R.c. |
|---|---|---|
| 001 | First consultation (comprehensive) | 41.00 |
| 003 | Consultation (screening interview) | 26.00 |
| 021 | Test - air conduction | 24.00 |
| 023 | Test - bone conduction | 24.00 |
| 025 | Test - speech hearing tests | 37.00 |
| 027 | Test - free field | 34.00 |
| 029 | Test - insertion gain (per ear) | 34.00 |
| 031 | Test - binaural loudness balance test | 34.00 |
| 051 | Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme) | - |
| 053 | Hearing Aid Evaluation (refer to General Rule 003) | 34.00 |
| 055 | Technical adjustment or replacement of earmolds | 55.00 |
| 057 | Repairs/service per instrument (3 X services/4 year cycle) (By arrangement with scheme) | - |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B11

## SCHEDULE FOR ORTHOPTIST SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS

### FEES

| | Description | R.c. |
|---|---|---|
| 001 | Orthoptic consultation (Ocular motility assessment, comprehensive examination) | 47.00 |
| 003 | Orthoptic treatment (Ocular motility imbalance) | 41.00 |
| 005 | Orthoptic consultation (Hess chart) | 52.00 |
| 007 | Orthoptic visual fields charting or field of binocular single vision | 101.00 |

**GAUTENG PROVINCIAL GOVERNMENT**
**DEPARTMENT OF HEALTH**

**SCHEDULE B12**

**SCHEDULE FOR PODIATRIST SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS**

**General Rules and Modifiers**

B The fee in respect of more than one procedure performed at the same consultation or visit, shall be the full fee for the major procedure plus half the fee in respect of each additional procedure carried out in the treatment of any one condition.

0002 For procedures 021 to 035 carried out in a day clinic or unattached operating theatre unit, the fee shall be reduced to two-thirds.

**FEES**

| Item | Service | R.c. |
|---|---|---|
| | **CONSULTATIONS.** | |
| 001 | First consultation at rooms (includes history and examination). | 24.00 |
| 002 | Consultation away from rooms | 24.00 |
| 003 | Subsequent consultation at rooms (within 2 months for same condition). | 24.00 |
| 004 | Subsequent consultation away from rooms. | 24.00 |
| 006 | More than one patient seen at a residence (See note below). | 32.00 |
| | **NOTE :** This code is a blanket code for home visits away from the practitioners rooms where more than one but up to and including six patients are treated. The code may be used again if seven to twelve patients are seen. | |
| 008 | Extended consultation (See note below). | 12.00 |
| | **NOTE:** This code may be used and the fee added if the consultation and/or treatment of one patient take longer than thirty minutes. This is in respect of General Podiatry Care only. It is not to be used for Biomechanical examinations. | |
| 101 | Appointments not kept (by arrangement with patient). | |
| | **INJECTIONS** | |
| 009 | Administration of injection, per administration | 5.00 |
| | **ROUTINE TREATMENTS** | |
| 011 | General podiatric care including nails cut, cleared and drilled, reduction of Hyperkeratosis and Parakeratosis (irrespective of number of lesions) | 15.00 |
| 035 | Nail spike removal without local anaesthetic (irrespective of number of involved nails). | 15.00 |

| Item | Service | R.c. |
|---|---|---|
| | **VERRUCA TREATMENTS** | |
| 014 | Verruca Pedis (Chemotherapy first lesion) (consultation and treatment). | 22.00 |
| 015 | Subsequent lesion. | 11.00 |
| 016 | Cryotherapy first lesion (consultation and treatment). | 30.00 |
| 017 | Subsequent lesion. | 15.00 |
| 018 | Diathermy first lesion (consultation and treatment). | 26.00 |
| 019 | Subsequent lesion. | 13.00 |
| | **Nail Surgery** | |
| | **Note:** No consultation fee shall be charged for the same session. | |
| 021 | Nail wedge resection with matrix phenolisation: one nail - one side (including consultation). | 74.00 |
| 023 | One nail - two sides (including consultation). | 96.00 |
| 025 | Avulsion with matrix phenolisation (including consultation). | 74.00 |
| 022 | Two nails - one side (including consultation). | 96.00 |
| 024 | Two nails - both sides (including consultation). | 136.00 |
| 031 | Avulsion without matrix phenolisation (including consultation). | 12.00 |
| 034 | Nail wedge resection without matrix phenolisation one nail - one side (including consultation). | 15.00 |
| 033 | One nail - both sides (including consultation). | 41.00 |
| | **Other** | |
| 040 | Infection control, per patient | 5.00 |
| 041 | Remedial therapy. | 19.00 |
| 042 | Sterile pack. | 22.00 |
| 044 | Suturing (includes consultation). | 30.00 |
| 048 | Suturing / Wound closure material : Cost of material plus 10% | |
| 046 | Incision Biopsy. | 22.00 |
| 146 | Excision biopsy. | 33.00 |
| 047 | Removal of foreign body. | 33.00 |
| 201 | Sterile Surgical Blades (maximum of 2 per patient) | 4.00 |
| 203 | Wound dressing material (maximum of 2 per patient) | 8.00 |
| 205 | Plaster of Paris bandage rolls (maximum of 2 per patient). Cost plus 10%. | |
| 215 | Orthopaedic padding and strapping fee. | 37.00 |
| 207 | Moulded Orthotic material fee | 44.00 |
| 209 | Simple insole material fee | 22.00 |
| 211 | Local anaesthetic medication per ampoule (maximum of 5 per patient) | 8.00 |
| 213 | Injection medication fees (other than local anaesthetic). Cost plus 10%. | |
| | **Appliances and Orthotics** | |
| | (By arrangement with the scheme concerned). | |
| 043 | Biomechanical examination. | 59.00 |
| 051 | Neutral impression Plaster of Paris casting | 32.00 |
| 058 | Plaster of Paris Immobilisation casting | 40.00 |
| 052 | Orthotic repair. | 48.00 |
| 053 | Temporary orthotic. | 48.00 |

| Item | Service | R.c. |
|---|---|---|
| 054 | Prescription covering and soft tissue supplements. | 33.00 |
| 055 | Silicone wedge. | 23.00 |
| 056 | Electro-dynagram and other Computerised Diagnostic Aid | 74.00 |
| 057 | Template measurement. | 11.00 |
| 059 | Simple insole - one foot. | 42.00 |
| 061 | Simple insoles - both feet. | 76.00 |
| 063 | Orthotics: one foot. | 72.00 |
| 065 | Orthotics: both feet. | 143.00 |

The fees for items 063 and 065 include the cost of intrinsic and extrinsic posting adjustments

**GAUTENG PROVINCIAL GOVERNMENT**
**DEPARTMENT OF HEALTH**

**SCHEDULE B13**

# SCHEDULE FOR PSYCHOLOGIST SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS

## GENERAL RULES

### A CONSULTATION

a) First Consultation: Refers to a situation where a psychologist personally takes down a patient's psychological history, performs an appropriate clinical examination, arrives at a mental state diagnosis, and decides upon appropriate assessment, disposition, and treatment plans.

b) Subsequent Consultation: Refers to a voluntarily scheduled consultation performed for the same condition pertaining to the first consultation but where the symptoms or complaints differ from those presented during the first consultation, i.e. item 86031 is not to be charged routinely prior to a scheduled treatment session. Subsequent consultations are therefore devoted to the modification of treatment or psychometric assessment plans.

c) Hospital visits: This applies where a patient has been hospitalised for either psychological, psychiatric or medical reasons. Where this patient has contracted a psychologist's service's and the latter deems it necessary to perform a hospital visit on the patient in order to deliver psychological services he or she may do so and charge according to the consultative services schedule.

### 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, as well as all other periods voluntarily scheduled (even when for the convenience of the patient) by a psychologist 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 where the psychologist ascertains that it would be professionally unethical (i.e. psychologically endangering) to delay rendering of the service at a later opportunity. Patients will be personally responsible for payment of the applicable after hours levy if their medical scheme refuses to do so.

### C APPOINTMENT CANCELLATIONS

Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged to the patient. In the case of a psychologist "timely" shall mean 24 (twenty four) hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged.

### D DIRECT CONSULTATION

In terms of the conditions in respect of psychologists as published in the Medical, Dental and Supplementary Health Services Professions Act, No 56 of 1974 (as amended), a psychologist may treat any person who comes to him/her direct for consultation. A psychologist who is consulted by a patient, or who treats a patient shall take all reasonable steps to ensure the collaboration of the patient's general practitioner and/or specialist consultant.

## MODIFIERS

### Modifier governing the section Psychological Services

0001 When first or subsequent consultations proceed into, or are immediately followed by a psychotherapeutic procedure, fees for the procedure are calculated according to items 041 or 051 or 061 or 018 for a 20-minute session or part thereof, provided that such part comprises 50% or more of the time of a session. Modifier 0001 must be quoted.

0002* Relevant fee plus 50%.
Procedures at hospitals or clinics. Only applicable to item numbers 001 to 045. Applicable only in respect of rules pertaining to after hours consultation.

0003* Relevant fee plus 50%.
Procedures conducted after hours applicable only in respect of rules pertaining to after hours consultations

* Only one modifier may be used

## FEES

| | Description | R.c. |
|---|---|---|
| | **CONSULTATIVE SERVICES** | |
| 001 | First consultation: Short session (20 minutes) | 58.00 |
| 002 | First consultation: Intermediate session (40 minutes) | 115.00 |
| 003 | First consultation: Extended session (60 minutes) | 176.00 |
| 031 | Subsequent consultation: Short session (20 minutes) | 84.00 |
| | **PSYCHOTHERAPY** | |
| 041 | Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes) | 62.00 |
| 043 | Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes) | 119.00 |
| 045 | Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes) | 176.00 |
| 051 | Directive therapy to family, parent(s), spouse: Per short session (20 minutes) | 62.00 |
| 053 | Directive therapy to family, parent(s), spouse: Per intermediate session (40 minutes) | 119.00 |
| 055 | Directive therapy to family, parent(s), spouse: Per extended session (60 minutes) | 176.00 |
| 061 | Pairs, marriage or sex therapy: Per short session (20 minutes) | 62.00 |
| 063 | Pairs, marriage or sex therapy: Per intermediate session (40 minutes) | 119.00 |
| 065 | Pairs, marriage or sex therapy: Per extended session (60 minutes) | 176.00 |
| 018 | Family therapy: Per short session (20 minutes) | 62.00 |
| 019 | Family therapy: Per intermediate session (40 minutes) | 119.00 |
| 020 | Family therapy: Per extended session (60 minutes) | 176.00 |
| 009 | Group therapy: Adults (specify number): Fee per person per 80 minute session | 40.00 |
| 014 | Group therapy: Children (specify number): Fee per person per 80 minute session | 40.00 |
| 010 | Psychometry - specify examination as per psychometry schedule | |

| | Description | R.c. |
|---|---|---|
| | **SCHEDULE OF TARIFFS FOR PSYCHOMETRY QUESTIONNAIRES AND TESTS** | |
| | Note: Only clinical assessment procedures are allowed. This specifically excluded psychometric assessment of any kind for research purposes | |
| 101 | S A Weschsler Adult Intelligence Scale-revised (SAWAIS-R) | 207.00 |
| 102 | Senior S A Individual Scale-Revised (SSAIS-R) Wisc-R | 141.00 |
| 103 | Junior S A Individual Scale-12 (JSAIS-12)/Wippsy | 141.00 |
| 104 | Junior S A Individual Scale-8 (JSAIS-8)/JAT/SAT | 106.00 |
| 105 | Weschsler Memory Scales (WESCHSLER MEMORY) | 71.00 |
| 106 | Bender Gestalt Visual Perceptual Test (BENDER-GESTALT)/ Beery | 71.00 |
| 107 | Rey Complex Figure Test (REY COMPLEX TEST) | 36.00 |
| 108 | Rey Auditory Verbal Learning Test (REY AUDITORY) | 36.00 |
| 109 | Trail Making Test (TRAIL MAKING TEST) | 36.00 |
| 110 | Malingering Test (MALINGERING TEST) | 36.00 |
| 111 | Luria-Nebraska Neuropsychological Battery (LURIA-NEBRESKA) | 237.00 |
| 112 | Halstead-Reitan Neuropsychological Battery (HALSTEAD-REITAN) | 237.00 |
| 113 | Children's Personality Questionnaire (CPQ)/PIC | 71.00 |
| 114 | High School Personality Questionnaire (HSPQ)/Jung/Incomplete sentences | 71.00 |
| 115 | 16-Personality Factor Inventory (16-PF)/SAT | 71.00 |
| 116 | Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) | 106.00 |
| 117 | Minnesota Multiphasic Personality Inventory (MMPI) | 106.00 |
| 118 | Millon Clinical Multiaxial Inventory 11 (MCMI-11) | 106.00 |
| 119 | Millon Adolescent Clinical Inventory (MACI) | 106.00 |
| 120 | Family Apperception Test (FAT) | 106.00 |
| 121 | Thematic Apperception Test (TAT)/PMT/CAT | 141.00 |
| 122 | Draw-A-Person Projective Drawing Test (DAP) | 36.00 |
| 123 | Kinetic Family Projective Drawing Test (KFD) | 36.00 |
| 124 | Personal-Home-Social-Formal Relations (PHSF QUESTIONNAIRE) | 71.00 |
| 125 | Interpersonal Relations Questionnaire (IRQ QUESTIONNAIRE) | 71.00 |
| 126 | Rorschach Inkblot Test (RORSCHACH)/SORT | 211.00 |
| 127 | Sexual Adaption and Functioning Test (SAFT) | 71.00 |
| 128 | School Readiness Screening Battery (NEURO-DEVELOPMENT) | 141.00 |
| 129 | 19 Field Interest Inventory (19FII)/Kodus/SOV/OSGH[ii] | 71.00 |
| 130 | Frostig Developmental Test of Visual Perception (DTVP-FROSTIG) | 71.00 |
| 131 | Griffiths Developmental Scales (GRIFFITHS SCALES)/Dev Profile II | 211.00 |
| 132 | Bene Anthony Family Relations Test (BENE-ANTHONY) | 106.00 |
| 133 | Reading Accuracy and Speed Tests (READING SPAN) | 36.00 |
| 134 | Reading Paragraph and Comprehension Test (READING COMPREHENSION) | 36.00 |
| 135 | Mathematical Accuracy, Speed, Comprehension Test (MATH TEST) | 36.00 |
| 136 | Spelling Test (SPELLING TEST) | 36.00 |

[ii] May be used together with any of the other tests in this group.

**GAUTENG PROVINCIAL GOVERNMENT**
**DEPARTMENT OF HEALTH**

**SCHEDULE B14**

**SCHEDULE FOR RADIOGRAPHER SERVICES TO PRIVATE AND PRIVATE HOSPITAL PATIENTS**

## DIAGNOSTIC PROCEDURES

Note : Items 015, 029, 031, 033, 037, 065, 071, 073, 075, 077, 079, 081, 083, 085, 087, 089, 091, 093, 095, 097, 099, 101, 115, 117, 119, 121, 129, 131, 133, 135, 137, 139, 141, 149, 167, 171 and 173: The radiographer must submit the name of the supervising clinician and his/her RAMS practice number. Schemes should not pay the radiographer if she/he is supervised by a radiologist.

## MODIFIERS GOVERNING THIS SECTION OF THE RECOMMENDED BENEFIT SCHEDULE

0001 After hours call-out- R20.00

0080 Multiple examinations: Full fees

0081 Repeat examinations: No reduction

0084 Film charges as per radiologists

## FEES

| | Description | R.c. |
|---|---|---|
| 1 | **SKELETON** | |
| 1.1 | **LIMBS** | |
| 001 | Finger, toe | 19.00 |
| 003 | Limb per region, e.g. shoulder, elbow, knee, foot, hand, wrist or ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 25.00 |
| 005 | Smith-Petersen or equivalent control, in theatre | 205.00 |
| 007 | Stress studies, e.g. joint | 25.00 |
| 009 | Length studies per right and left pair of long bones | 25.00 |
| 011 | Skeletal survey under 5 years | 74.00 |
| 013 | Skeletal survey over 5 years | 80.00 |
| 015 | Arthrography per joint | 61.00 |
| 1.2 | **SPINAL COLUMN** | |
| 017 | Per region, e.g. cervical, sacral, coccygeal, one region thoracic | 38.00 |
| 019 | Lumbar spine and pelvis | 64.00 |
| 021 | Stress studies | 16.00 |
| 023 | Whole spine and pelvis | 114.00 |

| | Description | R.c. |
|---|---|---|
| 025 | Scoliosis studies | 60.00 |
| 027 | Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required) | 26.00 |
| | **MYELOGRAPHY** | |
| 029 | Lumbar | 66.00 |
| 031 | Thoracic | 62.00 |
| 033 | Cervical | 91.00 |
| 035 | Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) | |
| 037 | Discography | 48.00 |
| **1.3** | **SKULL** | |
| 039 | Skull studies | 50.00 |
| 041 | Paranasal sinuses | 26.00 |
| 043 | Facial bones and/or orbits | 54.00 |
| 045 | Mandible | 40.00 |
| 047 | Nasal bone | 25.00 |
| 049 | Mastoid: Bilateral | 77.00 |
| | **TEETH** | |
| 051 | One quadrant | 12.00 |
| 053 | Two quadrants | 13.00 |
| 055 | Full mouth | 17.00 |
| 057 | Rotation tomography of the teeth and jaws | 23.00 |
| 059 | Temporo-mandibular joints: Per side | 30.00 |
| 061 | Tomography: Per side | 47.00 |
| 063 | Localisation of foreign body in the eye | 47.00 |
| 065 | Ventriculography | 57.00 |
| 067 | Post-nasal studies: Lateral neck | 16.00 |
| 069 | Maxillo-facial cephalometry | 41.00 |
| 071 | Dacryocystography | 37.00 |
| **2** | **ALIMENTARY TRACT** | |
| 073 | Sialography (plus 80% for each additional gland) | 38.00 |
| 075 | Pharynx and oesophagus | 35.00 |
| 077 | Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through | 48.00 |
| 079 | Small bowel meal (control film of abdomen included, except when part of item 081) | 43.00 |
| 081 | Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon) | 72.00 |
| 083 | Barium enema (control film of abdomen included) | 78.00 |
| 085 | Biliary tract: ERCP (choledogram and/or pancreatography screening included) | 72.00 |
| 087 | Gastric/oesophageal/duodenal intubation control | 32.00 |
| 089 | Hypotonic duodenography (077 included) | 88.00 |

| | Description | R.c. |
|---|---|---|
| 3 | **BILIARY TRACT** | |
| 091 | Oral cholecystography | 73.00 |
| 093 | Intravenous | 90.00 |
| 095 | Operative: First series | 89.00 |
| 097 | Subsequent series | 37.00 |
| 099 | Post-operative: T-tube | 31.00 |
| 101 | Trans-hepatic, percutaneous | 53.00 |
| 103 | Tomography of biliary tract: Add | 33.00 |
| | **CHEST** | |
| 105 | Larynx (tomography included) | 65.00 |
| 107 | Chest (item 167 included) | 30.00 |
| 109 | Chest and cardiac studies (item 167 included) | 36.00 |
| 111 | Ribs | 30.00 |
| 113 | Sternum or sterno-clavicular joints | 38.00 |
| | **BRONCHOGRAPHY** | |
| 115 | Unilateral | 51.00 |
| 117 | Bilateral | 87.00 |
| 119 | Pleurography | 24.00 |
| 121 | Laryngography | 24.00 |
| 123 | Thoracic inlet | 24.00 |
| 5 | **ABDOMEN** | |
| 125 | Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram, etc.) | 26.00 |
| 127 | Acute abdomen or equivalent studies | 47.00 |
| 6 | **URINARY TRACT** | |
| 129 | Control film included and bladder views before and after micturition | 102.00 |
| 131 | Intravenous pyelogram time sequence (for hypertension study only) | 18.00 |
| 133 | Waterload test: Add | 31.00 |
| 135 | Cystography only or urethrography only (retrograde) | 58.00 |
| | CYSTO-URETHROGRAPHY | |
| 137 | Retrograde | 51.00 |
| 139 | Retrograde-prograde pyelography | 65.00 |
| 141 | Aspiration renal cyst | 26.00 |
| 143 | Tomography of renal tract: Add | 30.00 |
| 7 | **GYNAECOLOGY AND OBSTETRICS** | |
| 145 | Pregnancy | 30.00 |
| 147 | Pelvimetry | 54.00 |
| 149 | Hysterosalpingography | 49.00 |

| | Description | R.c. |
|---|---|---|
| 8 | **TOMOGRAPHY AND CINEMATOGRAPHY** | |
| 151 | Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension, fees shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations | |
| 153 | Tomography (multi-dimensional in motion): Add 150% | |
| 9 | **COMPUTED TOMOGRAPHY** | |
| | **MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE RECOMMENDED BENEFIT SCHEDULE** | |
| 0089 | The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations, and 16 or more for abdomen examinations. Fees for examinations on a matrix number of less than 250 shall be reduced by 50% | |
| 155 | Head, single examination, full series | 400.00 |
| 157 | Head, repeat examination at the same visit, after contrast, full series | 138.00 |
| 159 | Chest | 463.00 |
| 161 | Abdomen (including base of chest and/or pelvis) | 538.00 |
| 163 | Multiple examinations: For an additional part, the lesser fee shall be reduced to | 125.00 |
| 165 | Limbs and other limited examinations | 125.00 |
| 10 | **MISCELLANEOUS** | |
| | **RULES** | |
| Z | No fee to be subject to more than one reduction | |
| 167 | Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109) | 33.00 |
| 169 | Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add | 46.00 |
| 171 | Sinography | 68.00 |
| 173 | Bone densitometry | 83.00 |
| 175 | Mammography: Unilateral or bilateral | 89.00 |
| 177 | Repeat mammography, unilateral or bilateral for localisation of tumour | 89.00 |
| 179 | Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in x-ray department except 005: Per 1/2 hour: Plus fee for examination performed | 27.00 |
| 180 | Attendance in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures, per half hour or part thereof | 66.00 |
| | (Please note : The time-based fee for item 180 might not correlate with catheterisation laboratory or theatre time. The radiographer is responsible for pre-catheterisation set-up and post catheterisation processing. Schemes should accept the submission if it reflects 'extra' time) | |
| 181 | Setting of sterile trays | 5.00 |

| | Description | R.c. |
|---|---|---|
| **11** | **PORTABLE UNIT EXAMINATIONS** | |
| 183 | Where x-ray unit has to be transported: Add | 87.00 |
| 185 | Where portable x-ray unit is used in the hospital or theatre: Add | 30.00 |
| 187 | Theatre investigations with fixed installation: Add | 13.00 |

# GAUTENG PROVINCIAL GOVERNMENT
# DEPARTMENT OF HEALTH

## SCHEDULE B15

## SCHEDULE FOR ARTIFICIAL AIDS TO HOSPITAL, PRIVATE AND PRIVATE HOSPITAL PATIENTS

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# FEES

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| 1 | ANKLE FOOT ORTHOSIS | | | | | |
| | Ankle brace - Elastic | each | 81.00 | 61.00 | 41.00 | 9.00 |
| | Ankle brace - moulded with lacing | each | 983.00 | 738.00 | 492.00 | 99.00 |
| | Ankle brace - moulded plastic | each | 983.00 | 738.00 | 492.00 | 99.00 |
| | Ankle brace - lace up | each | 497.00 | 373.00 | 249.00 | 50.00 |
| | Ankle brace - neoprene | each | 60.00 | 45.00 | 30.00 | 6.00 |
| | Ankle brace - neoprene with splint (corrective) | each | 508.00 | 381.00 | 254.00 | 51.00 |
| | Ankle brace - kneumatic | each | 389.00 | 292.00 | 195.00 | 39.00 |
| | Ankle foot orthosis - leg rotation control - resting splint | each | 1 016.00 | 762.00 | 508.00 | 102.00 |
| | Ankle foot orthosis - planter flextion control - resting splint | each | 1 016.00 | 762.00 | 508.00 | 102.00 |
| | Ankle foot orthosis - moulded - with lapped joint | each | 1 253.00 | 940.00 | 627.00 | 126.00 |
| | Ankle foot orthosis - moulded - with system joint | each | 2 636.00 | 1 977.00 | 1 318.00 | 264.00 |
| | Ankle foot orthosis - USMC spring loaded with socket | each | 2 117.00 | 1 588.00 | 1 059.00 | 212.00 |
| | Below knee DOUBLE caliper | each | 562.00 | 422.00 | 281.00 | 57.00 |
| | Below knee DOUBLE caliper, socket and T-strap | each | 800.00 | 600.00 | 400.00 | 80.00 |
| | Below knee single caliper | each | 562.00 | 422.00 | 281.00 | 57.00 |
| | Below knee single caliper, socket and T-strap | each | 864.00 | 648.00 | 432.00 | 87.00 |
| | Calf sleeve neoprene | each | 152.00 | 114.00 | 76.00 | 16.00 |
| | Clubfoot splint - AFO custom moulded | each | 875.00 | 657.00 | 438.00 | 88.00 |
| | Clubfoot splint - FAPO custom moulded | each | 1 080.00 | 810.00 | 540.00 | 108.00 |
| | Dennis Brown bar - clamp on | each | 497.00 | 373.00 | 249.00 | 50.00 |
| | Dennis Brown bar - rivet on | each | 476.00 | 357.00 | 238.00 | 48.00 |
| | Dropfoot splint - O'Gorman | each | 670.00 | 503.00 | 335.00 | 67.00 |
| | Dropfoot splint - plastic custom made | each | 1 048.00 | 786.00 | 524.00 | 105.00 |
| | Dropfoot splint - plastic imported | each | 767.00 | 576.00 | 384.00 | 77.00 |
| | Dropfoot splint - plastic local | each | 616.00 | 462.00 | 308.00 | 62.00 |
| | Fracture brace BK leather | each | 1 620.00 | 1 215.00 | 810.00 | 162.00 |
| | Fracture brace BK plastic | each | 1 512.00 | 1 134.00 | 756.00 | 152.00 |
| | Fracture brace BK pneumatic walker | each | 1 210.00 | 908.00 | 605.00 | 121.00 |
| | Fracture brace BK pneumatic/foam walker | each | 692.00 | 519.00 | 346.00 | 70.00 |
| | Heel socket round | each | 357.00 | 268.00 | 179.00 | 36.00 |
| | Heel socket square | each | 357.00 | 268.00 | 179.00 | 36.00 |
| | Heel socket - USMC - to shoe | each | 476.00 | 357.00 | 238.00 | 48.00 |
| | heel socket with back-stop | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | London Hospital Splint | each | 1 404.00 | 1 053.00 | 702.00 | 141.00 |
| | T-Strap | each | 260.00 | 195.00 | 130.00 | 26.00 |
| 2 | FOOT ORTHOSIS | | | | | |
| | Accommodative heel (spur) pad | pair | 65.00 | 49.00 | 33.00 | 7.00 |
| | Arch support - metatarsal insole | pair | 238.00 | 179.00 | 119.00 | 24.00 |
| | Arch support - moulded 3/4 length (plaster cast) | pair | 584.00 | 438.00 | 292.00 | 59.00 |
| | Arch support - moulded 3/4 length (foam cast) | pair | 562.00 | 422.00 | 281.00 | 57.00 |
| | Arch support - valgus insole | pair | 238.00 | 179.00 | 119.00 | 24.00 |
| | Arch support - valgus and metatarsal insole | pair | 260.00 | 195.00 | 130.00 | 26.00 |
| | Arch support silicone (Ipicon or similar) | pair | 324.00 | 243.00 | 162.00 | 33.00 |
| | Arch support - moulded full length (cast) | pair | 713.00 | 535.00 | 357.00 | 72.00 |
| | Arch support - moulded full length (foam) | pair | 702.00 | 527.00 | 351.00 | 71.00 |
| | Arch support covering - Spenco, PPT or similar | pair | 162.00 | 122.00 | 81.00 | 17.00 |
| | Hallux valgus day splints | pair | 281.00 | 211.00 | 141.00 | 29.00 |
| | Hallux valgus night splints | pair | 368.00 | 276.00 | 184.00 | 37.00 |
| | Heel pad (shock absorbing) Sorbothane | pair | 71.00 | 53.00 | 36.00 | 8.00 |
| | Heel pad silicone (Ipicon or similar) | pair | 216.00 | 162.00 | 108.00 | 22.00 |
| | Heel seats | pair | 281.00 | 211.00 | 141.00 | 29.00 |
| | Heel seats - custom made | pair | 832.00 | 624.00 | 416.00 | 84.00 |
| | Insoles (shock absorbing) Sorbothane | pair | 152.00 | 114.00 | 76.00 | 16.00 |
| | Metatarsal pads stuck in | pair | 38.00 | 29.00 | 19.00 | 4.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Orthotic - modify existing innersole of sports shoe | pair | 368.00 | 276.00 | 184.00 | 37.00 |
| | Orthotics U.S.C.L. | pair | 746.00 | 559.00 | 373.00 | 75.00 |
| | Toe alignment splint | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Toe abduction splint post-op | each | 206.00 | 154.00 | 103.00 | 21.00 |
| | Valgus pad stuck in | pair | 87.00 | 65.00 | 44.00 | 9.00 |
| | Whitmans support | pair | 767.00 | 576.00 | 384.00 | 77.00 |
| 3 | FOOTWEAR | | | | | |
| | Boots DERBY adults | pair | 562.00 | 422.00 | 281.00 | 57.00 |
| | Boots DERBY childs | pair | 454.00 | 341.00 | 227.00 | 46.00 |
| | Boots LTT adults | pair | 562.00 | 422.00 | 281.00 | 57.00 |
| | Boots LTT childs | pair | 454.00 | 341.00 | 227.00 | 46.00 |
| | Boots TARSO PRONATOR size 000-3 - imported | pair | 616.00 | 462.00 | 308.00 | 62.00 |
| | Boots TARSO PRONATOR size 4-7 - imported | pair | 659.00 | 495.00 | 330.00 | 66.00 |
| | Boots TARSO PRONATOR size 8-10 - imported | pair | 735.00 | 551.00 | 368.00 | 74.00 |
| | Boots TARSO PRONATOR size 13-3 - imported | pair | 1 070.00 | 802.00 | 535.00 | 107.00 |
| | Boots TARSO PRONATORS sml - local | pair | 584.00 | 438.00 | 292.00 | 59.00 |
| | Boots TARSO PRONATORS med - local | pair | 670.00 | 503.00 | 335.00 | 67.00 |
| | Boots - Elefante | pair | 508.00 | 381.00 | 254.00 | 51.00 |
| | Forest Town Boots | each | 1 404.00 | 1 053.00 | 702.00 | 141.00 |
| | Orthopaedic footwear - extra depth shoes | pair | 1 739.00 | 1 305.00 | 870.00 | 174.00 |
| | Orthopaedic footwear - thermo moulded shoes | pair | 2 960.00 | 2 220.00 | 1 480.00 | 296.00 |
| | Sandle POP | each | 71.00 | 53.00 | 36.00 | 8.00 |
| | Sandle post-op (B+J) | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Sandle post-op (B+J health sandal) | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Sandle post-op (B+J Comfy Casual | pair | 81.00 | 61.00 | 41.00 | 9.00 |
| | Sandle post-op (Arco Pedico) | pair | 260.00 | 195.00 | 130.00 | 26.00 |
| | Shoes adult mens lace-up | pair | 227.00 | 171.00 | 114.00 | 23.00 |
| | Shoes - Arco Pedico) | pair | 260.00 | 195.00 | 130.00 | 26.00 |
| | Shoes nurses - lace-up | pair | 497.00 | 373.00 | 249.00 | 50.00 |
| | Shoes children - school lace-up | pair | 368.00 | 276.00 | 184.00 | 37.00 |
| | Surgical boots made to measure | pair | 3 186.00 | 2 390.00 | 1 593.00 | 319.00 |
| | Surgical shoes made to measure | pair | 3 024.00 | 2 268.00 | 1 512.00 | 303.00 |
| | Fleace lining for boots | each | 465.00 | 349.00 | 233.00 | 47.00 |
| 4 | FOOTWEAR MODIFICATIONS | | | | | |
| | C & E Heels | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Excavate heels | pair | 108.00 | 81.00 | 54.00 | 11.00 |
| | Flared heels | each | 152.00 | 114.00 | 76.00 | 16.00 |
| | Metatarsal bars | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Raise heel 1 cm and sole to balance | each | 173.00 | 130.00 | 87.00 | 18.00 |
| | Raise heel 2 cm and sole to balance | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Raise heel 3 cm and sole to balance | each | 227.00 | 171.00 | 114.00 | 23.00 |
| | Raise heel 4 cm and sole to balance | each | 249.00 | 187.00 | 125.00 | 25.00 |
| | Raise heel 5 cm and sole to balance | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Raised heel insert 1 - 2 cm | each | 65.00 | 49.00 | 33.00 | 7.00 |
| | Raised heel insert up to 1 cm | each | 65.00 | 49.00 | 33.00 | 7.00 |
| | Raised heel insert - moulded to foot | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Raise heel up to 1 cm | each | 76.00 | 57.00 | 38.00 | 8.00 |
| | Raise heel up to 2 cm | each | 92.00 | 69.00 | 46.00 | 10.00 |
| | Raise heel up to 3 cm | each | 119.00 | 90.00 | 60.00 | 12.00 |
| | Raise heel up to 4 cm | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Raise heel up to 5 cm | each | 152.00 | 114.00 | 76.00 | 16.00 |
| | Raise shoe by adjustment | each | 108.00 | 81.00 | 54.00 | 11.00 |
| | Raise shoe - Cork - up to 2,5 cm | each | 519.00 | 389.00 | 260.00 | 52.00 |
| | Raise shoe - Cork - 2,5 to 5 cm | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Raise shoe - Cork - 5 to 10 cm | each | 767.00 | 576.00 | 384.00 | 77.00 |
| | Raise shoe - Pattern | each | 584.00 | 438.00 | 292.00 | 59.00 |
| | Rocker sole | each | 195.00 | 146.00 | 98.00 | 20.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Stretch shoes | pair | 44.00 | 33.00 | 22.00 | 5.00 |
| | Thomas's Heels | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Torque heels | pair | 184.00 | 138.00 | 92.00 | 19.00 |
| | Wedged heels | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Wedged heel and sole | pair | 184.00 | 138.00 | 92.00 | 19.00 |
| | Wedged sole | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Toe cap steel | pair | 195.00 | 146.00 | 98.00 | 20.00 |
| | Toe cap moulded plastic | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Toe cap safety carbon fibre | pair | 800.00 | 600.00 | 400.00 | 80.00 |
| 5 | KNEE ORTHOSIS | | | | | |
| | Knee brace - custom moulded with polycentric joints | each | 3 370.00 | 2 528.00 | 1 685.00 | 337.00 |
| | Knee brace - custom moulded with locking joints | each | 4 299.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee brace - custom moulded with overlapping joint | each | 3 608.00 | 2 706.00 | 1 804.00 | 361.00 |
| | Knee brace - elastic with hinges imported | each | 422.00 | 316.00 | 211.00 | 43.00 |
| | Knee brace - neoprene with hinges local | each | 389.00 | 292.00 | 195.00 | 39.00 |
| | Knee brace - neoprene with hinged imported | each | 735.00 | 551.00 | 368.00 | 74.00 |
| | Knee brace - neoprene hinged with velcro imported | each | 1 307.00 | 981.00 | 654.00 | 131.00 |
| | Knee brace - Osgood Schlatter | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Knee brace - Patella stabilizer | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Knee brace - Patella stabilizer - anterior opening | each | 562.00 | 422.00 | 281.00 | 57.00 |
| | Knee brace - Patella brace 210 P-I | each | 292.00 | 219.00 | 146.00 | 30.00 |
| | Knee brace - Rigid ACL brace | each | 6 146.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee brace - Rigid ACL custom brace | each | 10 174.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee guard - elastic | each | 103.00 | 77.00 | 52.00 | 11.00 |
| | Knee immobilizer post-op | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Knee sleeve neoprene local | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Knee sleeve neoprene imported | each | 249.00 | 187.00 | 125.00 | 25.00 |
| | Post-op ROM brace - local | each | 940.00 | 705.00 | 470.00 | 94.00 |
| | Post-op ROM brace - imported | each | 1 178.00 | 883.00 | 589.00 | 118.00 |
| | Post-op ROM brace - custom made | each | 2 214.00 | 1 661.00 | 1 107.00 | 222.00 |
| | Post-op knee extension lock | each | 1 124.00 | 843.00 | 562.00 | 113.00 |
| | Swedish knee cage | each | 1 523.00 | 1 143.00 | 762.00 | 153.00 |
| | Swedish knee cage - hinged | each | 2 430.00 | 1 823.00 | 1 215.00 | 243.00 |
| 6 | LEG ORTHOSIS | | | | | |
| | Bi-valved full length moulded leg brace | each | 2 538.00 | 1 904.00 | 1 269.00 | 254.00 |
| | Caliper full length with knee hinges and spurs | each | 4 504.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Caliper full length with knee hinges, ankle joints and footplates | each | 5 822.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Caliper - AK straight | each | 2 042.00 | 1 531.00 | 1 021.00 | 205.00 |
| | Caliper - AK straight with Perthes disease | each | 2 495.00 | 1 872.00 | 1 248.00 | 250.00 |
| | Caliper - weight bearing with knee joints | each | 4 828.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Fracture brace AK moulded plastic | each | 2 150.00 | 1 612.00 | 1 075.00 | 215.00 |
| | Fracture brace AK moulded plastic with knee joints | each | 3 824.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Fracture brace AK plus HIP spica | each | 3 165.00 | 2 374.00 | 1 583.00 | 317.00 |
| | Genu valgum night splints | each | 1 793.00 | 1 345.00 | 897.00 | 180.00 |
| | T.H.R. Hip brace with hip control joint - imported | each | 4 914.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Pavlic harness | each | 422.00 | 316.00 | 211.00 | 43.00 |
| | Perthes A - frame | each | 2 517.00 | 1 888.00 | 1 259.00 | 252.00 |
| | Posterios leg splint - moulded | each | 1 890.00 | 1 418.00 | 945.00 | 189.00 |
| | Schneler sling | each | 227.00 | 171.00 | 114.00 | 23.00 |
| | Thigh sleeve - neoprene | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Thigh sleeve - neoprene imported | each | 249.00 | 187.00 | 125.00 | 25.00 |
| | Toronto brace | each | 2 366.00 | 1 774.00 | 1 183.00 | 237.00 |
| | Thermal pants | each | 292.00 | 219.00 | 146.00 | 30.00 |
| | Orthotic repairs | unit | 0.00 | 0.00 | 0.00 | 0.00 |
| | Replace calf/thigh band | each | 324.00 | 243.00 | 162.00 | 33.00 |
| | Knee cap square | each | 335.00 | 252.00 | 168.00 | 34.00 |
| | Knee cap long (KK.) | each | 432.00 | 324.00 | 216.00 | 44.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Orthotic repairs - (specify) | units | 108.00 | 81.00 | 54.00 | 11.00 |
| 7 | CERVICAL ORTHOSIS | | | | | |
| | ABCO (Conredle brace) | each | 2 139.00 | 1 604.00 | 1 070.00 | 214.00 |
| | Custom moulded Plastic collar | each | 1 469.00 | 1 102.00 | 735.00 | 147.00 |
| | Custom moulded Plastozote collar | each | 519.00 | 389.00 | 260.00 | 52.00 |
| | Executive cervical collar | each | 616.00 | 462.00 | 308.00 | 62.00 |
| | Four poster brace | each | 1 372.00 | 1 029.00 | 686.00 | 138.00 |
| | Halo brace and hardware without ring or pins | each | 6 513.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Halo brace with ring and pins | each | 11 513.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Miami J | each | 638.00 | 478.00 | 319.00 | 64.00 |
| | Neck Lock | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Plastic collar with chin piece | each | 335.00 | 252.00 | 168.00 | 34.00 |
| | Plastic collar without chinpiece | each | 281.00 | 211.00 | 141.00 | 29.00 |
| | Philidalphia collar | each | 400.00 | 300.00 | 200.00 | 40.00 |
| | Philidalphia / A.B.S. collar imported | each | 897.00 | 673.00 | 449.00 | 90.00 |
| | Poly pad cervical collar | each | 314.00 | 235.00 | 157.00 | 32.00 |
| | Poly and occipital pad | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Soft collar | each | 38.00 | 29.00 | 19.00 | 4.00 |
| | Soft collar - extra | each | 98.00 | 73.00 | 49.00 | 10.00 |
| | Soft collar - firm | each | 152.00 | 114.00 | 76.00 | 16.00 |
| | S.O.M.I. brace | each | 713.00 | 535.00 | 357.00 | 72.00 |
| | S.O.M.I. Brace - imported | each | 962.00 | 721.00 | 481.00 | 97.00 |
| | Souli cap | each | 1 016.00 | 762.00 | 508.00 | 102.00 |
| 8 | SPINAL ORTHOSIS | | | | | |
| | Abdominal binder - Elastic 12" | each | 216.00 | 162.00 | 108.00 | 22.00 |
| | Abdominal binder - elastic 10" | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Abdominal binder - elastic 8" | each | 162.00 | 122.00 | 81.00 | 17.00 |
| | Abdominal binder - 6" | each | 152.00 | 114.00 | 76.00 | 16.00 |
| | Abdominal corset - female | each | 497.00 | 373.00 | 249.00 | 50.00 |
| | Abdominal corset - male | each | 497.00 | 373.00 | 249.00 | 50.00 |
| | Cervical Thoraco Lumbar Sacral - Milwaukee brace | each | 5 919.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Cervical Thoraco Lumbar Sacral - Milwaukee brace - double curve | each | 6 200.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Hyper-extension (CASH) orthosis | each | 1 329.00 | 997.00 | 665.00 | 133.00 |
| | Hyper-extension (JEWETS) orthosis | each | 2 139.00 | 1 604.00 | 1 070.00 | 214.00 |
| | Lumbo Sacral Orthosis - Chairback brace | each | 1 221.00 | 916.00 | 611.00 | 123.00 |
| | Lumbo Sacral Orthosis - Bennets brace | each | 1 631.00 | 1 224.00 | 816.00 | 164.00 |
| | Lumbo Sacral Orthosis - Pantaloon brace | each | 2 506.00 | 1 880.00 | 1 253.00 | 251.00 |
| | Lumbo Sacral Orthosis - post-op bivalve | each | 2 895.00 | 2 171.00 | 1 448.00 | 290.00 |
| | Lumbo Sacral Orthosis - chairback imported | each | 2 387.00 | 1 791.00 | 1 194.00 | 239.00 |
| | Lumbo-dorsal corset - female | each | 594.00 | 446.00 | 297.00 | 60.00 |
| | Lumbo-dorsal corset - female - imported | each | 789.00 | 592.00 | 395.00 | 79.00 |
| | Lumbo-dorsal corset - male | each | 551.00 | 414.00 | 276.00 | 56.00 |
| | Lumbo-dorsal corset - male - imported | each | 789.00 | 592.00 | 395.00 | 79.00 |
| | Lumbo-sacral corset - elastic pullwrap | each | 432.00 | 324.00 | 216.00 | 44.00 |
| | Lumbo-sacral corset - neoprene pullwrap | each | 324.00 | 243.00 | 162.00 | 33.00 |
| | Lumbo-sacral corset - plastic velcro | each | 335.00 | 252.00 | 168.00 | 34.00 |
| | Lumbo-sacral corset - elastic velcro imported | each | 432.00 | 324.00 | 216.00 | 44.00 |
| | Lumbo-sacral corset - elastic X-strap | each | 335.00 | 252.00 | 168.00 | 34.00 |
| | Lumbo-sacral corset - female 11" | each | 508.00 | 381.00 | 254.00 | 51.00 |
| | Lumbo-sacral corset - female 11" - imported | each | 778.00 | 584.00 | 389.00 | 78.00 |
| | Lumbo-sacral corset - female 9" | each | 476.00 | 357.00 | 238.00 | 48.00 |
| | Lumbo-sacral corset - female 9" - imported | each | 778.00 | 584.00 | 389.00 | 78.00 |
| | Lumbo-sacral corset - male - imported | each | 778.00 | 584.00 | 389.00 | 78.00 |
| | Lumbo-sacral corset - male | each | 476.00 | 357.00 | 238.00 | 48.00 |
| | Thoraco Lumbar Sacral Orthosis - Boston brace | each | 2 517.00 | 1 888.00 | 1 259.00 | 252.00 |
| | Thoraco Lumbar Sacral Orthosis - post-op | each | 2 702.00 | 2 026.00 | 1 351.00 | 271.00 |
| | Thoraco Lumbar Sacral Orthosis - post-op bivalve | each | 3 284.00 | 2 463.00 | 1 642.00 | 329.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Thoraco Lumbar Sacral Orthosis - Taylor's brace | each | 908.00 | 681.00 | 454.00 | 91.00 |
| | Taylor's brace custom moulded | each | 2 128.00 | 1 596.00 | 1 064.00 | 213.00 |
| | Taylor's extension to corset | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Sacro Ilian belt | each | 324.00 | 243.00 | 162.00 | 33.00 |
| 9 | ARM ORTHOSIS | | | | | |
| | Arm abduction splint - custom made | each | 2 333.00 | 1 750.00 | 1 167.00 | 234.00 |
| | Arm abduction splint - imported | each | 3 791.00 | 2 844.00 | 1 846.00 | 369.00 |
| | Arm immobiliser sling | each | 92.00 | 69.00 | 46.00 | 10.00 |
| | Claviole brace | each | 92.00 | 69.00 | 46.00 | 10.00 |
| | Collar and Cuff | each | 17.00 | 13.00 | 9.00 | 2.00 |
| | Elbow splint - moulded, rigid | each | 1 199.00 | 900.00 | 600.00 | 120.00 |
| | Elbow splint - moulded, with free joints | each | 2 063.00 | 1 548.00 | 1 032.00 | 207.00 |
| | Elbow splint - moulded, with locking joints | each | 2 582.00 | 1 936.00 | 1 291.00 | 259.00 |
| | Fracture brace - Humerus | each | 843.00 | 632.00 | 422.00 | 85.00 |
| | Fracture brace - Radius, ulna | each | 843.00 | 632.00 | 422.00 | 85.00 |
| | Shoulder brace neoprene unilateral | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Shoulder brace neoprene bilateral | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Tennis elbow - single pad | each | 119.00 | 90.00 | 60.00 | 12.00 |
| | Tennis elbow - single pad pneumatic | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Tennis elbow - double pad | each | 216.00 | 162.00 | 108.00 | 22.00 |
| 10 | HAND ORTHOSIS | | | | | |
| | Carpo-metacarpo immobiliser strap | each | 195.00 | 146.00 | 98.00 | 20.00 |
| | Carpo-metacarpo immobiliser - moulded | each | 227.00 | 171.00 | 114.00 | 23.00 |
| | Finger splint - PIP extension | each | 281.00 | 211.00 | 141.00 | 29.00 |
| | Finger splint - PIP flexion | each | 281.00 | 211.00 | 141.00 | 29.00 |
| | Finger stall - leather | each | 27.00 | 21.00 | 14.00 | 3.00 |
| | Hand splint - post-op mobiliser | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Hand splint - moulded resting splint | each | 400.00 | 300.00 | 200.00 | 40.00 |
| | Hand splint - moulded - finger flexion/extention | each | 2 344.00 | 1 758.00 | 1 172.00 | 235.00 |
| | Hand splint - Combination finger ext, MP ext, wrist ext | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Hand splint - Combination finger ext, MP flex, wrist ext | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Hand splint - finger and MP flexion | each | 584.00 | 438.00 | 292.00 | 59.00 |
| | Hand splint - MP extention | each | 497.00 | 373.00 | 249.00 | 50.00 |
| | Hand splint - MP flexion | each | 497.00 | 373.00 | 249.00 | 50.00 |
| | Mallet finger splint | each | 98.00 | 73.00 | 49.00 | 10.00 |
| | Thumb wrap | each | 119.00 | 90.00 | 60.00 | 12.00 |
| | Thumb support | each | 173.00 | 130.00 | 87.00 | 18.00 |
| | Thumb abduction splint | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Wrist brace - elastic with volar splint | each | 173.00 | 130.00 | 87.00 | 18.00 |
| | Wrist brace - reinforced leatherette with volar splint | each | 216.00 | 162.00 | 108.00 | 22.00 |
| | Wrist brace neoprene with volar splint | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Wrist brace - moulded leather | each | 1 167.00 | 875.00 | 584.00 | 117.00 |
| | Wrist brace - moulded plastic | each | 1 102.00 | 827.00 | 551.00 | 111.00 |
| | Wrist guard - elastic | each | 87.00 | 65.00 | 44.00 | 9.00 |
| | Wrist splint - dynamic extension | each | 281.00 | 211.00 | 141.00 | 29.00 |
| 11 | FOOT PROSTHETICS | | | | | |
| | Toe filler | each | 702.00 | 527.00 | 351.00 | 71.00 |
| | Fore-foot prosthesis - moulded leather or similar | each | 962.00 | 721.00 | 481.00 | 97.00 |
| | Mid-foot prosthesis - moulded leather or similar | each | 1 232.00 | 924.00 | 616.00 | 124.00 |
| | Mid-foot prosthesis - laminated SACH type foot | each | 4 299.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Mid-foot prosthesis - laminated CRA + energy foot | each | 11 794.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Chopart prosthesis | each | 9 040.00 | 2 763.00 | 1 846.00 | 369.00 |
| | O'Conners extension | each | 6 642.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Symes prosthesis – leather | each | 7 312.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Symes prosthesis – GRP | each | 8 090.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Symes prosthesis - CRA - special foot I | each | 9 666.00 | 2 763.00 | 1 846.00 | 369.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Symes prosthesis - CRA - special foot II | each | 12 518.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Symes test socket – diagnostic | each | 1 383.00 | 1 037.00 | 692.00 | 139.00 |
| | Silicone Manipulation Technique - foot prosthesis | each | 12 291.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Silicone Manipulation Technique - foot prosthesis | each | 13 943.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Silicone Manipulation Technique - foot prosthesis | each | 18 933.00 | 2 763.00 | 1 846.00 | 369.00 |
| 12 | BELOW KNEE PROSTHESIS | | | | | |
| | BK conventional prosthesis - Joints and thigh corset | each | 11 146.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK prosthesis - with joints and weight bearing corset | each | 11 729.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK conventional ptb prosthesis - CRA | each | 7 938.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK conventional ptb prosthesis - GRP | each | 6 556.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK modular interim ptb prosthesis | each | 7 172.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK ptb prosthesis - GRP modular system - S/S | each | 9 483.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK ptb prosthesis - CRA modular - ti | each | 13 371.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK ptb prosthesis - CRA modular carbon (Endolite) | each | 12 831.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK conventional pts prosthesis - CRA | each | 8 586.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK conventional pts prosthesis - GRP | each | 7 172.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK pts prosthesis - GRP modular system | each | 9 569.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK pts prosthesis - CRA/titanium modular system | each | 13 457.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK High activity prosthesis - CRA/titanium | each | 19 808.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK carbon shin+energy foot modular | each | 17 594.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK carbon flex shin+energy foot modular | each | 24 592.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK swimming prosthesis | each | 7 744.00 | 2 763.00 | 1 846.00 | 369.00 |
| 12.1 | Additions to below knee prosthesis | | | | | |
| | BK joints and thigh corset | each | 4 785.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK joints and weightbearing corset | each | 5 368.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BK Surlyn inner socket | each | 1 134.00 | 851.00 | 567.00 | 114.00 |
| | BK test socket - diagnostic | each | 1 059.00 | 794.00 | 530.00 | 106.00 |
| | BK skin cosmesis | each | 2 549.00 | 1 912.00 | 1 275.00 | 255.00 |
| 12.2 | Refit of Below Knee prosthesis | | | | | |
| | Refit BK 20510 | each | 5 822.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20520 | each | 6 470.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20530 | each | 5 303.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20540 | each | 4 742.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20550 | each | 5 271.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20580 | each | 5 552.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20570 | each | 5 854.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20580 | each | 5 271.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit BK 20630 | each | 951.00 | 713.00 | 476.00 | 96.00 |
| | Refit BK 20631 | each | 3 791.00 | 2 763.00 | 1 846.00 | 369.00 |
| 12.3 | BK Accessories | | | | | |
| | BK cosmetic foam replace | each | 1 782.00 | 1 337.00 | 891.00 | 179.00 |
| | BK cosmetic stocking | each | 76.00 | 57.00 | 38.00 | 8.00 |
| | BK back check strap | each | 216.00 | 162.00 | 108.00 | 22.00 |
| | BK backlift | each | 216.00 | 162.00 | 108.00 | 22.00 |
| | BK crutch strap | each | 238.00 | 179.00 | 119.00 | 24.00 |
| | BK leather lining | each | 465.00 | 349.00 | 233.00 | 47.00 |
| | BK pelite socket lining | each | 735.00 | 551.00 | 368.00 | 74.00 |
| | BK ptb strap | each | 411.00 | 308.00 | 206.00 | 42.00 |
| | BK thigh corset | each | 1 145.00 | 859.00 | 573.00 | 115.00 |
| | BK waistbelt leather | each | 443.00 | 333.00 | 222.00 | 45.00 |
| | BK waistbelt webbing | each | 292.00 | 219.00 | 146.00 | 30.00 |
| | BK joint covers | each | 119.00 | 90.00 | 60.00 | 12.00 |
| 13 | THROUGH KNEE PROSTHESIS | | | | | |
| | TK conventional - leather socket | each | 15 250.00 | 2 763.00 | 1 846.00 | 369.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | TK conventional - plastic socket- 7U30 joint | each | 15 239.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK conventional - CRA - safety wooden knee | each | 16 168.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK.modular - GRP safety knee | each | 15 898.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK modular - GRP - SPC knee | each | 18 371.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK modular - CRA - SPC Hyd knee | each | 23 015.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK modular - CRA - safety Ti knee | each | 20 196.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK modular - CRA - SPC Ti knee | each | 22 367.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK modular - CRA - SPC Hyd Ti knee | each | 34 182.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK test socket - diagnostic | each | 1 415.00 | 1 062.00 | 708.00 | 142.00 |
| 13.1 | Refit TK Prosthesis | | | | | |
| | TK Refit prosthesis - 21010 | each | 7 798.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK Refit prosthesis - 21020 | each | 8 230.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK Refit prosthesis - 21025 | each | 7 096.00 | 2 763.00 | 1 846.00 | 369.00 |
| | TK Refit prosthesis - 21027 | each | 6 858.00 | 2 763.00 | 1 846.00 | 369.00 |
| 14 | ABOVE KNEE PROSTHESIS | | | | | |
| | AK prosthesis - conventional wood | each | 14 084.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - conventional wood and GRP | each | 13 500.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - conventional wood and GRP - suction | each | 14 483.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - conventional wood and CRA - suction | each | 15 153.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - modular CAT/CAM CRA | each | 22 637.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - modular suction - CRA, TI | each | 21 590.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - modular suction - GRP | each | 20 510.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - CAT/CAM or ISNY - CRA, flexible inner socket, Ti | each | 25 802.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - CAT/CAM - CRA, flexible inner socket, Ti, hyd knee | each | 47 628.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - CAT/CAM - CRA, Surlyn, Ti, MAUCH knee | each | 71 637.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - peg leg (pylon) | each | 5 908.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK prosthesis - post-op interim fitting | each | 13 932.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK test socket - diagnostic | each | 1 199.00 | 900.00 | 600.00 | 120.00 |
| | Notes: | | | | | |
| | Prosthesis are supplied with SACH feet and safety knee as standard. The prosthetist | | | | | |
| | decide on a more appropriate foot and or knee, and adjust the fee accordingly. | | | | | |
| | Safety knees are recommended for unstable patients, (new and geriatric amputees). | | | | | |
| | Safety knees are not recommended for average or high activity amputees. | | | | | |
| | SPC (Swing Phase Control) knees are indicated for average and high activity amputees. | | | | | |
| | Hyd (Hydraulic) | | | | | |
| | Ti (Titanium components) | | | | | |
| | CRA (carbon reinforced acrylic) | | | | | |
| | GRP (glass reinforced polyester) | | | | | |
| | CRE (carbon reinforced epoxy) | | | | | |
| 14.1 | Additions and repairs to AK prosthesis | | | | | |
| | AK - hip joint and pelvic band to prosthesis | each | 2 798.00 | 2 098.00 | 1 399.00 | 280.00 |
| | AK - shoulder belt | each | 389.00 | 292.00 | 195.00 | 39.00 |
| | AK - silesion belt | each | 357.00 | 268.00 | 179.00 | 36.00 |
| | AK - silesion strap | each | 108.00 | 81.00 | 54.00 | 11.00 |
| | AK - waist belt | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | AK - neoprene suspension belt | each | 972.00 | 729.00 | 486.00 | 98.00 |
| | AK - Cosmetic cover - replaced | each | 2 214.00 | 1 661.00 | 1 107.00 | 222.00 |
| | AK - cosmetic stocking | each | 108.00 | 81.00 | 54.00 | 11.00 |
| | AK - flexible inner socket | each | 2 193.00 | 1 645.00 | 1 097.00 | 220.00 |
| | AK - laminate shin CRA | each | 1 232.00 | 924.00 | 616.00 | 124.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | AK - laminate shin GRP | each | 983.00 | 738.00 | 492.00 | 99.00 |
| | AK - laminate thigh CRA | each | 1 566.00 | 1 175.00 | 783.00 | 157.00 |
| | AK - laminate thigh GRP | each | 1 199.00 | 900.00 | 600.00 | 120.00 |
| | AK - socket lined with leather | each | 540.00 | 405.00 | 270.00 | 54.00 |
| | AK - prosthetic skin | each | 2 992.00 | 2 244.00 | 1 496.00 | 300.00 |
| 14.2 | Refit AK prosthesis | | | | | |
| | AK - refit prosthesis 21510 | each | 6 966.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK - refit prosthesis 21520 | each | 6 243.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK - refit prosthesis 21530 | each | 7 074.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK - refit prosthesis 21540 | each | 7 614.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK - refit prosthesis 21550 | each | 9 375.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK - refit prosthesis 21560 | each | 6 329.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK - refit prosthesis 21570 | each | 5 865.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AK - refit prosthesis 21580 | each | 8 295.00 | 2 763.00 | 1 846.00 | 369.00 |
| 15 | HIP DISARTICULATON PROSTHESIS | | | | | |
| | HD conventional prosthesis | each | 25 316.00 | 2 763.00 | 1 846.00 | 369.00 |
| | HD modular prosthesis | each | 23 480.00 | 2 763.00 | 1 846.00 | 369.00 |
| | HD modular prosthesis - CRA, Ti | each | 25 359.00 | 2 763.00 | 1 846.00 | 369.00 |
| | HD modular prosthesis - strut system | each | 47 456.00 | 2 763.00 | 1 846.00 | 369.00 |
| | HD modular prosthesis - CRA, Ti, Hyd knee | each | 69 552.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Notes: | | | | | |
| | Prosthesis are supplied with SACH feet and safety knee as standard. The prosthetist | | | | | |
| | decide on a more appropriate foot and or knee, and adjust the fee accordingly. | | | | | |
| | Safety knees are recommended for unstable patients, (new and geriatric amputees). | | | | | |
| | Safety knees are not recommended for average or high activity amputees. | | | | | |
| | SPC (Swing Phase Control) knees are indicated for average and high activity amputees. | | | | | |
| | Hyd (Hydraulic) | | | | | |
| | Ti (Titanium components) | | | | | |
| 16 | PROSTHETIC COMPONENTS AND ACCESSORIES | | | | | |
| | Prosthetic ankles | | | | | |
| | Ankle - single axis - with block | each | 1 707.00 | 1 280.00 | 854.00 | 171.00 |
| | Ankle - single axis - without block | each | 1 026.00 | 770.00 | 513.00 | 103.00 |
| | Ankle - single axis - modular | each | 1 005.00 | 754.00 | 503.00 | 101.00 |
| | Ankle - single axis - modular titanium | each | 1 761.00 | 1 321.00 | 881.00 | 177.00 |
| | Ankle - multi axis - with block | each | 1 739.00 | 1 305.00 | 870.00 | 174.00 |
| | Ankle - multi axis - without block | each | 1 178.00 | 883.00 | 589.00 | 118.00 |
| | Ankle - multi axis - modular | each | 2 204.00 | 1 653.00 | 1 102.00 | 221.00 |
| | Ankle - multi axis - modular titanium | each | 2 603.00 | 1 953.00 | 1 302.00 | 261.00 |
| | Ankle - SACH wooden block | each | 292.00 | 219.00 | 146.00 | 30.00 |
| | Ankle - SACH modular | each | 540.00 | 405.00 | 270.00 | 54.00 |
| | Ankle - SACH modular titanium | each | 929.00 | 697.00 | 465.00 | 93.00 |
| | Ankle - SACH modular aluminium | each | 864.00 | 648.00 | 432.00 | 87.00 |
| 16.1 | Prosthetic feet | | | | | |
| | Foot - Single axis OB | each | 1 188.00 | 891.00 | 594.00 | 119.00 |
| | Foot - Greisinger OB | each | 1 221.00 | 916.00 | 611.00 | 123.00 |
| | Foot - SACH OB | each | 918.00 | 689.00 | 459.00 | 92.00 |
| | Foot - Dynamic 1D10 OB | each | 1 815.00 | 1 361.00 | 908.00 | 182.00 |
| | Foot - Dynamic PRO 1D25 OB | each | 3 651.00 | 2 738.00 | 1 826.00 | 369.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Foot - SYMES OB | each | 2 160.00 | 1 620.00 | 1 080.00 | 216.00 |
| | Foot - Multi axis 1M1 | each | 3 305.00 | 2 479.00 | 1 653.00 | 331.00 |
| | Foot - Energiser USMC ea | each | 2 690.00 | 2 017.00 | 1 345.00 | 269.00 |
| | Foot - Masterstep Ice | each | 9 386.00 | 2 763.00 | 1 846.00 | 939.00 |
| | Foot - Flexfoot MODULAR III | each | 17 756.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Flexfoot FLEX-WALK II | each | 14 429.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Flexfoot AIR-FLEX | each | 26 363.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Flexfoot VARI-FLEX | each | 17 626.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Flexfoot RE-FLEX | each | 41 732.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Flexfoot SURE-FLEX | each | 3 813.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Flexfoot LOW PROFILE SYMES | each | 22 054.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Flexfoot SYMES | each | 22 054.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - CC2 LIGHT OWW | each | 3 683.00 | 2 763.00 | 1 842.00 | 369.00 |
| | Foot - CCII OWW | each | 4 256.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - SACH - OWW | each | 1 048.00 | 786.00 | 524.00 | 105.00 |
| | Foot - SACH Enhanced 0WW | each | 1 923.00 | 1 442.00 | 962.00 | 193.00 |
| | Foot - HIGH PERFORMANCE FOOT OWW | each | 1 923.00 | 1 442.00 | 962.00 | 193.00 |
| | Foot - SACH - SINGLE AXIS OWW | each | 1 318.00 | 989.00 | 659.00 | 132.00 |
| | Foot - Quantum | each | 2 603.00 | 1 953.00 | 1 302.00 | 261.00 |
| | Foot - Endolite multi flex | each | 3 910.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Endolite Dynamic Response | each | 3 996.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Seatle | each | 4 180.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Foot - Kingsley symes | each | 1 199.00 | 900.00 | 600.00 | 120.00 |
| 16.2 | Prosthetic knees | | | | | |
| | Knee - OB - TK joint 7G3 | pair | 2 614.00 | 1 961.00 | 1 307.00 | 262.00 |
| | Knee - OB - BK joint 7U25 | pair | 2 387.00 | 1 791.00 | 1 194.00 | 239.00 |
| | Knee - OB single axis | each | 2 528.00 | 1 896.00 | 1 264.00 | 253.00 |
| | Knee - OB - safety 3R15 | each | 3 186.00 | 2 390.00 | 1 593.00 | 319.00 |
| | Knee - OB - safety titanium | each | 7 830.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - Habermann | each | 4 742.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - Habermann titanium | each | 7 215.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - 4bar-linkage | each | 7 398.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - 4bar-linkage manual lock | each | 8 327.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - 4bar-linkage titanium | each | 8 608.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - 4bar-linkage titanium manual lock | each | 10 001.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - 3R80 - Hydraulic | each | 18 306.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - OB - Active Line - Hydraulic | each | 37 952.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - Endolite - C/F four bar | each | 22 389.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - Endolite - C/F Pneumatic ESK knee | each | 21 795.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - Endolite - C/F Hydraulic ESK knee | each | 41 602.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - Endolite - C/F S&S Hydraulic knee | each | 44 388.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - USMC - Mini-Max Hydraulic titanium | each | 22 389.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - USMC - Black Max - Hydraulic composite | each | 33 232.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - TOTAL - 7 axis hydraulic composite | each | 20 229.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - PROTEVAL ACPHAPEND | each | 16 157.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - PROTEVAL ACPHAPEND CARBON | each | 23 037.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Knee - PROTEVAL ACPHAPEND DYNACTION | each | 31 299.00 | 2 763.00 | 1 846.00 | 369.00 |
| 16.3 | General Prosthetic Accessories | | | | | |
| | Patella buttons replaced | each | 65.00 | 49.00 | 33.00 | 7.00 |
| | Re-alignment (dynamic) of AK/TK modular prosthesis | each | 292.00 | 219.00 | 146.00 | 30.00 |
| | Re-alignment (dynamic) of BK modular prosthesis | each | 281.00 | 211.00 | 141.00 | 29.00 |
| | Stump care - Cleanl-stump | box | 184.00 | 138.00 | 92.00 | 19.00 |
| | Stump care - Ampu aid | tube | 76.00 | 57.00 | 38.00 | 8.00 |
| | Stump care - Talc | tin | 76.00 | 57.00 | 38.00 | 8.00 |
| | Stump care - Balm | tin | 92.00 | 69.00 | 46.00 | 10.00 |
| | Stump coning bandage 6cm | each | 108.00 | 81.00 | 54.00 | 11.00 |
| | Stump coning bandage 8cm | each | 141.00 | 106.00 | 71.00 | 15.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Stump coning bandage 10cm | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Stump coning bandage 15cm | each | 206.00 | 154.00 | 103.00 | 21.00 |
| | Suction valve OB standard | each | 227.00 | 171.00 | 114.00 | 23.00 |
| | Suction valve OB total contact | each | 411.00 | 308.00 | 206.00 | 42.00 |
| | Suction valve Green dot standard | each | 443.00 | 333.00 | 222.00 | 45.00 |
| | Suction valve Green dot total contact | each | 443.00 | 333.00 | 222.00 | 45.00 |
| 16.4 | Prosthetic Adaptors | | | | | |
| | Adaptor - tube Ti 2R58 | each | 1 307.00 | 981.00 | 654.00 | 131.00 |
| | Adaptor - tube steel 2R3 | each | 605.00 | 454.00 | 303.00 | 61.00 |
| | Adaptor - tube aluminium 2R49 | each | 843.00 | 632.00 | 422.00 | 85.00 |
| | Adaptor - tube clamp Ti 2R82 | each | 1 102.00 | 827.00 | 551.00 | 111.00 |
| | Adaptor - tube clamp steel 4R21 | each | 540.00 | 405.00 | 270.00 | 54.00 |
| | Adaptor - tube clamp aluminium 4R69 | each | 897.00 | 673.00 | 449.00 | 90.00 |
| | Adaptor- rotator 4R57 | each | 4 180.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Adaptor - torsion 4R40 | each | 3 154.00 | 2 366.00 | 1 577.00 | 316.00 |
| | Adaptor - torsion 4R39 | each | 3 186.00 | 2 390.00 | 1 593.00 | 319.00 |
| | Adaptor - torsion 4R85 | each | 3 208.00 | 2 406.00 | 1 604.00 | 321.00 |
| | Adaptor - torsion 4R86 | each | 2 636.00 | 1 977.00 | 1 318.00 | 264.00 |
| | Adaptor - double 4R72-32 | each | 1 426.00 | 1 070.00 | 713.00 | 143.00 |
| | Adaptor - double 4R72-45 | each | 1 469.00 | 1 102.00 | 735.00 | 147.00 |
| | Adaptor - double 4R72-60 | each | 1 491.00 | 1 118.00 | 746.00 | 150.00 |
| | Adaptor - double 4R72-75 | each | 1 512.00 | 1 134.00 | 756.00 | 152.00 |
| | Adaptor - eccentric Ti 4R73-A | each | 897.00 | 673.00 | 449.00 | 90.00 |
| | Adaptor - eccentric Ti 4R73-B | each | 897.00 | 673.00 | 449.00 | 90.00 |
| | Adaptor - socket steel 4R23 | each | 378.00 | 284.00 | 189.00 | 38.00 |
| | Adaptor - socket Ti 4R54 | each | 702.00 | 527.00 | 351.00 | 71.00 |
| | Adaptor - double pyramid Ti 4R84 | each | 1 156.00 | 867.00 | 578.00 | 116.00 |
| | Adaptor - socket steel 4R22 | each | 324.00 | 243.00 | 162.00 | 33.00 |
| | Adaptor - socket rotatable steel 4R37 | each | 735.00 | 551.00 | 368.00 | 74.00 |
| | Adaptor - socket rotatable Ti 4R51 | each | 1 253.00 | 940.00 | 627.00 | 126.00 |
| | Adaptor - socket aluminium 4R68 | each | 756.00 | 567.00 | 378.00 | 76.00 |
| | Adaptor - socket steel 4R42 | each | 670.00 | 503.00 | 335.00 | 67.00 |
| | Adaptor - socket rotatable steel 4R41 | each | 1 167.00 | 875.00 | 584.00 | 117.00 |
| 17 | PARTIAL HAND PROSTHESIS | | | | | |
| | Partial hand prosthesis - passive | each | 6 470.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Partial hand prosthesis - functional | each | 9 159.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Partial hand - opposition post | each | 4 515.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Silicone Manipulation Technique - finger prosthesis | each | 5 649.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Silicone Manipulation Technique - hand prosthesis | each | 23 588.00 | 2 763.00 | 1 846.00 | 369.00 |
| 17.1 | Repairs | | | | | |
| | Partial hand - new silicone socket | each | 2 063.00 | 1 548.00 | 1 032.00 | 207.00 |
| | Partial hand - cosmetic glove replaces | each | 1 556.00 | 1 167.00 | 778.00 | 156.00 |
| | Partial hand - replace zip to glove | each | 1 437.00 | 1 078.00 | 719.00 | 144.00 |
| 18 | WRIST DISATICULATION PROSTHESIS | | | | | |
| | Wrist disarticulation prosthesis - passive | each | 12 593.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Wrist disarticulation - functional | each | 16 622.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Wrist disarticulation - myoelectric | each | 72 501.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Wrist disarticulation - myoelectric PRO CONTROL | each | 160 143.00 | 2 763.00 | 1 846.00 | 369.00 |
| 19 | BELOW ELBOW PROSTHESIS | | | | | |
| | Below elbow prosthesis - passive hand & cosmetic cover | each | 12 593.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Below elbow prosthesis - functional hand & cosmetic cover | each | 16 622.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Below elbow prosthesis - myoelectric | each | 72 501.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Below elbow prosthesis - myoelectric PRO CONTROL | each | 160 143.00 | 2 763.00 | 1 846.00 | 369.00 |
| | BE test socket - diagnostic | each | 702.00 | 527.00 | 351.00 | 71.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| 20 | ELBOW DISARTICULATION PROSTHESIS | | | | | |
| | Elbow disarticulation prosthesis - passive hand & cosmetic cover | each | 18 771.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Elbow disarticulation prosthesis - functional hand & cosmetic cover | each | 24 462.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Elbow disarticulation prosthesis - myoelectric PRO CON | each | 210 849.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Elbow disarticulation prosthesis - myoelectric | each | 61 431.00 | 2 763.00 | 1 846.00 | 369.00 |
| | ED test socket - diagnostic | each | 702.00 | 527.00 | 351.00 | 71.00 |
| 21 | ABOVE ELBOW PROSTHESIS | | | | | |
| | Above elbow prosthesis - passive hand & cosmetic cover | each | 14 764.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Above elbow prosthesis - functional hand & cosmetic cover | each | 19 516.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Above elbow prosthesis - myoelectric | each | 68 602.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Above elbow prosthesis - myoelectric PRO CONTROL | each | 339 909.00 | 2 763.00 | 1 846.00 | 369.00 |
| | AE test socket - diagnostic | each | 702.00 | 527.00 | 351.00 | 71.00 |
| 21.1 | Additional charges | | | | | |
| | Automatic locking elbow | each | 6 869.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Notes: | | | | | |
| | Manual locking elbows are supplied as standard. Prosthetists may decide to supply an | | | | | |
| | automatic elbow and adjust the fee accordingly. | | | | | |
| 22 | SHOULDER DISARTICULATION PROSTHESIS | | | | | |
| | Shoulder disarticulation prosthesis - passive hand & cosmetic cover | each | 20 445.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Shoulder disarticulation - functional hand & cosmetic cover | each | 25 197.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Shoulder disarticulation - myoelectric PRO CON | each | 355 623.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Shoulder disarticulation - myoelectric | each | 61 863.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Notes: | | | | | |
| | Prosthetic hooks are not included with upper extremity prosthesis as standard. | | | | | |
| 23 | ACCESSORIES | | | | | |
| | Cable - AE | each | 702.00 | 527.00 | 351.00 | 71.00 |
| | Cable - BE | each | 702.00 | 527.00 | 351.00 | 71.00 |
| | Corset - BE | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Cosmetic hand | each | 2 571.00 | 1 928.00 | 1 286.00 | 258.00 |
| | Felt hand | each | 3 035.00 | 2 277.00 | 1 518.00 | 304.00 |
| | Functional hand | each | 3 813.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Harness - AE | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Harness - BE | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Hook elastics | each | 22.00 | 17.00 | 11.00 | 3.00 |
| | Prosthetic glove - cosmetic | each | 1 545.00 | 1 159.00 | 773.00 | 155.00 |
| | Prosthetic glove - leather | each | 324.00 | 243.00 | 162.00 | 33.00 |
| | Prosthetic hook - aluminium | each | 4 428.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Prosthetic hook - steel | each | 5 670.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Prosthetic hook - voluntary closing | each | 11 567.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit - AE | each | 5 735.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Refit - BE | each | 3 575.00 | 2 763.00 | 1 846.00 | 358.00 |
| | Wrist insert | each | 422.00 | 316.00 | 211.00 | 43.00 |
| 24 | PROSTHETIC SOCKS | | | | | |
| | Stump sock - BK local | each | 162.00 | 122.00 | 81.00 | 17.00 |
| | Stump sock - AK local | each | 173.00 | 130.00 | 87.00 | 18.00 |
| | Stump sock - Arm local | each | 130.00 | 98.00 | 65.00 | 13.00 |
| | Stump sock - Symes local | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Stump sock - BK 5ply - imported | each | 270.00 | 203.00 | 135.00 | 27.00 |
| | Stump sock - BK 3ply - imported | each | 260.00 | 195.00 | 130.00 | 26.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Stump sock - AK 5ply - imported | each | 270.00 | 203.00 | 135.00 | 27.00 |
| | Stump sock - AK 3ply - imported | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Stump sock - Arm 3ply - imported | each | 162.00 | 122.00 | 81.00 | 17.00 |
| | Stump sock - Arm 5ply - imported | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Stump sock - Symes 5ply - imported | each | 357.00 | 268.00 | 179.00 | 36.00 |
| | Stump sock - Symes 3ply - imported | each | 389.00 | 292.00 | 195.00 | 39.00 |
| | Prosthetic sheath - Imported | each | 173.00 | 130.00 | 87.00 | 18.00 |
| | Sillicone sheath - American | each | 692.00 | 519.00 | 346.00 | 70.00 |
| | Sillicone sheath - European | each | 1 134.00 | 851.00 | 567.00 | 114.00 |
| | Fix Prosthesis - European | each | 357.00 | 268.00 | 179.00 | 36.00 |
| | Fix Prosthesis - American | each | 195.00 | 146.00 | 98.00 | 20.00 |
| | Stump Schrinker B/K | each | 400.00 | 300.00 | 200.00 | 40.00 |
| | Stump Schrinker A/K | each | 508.00 | 381.00 | 254.00 | 51.00 |
| 24.1 | Silicone sleeve suspension | | | | | |
| | BK custom silicon sleeve suspension (in addition to cost of prosthesis) | each | 4 256.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Silicone sleeve suspension system (in addition to cost of prosthesis) | each | 6 567.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Silicone suspension sleeve (sleeve only) | each | 3 489.00 | 2 617.00 | 1 745.00 | 349.00 |
| | Silicone thigh sleeve | each | 2 560.00 | 1 920.00 | 1 280.00 | 256.00 |
| | Silicone distal end pad | each | 2 560.00 | 1 920.00 | 1 280.00 | 256.00 |
| | Schuttle lock for silicone sleeve suspension | each | 2 009.00 | 1 507.00 | 1 005.00 | 201.00 |
| | Plunger pin for shuttle lock | each | 173.00 | 130.00 | 87.00 | 18.00 |
| | Flex-seal system to prosthesis | each | 3 705.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Flex-seal | each | 3 197.00 | 2 398.00 | 1 599.00 | 320.00 |
| 25 | CUSHIONS | | | | | |
| | Abduction pillow | each | 335.00 | 252.00 | 168.00 | 34.00 |
| | Cervical cushion | each | 238.00 | 179.00 | 119.00 | 24.00 |
| | Coccyx cushion | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Leg elevation cushion | each | 432.00 | 324.00 | 216.00 | 44.00 |
| | Lumbar roll cushion | each | 65.00 | 49.00 | 33.00 | 7.00 |
| | Lumbar support cushion - local | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Lumbar support cushion - imported | each | 508.00 | 381.00 | 254.00 | 51.00 |
| | Paraplegic cushion - foam | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Paraplegic cushion - gel | each | 2 484.00 | 1 863.00 | 1 242.00 | 249.00 |
| | Ring cushion - foam | each | 81.00 | 61.00 | 41.00 | 9.00 |
| | Ring cushion - inflatable | each | 108.00 | 81.00 | 54.00 | 11.00 |
| | Varicose vein cushion | each | 432.00 | 324.00 | 216.00 | 44.00 |
| | Spinal wedge seat cushion (Putman) | each | 314.00 | 235.00 | 157.00 | 32.00 |
| 26 | GRADUATED COMPRESSION HOSE | | | | | |
| | Anti embolic stocking thigh high with waistbelt | pair | 324.00 | 243.00 | 162.00 | 33.00 |
| | Anti embolic stocking calf length | pair | 227.00 | 171.00 | 114.00 | 23.00 |
| | Anti embolic stocking thigh length | pair | 314.00 | 235.00 | 157.00 | 32.00 |
| | Class I compression stocking - calf length | pair | 260.00 | 195.00 | 130.00 | 26.00 |
| | Class I compression stocking - half thigh | pair | 314.00 | 235.00 | 157.00 | 32.00 |
| | Class I compression stocking - thigh high | pair | 357.00 | 268.00 | 179.00 | 36.00 |
| | Class I compression stocking - thigh high + silicone garter | pair | 443.00 | 333.00 | 222.00 | 45.00 |
| | Class I compression - pantyhose | each | 476.00 | 357.00 | 238.00 | 48.00 |
| | Class I compression - maternity pantyhose | each | 519.00 | 389.00 | 260.00 | 52.00 |
| | Class II compression stocking - calf length | pair | 368.00 | 276.00 | 184.00 | 37.00 |
| | Class II compression stocking - half thigh | pair | 432.00 | 324.00 | 216.00 | 44.00 |
| | Class II compression stocking - thigh high | pair | 476.00 | 357.00 | 238.00 | 48.00 |
| | Class II compression stocking - thigh high with waistbelt | each | 378.00 | 284.00 | 189.00 | 38.00 |
| | Class II compression - pantyhose | each | 692.00 | 519.00 | 346.00 | 70.00 |
| | Class II compression - maternity pantyhose | each | 713.00 | 535.00 | 357.00 | 72.00 |
| | Class III compression stocking - calf length | pair | 389.00 | 292.00 | 195.00 | 39.00 |
| | Class III compression stocking - half thigh | pair | 432.00 | 324.00 | 216.00 | 44.00 |
| | Class III compression stocking - thigh high | pair | 486.00 | 365.00 | 243.00 | 49.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Class III compression stocking - thigh high with waistbelt | pair | 389.00 | 292.00 | 195.00 | 39.00 |
| | Support stocking 70 den - calf length | pair | 206.00 | 154.00 | 103.00 | 21.00 |
| | Support stocking 70 den - thigh length | pair | 238.00 | 179.00 | 119.00 | 24.00 |
| | Support stocking 70 den - pantyhose | pair | 260.00 | 195.00 | 130.00 | 26.00 |
| | Support stocking 140 den - calf length | pair | 98.00 | 73.00 | 49.00 | 10.00 |
| | Support stocking 140 den - thigh length | pair | 119.00 | 90.00 | 60.00 | 12.00 |
| | Support stocking 140 den - pantyhose | pair | 173.00 | 130.00 | 87.00 | 18.00 |
| | Support stocking 140 den - maternity pantyhose | pair | 184.00 | 138.00 | 92.00 | 19.00 |
| | Made to measure cl II - calf length | pair | 692.00 | 519.00 | 346.00 | 70.00 |
| | Made to measure cl II - half thigh | pair | 767.00 | 576.00 | 384.00 | 77.00 |
| | Made to measure cl II - thigh length | pair | 854.00 | 640.00 | 427.00 | 86.00 |
| | Made to measure cl II - thigh with waistbelt | pair | 670.00 | 503.00 | 335.00 | 67.00 |
| | Made to measure cl II - pantyhose | pair | 1 091.00 | 819.00 | 546.00 | 110.00 |
| | Application gloves | pair | 33.00 | 25.00 | 17.00 | 4.00 |
| | IT Stays Glue stick | each | 76.00 | 57.00 | 38.00 | 8.00 |
| 27 | HERNIA SUPPORTS | | | | | |
| | Inguinal truss bilateral elastic | each | 562.00 | 422.00 | 281.00 | 57.00 |
| | Inguinal truss single elastic | each | 540.00 | 405.00 | 270.00 | 54.00 |
| | Inguinal truss bilateral steel | each | 454.00 | 341.00 | 227.00 | 46.00 |
| | Inguinal truss single steel | each | 454.00 | 341.00 | 227.00 | 46.00 |
| | Hernia truss briefs | each | 378.00 | 284.00 | 189.00 | 38.00 |
| | Scrotal support | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Hernia aid | each | 324.00 | 243.00 | 162.00 | 33.00 |
| | Abdominal corset | each | 540.00 | 405.00 | 270.00 | 54.00 |
| | Abdominal support - elastic | each | 184.00 | 138.00 | 92.00 | 19.00 |
| 28 | HOSPITAL AND HOME NURSING EQUIPMENT | | | | | |
| | Bath chair | each | 432.00 | 324.00 | 216.00 | 44.00 |
| | Bath chair - swivel type | each | 1 005.00 | 754.00 | 503.00 | 101.00 |
| | Bed frame | each | 314.00 | 235.00 | 157.00 | 32.00 |
| | Bed pan | each | 81.00 | 61.00 | 41.00 | 9.00 |
| | Bed pan - slipper type | each | 76.00 | 57.00 | 38.00 | 8.00 |
| | Charnley commode | each | 789.00 | 592.00 | 395.00 | 79.00 |
| | Commode | each | 648.00 | 486.00 | 324.00 | 65.00 |
| | Commode with wheels | each | 897.00 | 673.00 | 449.00 | 90.00 |
| | Commode with wheels and foot rests | each | 1 167.00 | 875.00 | 584.00 | 117.00 |
| | Sheepskin bedpad | each | 270.00 | 203.00 | 135.00 | 27.00 |
| | Sheepskin heel/elbow protectors | pair | 87.00 | 65.00 | 44.00 | 9.00 |
| | Toilet seat raiser | each | 443.00 | 333.00 | 222.00 | 45.00 |
| | Urinal bottle | each | 27.00 | 21.00 | 14.00 | 3.00 |
| | Water proof sheet | each | 54.00 | 41.00 | 27.00 | 6.00 |
| 29 | PROFFESIONAL SERVICES | | | | | |
| | After hours fee - additional | each | 49.00 | 37.00 | 25.00 | 5.00 |
| | Consultation | each | 92.00 | 69.00 | 46.00 | 10.00 |
| | Consultation - half | each | 49.00 | 37.00 | 25.00 | 5.00 |
| | Consultation - fit (specify) | each | 49.00 | 37.00 | 25.00 | 5.00 |
| | Consultation - measure and fit (specify) | each | 92.00 | 69.00 | 46.00 | 10.00 |
| | Consultation - custom fit (specify) | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Court appearance - per day | each | 4 407.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Orthotic/Prosthetic - Telephonic medico-legal consultation | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Orthotic/Prosthetic assessment & report (medico-legal) | each | 1 653.00 | 1 240.00 | 827.00 | 166.00 |
| | Hospital visit | each | 92.00 | 69.00 | 46.00 | 10.00 |
| | House call | each | 270.00 | 203.00 | 135.00 | 27.00 |
| | Theatre attendance | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Quotation | each | 49.00 | 37.00 | 25.00 | 5.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Travelling per km | each | 6.00 | 5.00 | 3.00 | 1.00 |
| | Time 1 unit | each | 49.00 | 37.00 | 25.00 | 5.00 |
| | Delivery charges | each | 49.00 | 37.00 | 25.00 | 5.00 |
| 30 | TRACTION EQUIPMENT | | | | | |
| | Cervical traction halter - disposable | each | 11.00 | 9.00 | 6.00 | 2.00 |
| | Cervical traction halter - leather/canvas | each | 270.00 | 203.00 | 135.00 | 27.00 |
| | Pelvic traction belt - canvas | each | 130.00 | 98.00 | 65.00 | 13.00 |
| | Pelvic traction belt - leather | each | 184.00 | 138.00 | 92.00 | 19.00 |
| | Pelvic traction corset | each | 260.00 | 195.00 | 130.00 | 26.00 |
| | Traction cord | each | 2.00 | 2.00 | 1.00 | 1.00 |
| | Traction kit - over door | each | 411.00 | 308.00 | 206.00 | 42.00 |
| | Traction kit - under mattress | each | 422.00 | 316.00 | 211.00 | 43.00 |
| | Traction water weight bag | each | 98.00 | 73.00 | 49.00 | 10.00 |
| | Thomas's splint | each | 389.00 | 292.00 | 195.00 | 39.00 |
| | Thomas's splint foot piece | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Thomas's splint - Pearson's knee piece | each | 141.00 | 106.00 | 71.00 | 15.00 |
| | Skin traction - foam | each | 119.00 | 90.00 | 60.00 | 12.00 |
| | Skin traction - elastoplast | each | 119.00 | 90.00 | 60.00 | 12.00 |
| 31 | WALKING AIDS | | | | | |
| | Delta Walker | each | 1 318.00 | 989.00 | 659.00 | 132.00 |
| | Elbow crutches | pair | 184.00 | 138.00 | 92.00 | 19.00 |
| | Elbow crutches - moulded handles | pair | 605.00 | 454.00 | 303.00 | 61.00 |
| | Gutter crutch | each | 281.00 | 211.00 | 141.00 | 29.00 |
| | Walking frame | each | 238.00 | 179.00 | 119.00 | 24.00 |
| | Walking frame - folding | each | 238.00 | 179.00 | 119.00 | 24.00 |
| | Walking frame - reciprocal | each | 702.00 | 527.00 | 351.00 | 71.00 |
| | Walking frame - with wheels | each | 378.00 | 284.00 | 189.00 | 38.00 |
| | Walking stick - adjustable | each | 87.00 | 65.00 | 44.00 | 9.00 |
| | Walking stick - cane | each | 87.00 | 65.00 | 44.00 | 9.00 |
| | Wooden crutches | pair | 173.00 | 130.00 | 87.00 | 18.00 |
| | Ferrule - local | each | 6.00 | 5.00 | 3.00 | 1.00 |
| | Ferrule - imported | each | 11.00 | 9.00 | 6.00 | 2.00 |
| | Ferrule - JOLO | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Tripod walking stick | each | 162.00 | 122.00 | 81.00 | 17.00 |
| | Ring crutches - wood | pair | 368.00 | 276.00 | 184.00 | 37.00 |
| | Ring crutches - metal | pair | 303.00 | 227.00 | 152.00 | 31.00 |
| 32 | WHEELCHAIRS | | | | | |
| | Economy wheelchair | each | 3 402.00 | 2 763.00 | 1 701.00 | 341.00 |
| | Light weight wheelchair | each | 6 664.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Standard wheelchair | each | 4 007.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Sports wheelchair | each | 7 668.00 | 2 763.00 | 1 846.00 | 369.00 |
| | Reclining wheelchair | each | 4 990.00 | 2 763.00 | 2 495.00 | 369.00 |
| 33 | BREAST PROSTHESIS | | | | | |
| | Breast prosthesis - firm silicone | each | 1 610.00 | 1 207.00 | 805.00 | 161.00 |
| | Breast prosthesis - soft silicone | each | 1 502.00 | 1 126.00 | 751.00 | 151.00 |
| | Breast prosthesis - silicone gel | each | 1 145.00 | 859.00 | 573.00 | 115.00 |
| 34 | PRESSURE GARMENTS | | | | | |
| | Pressure garment - detachable gauntlet | each | 303.00 | 227.00 | 152.00 | 31.00 |
| | Pressure garment - forearm sleeve | each | 324.00 | 243.00 | 162.00 | 33.00 |
| | Pressure garment - arm sleeve | each | 422.00 | 316.00 | 211.00 | 43.00 |
| | Pressure garment - armsleeve & shoulder flap | each | 476.00 | 357.00 | 238.00 | 48.00 |
| | Pressure garment - forearm sleeve and gauntlet | each | 443.00 | 333.00 | 222.00 | 45.00 |
| | Pressure garment - armsleeve & gauntlet | each | 486.00 | 365.00 | 243.00 | 49.00 |
| | Pressure garment - stump sleeve | each | 378.00 | 284.00 | 189.00 | 38.00 |

| | NATURE OF APPLIANCE | Each/Pair | PHP | H3 | H2 | H1 |
|---|---|---|---|---|---|---|
| | Pressure garment - stump sleeve & flap | each | 497.00 | 373.00 | 249.00 | 50.00 |
| 34.1 | Hand | | | | | |
| | Pressure garment - glove to wrist | each | 886.00 | 665.00 | 443.00 | 89.00 |
| | Pressure garment - glove to elbow | each | 1 102.00 | 827.00 | 551.00 | 111.00 |
| | Pressure garment - interdigital web spacer | each | 476.00 | 357.00 | 238.00 | 48.00 |
| | Pressure garment - mitten | each | 562.00 | 422.00 | 281.00 | 57.00 |
| 34.2 | Head & neck | | | | | |
| | Pressure garment - face mask | each | 713.00 | 535.00 | 357.00 | 72.00 |
| | Pressure garment - chin strap | each | 411.00 | 308.00 | 206.00 | 42.00 |
| | Pressure garment - modified chin strap | each | 584.00 | 438.00 | 292.00 | 59.00 |
| | Pressure garment - chin extension collar | each | 400.00 | 300.00 | 200.00 | 40.00 |
| 34.3 | Torso | | | | | |
| | Pressure garment - sleeveless vest | each | 854.00 | 640.00 | 427.00 | 86.00 |
| | Pressure garment - vest with long sleeves | each | 1 512.00 | 1 134.00 | 756.00 | 152.00 |
| | Pressure garment - vest with short sleeves | each | 1 156.00 | 867.00 | 578.00 | 116.00 |
| | Pressure garment - sleeveless brief | each | 1 545.00 | 1 159.00 | 773.00 | 155.00 |
| | Pressure garment - brief with long sleeves | each | 2 150.00 | 1 612.00 | 1 075.00 | 215.00 |
| | Pressure garment - brief with short sleeves | each | 1 944.00 | 1 458.00 | 972.00 | 195.00 |
| | Pressure garment - suit with short sleeves | each | 2 117.00 | 1 588.00 | 1 059.00 | 212.00 |
| | Pressure garment - suit with long sleeves | each | 2 236.00 | 1 677.00 | 1 118.00 | 224.00 |
| 34.4 | Lower extremity | | | | | |
| | Pressure garment - anklet | each | 292.00 | 219.00 | 146.00 | 30.00 |
| | Pressure garment - knee length stocking | each | 368.00 | 276.00 | 184.00 | 37.00 |
| | Pressure garment - thigh length stocking | each | 454.00 | 341.00 | 227.00 | 46.00 |
| | Pressure garment - stump support BK | each | 411.00 | 308.00 | 206.00 | 42.00 |
| | Pressure garment - waist high one leg open pubis | each | 1 037.00 | 778.00 | 519.00 | 104.00 |
| | Pressure garment - waist high two legs | each | 1 350.00 | 1 013.00 | 675.00 | 135.00 |
| | Pressure garment - waist high two legs open pubis | each | 1 253.00 | 940.00 | 627.00 | 126.00 |
| | Pressure garment - chest high two legs | each | 1 394.00 | 1 045.00 | 697.00 | 140.00 |
| | Pressure garment - waist high one leg open | each | 1 350.00 | 1 013.00 | 675.00 | 135.00 |
| | Pressure garment -pubis panty | each | 1 361.00 | 1 021.00 | 681.00 | 137.00 |
| | Pressure garment - waist high one leg panty | each | 1 394.00 | 1 045.00 | 697.00 | 140.00 |
| | Pressure garment - waist high one leg & stump | each | 1 653.00 | 1 240.00 | 827.00 | 166.00 |
| | Pressure garment - waist high two stumps | each | 1 491.00 | 1 118.00 | 746.00 | 150.00 |
| | Pressure garment - waist high one stump | each | 1 782.00 | 1 337.00 | 891.00 | 179.00 |
| | Pressure garment - panty girdle | each | 962.00 | 721.00 | 481.00 | 97.00 |
| 34.5 | Accessories | | | | | |
| | Pressure garment - zipper less than 20cm | each | 281.00 | 211.00 | 141.00 | 29.00 |
| | Pressure garment - zipper 20cm + | each | 303.00 | 227.00 | 152.00 | 31.00 |
| | Pressure flotation pad 18" | each | 2 258.00 | 1 693.00 | 1 129.00 | 226.00 |
| | Pressure flotation pad 16" | each | 2 225.00 | 1 669.00 | 1 113.00 | 223.00 |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B16

## SCHEDULE FOR PROCEDURAL FEES FOR PRIVATE AND PRIVATE HOSPITAL PATIENTS

| 1 | PROCEDURAL FEES | Tariff |
|---|---|---|
| | Note: A certificate indicating the level of the catherisation laboratory used, should be signed by the relevant doctor, indicating the information and be attached to the account. | |
| | The fees quoted for items 052 to 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for any items chargeable in terms of Section 5 hereof. | |
| | NOTE: Ward fees may however be chargeable together with items 053, 054, 055, 056, 070 and 073. | |
| **1.1** | **Procedures** | |
| 052 | Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic. | 154.00 |
| 053 | Angiograms. | 154.00 |
| 055 | Electroconvulsive therapy (ECT) | 154.00 |
| **1.2** | **Catheterisation laboratory procedures** | |
| 054 | Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1 | 552.00 |
| 073 | Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1 | 1996.00 |
| 056 | Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1 | 1038.00 |
| 070 | Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery, as approved by the committee established in terms of General Rule E.1.1 | 2347.00 |
| **1.3** | **Radiation Oncology** | |
| | **Simulation - Fixed custom made** | |
| 902 | Simple - Simulation of a single area with either a single port or parallel opposed ports. Simple or no blocking or use of custom/home made simulation | 165.00 |
| 903 | Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks. | 250.00 |
| 904 | Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast | 328.00 |
| 905 | Computerised Tomographic. | 328.00 |

| | | |
|---|---|---|
| | **Treatment Planning** | |
| 906 | Manual. | |
| 907 | Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking | 155.00 |
| 908 | Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints | 236.00 |
| 909 | Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities | 308.00 |
| | **Technical Aids** | |
| 910 | Control films (As per radiology film price list). | |
| 911 | Dosimetric procedures. | 9.00 |
| 912 | Artefacts: Simple - design and construction (simple block or bolus) | 23.00 |
| 913 | Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus). | 61.00 |
| 914 | Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts) | 123.00 |
| | **Linear accelerator treatment** | |
| 915 | Photon treatment, first field. | 239.00 |
| 916 | Global fee for additional fields (to be charged once only) | 105.00 |
| 917 | Electron treatment. | 239.00 |
| 919 | Brachytherapy - global fee per patient. | 1816.00 |
| **1.4** | **Stereotactic radiosurgery** | |
| 430 | Global fee for stereotactic radiosurgery | 27009.90 |

## GAUTENG PROVINCIAL GOVERNMENT
## DEPARTMENT OF HEALTH

## SCHEDULE B17

## SCHEDULE FOR USE OF EQUIPMENT AND MATERIALS FOR PRIVATE AND PRIVATE HOSPITAL PATIENTS

| 1 | STANDARD CHARGES FOR EQUIPMENT AND MATERIALS | Tariff |
|---|---|---|
| 224 | Stone basket for the removal of kidney-, bladder- or gallstones: Per case | 539.00 |
| 225 | Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case | 515.00 |
| 226 | Continuous Passive Exerciser: Per day. | 42.00 |
| 227 | Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case | 114.00 |
| 228 | Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case | 57.00 |
| 229 | Laparoscopic surgery, Category I - Diagnostic laparoscopy. clip, ring sterilisation, salpingectomy and cyst aspiration: Per case. | 224.00 |
| 331 | Laparoscopic surgery, Category II - Adhesiolysis, ovarian cystectomy, oöphorectomy, ectopic pregnancy, cholecystectomy, appendicectomy and inguinal hernia repairs | 336.00 |
| 333 | Laparoscopic surgery, Category III - Major surgery: hysterectomy, Nissen fundoplication, other hernia repairs and bowel resection<br><br>Note: Basic reusable and disposable instruments and equipment (which would always include the equivalent to the items named) are included in the fees of items 229, 331 and 333 (see list below) :<br><br>• Telescope<br>• Light source & cable<br>• Monitor<br>• Insufflater<br>• Graspers (extraction & retention)<br>• Dissector, scissors<br>• Right angle tip electrosurgical instrument<br>• High frequency cord<br>• Curved needle holder<br>• Suction/irrigation shaft<br>Disposable items not included in the basic fee or laparoscopic packs are chargeable (e.g. disposable trocars). | 422.00 |
| 230 | Patient-controlled analgesia pump, being a programmable reusable analgesia infusion system, providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics: Per day<br><br>Note: Not applicable in ICU and specialised units. 1 per patient for maximum of 48 hours in ward | |
| 231 | Cardiac monitors - in private, general and high care wards only): Per day or part thereof | 47.00 |
| 232 | Bird or equivalent free standing nebuliser (excluding oxygen): Per day | 34.00 |
| 233 | Croupettes (excluding oxygen): Per day or part thereof | 10.00 |
| 234 | Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day or part thereof | 19.00 |
| 235 | Oxygen tents (excluding oxygen): Per day or part thereof | 16.00 |

| | | |
|---|---|---|
| 236 | Mechanical ventilator or equivalent (only in ICU and high care ward where no ICU is available) (excluding oxygen): Per day or part thereof | 151.00 |
| 237 | CUSA (plus CUSA pack as per section 5). | 727.00 |
| 238 | Lasers - Argon (ophthalmic). | 226.00 |
| 239 | Lasers - CO2 (surgical). | 291.00 |
| 241 | Lasers - Candella (Rates by arrangement with the scheme concerned) | |
| 335 | Excimer laser: Hire fee per eye | 978.00 |
| 337 | Microkeratome used with an excimer laser. | 181.00 |
| 242 | Occutomes. | 97.00 |
| 243 | Lasers - YAG (ophthalmic). | 254.00 |
| 244 | Lasers - YAG (surgical). | 317.00 |
| 220 | Ballistic Lithotripsy/Lithoclast : First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment | 200.00 |
| 221 | Ballistic Lithotripsy/Lithoclast : Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary) | 134.00 |
| 339 | Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment | 89.00 |
| 341 | Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary) | 60.00 |
| 222 | Laser Lithotripsy : First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment | 1336.00 |
| 223 | Laser Lithotripsy : Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary) | 890.00 |
| 245 | First: [i] ESWL treatment for one or more stones in same kidney, which are eliminated in one treatment. | 2924.00 |
| 246 | Second [i]ESWL treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary) | 1948.00 |
| | Note: The fees in respect of items 220 to 223, 245 to 246 and 339 to 341 are inclusive of all equipment and components but exclusive of theatre fees and items chargeable under Section 5. The C-arm (item 249) and screening table (item 251) are not chargeable with these equipment fees. | |
| 249 | C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies). | 96.00 |
| 250 | Ultrasonic imaging equipment. | 158.00 |
| | (Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics) | |
| | Note: This can be used for infertility treatment | |
| 251 | Screening table - fixed base urology table (including all radiographic equipment) (See item 249) | 213.00 |
| 252 | Gastroscope (fibre optic/flexible only). | 125.00 |
| 253 | Colonoscope (fibre optic/flexible only) | 140.00 |
| 254 | Duodenoscope (fibre optic/flexible only). | 132.00 |
| 255 | Sigmoidoscope (fibre optic). | 107.00 |
| 343 | Sigmoidoscope (rigid, adults) | 22.00 |
| 345 | Sigmoidoscope (rigid, paediatrics). | 19.00 |
| 256 | Bronchoscope (flexible/fibre optic, adults). | 89.00 |
| 347 | Bronchoscope (flexible/fibre optic, paediatrics) | 89.00 |
| | Note: For codes 252-256 and 343-347, biopsy and polyp forceps are included in the fee. | |
| 348 | Bronchoscope (rigid, adults) | 35.00 |
| 349 | Bronchoscope (rigid, paediatrics) | 51.00 |
| 257 | Laryngoscope (fibre optic/flexible excluding intubation) | 51.00 |

[i] Extra Corporeal Shock Wave Lithotripsy

| | | |
|---|---|---|
| 258 | Sinoscope (rigid only) | 59.00 |
| 259 | Oesophagoscope (rigid only) | 30.00 |
| 261 | Hysteroscope | 37.00 |
| 262 | Colposcope (Not chargeable when item 239 applies) | 51.00 |
| 263 | Cysto Urethroscope | 44.00 |
| 519 | Uretho Reno Fibroscope, per case | 158.00 |
| 264 | Arthroscope (including basic reusable instruments and equipment) | 120.00 |
| | Note : The basic reusable and disposable instruments and equipment (which would always include the equivalent to the items named) are included in the fee of item 264 (see list below) :<br><br>• Telescope, light source, cable<br>• Monitor<br>• Right angle tip electrosurgical instrument<br>• High frequency cord<br>• 5,8mm cannula; rotating stopcock, trocar<br>• Obturator<br>• Camera<br>• Focussing camera coupler<br>• Control console, footswitch<br>• Probe, scissors, (hooked, parrot beak), gasper, forceps (punch basket, duckbill), camelback handle, debrider/shaver, powered arthroplasty system, handpiece. | |
| 266 | Large disposable sterile trays - per tray (excluding theatre) | 8.00 |
| 267 | Sterile disposable swabbing and ENT trays - per tray (excluding theatre) | 6.00 |
| 269 | Soluble bags for barrier nursing only, limited to 2 per patient per day | 6.00 |
| 294 | Transcranial Doppler. | 262.00 |
| 295 | Harmonic Scalpel (See section 5.5.3 for disposable components) | 73.00 |
| 507 | Argon Beamer (See section 5.5.2 for disposable components) | 30.00 |
| | Note : The Argon Beamer will not apply where a standard electosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgery. | |
| 509 | Endometrial Resection (Radio frequency). | 177.00 |
| 511 | Colour Doppler (external). | 528.00 |
| 513 | Transoesophageal Colour Doppler. | 637.00 |
| 515 | Cardiorhythm Ablater. | 347.00 |
| 517 | Phaco emulsifier | 229.00 |
| 521 | OAS Frameless Stereotaxy | |
| 523 | OPD Tacography | |
| 525 | RFG3C Lesion Generator (Rhizotomy) | |
| 527 | Swift Lase Kit (Tonsillectomy) | |
| 529 | Bard Apparatus | 450.00 |
| 531 | Densitometer | |
| 533 | Civus | |
| 535 | Ivus | |
| | Fees for items 521 to 535 to be advised | |

# GAUTENG PROVINCIAL GOVERNMENT
# DEPARTMENT OF HEALTH

## SCHEDULE B18

## DENTAL TARIFFS

## INDEX/ INHOUDSOPGAWE


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# GENERAL GUIDELINES/ ALGEMENE RIGLYNE

## INTRODUCTION TO THIS PUBLICATION/ INLEIDING TOT HIERDIE PUBLIKASIE

1. This schedule includes procedures performed by general dental practitioners, maxillo-facial and oral surgeons, orthodontists, periodontists, prosthodontists and oral pathologists/
*Hierdie Skedule sluit prosedures in wat gewoonlik deur algemene tandheelkundige praktisyns, kaak, gesigs- en mondchirurge, ortodontiste, periodontiste, prostodontiste en mondpatoloë uitgevoer word.*

2. The fees listed are considered to be reasonable/
*Die gelyste gelde word as redelik beskou*

## RULES/ REËLS

3. The following Rules apply to all practitioners/
*Die volgende reëls is van toepassing op alle praktisyns:*

001 Item 8101 refers to a Full Mouth Examination, charting and treatment planning and no further examination fees/benefits shall be chargeable until the treatment plan resulting from this consultation is completed with the exception of Item 8102. This includes the issuing of a prescription where only medication is prescribed/
*Item 8101 verwys na 'n vollemondse-ondersoek, kartering en behandelingsbeplanning en geen bykomende gelde/voordele sal hefbaar wees totdat die behandelingsplan, voortspruitend uit hierdie konsultasie, voltooi is nie met die uitsondering van items 8102. Dit sluit in die uitreiking van 'n voorskrif, waar slegs medikasie voorgeskryf is.*
Item 8104 refers to a consultation for a specific problem and not to a full mouth examination, charting and treatment planning. This includes the issuing of a prescription where only medication is prescribed/
*Item 8104 verwys na 'n konsultasie vir 'n spesifieke probleem en nie na 'n vollemondse-ondersoek, kartering en behandelingsbeplanning nie. Dit sluit in die uitreiking van 'n voorskrif, waar slegs medikasie voorgeskryf is.*

002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this schedule shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff item/
*Met uitsondering van dié gevalle waar die bedrag vasgestel word "volgens ooreenkoms" moet die bedrag vir die lewering van 'n diens wat nie in hierdie skedule vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat daarin vermeld word en reël 002 moet tesame met die tariefitem aangedui word.*

004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the patient/scheme may be charged and Rule 004 must be indicated together with the tariff item/
*In uitsonderlike gevalle waar die tariefgeld buite verhouding laag is in vergelyking met die dienste werklik deur 'n praktisyn gelewer, kan sodanige hoër geld gehef word as waaroor die tandarts en die pasiënt/skemas onderling ooreenkom en reël 004 moet tesame met die tariefitem aangedui word.*

008 (a) Every dentist shall render a monthly invoice for every procedure which has been completed irrespective of whether the total treatment plan has been concluded/
*Elke tandarts moet maandeliks 'n rekening lewer vir enige prosedure wat voltooi is, ongeag of die totale behandelingsplan afgehandel is al dan nie.*

(b) Every invoice shall contain the following particulars/
*Elke rekening moet ondergenoemde besonderhede bevat:*

(i) the surname and initials of the member/ *die van en voorletters van die lid*;
(ii) the first name of the patient/ *die voornaam van die pasiënt*;
(iii) the name of the scheme/ *die naam van die skema*;
(iv) the membership number of the member/ *die lid se lidmaatskapnommer*;
(v) the practice number/ *die praktyknommer*;
(vi) date on which every service was rendered/ *die datum waarop elke diens gelewer is*;
(vii) the nature and cost of every service and where applicable, the code number of the procedure or service/ *die aard en die koste van elke diens en, waar van toepassing, die kodenommer van die prosedure of diens*;
(viii) where the invoice is a photocopy of the original, certification by way of a rubber stamp or the signature of the dentist; and/ *waar die rekening 'n fotokopie van die oorspronklike is, sertifisering deur middel van 'n rubberstempel of die handtekening van die tandarts; en*
(ix) a statement of whether the invoice is in accordance with the scale of benefits/ *'n verklaring of die rekening in ooreenstemming is met die voordeleskaal.*
(x) The name of the dentist rendering the service must be shown on the invoice/ *Die naam van die tandarts wat die diens gelewer het moet op die rekening verskyn.*

## GENERAL GUIDELINES/ ALGEMENE RIGLYNE

(M/W) 009 Dentists in general practice shall be entitled to charge two-thirds of the fees/benefits of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item/

*Tandartse in algemene praktyk is daarop geregtig om twee-derdes van die gelde/voordele van spesialiste te vra slegs vir behandeling wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige item getoon word.*

Benefits in respect of specialists charging treatment procedures not listed in the schedule for that speciality, shall be allocated as follows/

*Voordele ten opsigte van spesialiste wat gelde hef vir behandelingsprosedures wat nie gelys is in die skedule van die betrokke spesialiteit nie, sal as volg toegeken word:*

General Dental Practitioners Schedule/ *Algemene Tandheelkunde Praktisyns Skedule* 100%

Other Dental Specialists Schedules/ *Ander Tandheelkunde Spesialis Skedules* 2/3

010 Fees charged by dental technicians for their services (PLUS L) shall be shown on the dentist's invoice against the code 8099. Such dentist's invoice shall be accompanied by the actual invoice of the dental technician (or a copy thereof) and the invoice of the dental technician shall bear the signature of the dentist (or the person authorised by him) as proof that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of gold and of teeth. For example, item 8231 is specified as follows

*Die geld wat 'n tandtegnikus vra (PLUS L), moet op die tandarts se rekening aangedui word teenoor die kode 8099. Sodanige rekening van die tandarts moet vergesel wees van die werklike rekening van die tandtegnikus (of 'n afskrif daarvan), en die rekening van die tandtegnikus moet die handtekening van die tandarts (of sy gevolmagtigde) dra as bewys dat dit korrek saamgestel is. "L" bestaan uit die geld wat die tandtegnikus vir sy dienste vra, asook uit die koste van goud en van tande. Byvoorbeeld, item 8231 word soos volg gespesifiseer:*

| | | Rc |
|---|---|---|
| 8231 | ..... | X |
| 8099 (8231) | ..... | Y |
| Total / *Totaal* | ..... | R(X+Y) |

011 Modifiers may only be used where (M/W) appears against the item in the schedule/

*Wysigers mag slegs gebruik word waar (W/M) teenoor die item in die skedule verskyn.*

**8001** 33 1/3% of the appropriate scheduled fee/benefit (see Note 4 – preamble to Maxillo-facial and oral surgery schedule)/

*33 1/3% van die toepaslike skedule gelde/voordeel (sien Nota 4 – inleiding tot die Kaak-gesigs- en mondchirurgie skedule)*

**8002** The appropriate scheduled fee/benefit + 50% (see Note 1 - preamble to Maxillo-facial and oral surgery schedule)/

*Die toepaslike skedule gelde/voordeel plus 50% (sien Nota 1 – inleiding tot die Kaak-gesigs- en mondchirurgie skedule)*

**8003** The appropriate scheduled fee/benefit + 10% (see Note 5 - preamble to Perio schedule)/

*Die toepaslike skedule gelde/voordeel plus 10% (sien Nota 5 – inleiding tot Perio skedule)*

**8004** Two-thirds of appropriate scheduled fee/benefit (see Rule 009)/

*Twee-derdes van die toepaslike skedule gelde/voordeel (Sien Reël 009)*

**8005** The appropriate scheduled fee/benefit up to a maximum of **R99.00** for Private Patients and **R78.00, R50.00 and R25.00** for H3, H2 and H1 patients respectively, where applicable. (see Note 2 - preamble to Maxillo-facial and oral surgery schedule)/

*Die toepaslike skedule gelde/voordeel tot 'n maksimum van **R99.00** vir Privaat Pasiënte en **R78.00, R50.00 en R25.00** onderskeidelik vir H3, H2 en H1 pasiënte, waar toepaslik. (sien Nota 2 – inleiding tot die Kaak-gesigs- en mondchirurgie skedule)*

**8006** 50% of the appropriate scheduled fee/benefit (see Note 3 - preamble to Maxillo-facial and oral surgery schedule)/

*50% van die toepaslike skedule gelde/voordeel (sien Nota 3 – inleiding tot die Kaak-gesigs- en mondchirurgie skedule)*

**8007** 15% of the appropriate scheduled fee/benefit with a minimum of **R64.00** for Private Patients and **R51.00, R32.00 and R16.00** for H3, H2 and H1 patients respectively, where applicable (See preamble(s) under "oral surgery" in the schedule for GPs, the schedule for specialists in oral medicine and periodontics, and the schedule for specialists in Maxillo-facial and oral surgery/.

*15% van die toepaslike skedule gelde/voordeel met 'n minimum van **R64.00** vir Privaat Pasiënte en **R51.00, R32.00 en R16.00** onderskeidelik vir H3, H2 en H1 pasiënte, waar toepaslik. (Sien inleiding(s) onder "mondchirurgie" in die skedule vir APs, die skedule vir spesialiste in mondgeneeskunde en periodonsie, en die skedule vir spesialiste in kaak-gesigs- en mondchirurgie)*

## GENERAL GUIDELINES/ ALGEMENE RIGLYNE

8008 The appropriate scheduled fee/benefit + 25% (see Note 5 – preamble to Maxillo-facial and oral surgery schedule, GPs' schedule)/
*Die toepaslike skedule gelde/voordeel plus 25% (sien Nota 5 – inleiding tot kaak-gesigs- en mondchirurgie, AP skedule)*

8009 75% of the appropriate scheduled fee/benefit (see Note 3 under the preamble of the Maxillo-facial and oral surgery schedule/
*75% van die toepaslike skedule gelde/voordeel (sien Nota 3 onder die inleiding van die Kaak-gesigs- en mondchirurgie skedule)*

8010 The appropriate shedule fee/benefit plus 75%/
*Die toepaslike skedule gelde/voordeel plus 75%.*

012 In cases where treatment is not listed in the schedule for dentists in general practice or specialists then the appropriate fee/benefit listed in the medical schedules shall be charged and the relevant item in the medical schedules must be indicated/
*In gevalle waar behandeling nie in die skedule vir tandartse in algemene praktyk of spesialiste gelys is nie, word die toepaslike gelde/voordeel, soos gelys in die mediese skedules gehef, en die betrokke item in die mediese skedules moet aangedui word.*

013 Cost of material (VAT inclusive): This item provides for a charge for material where indicated against the relative item codes by the words (See Rule 013). Material to be charged for at cost plus a handling fee not exceeding 35%, up to **R1 061.00** for Private Patients and **R839.00, R531.00 and R265.00** for H3, H2 and H1 patients respectively, where applicable . A maximum handling fee of 10% shall apply above a cost of **R1 061.00** for Private Patients and **R839.00, R531.00 and R265.00** for H3, H2 and H1 patients respectively, where applicable. A maximum handling fee of **R1 592.00** for Private Patients and **R1 258.00, R796.00 and R398.00** for H3, H2 and H1 patients respectively, where applicable will apply/
*Koste van materiaal (BTW ingesluit): Hierdie item maak voorsiening vir die hef van gelde vir materiaal waar uitdruklik aangedui deur die woorde (Sien Reël 013). Kosprys plus 'n maksimum van 35% kan gehef word vir materiaal, waar die koste **R1 061.00.00** vir Privaat Pasiënte en **R839.00, R531.00 en R265.00** onderskeidelik vir H3, H2 en H1 pasiënte, waar toepaslik, of minder is. n Maksimum van 10% hanteringskoste sal van toepassing wees vir kostes bo **R1 061.00, R839.00, R531.00 en R265.00**. Maksimum hanteringskoste sal **R1 592.00.00** vir Privaat Pasiënte en **R1 258.00.00, R796.00.00 en R398.00** onderskeidelik vir H3, H2 en H1 pasiënte, waar toepaslik, beloop.*
Note/*Nota*: Item 8220 (suture) is applicable to all registered persons/ *Item 8220 (hegting) is toepaslik op alle geregistreerde persone*

### 4. Tooth identification/ Tandidentifikasie

Tooth identification is compulsory for all invoices rendered at the Recommended Scale of Benefits. It is recommended that practitioners charging fees as per the National Schedule of Recommended Fees follow the same format. Tooth identification is only applicable to procedures identified with the letter ( T ) in the mouthpart (MP) column. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity, should be used/ *Tandidentifikasie is verpligtend vir alle rekeninge wat teen die Aanbevole Voordeleskaal gelewer word. Dit word aanbeveel dat tandartse wat gelde teen die Nasionale Skedule van Voorgestelde Gelde hef, dieselfde formaat volg. Tandidentifikasie is slegs van toepassing op prosedures wat met die letter ( T ) in die monddeel-kolom (MD) aangedui word. Die* 'International Standards Organisation' *(ISO), in samewerking met die FDI, se aanwysingstelsel vir tande en areas van die mondholte moet gebruik word.*

### 5. Treatment categories/ Behandelings-kategorieë

Treatment categories (TC) of dental procedures are identified in the TC column of the schedule as follows/ *Behandelings-kategorieë (BK) van tandheelkunde prosedures word as volg in die BK-kolom van die skedule aangedui:*

| | |
|---|---|
| Basic dentistry | - designated as ( B ) in this schedule |
| *Basiese tandheelkunde* | *- aangedui as ( B ) in hierdie skedule* |
| Intermediate dentistry | - designated as ( I ) in this schedule |
| *Intermediëre tandheelkunde* | *- aangedui as ( I ) in hierdie skedule* |
| Advanced dentistry | - designated as ( A ) in this schedule |
| *Gevorderde tandheelkunde* | *- aangedui as ( A ) in hierdie skedule* |
| Maxillo-facial and oral surgery | - designated as ( S ) in this schedule |
| *Kaak-Gesigs en mondchirurgie* | *- aangedui as ( S ) in hierdie skedule* |

### 6. Abbreviations used in the Schedule/ Afkortings gebruik in die Skedule

| | | | |
|---|---|---|---|
| +D | Add fee/benefit for denture | +D | Voeg gelde/voordeel van kunsgebit by |
| +L | Add laboratory fee | +L | Voeg laboratorium gelde by |
| A | Advanced dentistry (TC) | A | Gevorderde tandheelkunde (BK) |
| B | Basic dentistry (TC) | B | Basiese tandheelkunde (BK) |

## GENERAL GUIDELINES/ ALGEMENE RIGLYNE

| | | | |
|---|---|---|---|
| GP | General practitioner | AP | Algemene praktisyn |
| I | Intermediate dentistry (TC) | I | Intermediëre tandheelkunde (BK) |
| S | Maxillo-facial and oral surgery (TC) | S | Kaak-gesigs en mondchirurgie (BK) |
| M/W | Modifier | M/W | Wysiger |
| MP | Mouth part | MD | Monddeel |
| Na | not applicable | nvt | nie van toepassing |
| T | Tooth | T | Tand |
| TC | Treatment category | BK | Behandelingskategorie |

## I. GENERAL DENTAL PRACTITIONERS/ ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

### PREAMBLE/ INLEIDING

(1) The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped under the category with which the procedures are most frequently identified. The categories are solely for convenience in using the Schedule and should not be interpreted as excluding certain types of Oral Care Providers from performing or reporting such procedures. General practitioners are advised to become familiar with the details of these categories since it is similar to the *Current Dental Terminology Second Edition* (CDT-2) which was adopted in principle by the DASA and RAMS.
*Die tandheelkunde prosedurekodes vir algemene tandheelkundige praktisyns is in twaalf (12) kategorieë van dienste verdeel. Die prosedures is in die kategorie waarmee dit in die algemeen identifiseer word groepeer. Die kategorieë is uitsluitlik vir geriefsdoeleindes vir gebruik van die Skedule en moet nie geïnterpreteer word as synde sekere groepe van Mondgesondheidswerkers in die uitvoer of vermelding van sodanige prosedures te weerhou nie. Algemene praktisyns word aangeraai om met die besonderhede van die kategorieë vertroud te raak aangesien dit soortgelyk aan die 'Current Dental Terminology Second Edition' (CDT-2), wat in beginsel deur die TVSA en die VVMS aanvaar is.*

(2) (M/W) Procedures not described in the general practitioners' schedule should be reported by referring to the relevant specialist's schedule. Dentists in general practice shall be entitled to charge two-thirds of the fees/benefits of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item (See Rules 009 and 011). There are no specific codes for orthodontic treatment in the current general practitioner's schedule, and the general practitioner must refer to the specialist orthodontist's schedule.
*Prosedures wat nie in die algemene praktisyns se skedule beskryf word nie, moet vermeld word deur na die toepaslike spesialisskedule te verwys. Tandartse in algemene praktyk is daarop geregtig om twee-derdes van die gelde/voordele van spesialiste te vra slegs vir behandeling wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige item getoon word (Sien Reëls 009, 011). Daar is geen spesifieke ortodonsie kodes in die huidige algemene praktisyn se skedule nie, en die algemene praktisyn moet na die spesialis ortodontiste skedule verwys.*

(3) (M/W) Oral and maxillofacial surgery (Section J of the Schedule): The fee/benefit payable to a general practitioner assistant shall be calculated as 15% of the fee/benefit of the practitioner performing the operation, with the indicated minimum (see Modifier 8007). The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee/benefit will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.
*Kaak-, gesig- en mondchirurgie (Seksie J van die Skedule): Die gelde/voordeel aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die gelde/voordeel van die praktisyn wat die operasie uitvoer, met die aangeduide minimum (sien Wysiger 8007). Die pasiënt moet vooraf in kennis gestel word dat 'n tweede tandarts by die operasie teenwoordig sal wees en dat gelde/voordele aan die tandarts betaalbaar sal wees. Die naam van die assistent moet op die rekening wat aan die pasiënt gelewer word, verskyn.*

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | **A. DIAGNOSTIC/ DIAGNOSTIES** | | | | | | | |
| | **Clinical oral evaluations/ Kliniese evaluering van die mond** | | | | | | | |
| 8101 | Full mouth examination, charting and treatment planning (see Rule 001)/ *Vollemondse-ondersoek, kartering en behandelingsbeplanning (sien Reël 001)* | 39.30 | 29.50 | 19.70 | 9.90 | | | B |
| 8102 | Comprehensive consultation/ *Omvattende konsultasie*<br>A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include the following:<br>• Soft tissue examination<br>• Hard tissue examination<br>• Screening/probing of periodontal pockets<br>• Mucogingival examination<br>• Plaque index<br>• Bleeding index<br>• Occlusal Analysis<br>• TMJ examination<br>• Vitality screening of complete dentition<br>*'n Omvattende konsultasie behels behandelingsbeplanning tydens 'n afsonderlike afspraak, waar 'n diagnose gemaak word met behulp van studiemodelle, vollemondse X-strale en ander toepaslike diagnostiese hulpmiddels. So 'n omvattende konsultasie sluit in dat die pasiënt voorsien word van 'n geskrewe behandelingsplan waarin al die volgende vermeld word, en ook op die pasiënt se kaart aangedui word:*<br>• *Sagteweefselondersoek*<br>• *Hardeweefselondersoek*<br>• *Siftingsondersoek van periodontale sakkies*<br>• *Mukogingivale ondersoek*<br>• *Plaakindeks*<br>• *Bloedingsindeks*<br>• *Okklusale ontleding*<br>• *TMG ondersoek*<br>• *Vitaliteitsondersoek van alle tande* | 86.40 | 64.80 | 43.20 | 21.60 | | | B |
| 8104 | Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning/ *Ondersoek of konsultasie vir 'n spesifieke probleem wat nie vollemondse-ondersoek, kartering en behandelingsbeplanning benodig nie* | 24.60 | 18.50 | 12.30 | 6.20 | | | B |
| | **Radiographs/Diagnostic imaging/ Röntgenfoto's/Diagnostiese afbeelding** | | | | | | | |
| 8107 | Intra-oral radiographs, per film/ *Binnemondse röntgenfoto's, per film* | 23.80 | 17.90 | 11.90 | 6.00 | | | B |
| 8108 | Maximum for 8107/ *Maksimum vir 8107* | 189.80 | 142.40 | 94.90 | 47.50 | | | B |
| 8113 | Occlusal radiographs/ *Okklusale röntgenfoto's* | 41.80 | 31.40 | 20.90 | 10.50 | | | B |
| 8114 | Hand-wrist radiograph/ *Handgewrig opname* | 98.20 | 73.70 | 49.10 | 24.60 | | | A |
| 8115 | Extra-oral radiograph, per film/ *Buitemondse röntgenfoto, per film*<br>(i.e. panoramic, cephalometric, PA/ *i.e. panoramies, kefalometries, PA)* | 98.20 | 73.70 | 49.10 | 24.60 | | | B |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | The benefit is chargeable to a maximum of two films per treatment plan/ *Die voordeel mag tot 'n maksimum van twee films per behandelingsplan gehef word.* | | | | | | | |
| | **Tests and laboratory examinations/ Toetse en laboratoriumondersoeke** | | | | | | | |
| 8117 | Study models – unmounted or mounted on a hinge articulator/ *Studiemodelle ongemonteer of monteer op skarnier artikulator* | 26.20 | 19.70 | 13.10 | 6.60 | +L | | B |
| 8119 | Study models – mounted on a movable condyle articulator/ *Studiemodelle monteer op artikulator met verstelbare kondiles* | .66.50 | 49.90 | 33.30 | 16.70 | +L | | B |
| 8121 | Photographs (for diagnostic, treatment or dento-legal purposes) per photograph/ *Fotos (vir diagnostiese-, behandelings- of geregtelike doeleindes) per foto* | 26.20 | 19.70 | 13.10 | 6.60 | | | B |
| 8811 | Tracing and analysis of extra-oral film/ *Natrek en ontleding van buitemondse röntgenfoto* | 11.50 | 8.70 | 5.80 | 2.90 | | | B |
| | **B. PREVENTIVE/ VOORKOMEND** | | | | | | | |
| | **Dental prophylaxis/ Tandheelkundige profilakse** | | | | | | | |
| 8155 | Polishing only (including removal of plaque) - complete dentition/ *Slegs polering (met inbegrip van verwydering van plaak) - volle gebit* | 37.20 | 27.90 | 18.60 | 9.30 | | | B |
| 8159 | Scaling and polishing/ *Skalering en polering*<br>Where item 8159 is applied, Item 8155 can not be charged/ *Waar item 8159 toegepas word, kan item 8155 nie gehef word nie.* | 68.90 | 51.90 | 34.50 | 17.30 | | | B |
| | **Topical fluoride treatment (office procedure)/ Oppervlaksfluoriedaanwending (spreekkamer-prosedure)** | | | | | | | |
| 8161 | Topical application of fluoride (prophylaxis excluded) - complete dentition/ *Oppervlakaanwending van fluoried (profilakse uitgesluit) - volle gebit*<br>(Excluding scaling and/or polishing/ *Skalering en/of polering uitgesluit)* | 37.20 | 27.90 | 18.60 | 9.30 | | | B |
| | **Other preventive services/ Ander voorkomende dienste** | | | | | | | |
| 8151 | Oral hygiene instructions/ *Mondhigiëne-voorligting*<br>The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction/ *Pasiënte moet vooraf ingelig word dat gelde gehef gaan word vir mondhigiëne voorligting* | 37.20<br>0 | 27.90 | 18.60 | 9.30 | | | B |
| 8153 | Follow-up visit for re-evaluation of oral hygiene (if no other treatment is performed during the same visit)/ *Opvolgbesoek vir herevaluering van mondhigiëne (indien geen ander behandeling tydens dieselfde besoek uitgevoer word nie)* | 27.10 | 20.30 | 13.60 | 6.80 | | | B |
| 8163 | Fissure sealant - per tooth/ *Fissuurverseëling – per tand*<br>Chargeable to a maximum of two teeth per quadrant/ 'n *Maksimum van twee tande per kwadrant mag gehef word* | 24.20 | 18.10 | 12.10 | 6.10 | | T | B |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | **Space maintenance (passive appliances)/ Spasie handhawing (passiewe toestelle)**<br>Passive appliances are designed to prevent tooth movement/ Passiewe toestelle word ontwerp om tandbeweging te voorkom. | | | | | | | |
| 8173 | Space maintainer – fixed, per abutment unit/ *Spasiebehouer – vas, per anker eenheid* | 68.90 | 51.70 | 34.50 | 17.30 | +L | | B |
| 8175 | Space maintainer – removable (all-inclusive fee)/ *Spasiebehouer – verplaasbaar (alomvattende gelde)* | 88.70 | 66.60 | 44.40 | 22.20 | +L | | B |
| | **C. RESTORATIVE/ HERSTELLEND** | | | | | | | |
| | **Amalgam restorations (including polishing)/ Amalgaam herstellings (polering ingesluit)**<br>All adhesives, liners and bases are included as part of the restoration. If pins are used, they should be reported separately/ *Alle bindingsmateriale, onderlae en basislae word as deel van die herstelling ingesluit. Indien penne gebruik word, moet dit afsonderlik vermeld word.*<br>See Codes 8345, 8347 and 8348 for post and/or pin retention/ *Sien Kodes 8345, 8347 en 8348 vir stif en/of penretensie*<br>Benefits are inclusive of direct pulp capping (code 8301)/ *Voordele sluit direkte pulpa-oorkapping (kode 8301) in.* | | | | | | | |
| 8341 | Amalgam - one surface/ *Amalgaam - een vlak* | 67.60 | 50.70 | 33.80 | 16.90 | | T | B |
| 8342 | Amalgam - two surfaces/ *Amalgaam - twee vlakke* | 84.40 | 63.30 | 42.20 | 21.10 | | T | B |
| 8343 | Amalgam - three surfaces/ *Amalgaam - drie vlakke* | 101.40 | 76.00 | 50.70 | 25.40 | | T | B |
| 8344 | Amalgam - four or more surfaces/ *Amalgaam - vier of meer vlakke* | 112.60 | 84.50 | 56.30 | 28.20 | | T | B |
| | **Resin restorations/ Harsherstellings**<br>Resin refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Light-curing, acid etching and adhesives (including resin bonding agents) are included as part of the restoration. Glass ionomers, when used as restorations should be reported with these codes. If pins are used, they should be reported separately.<br>*Harse verwys na 'n wye kategorie van materiaal wat komposiete insluit. Dit mag gebonde, ligverhardende komposiete, ens., insluit. Ligverharding, suur-ets en bindingsmateriale (insluitend hars bindingsagente) is deel van die herstelling. Wanneer glasionomere as herstellings gebruik word, moet hierdie kodes gebruik word. Indien penne gebruik word. Word dit afsonderlik vermeld.*<br>See Codes 8345, 8347 and 8348 for post and/or pin retention/ *Sien Kodes 8345, 8347 en 8348 vir stif en/of penretensie*<br>Benefits are inclusive of direct pulp capping (code 8301) and rubber dam application (code 8304)/ *Voordele sluit direkte pulpa-oorkapping (kode 8301) en die aanwending van 'n kofferdam (kode 8304) in* | | | | | | | |
| 8351 | Resin – one surface, anterior/ *Hars - een vlak, anterior* | 74.30 | 55.80 | 37.20 | 18.60 | | T | B |
| 8352 | Resin – two surfaces, anterior/ *Hars - twee vlakke, anterior* | 92.90 | 69.70 | 46.50 | 23.30 | | T | B |
| 8353 | Resin – three surfaces, anterior/ *Hars – drie vlakke, anterior* | 111.50 | 83.60 | 55.80 | 27.90 | | T | B |
| 8354 | Resin – four or more surfaces, anterior/ *Hars – vier of meer vlakke, anterior* | 123.90 | 92.90 | 62.00 | 31.00 | | T | B |
| 8367 | Resin – one surface, posterior/ *Hars - een vlak, posterior* | 79.90 | 59.90 | 40.00 | 20.00 | | T | B |
| 8368 | Resin – two surfaces, posterior/ *Hars - twee vlakke,* | 99.10 | 74.30 | 49.60 | 24.80 | | T | B |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | *posterior* | | | | | | | |
| 8369 | Resin – three surfaces, posterior/ *Hars – drie vlakke, posterior* | 119.30 | 89.50 | 59.70 | 29.90 | | T | B |
| 8370 | Resin – four or more surfaces, posterior/ *Hars – vier of meer vlakke, posterior* | 129.40 | 97.10 | 64.70 | 32.40 | | T | B |
| | NOTES TO AMALGAM AND RESIN RESTORATIONS<br>*NOTAS TOV AMALGAAM EN HARSHERSTELLINGS*<br>On anterior teeth, it is considered correct to charge for resin restorations, per restoration placed eg. a Class V and a Class IV restoration on a central incisor would attract fees for 8351 and 8354.<br>On posterior teeth, it is considered correct to charge per surface treated if a similar material was used and not per restoration e.g., a Class I occlusal amalgam and a Class V buccal amalgam on tooth 28 would attract a fee for code 8342. In rare cases, it may occur that an occlusal amalgam on tooth 16 and a buccal resin on the same tooth in a patient with an unusually wide smile, may be necessary and fees could then be raised against code 8341 and 8367.<br>For purposes of benefit allocation, items 8351 to 8354 are applicable per restoration (more than once per tooth), whereas items 8341 to 8344 or 8367 to 8370 are applicable once only per tooth/<br>*Op 'n anteriortand is dit korrek om vir hars herstellings, per herstelling te hef bv 'n Klas V en 'n Klas IV herstelling op 'n sentrale snytand sal gelde vir 8351 en 8354 hefbaar wees.*<br>*Op posterior tande is dit korrek om per behandelde vlak te hef indien soortgelyke materiaal gebruik word en nie per herstelling nie, bv. 'n Klas I okklusale amalgaam en 'n Klas V bukkale amalgaam op tand 28 sal gelde vir kode 8342 regverdig. In seldsame gevalle, mag dit noodsaaklik wees dat 'n okklusale amalgaam op tand 16 en 'n bukkale hars op dieselfde tand by 'n pasiënt met 'n buitengewone bree glimlag verskyn en gelde mag gehef word volgens item 8341 en 8367.*<br>*Vir die doel van toekenning van voordele, is items 8351 tot 8354 per herstelling van toepassing (meer as eenkeer per tand), maar items 8341 tot 8344 of 8367 tot 8370 is slegs eenkeer per tand van toepassing.* | | | | | | | |
| | **Gold foil restorations/ Bladgoudherstellings**<br>See the specialist prosthodontist schedule/ *Sien die spesialis prostodontis skedule* | | | | | | | |
| | **Inlay/Onlay restorations/<br>Inlegsel/Oplegsel herstellings** | | | | | | | |
| | **Metal inlays/ Metaalinlegsels** | | | | | | | |
| 8358 | Inlay, metallic – one surface, anterior/ *Inlegsel, metaal – een vlak, anterior* | | | | | +L | T | I |
| 8359 | Inlay, metallic – two surfaces, anterior/ *Inlegsel, metaal – twee vlakke, anterior* | | | | | +L | T | I |
| 8360 | Inlay, metallic – three surfaces, anterior/ *Inlegsel, metaal – drie vlakke, anterior* | | | | | +L | T | I |
| 8365 | Inlay, metallic – four or more surfaces, anterior/ *Inlegsel, metaal – vier of meer vlakke, anterior* | | | | | +L | T | I |
| 8361 | Inlay, metallic – one surface, posterior/ *Inlegsel, metaal – een vlak, posterior* | 113.80 | 85.40 | 56.90 | 28.50 | +L | T | I |
| 8362 | Inlay, metallic – two surfaces, posterior/ *Inlegsel, metaal – twee vlakke, posterior* | 165.80 | 124.90 | 82.90 | 41.50 | +L | T | I |
| 8363 | Inlay, metallic – three surfaces, posterior/ *Inlegsel, metaal – drie vlakke, posterior* | 277.20 | 207.90 | 138.60 | 69.30 | +L | T | I |
| 8364 | Inlay, metallic – four or more surfaces, posterior/ | 334.20 | 250.60 | 167.10 | 83.60 | +L | T | I |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | *Inlegsel, metaal – vier of meer vlakke, posterior*<br>**Ceramic and/or resin inlays/ Keramiek en/of hars inlegsels**<br>Porcelain/ceramic inlays presently include either all ceramic or porcelain inlays. Composite/resin inlays must be laboratory processed/<br>*Porselein/keramiek inlegsels sluit vir die huidige alle keramiek of porselein inlegsels in. Komposiet/hars inlegsels moet in 'n laboratorium verwerk word*<br>NOTE: Benefits exclude the application of a rubber dam (code 8304)/ *NOTA: Voordele sluit die aanwending van 'n kofferdam (kode 8304) uit.* | | | | | | | |
| 8371 | Inlay, ceramic/resin – one surface/ *Inlegsel, keramiek/hars – een vlak* | 135.90 | 102.00 | 68.00 | 34.00 | +L | T | I |
| 8372 | Inlay, ceramic/resin – two surfaces/ *Inlegsel, keramiek/hars – twee vlakke* | 200.70 | 150.50 | 100.40 | 50.20 | +L | T | I |
| 8373 | Inlay, ceramic/resin - three surfaces/ *Inlegsel, keramiek/hars – drie vlakke* | 332.10 | 249.10 | 166.10 | 83.10 | +L | T | I |
| 8374 | Inlay, ceramic/resin - four or more surfaces/ *Inlegsel, keramiek/hars – vier of meer vlakke* | 402.20 | 301.70 | 201.10 | 100.60 | +L | T | I |
| (M/W) | NOTES/ *NOTAS*<br>1. In some of the above cases (e.g. Direct hybrid inlays) +L may not necessarily apply<br>*In sommige bogenoemde gevalle (bv. direkte gemengde hars inlegsels) mag +L nie noodwendig van toepassing wees nie.*<br>2. In cases where the direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used<br>*In gevalle waar die direkte gemengde hars inlegsels gebruik word en +L nie van toepassing is nie, mag Wysiger 8008 gebruik word.*<br>3. See the General Practitioner's Guideline to the correct use of treatment codes for computer generated inlays.<br>*Sien die Algemene Praktisyn se Riglyne vir die korrekte gebruik van behandelingskodes in sake rekenaar gegenereerde inlegsels* | | | | | | | |
| | **Crowns – single restorations/ Krone – enkel herstellings**<br>The fees/benefits include the cost of temporary and/or intermediate crowns. See code 8193 (osseo integrated abutment restoration) in the 'fixed prosthodontic' category for crowns on osseo-integrated implants/<br>*Die gelde/voordele sluit die koste van voorlopige en/of tussentydse krone in. Sien kode 8193 (been-geïntegreerde ankertand herstelling) in kategorie 'vaste prostodonsie' vir krone op been-geïntegreerde implantate.* | | | | | | | |
| 8401 | Cast full crown/ *Gegote volle kroon* | 425.80 | 319.40 | 212.90 | 106.50 | +L | T | A |
| 8403 | Cast three-quarter crown/ *Gegote driekwartkroon* | 425.80 | 319.40 | 212.90 | 106.50 | +L | T | A |
| 8405 | Acrylic jacket crown/ *Akrieldopkroon* | | | | | | | A |
| 8407 | Acrylic veneered crown/ *Akrielgefineerde kroon* | 425.80 | 319.40 | 212.90 | 106.50 | +L | T | A |
| 8409 | Porcelain jacket crown/ *Porseleindopkroon* | 425.80 | 319.40 | 212.90 | 106.50 | +L | T | A |
| 8411 | Porcelain veneered crown/ *Porseleingefineerde kroon* | 425.80 | 319.40 | 212.90 | 106.50 | +L | T | A |
| | **Other restorative services/ Ander herstellende dienste** | | | | | | | |
| 8133 | Re-cementing of inlays, crowns or bridges - per abutment/ *Hersementering van inlegsels, krone of brûe- per ankertand*<br>In some cases where item 8133 is used +L may not apply *In sommige gevalle waar item 8133 gebruik word mag +L nie van toepassing wees nie.* | 37.20 | 27.90 | 18.60 | 9.30 | +L | T | A |

## I GENERAL DENTAL PRACTITIONERS
## ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 8135 | Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown following the failure of a bridge/ *Verwydering van inlegsels en krone (per eenheid) en brûe (per ankertand) of seksie van 'n brug, waarvan 'n deel behou moet word as 'n kroon as gevolg van die mislukking van 'n brug* | 74.40 | 55.80 | 37.20 | 18.60 | +L | T | A |
| 8137 | Temporary crown placed as an emergency procedure/ *Tydelike kroon, geplaas as 'n noodprosedure* Not applicable to temporary crowns placed during routine crown and bridge preparations i.e. where the impression for the final crown is taken at the same visit/ *Nie van toepassing op tydelike krone wat tydens roetine kroon- en brugwerk geplaas word nie, maw. waar die afdruk vir die finale kroon tydens dieselfde besoek geneem word nie* | 127.50 | 95.60 | 63.80 | 31.90 | +L | T | A |
| 8146 | Resin bonding for restorations/ *Harsbinding vir herstellings* Applicable to any metal restorations, crowns or conventional bridges, per abutment except Maryland type bridges/ *Van toepassing op enige metaal herstellings, krone of konvensionele brûe, per ankertand, behalwe Maryland tipe brûe* (RAMS benefit by arrangement/ *VVMS voordeel volgens ooreenkoms*) | | | | | | | |
| 8157 | Re-burnishing and polishing of restorations - complete dentition/ *Herafwerking en polering van herstellings - volle gebit* (Not applicable to restorations recently done/ *Nie van toepassing op herstellings wat onlangs voltooi is nie)* | 37.20 | 27.90 | 18.60 | 9.30 | | | B |
| 8330 | Removal of fractured post or instrument and/or bypassing fractured endodontic instrument/ *Verwydering van gefraktuurde stif of instrument en/of omleiding om 'n gefraktuurde endodontiese instrument* NOTE: Benefits exclude the application of a rubber dam (code 8304)/ *NOTA: Voordele sluit die aanwending van 'n kofferdam (kode 8304) uit.* | 49.00 | 36.80 | 24.50 | 12.30 | | T | B |
| 8345 | Preformed post retention, per post/ *Vooraf-vervaardigde stifversterking, per stif* (See code 8379/ Sien kode 8379) | 73.20 | 54.90 | 36.60 | 18.30 | | T | B |
| 8347 | Pin retention for restoration, first pin/ *Penversterking vir herstelling, eerste pen* | 36.60 | 27.50 | 18.30 | 9.20 | | T | B |
| 8348 | Pin retention for restoration, each additional pin/ *Penversterking vir herstelling, elke bykomende pen* A maximum of two additional pins may be charged/ *'n Maksimum van twee bykomende penne mag gehef word* | 34.00 | 25.50 | 17.00 | 8.50 | | T | B |
| 8349 | Carving or contouring a plastic restoration to accommodate an existing removable prosthesis/ *Kerf of kontoer van 'n plastiese herstelling om by 'n bestaande verplaasbare prostese aan te pas* | 15.00 | 11.20 | 7.50 | 3.80 | | T | B |
| 8355 | Composite veneers (Direct)/ *Harsfinere (Direkte)* | 129.40 | 97.10 | 64.70 | 32.40 | | T | B |
| 8357 | Preformed metal crown/ *Voorafgevormde metaalkroon* | 75.60 | 56.70 | 37.80 | 18.90 | | T | B |
| 8366 | Pin retention as part of cast restoration, irrespective of number of pins/ *Penretensie as deel van gegote herstelling, ongeag aantal penne* | 55.40 | 41.60 | 27.70 | 13.90 | | T | I |
| 8376 | Prefabricated post and core in addition to crown/ *Vooraf vervaardigde stif en kern bykomend tot kroon* The core is built around a prefabricated post(s)/ *Die kern word rondom 'n voorafvervaardigde stif (stiwwe) opgebou* | 202.60 | 152.00 | 101.30 | 50.70 | | T | B |
| 8379 | Cost of posts/ *Koste van stiwwe* Noble metals only, not applicable to plastic, aluminium, titanium and stainless steel posts – see code 8345/ *Slegs edelmetale (goud, silver, platina), nie van toepassing op plastiek, aluminium, titanium of vlekvrye staal stiwwe nie – sien kode* | | | | | | T | A |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | *8345.* | | | | | | | |
| 8391 | Cast post and core – single/ *Gegote stif en kern – enkel* | 85.50 | 64.10 | 42.80 | 21.40 | +L | T | A |
| 8393 | Cast post and core – double/ *Gegote stif en kern – tweeledig* | 135.90 | 102.00 | 68.00 | 34.00 | +L | T | A |
| 8395 | Cast post and core – triple/ *Gegote stif en kern – drieledig* | 197.80 | 148.30 | 98.90 | 49.50 | +L | T | A |
| 8396 | Cast coping/ *Gegote vingerhoed* | 55.70 | 41.80 | 27.90 | 14.00 | +L | T | A |
| 8397 | Cast core with pins/ *Gegote kern met penne*<br>This service is usually provided on grossly brokendown vital teeth, and may not be charged when a post has been inserted in the tooth in question/ *Hierdie prosedure word gewoonlik toegepas op erg vernietigde vitale tande, en mag nie gehef word wanneer 'n stif in die betrokke tand geplaas is nie.* | 135.90 | 102.00 | 68.00 | 34.00 | +L | T | A |
| 8398 | Core build-up, including any pins/ Opbou van kern, alle penne ingesluit<br>Refers to building up of anatomical crown when restorative crown will be placed, irrespective of the number of pins used/ *Verwys na die opbou van anatomiese kroon wanneer 'n herstellende kroon geplaas gaan word, met of sonder die gebruik van penne* | 166.00 | 124.50 | 83.00 | 41.50 | | T | B |
| 8413 | Facing replacement/ *Vervanging van gesigstuk* | 83.20 | 62.40 | 41.60 | 20.80 | +L | T | A |
| 8414 | Additional fee for provision of crown within an existing clasp or rest/ *Bykomende gelde vir voorsiening van 'n kroon binne 'n bestaande klammer of rus* | 23.90 | 17.90 | 12.00 | 6.00 | +L | T | A |
| | **D. ENDODONTICS/ ENDODONSIE** | | | | | | | |
| | Preamble/ Inleiding:<br>1. The National Medical and Dental Council has ruled that, with the exception of diagnostic intra-oral radiographs, fees/benefits for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth/ *Die Nasionale Geneeskundige en Tandheelkundige Raad het beslis dat, met uitsondering van diagnostiese binnemondse röntgenfoto's, gelde/voordele vir slegs drie verdere binnemondse röntgenfoto's gevra mag word vir elke voltooide wortelkanaalterapie op 'n enkelkanaal tand en 'n verdere vyf röntgenfoto's vir elke voltooide wortelkanaalterapie op 'n veelkanaaltand.*<br>2. The benefit for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrent with the following procedures, otherwise no benefits/ *Die voordeel vir die aanwending van 'n kofferdam (Sien kode 8304 in die kategorie "Bygevoegde Algemene Dienste") mag slegs tesame met die volgende prosedures gehef word, anders geen voordeel:*<br>• Emergency root canal treatment (code 8132)/ *Noodbehandeling van wortelkanaal (kode 8132);*<br>• Apexification of a root canal (code 8305)/ Apeksifikasie van *wortelkanaal (kode 8305);*<br>• Pulpotomy (code 8307)/ *Pulpotomie (kode 8307);*<br>• Complete root canal therapy (codes 8328, 8329 | | | | | | | |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | and 8332 to 8340)/ *Voltooide wortel-kanaalbehandeling (kodes 8328, 8329 en 8332 tot 8340);*<br>• Removal or bypass of a fractured post or instrument (code 8330)/ *Verwydering of omleiding van 'n gefraktuurde stif of instrument (kode 8330);*<br>• Bleaching of non vital teeth (codes 8325 and 8327) and/ *Bleiking van nie-vitale tande (kodes 8325 en 8327)* en<br>• Ceramic and or resin inlays (codes 8371 to 8374)/ *Keramiek en of hars inlegsels (kodes 8371 tot 8374)*<br>3. An emergency root canal treatment (code 8132) may not be charged concurrent with any other endodontic procedures performed at the same visit (code 8304 excluded). Once 8132 has been charged for a tooth, no single visit endodontic treatment procedures (codes 8329, 8338, 8339 and 8340) may be performed on the same tooth at any subsequent visit/ *'n Nood wortelkanaalbehandeling (kode 8132) mag nie tesame met enige ander endodontiese prosedures tydens dieselfde besoek gehef word nie (kode 8304 uitgesluit). Nadat kode 8132 vir 'n tand gehef is, mag daar geen endodontiese behandelingsprosedures wat tydens 'n enkel besoek voltooi word (kodes 8329, 8338, 8339 en 8340) in daaropvolgende besoeke op dieselfde tand uitgevoer word nie.*<br>4. After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied./ *Nadat endodontiese voorbereidingsbesoeke (kodes 8332, 8333 en 8334) toegepas is, mag daar nie vir endodontiese behandeling wat tydens 'n enkel besoek voltooi word (kodes 8329, 8338, 8339 en 8340) gehef word nie* | | | | | | | |
| | **Pulp capping/ Pulpa-oorkapping** | | | | | | | |
| 8301 | Direct pulp capping/ *Direkte pulpa oorkapping* | | | | | | T | B |
| 8303 | Indirect pulp capping/ *Indirekte pulpa-oorkapping*<br>The permanent filling is not completed at the same visit/ *Die permanente herstelling word nie gedurende dieselfde besoek voltooi nie* | 49.10 | 36.80 | 24.60 | 12.30 | | T | B |
| | **Pulpotomy/ Pulpotomie** | | | | | | | |
| 8307 | Amputation of pulp (pulpotomy)/ *Amputasie van pulpa (pulpotomie)*<br>No other endodontic procedure may, in respect of the same tooth, be charged concurrent to code 8307 and a completed root canal therapy should not be envisaged (code 8304 excluded)/ *Geen ander endodontiese prosedure mag tesame met kode 8307 gehef word nie en 'n volledige wortelkanaalbehandeling behoort nie beoog te word nie (kode 8304 uitgesluit)* | 49.00 | 36.80 | 24.50 | 12.30 | | T | B |
| | **Endodontic therapy (including treatment plan, clinical procedures and follow-up care)/** | | | | | | | |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | **Endodontiese behandeling (behandelingsbeplanning, kliniese prosedures en nasorg ingesluit)** | | | | | | | |
| | PREPARATORY VISITS (OBTURATION NOT DONE AT SAME VISIT)/ VOORBEREIDINGSBESOEKE (VULLING NIE TYDENS DIESELFDE BESOEK GEDOEN NIE) | | | | | | | |
| 8332 | Single-canal tooth, per visit/ *Enkelkanaal tand, per besoek*<br>A maximum of four visits per tooth may be charged/ *'n Maksimum van vier besoeke mag per tand gehef word* | 37.20 | 27.90 | 18.60 | 9.30 | | T | B |
| 8333 | Multi-canal tooth, per visit/ *Meerkanaal tand, per besoek*<br>A maximum of four visits per tooth may be charged/ *'n Maksimum van vier besoeke mag per tand gehef word* | 51.80 | 38.90 | 25.90 | 13.00 | | T | I |
| | OBTURATION OF ROOT CANALS AT A SUBSEQUENT VISIT/ VULLING VAN WORTELKANALE TYDENS 'N DAAROPVOLGENDE BESOEK | | | | | | | |
| 8335 | First canal - anteriors and premolars/ *Eerste kanaal - anteriors en premolare* | 169.60 | 127.20 | 84.80 | 42.40 | | T | B |
| 8328 | Each additional canal - anteriors and premolars/ *Elke bykomende kanaal - anteriors en premolare* | 69.00 | 51.80 | 34.50 | 17.30 | | T | B |
| 8336 | First canal - molars/ *Eerste kanaal - molare* | 233.00 | 174.00 | 116.50 | 58.30 | | T | I |
| 8337 | Each additional canal - molars/ *Elke bykomende kanaal - molare* | 69.00 | 51.80 | 34.50 | 17.30 | | T | I |
| | PREPARATION AND OBTURATION OF ROOT CANALS COMPLETED AT A SINGLE VISIT/ VOORBEREIDING EN VULLING VAN WORTELKANALE GEDURENDE EEN BESOEK VOLTOOI | | | | | | | |
| 8338 | First canal - anteriors and premolars/ *Eerste kanaal - anteriors en premolare* | 258.60 | 194.00 | 129.30 | 64.70 | | T | B |
| 8329 | Each additional canal - anteriors and premolars/ *Elke bykomende kanaal - anteriors en premolare* | 86.80 | 65.10 | 43.40 | 21.70 | | T | B |
| 8339 | First canal - molars/ *Eerste kanaal - molare* | 3555.50 | 266.60 | 177.80 | 88.90 | | T | I |
| 8340 | Each additional canal - molars/ *Elke bykomende kanaal - molare* | 86.80 | 65.10 | 43.40 | 21.70 | | T | I |
| | **Endodontic retreatment/ Endodontiese herbehandeling** | | | | | | | |
| 8334 | Re-preparation of previously obturated canal, per canal/ *Hervoorbereiding van kanaal wat voorheen gevul was* | 55.20 | 41.40 | 27.60 | 13.80 | | T | B |
| | **Apexification/recalcification procedures/ Apeksifikasie/herkalsifikasie prosedures** | | | | | | | |
| 8305 | Apexification of root canal, per visit/ *Apeksifikasie van wortelkanaal, per besoek*<br>No other endodontic procedures may, in respect of the same tooth, be charged concurrent to code 8305 at the same visit (code 8304 excluded)/ *Geen ander endodontiese prosedure mag tesame met kode 8305 tydens dieselfde besoek ten opsigte van dieselfde tand gehef word nie (kode 8304 uitgesluit)* | 49.10 | 36.80 | 24.60 | 12.30 | | T | B |
| | **Apicoectomy/Periradicular services/ Apisektomie/Periradikulêre dienste** | | | | | | | |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| 8229 | Apicoectomy including retrograde filling where necessary – incisors and canines/ *Apisektomie insluitend retrograde herstelling waar nodig - snytande en oogtande* | 184.90 | 138.70 | 92.50 | 46.30 | | T | S |
| | **Other endodontic procedures/ Ander endodontiese prosedures** | | | | | | | |
| 8132 | Emergency root canal treatment/ *Noodbehandeling van wortelkanaal*<br>(See notes 2 and 3 in the preamble above/ *Sien notas 2 en 3 in die inleiding hierbo*) | 61.10 | 45.80 | 30.60 | 15.30 | | T | B |
| 8136 | Access through a prosthetic crown or inlay to facilitate root canal treatment/ *Toegang deur 'n prostetiese kroon of inlegsel om wortelkanaalbehandeling te vergemaklik* | 33.00 | 24.80 | 16.50 | 8.30 | | T | B |
| 8308 | Bleaching of vital teeth, per arch, per visit/ *Bleiking van vitale tande, per bog, per besoek*<br>(See code 8309 for home bleaching/ *Sien kode 8309 vir tuisbleiking*)<br>The unpredictability and lack of permanence of this procedure should be pointed out, and alternative procedures discussed with the patient/<br>*Die onvoorspelbaarheid en nie-blywende aard van hierdie prosedure behoort aan die pasiënt uitgewys, en alternatiewe prosedures bespreek te word* | | | | | | | A |
| 8309 | Supply of and instruction for home bleaching (self-applied bleaching) applicator/ *Verskaffing van en voorligting ivm tuisbleiking (selfaangewende bleiking) apparaat*<br>See code 8310 in the section 'Adjunctive general services' for materials supplied/ *Sien kode 8310 in die gedeelte 'Bygevoegde algemene dienste' indien materiaal verskaf word.* | | | | | +L | | |
| 8311 | Follow-up visit for home bleaching, per visit, where no other treatment is performed at the same visit/ *Opvolg besoek vir tuisbleiking, per besoek, waar geen ander behandeling by dieselfde besoek verskaf word nie*<br>A maximum of three additional visits may be charged/ *'n Maksimum van drie bykomende besoeke mag gehef word* | | | | | | | |
| 8325 | Bleaching of non-vital teeth, per tooth as a separate procedure/ *Bleiking van nie-vitale tande, per tand as 'n afsonderlike prosedure* | 88.10 | 66.10 | 44.10 | 22.10 | | T | A |
| 8327 | Each additional visit for bleaching of non-vital tooth as a separate procedure/ *Elke bykomende besoek vir bleiking van nie-vitale tande as 'n afsonderlike prosedure*<br>A maximum of two additional visits may be charged/ *'n Maksimum van twee bykomende besoeke mag gehef word* | 42.20 | 31.60 | 21.10 | 10.60 | | T | A |
| | **E. PERIODONTICS/ PERIODONSIE** | | | | | | | |
| | **Surgical services (including usual postoperative care/ Chirurgiese dienste (normale nabehandelingsorg ingesluit)** | | | | | | | |
| 8185 | Gingivectomy-gingivoplasty, per quadrant/ *Gingivektomie -gingivoplastiek, per kwadrant* | 195.60 | 146.70 | 97.80 | 48.90 | | | A |
| 8186 | Gingivectomy-gingivoplasty, per sextant/ *Gingivektomie-gingivoplastiek, per sekstant* | 155.80 | 116.90 | 77.90 | 39.00 | | | A |
| | **Adjunctive periodontal services/ Toegevoegde** | | | | | | | |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | **periodontale dienste**<br>1. A periodontal screening (code 8176) is a procedure carried out as part of a continuing maintenance programme in a periodontally compromised patient. The screening should include a complete charting, bleeding index and plaque index, measuring of all pocket depths and recording of all such measurements/ *'n Periodontale siftingsondersoek (kode 8176) is 'n prosedure wat uitgevoer word as deel van 'n voortdurende onderhoudsprogram vir 'n periodontale gekompromiteerde pasiënt. Die siftingsondersoek behoort 'n volledige kartering, bloedingsindeks en plaakindeks, meet van alle sakkiedieptes en kartering van sulke metings, in te sluit.*<br>2. Note to codes 8177, 8178, 8179, 8180, 8182 and 8184/ *Nota tot kodes 8177, 8178, 8179, 8180, 8182 en 8184:*<br>A periodontally compromised patient shall be defined as a patient presenting with a diagnosis of either chronic adult periodontitis, juvenile periodontitis or rapidly progressive periodontitis, confirmed by a CPITN index of 3 or 4; and which diagnosis has been arrived at by the carrying out of a periodontal screening (8176) and CPITN index or a comprehensive consultation (8102) with substantiated clinical records/ *'n Periodontaal gekompromiteerde pasiënt word gedefinieer as 'n pasiënt wat presenteer met 'n diagnose van chroniese volwasse periodontitis, juveniele periodontitis of vinnigvorderende periodontitis, soos bevestig deur 'n CPITN indeks van 3 of 4: en welke diagnose gemaak is deur die uitvoer van n periodontale siftingsondersoek asook 'n CPITN indeks of 'n omvattende konsultasie (8102) met gepaardgaande rekords.*<br>3. This diagnosis must be reviewed within a period of three years using the same criteria as in 1 above/ *Hierdie diagnose moet binne 'n tydperk van drie jaar hersien word aan die hand van dieselfde vereistes as in 1 hierbo.* | | | | | | | |
| 8182 | Root planing with or without periodontal curettage, per quadrant/ *Wortelskawing met of sonder periodontale kurettering, per kwadrant* | 148.90 | 111.70 | 74.50 | 37.30 | | | A |
| 8184 | Root planing with or without periodontal curettage, per sextant/ *Wortelskawing en periodontale kurettering, per sekstant* | 118.40 | 88.80 | 59.20 | 29.60 | | | A |
| • | Codes 8182 and 8184 may not to be charged concurrent with a prophylaxis (code and 8159) and only if a comprehensive consultation (8102) or a periodontal screening (8176) has been performed at a prior visit./ *Kodes 8182 en 8184 mag nie gelyktydig met 'n profilakse (kode 8159) gehef word nie en slegs as 'n omvattende konsultasie (8102) of 'n periodontale siftingsondersoek (8176) tydens 'n vorige besoek uitgevoer is.* | | | | | | | |
| | **Other periodontal services/ Ander periodontale dienste** | | | | | | | |
| 8176 | Periodontal screening/ *Periodontale siftingsondersoek* | 45.80 | 34.30 | 22.90 | 11.50 | | | B |
| 8177 | Oral hygiene instruction for the periodontally compromised patient/ *Mondhigiënevoorligting aan die periodontaal gekompromiteerde pasiënt*<br>The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction/ *Pasiënte moet vooraf ingelig word dat gelde vir mondhigiëne gehef sal word.* | 57.00 | 42.70 | 28.50 | 14.30 | | | B |
| 8178 | Oral hygiene evaluation for the periodontally compromised patient/ *Evaluering van mondhigiëne op die periodontaal gekompromiteerde pasiënt* | 31.00 | 23.30 | 15.50 | 7.80 | | | B |
| 8179 | Plaque removal for the periodontally compromised | 42.80 | 32.10 | 21.40 | 10.70 | | | B |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | patient/ *Plaakverwydering vir die periodontaal gekompromiteerde pasiënt* | | | | | | | |
| 8180 | Scaling for the periodontally compromised patient/ *Skalering vir die periodontaal gekompromiteerde pasiënt* | 79.30 | 59.50 | 39.70 | 19.90 | | | B |
| | **F. PROSTHODONTICS (REMOVABLE)/ PROSTODONSIE (VERPLAASBAAR)** | | | | | | | |
| | **Complete dentures (including routine post-delivery care)/ Volledige kunsgebitte (roetine nasorg ingesluit)** | | | | | | | |
| 8231 | Full upper and lower dentures inclusive of soft bases or metal bases, where applicable/ *Vol bo- en onderkunsgebit, insluitend sagtebasisse of metaal-basisse, waar van toepassing* | 601.50 | 451.20 | 300.80 | 150.40 | +L | | B |
| 8232 | Full upper or lower dentures inclusive of soft base or metal base, where applicable/ *Vol bo-of onderkunsgebit, insluitend sagte basis of metaalbasis, waar van toepassing* | 371.10 | 278.30 | 185.60 | 92.80 | +L | | B |
| | **Partial dentures (including routine post-delivery care)/ Gedeeltelike kunsgebitte (roetine nasorg ingesluit)** | | | | | | | |
| 8233 | Partial denture, one tooth/ *Gedeeltelike kunsgebit met een tand* | 171.90 | 128.90 | 86.00 | 43.00 | +L | | B |
| 8234 | Partial denture, two teeth/ *Gedeeltelike kunsgebit met twee tande* | 171.90 | 128.90 | 86.00 | 43.00 | +L | | B |
| 8235 | Partial denture, three teeth/ *Gedeeltelike kunsgebit met drie tande* | 257.90 | 193.50 | 129.00 | 64.50 | +L | | B |
| 8236 | Partial denture, four teeth/ *Gedeeltelike kunsgebit met vier tande* | 257.90 | 193.50 | 129.00 | 64.50 | +L | | B |
| 8237 | Partial denture, five teeth/ *Gedeeltelike kunsgebit met vyf tande* | 257.90 | 193.50 | 129.00 | 64.50 | +L | | B |
| 8238 | Partial denture, six teeth/ *Gedeeltelike kunsgebit met ses tande* | 342.70 | 257.00 | 171.40 | 85.70 | +L | | B |
| 8239 | Partial denture, seven teeth/ *Gedeeltelike kunsgebit met sewe tande* | 342.70 | 257.00 | 171.40 | 85.70 | +L | | B |
| 8240 | Partial denture, eight teeth/ *Gedeeltelike kunsgebit met agt tande* | 342.70 | 257.00 | 171.40 | 85.70 | +L | | B |
| 8241 | Partial denture, nine or more teeth/ *Gedeeltelike kunsgebit met nege of meer tande* | 342.70 | 257.00 | 171.40 | 85.70 | +L | | B |
| 8281 | Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture/ *Metaal (bv. chroomkobalt of goud) basis vir gedeeltelike kunsgebit, per gebit*<br>The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrent to 8281/ *Die prosedure verwys alleenlik na die metaalraam, en sluit alle klammers, ruste en stange (i.e. 8251, 8253, 8255 en 8257) in. Sien kodes 8233 to 8241 vir akriel kunsgebit basis wat tesame met 8281 benodig word* | 401.60 | 301.20 | 200.80 | 100.40 | +L | | I |
| | **Adjustments to dentures/ Verstellings aan kunsgebitte** | | | | | | | |
| 8275 | Adjustment of denture/ *Verstelling van kunsgebit*<br>(After six months or for patient of another practitioner/ *Na ses maande of vir 'n pasiënt van 'n ander tandarts)* | 27.10 | 20.30 | 13.60 | 6.80 | +L | | B |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | **Repairs to complete or partial dentures/ Reparasie aan vol- of gedeeltelike kunsgebitte** | | | | | | | |
| 8269 | Repair of denture or other intra-oral appliance/ *Herstel van kunsgebit of ander binnemondse toestel* | 47.50 | 35.60 | 23.80 | 11.90 | +L | | B |
| • | A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered/ *'n Tandarts mag nie professionele gelde vir die herstel van kunsgebitte hef indien die pasiënt nie persoonlik ondersoek was nie; laboratoriumfooie mag egter gevorder word.* | | | | | | | |
| 8270 | Add clasp to existing partial denture/ *Byvoeging van 'n klammer tot bestaande gedeeltelike gebit*<br>(One or more clasps/ Een of meer klammers) | 34.00 | 25.50 | 17.00 | 8.50 | +L | | B |
| • | Code 8270 is in addition to code 8269/ *Kode 8270 is bykomend tot kode 8269.* | | | | | | | |
| 8271 | Add tooth to existing partial denture/ *Byvoeging van 'n tand tot bestaande gedeeltelike gebit*<br>(One or more teeth/ Een of meer tande) | 34.00 | 25.50 | 17.00 | 8.50 | +L | | B |
| • | Code 8271 is in addition to code 8269/ *Kode 8271 is bykomend tot kode 8269.* | | | | | | | |
| 8273 | Additional fee/benefit where one or more impressions are required for 8269, 8270 and 8271/ *Bykomende gelde/voordeel waar een of meer afdrukke nodig is vir kodes 8269, 8270 en 8271* | 27.10 | 20.30 | 13.60 | 6.80 | +L | | B |
| | **Denture rebase procedures/ Herbasering-prosedures vir kunsgebitte** | | | | | | | |
| 8261 | Re-model of denture/ *Hermodelering van kunsgebit* | 226.10 | 169.60 | 113.10 | 56.60 | +L | | B |
| | **Denture reline procedures/ Opvulling-prosedures vir kunsgebitte** | | | | | | | |
| 8259 | Reline of denture (laboratory)/ *Opvulling van kunsgebit (laboratorium)* | 140.90 | 105.70 | 70.50 | 35.30 | +L | | B |
| 8263 | Reline of denture in selfcuring acrylic (intra-oral)/ *Opvulling van kunsgebit met selfverhardende akriel (intra-oraal)* | 88.70 | 66.60 | 44.40 | 22.20 | | | B |
| 8267 | Soft base re-line per denture (heat cured)/ *Sagte basis opvulling, per kunsgebit (met hitte verhard)*<br>Code 8267 may not be charged concurrent with codes 8231 to 8241/ *Kode 8267 mag nie gelyktydig met kodes* 8231 tot 8241 *gehef word nie.* | 205.10 | 153.90 | 102.60 | 51.30 | +L | | I |
| | **Other removable prosthetic services/ Ander verplaasbare prostetiese dienste** | | | | | | | |
| 8243 | Soft base to new denture/ *Sagte basis vir nuwe gebit* | | | | | | | |
| 8251 | Cast gold clasp or rest per clasp or rest/ *Klammer of rus van gegote goud, per klammer of rus* | 34.00 | 25.50 | 17.00 | 8.50 | +L | | A |
| 8253 | Wrought gold clasp or rest per clasp or rest/ *Klammer of rus van smeegouddraad, per klammer of rus* | 34.00 | 25.50 | 17.00 | 8.50 | +L | | A |
| 8255 | Stainless steel clasp or rest per clasp or rest/ *Klammer of rus van vlekvryestaal, per klammer of rus* | 35.20 | 26.40 | 17.60 | 8.80 | +L | | B |
| 8257 | Lingual bar or palatal bar/ *Linguale stang of palatale stang*<br>Codes 8251, 8253, 8255 and 8257 may not be charged concurrent to codes 8169 (biteplate), 8175 (space maintainer), 8269 (repair of denture) or 8281 (metal framework)/ *Kodes 8251, 8253, 8255 of 8257 mag nie tesame met kodes 8169 (bytplaatjie), 8175 (spasiebehouer), 8269 (herstel van gebit) of* | 42.20 | 31.60 | 21.10 | 10.60 | +L | | B |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | *8281 (metaalraamwerk) gehef word nie.* | | | | | | | |
| 8265 | Tissue conditioner and soft self-cure interim re-line, per denture/ *Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit* | 58.60 | 43.90 | 29.30 | 14.70 | | | B |
| 8277 | Gold inlay in denture/ *Goudinlegsel in kunsgebit* | | | | | +L | | |
| 8279 | Metal (e.g. chrome cobalt, gold, etc.) base to full denture/ *Metaal (bv. chroomkobalt of goud) basis vir volle kunsgebit* | | | | | +L | | |
| | **G. MAXILLOFACIAL PROSTHETICS/ GESIGSPROSTESES** | | | | | | | |
| | See the schedule for specialist prosthodontists/ *Sien die skedule vir spesialis prostodontiste* | | | | | | | |
| | **H. IMPLANT SERVICES/ INPLANTAAT DIENSTE** | | | | | | | |
| | Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes/ *Vermeld chirurgiese prosedures deur van kodes in hierdie afdeling gebruik te maak; prostetiese toestelle word vermeld deur van bestaande vaste- of verplaasbare prostetiek kodes gebruik te maak.* | | | | | | | |
| | **Endosteal implants/ Endosteale inplantate** | | | | | | | |
| | Endosteal dental implants are placed into the alveolar and/or basal bone of the mandible or maxilla and transecting only one cortical plate/ *Endosteale tandheelkundige inplantate word in die alveolêre en/of basale been van die mandibula of maksilla geplaas en strek slegs deur een kortikale beenplaat.* | | | | | | | |
| 8194 | Placement of a single osseo-integrated implant per jaw/ *Plasing van een osseo-integrerende inplantaat per kaak* | 355.70 | 266.80 | 177.90 | 89.00 | | T | S |
| 8195 | Placement of a second osseo-integrated implant in the same jaw/ *Plasing van 'n tweede osseo-integrerende inplantaat in dieselfde kaak* | 266.30 | 199.70 | 133.20 | 66.60 | | T | S |
| 8196 | Placement of a third and subsequent osseo-integrated implant in the same jaw per implant/ *Plasing van 'n derde en daaropvolgende osseo-integrerende inplantaat in dieselfde kaak, per inplantaat* | 177.80 | 133.30 | 88.90 | 44.50 | | T | |
| 8197 | Cost of implants/ Koste van inplantaat | | | | | | | |
| 8198 | Exposure of a single osseo-integrated implant and placement of a transmucosal element/ *Blootlegging van een osseo-integrerende inplantaat en plasing van 'n transmukosale element* | 131.90 | 98.90 | 66.00 | 33.00 | | T | S |
| 8199 | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw/ *Blootlegging van 'n tweede osseo-integrerende inplantaat en plasing van 'n transmukosale element in dieselfde kaak* | 98.80 | 74.10 | 49.40 | 24.70 | | T | S |
| 8200 | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant/ *Blootlegging van 'n derde en daaropvolgende osseo-integrerende inplantaat in dieselfde kaak, per inplantaat* | 65.90 | 49.50 | 33.00 | 16.50 | | T | S |
| | **Eposteal implants/ Eposteale inplantate** | | | | | | | |
| | Eposteal (subperiosteal) dental implants receive its primary bone support by means of resting on the alveolar bone/ *Eposteale (subperiosteale) tandheelkundige inplantate rus op die alveolêre* | | | | | | | |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | *been vir primêre ondersteuning.*<br>See the specialist maxillo-facial and oral surgeons schedule/ *Sien die spesialis kaak-, gesigs- en mondchirurg skedule* | | | | | | | |
| | **Transosteal implants/ Transosteale inplantate**<br>Transosteal dental implants penetrates both cortical plates and passes through the full thickness of the alveolar bone/ *Transosteale tandheelkundife inplantate penetreer beide die kortikale beenplate en strek deur die volledige dikte van die alveolêre been.*<br>See the specialist maxillo-facial and oral surgeons schedule/ *Sien die spesialis kaak-, gesigs- en mondchirurg skedule* | | | | | | | |
| | **I. PROSTHODONTICS, FIXED/ PROSTODONSIE, VAS**<br>The words 'bridge' and 'bridgework' have been replaced by the statement 'fixed partial denture'/ *Die woorde 'brug' en 'brugwerk' is deur die stelling 'vaste gedeeltelike gebit' vervang*<br>Each abutment and each pontic constitutes a unit in a fixed partial denture/ *Elke anker en foptand vorm 'n eenheid in 'n vaste gedeeltelike kunsgebit.* | | | | | | | |
| | **Fixed partial denture pontics/ Vaste gedeeltelike kunsgebit foptande** | | | | | | | |
| 8420 | Sanitary pontic/ *Sanitêre foptand* | 207.70 | 155.80 | 103.90 | 52.00 | +L | T | A |
| 8422 | Posterior pontic/ *Posterior foptand* | 277.20 | 207.90 | 138.60 | 69.30 | +L | T | A |
| 8424 | Anterior pontic (including premolars)/ *Anterior foptand (sluit premolare in)* | 347.30 | 260.50 | 173.70 | 86.90 | +L | T | A |
| | **Fixed partial denture retainers – inlays/onlays/ Ankers vir vaste gedeeltelike gebitte – inlegsels/oplegsels**<br>See inlay/onlay restorations for inlay/onlay retainers/ *Sien inlegsel/oorlegsel herstellings vir inlegsels/oorlegsels as ankers* | | | | | | | |
| 8356 | Bridge per abutment - only applicable to Maryland type bridges/ *Brug anker, per anker - slegs van toepassing op Maryland tipe brûe*<br>Only applicable to Maryland type bridges. Report per abutment. Report pontics seperately (see codes 8420, 8422 and 8424)/ *Slegs op Maryland tipe brûe van toepassing Rapporteer per anker. Rapporteer foptande afsonderlik (sien kodes 8420, 8422 en 8424)* | 165.80 | 124.40 | 82.90 | 41.50 | +L | T | A |
| | **Fixed partial denture retainers – crowns/ Ankers vir vaste gedeeltelike gebitte – krone**<br>See crowns, single restorations for crown retainers/ *Sien krone, enkel herstelling vir krone as ankers* | | | | | | | |
| 8193 | Osseo-integrated abutment restoration, per abutment/ *Been-geïntegreerde ankertand herstelling, per ankertand*<br>See the 'General Practioner's Guidelines to the correct use of treatment codes' for the application(s) of this code/ *Sien die "Algemene Praktisyn se Riglyne vir die korrekte gebruik van behandelingskodes' vir die aanwending(s) van die kode.* | 553.00 | 414.80 | 276.50 | 138.30 | +L | T | A |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | **J. ORAL AND MAXILLOFACIAL SURGERY/ KAAK-, GESIG- EN MONDCHIRURGIE** | | | | | | | |
| | See the specialist maxillo-facial and oral surgeons schedule for surgical services not listed in this schedule/ *Sien die spesialis kaak-, gesigs- en mondchirurg skedule vir chirurgiese dienste wat nie in die skedule voorkom nie.* | | | | | | | |
| | **Extractions/ Ekstraksies** | | | | | | | |
| 8201 | Single tooth/ *Enkel tand*<br>Code 8201 is charged for the first extraction in a quadrant/ *Kode 8201 word vir die eerste ekstraksie in 'n kwadrant gehef.* | 37.20 | 27.90 | 18.60 | 9.30 | | T | S |
| 8202 | Each additional tooth in the same quadrant/ Elke bykomende tand in dieselfde kwadrant<br>Code 8202 is charged for each additional extraction in the same quadrant/ *Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrant gehef.* | 15.20 | 11.40 | 7.60 | 3.80 | | T | S |
| | **Surgical extractions (includes routine postoperative care)/ Chirurgiese ekstraksies (roetine nabehandelingsorg ingesluit)** | | | | | | | |
| 8209 | Surgical removal of a tooth, i.e. raising of mucoperiosteal flap, removal of bone and suturing/ *Chirurgiese verwydering van 'n tand, d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting* | 114.20 | 85.60 | 57.10 | 28.60 | | T | S |
| 8210 | Removal of unerupted or impacted tooth – first tooth/ *Verwydering van ongeërupteerde of beklemde tand – eerste tand* | 267.20 | 200.40 | 133.60 | 66.80 | | T | S |
| 8211 | Removal of unerupted or impacted tooth – second tooth/ *Verwydering van ongeërupteerde of beklemde tand – tweede tand* | 143.50 | 107.60 | 71.80 | 35.90 | | T | S |
| 8212 | Removal of unerupted or impacted tooth – each additional tooth/ *Verwydering van ongeërupteerde of beklemde tand – elke bykomende tand* | 81.90 | 61.40 | 41.00 | 20.50 | | T | S |
| 8213 | Surgical removal of residual roots of first tooth/ *Chirurgiese verwydering van wortelreste van eerste tand* | 164.80 | 123.60 | 82.40 | 41.20 | | T | S |
| 8214 | Surgical removal of residual roots of each subsequent tooth/ *Chirurgiese verwydering van wortelreste van elke daaropvolgende tand* | 123.60 | 92.70 | 61.80 | 30.90 | | T | S |
| | **Other surgical procedures/ Ander chirurgiese prosedures** | | | | | | | |
| 8188 | Biopsy - intra-oral/ *Biopsie – binnemonds*<br>This item does not include the cost of the essential pathological evaluations/ *Hierdie item sluit nie die koste van die noodsaaklike patologiese evaluasies in nie.* | 95.10 | 71.40 | 47.60 | 23.80 | | | S |
| 8215 | Surgical exposure of impacted or unerupted teeth for orthodontic reasons/ *Chirurgiese blootlegging van beklemde of ongeërupteerde tande om ortodontiese redes* | 297.60 | 223.20 | 148.80 | 74.40 | | T | S |
| | **Reduction of dislocation and management of other temporomandibular joint dysfunction/ Reduksie van ontwrigting en hantering van ander temporomandibulêre gewrigsdisfunksie** | | | | | | | |
| 8169 | Bite plate for the treatment of TMJ dysfunction, or | 143.30 | 107.50 | 71.70 | 35.90 | +L | | S |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | occlusal guards/ *Bytplaatterapie vir behandeling van TMG disfunksie of okklusale skerms..* | | | | | | | |
| | **Repair of traumatic wounds/ Herstel van traumatiese wonde** | | | | | | | |
| 8192 | Appositioning (i.e., suturing) of soft tissue injuries/ *Hegting van sagte weefselbeserings* | 184.90 | 138.70 | 92.50 | 46.30 | | | S |
| | **K. ORTHODONTICS/ ORTODONSIE** | | | | | | | |
| | See the specialist orthodontist schedule for orthodontic services/ *Sien die spesialis ortodontis skedule vir ortodontiese dienste* | | | | | | | |
| | **L. ADJUNCTIVE GENERAL SERVICES/ BYGEVOEGDE ALGEMENE DIENSTE** | | | | | | | |
| | **Unclassified treatment/ Ongeklassifiseerde behandeling** | | | | | | | |
| 8131 | Emergency treatment where no other treatment item is applicable or applied for treatment of the same tooth/ *Noodbehandeling waarop geen ander tarief item van toepassing is, of toegepas word ten opsigte van dieselfde tand nie* | 37.20 | 27.90 | 18.60 | 9.30 | | T | B |
| 8221 | Local treatment of post-extraction haemorrhage – initial visit/ *Lokale behandeling van post-ekstraksie bloeding – aanvanklike besoek*<br>(Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia/ *Sluit die behandeling van bloeding in die geval van bloedsiektes bv. hemofilie uit)* | 27.10 | 20.30 | 13.60 | 6.80 | | | S |
| 8223 | Local treatment of post-extraction haemorrhage – each additional visit/ *Lokale behandeling van post-ekstraksie bloeding – elke bykomende besoek* | 17.80 | 13.30 | 8.90 | 4.50 | | | S |
| 8225 | Treatment of septic socket – initial visit/ *Behandeling van septiese tandkas – aanvanklike besoek* | 27.10 | 20.30 | 13.60 | 6.80 | | | S |
| 8227 | Treatment of septic socket – each additional visit/ *Behandeling van septiese tandkas – elke bykomende besoek* | 17.80 | 13.30 | 8.90 | 4.50 | | | S |
| | **Anaesthesia/ Verdowing** | | | | | | | |
| 8141 | Inhalation sedation or electronic analgesia - first quarter-hour or part-thereof/ *Inhaleringskalmering of elektroniese pyndoder - eerste kwartier of gedeelte daarvan* | 27.10 | 20.30 | 13.60 | 6.80 | | | B |
| 8143 | Inhalation sedation or electronic analgesia – each additional quarter-hour or part thereof/ *Inhalerings-kalmering of elektroniese pyndoder – elke bykomende kwartier of gedeelte daarvan*<br>No additional fee/benefit to be charged for gases used in the case of items 8141 and 8143/ *Geen addisionele gelde/voordeel mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143 nie* | 14.20 | 10.60 | 7.10 | 3.60 | | | B |
| 8144 | Intravenous sedation/ *Intraveneuse sedasie* | 16.80 | 12.60 | 8.40 | 4.20 | | | B |
| 8145 | Local anaesthetic, per visit/ *Plaaslike verdowing, per besoek* | 5.50 | 4.10 | 2.80 | 1.40 | | | B |
| 8499 | The relevant services shall apply to general anaesthetics for dental procedures/ *Die toepaslike dienste is op* | | | | | | | |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| | *algemene narkose vir tandheelkundige prosedures van toepassing.* | | | | | | | |
| | **Professional consultations/ Professionele konsultasies** | | | | | | | |
| 8106 | Provision of a written treatment plan and quotation where prior authorisation is required by medical schemes/ *Voorsiening van 'n skriftelike behandelingsplan en kwotasie waar vooraf goedkeuring deur mediese skemas vereis word*<br>This code is not applicable to routine enquiries to assess benefit available, or responses to enquiries of medical schemes to verify charges by dental practitioners. Also not applicable to furnishing copies of existing and necessary records/ *Hierdie kode is nie van toepassing op roetine navrae om beskikbare voordeel te bepaal, of antwoorde op navrae van mediese skemas om gelde van praktisyns te bevestig nie. Ook nie van toepassing op verskaffing van afskrifte van bestaande of noodsaaklike rekords nie.*<br>(RAMS benefit by arrangement/ *VVMS voordeel volgens ooreenkoms*) | 61.90 | 46.40 | 31.00 | 15.50 | | | A |
| | **Professional visits/ Professionele besoeke** | | | | | | | |
| 8129 | Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers an extended hours service as the norm/ *Bykomende gelde/voordeel vir noodgevalle, waar die behandeling buite die normale spreekure uitgevoer is (insluitende noodbehandeling wat by 'n hospitaal uitgevoer is) Nie van toepassing waar 'n praktyk uitgebreide diensure as die reel aanbied nie* | 91.10 | 68.30 | 45.60 | 22.80 | | | B |
| 8140 | Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit/ *Gelde vir behandeling by 'n plek anders as die spreekkamer, met inbegrip van hospitaalbesoeke, behandeling onder algemene narkose, tuisbesoeke; per besoek*<br>Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001/ *Kode 8140 kan gelyktydig met kodes 8101 of 8104 toegepas word, maar ooreenkomstig reël 001* | 60.50 | 45.40 | 30.30 | 15.20 | | | B |
| | **Drugs, medicaments and materials/ Geneesmiddels, medikamente en materiale** | | | | | | | |
| 8183 | Intra-muscular or sub-cutaneous injection therapy, per injection/ *Intramuskulêre of subkutane inpuitingsterapie, per inspuiting*<br>(Not applicable to local anaesthetic/ *Nie van toepassing op plaaslike verdowing nie)* | 16.80 | 12.60 | 8.40 | 4.20 | | | B |
| 8220 | Use of suture provided by practitioner/ *Gebruik van hegting wat deur praktisyn verskaf is* | | | | | | | |
| 8310 | Supply of bleaching materials/ *Verskaffing van bleikingsmiddels*<br>(Benefit by arrangement/ *Voordeel volgens ooreenkoms*) | | | | | | | |
| | **Miscellaneous services/ Diverse dienste** | | | | | | | |

| I | GENERAL DENTAL PRACTITIONERS<br>ALGEMENE TANDHEELKUNDIGE PRAKTISYNS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| 8105 | Appointment not kept – per half-hour/ *Afspraak nie nagekom nie - per half-uur*<br>(By arrangement with patient/ *Volgens ooreenkoms met die pasiënt)* | | | | | | | |
| 8109 | Infection control, per dentist, per hygienist, per dental assistant, per visit/ *Infeksiebeheer, per tandarts, per mondhigienis, per assistent, per besoek*<br>Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient/ *Kode 8109 sluit die verskaffing, deur die tandarts, van nuwe rubberhandskoene, maskers ens. in* | 4.90 | 3.70 | 2.50 | 1.30 | | | B |
| 8110 | Provision of heat or vapour sterilized and wrapped instrumentation at the consulting rooms/ *Verskaffing van hitte- of vogtige hitte gesteriliseerde en verpakte instrumentasie by die spreekkamer*<br>(Applicable mostly to surgical procedures involving incisions and suturing/ *Meestal van toepassing op chirurgiese prosedures wat insnydings en hegting behels)* | 14.20 | 10.60 | 7.10 | 3.60 | | | S |
| 8167 | Treatment of hypersensitive dentine, per visit/ *Behandeling van hipersensitiewe dentien, per besoek* | 28.60 | 21.50 | 14.30 | 7.20 | | | B |
| 8170 | Minor occlusal adjustment/ *Geringe okklusale verstelling*<br>(Not applicable to adjustment of restorations placed as part of a current treatment plan/ *Nie van toepassing op verstelling van herstellings wat as deel van 'n deurlopende behandelingsbeplanning geplaas is nie)* | 82.50 | 61.90 | 41.30 | 20.70 | | | B |
| 8171 | Mouth protectors/ *Mondskerms*<br>(RAMS benefit by arrangement/ *VVMS voordeel volgens ooreenkoms*) | | | | | +L | | B |
| 8304 | Rubber dam, per arch/ *Kofferdam per tandboog*<br>(See the guidelines for the application of a rubberdam in the preamble to the category "Endodontics"/ *Sien die riglyne vir die aanwending van 'n kofferdam in die inleiding tot die kategorie "Endodonsie")* | 30.00 | 22.50 | 15.00 | 7.50 | | | B |

## II. ORAL PATHOLOGISTS/ MONDPATOLOË

### PREAMBLE/ INLEIDING

**See Rule 012/** ***Sien Reël 012***

In cases where services are not listed in this schedule, the appropriate fee(s) listed in the medical schedule(s) for pathologists shall be charged and the relevant fee/benefit in the medical schedule(s) must be indicated/

*In gevalle waar dienste nie in hierdie skedule gelys is nie, sal die toepaslike gelde, gelys in die mediese skedule(s) vir patoloë, gevra word en die toepaslike tarief/voordeel in die mediese skedule(s) moet aangedui word.*

## II ORAL PATHOLOGISTS/ MONDPATOLOË

| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | Rc<br>P | H3 | H2 | H1 | | MPMD | TC<br>BK |
|---|---|---|---|---|---|---|---|---|
| 9201 | Consultation at rooms/ *Konsultasie by spreekkamers* | 60.40 | 45.30 | 30.20 | 15.10 | | | |
| 9203 | Consultation at hospital, nursing home or house/ *Konsultasie by hospitaal, verpleeginrigting of tuis* | 68.70 | 51.60 | 34.40 | 17.20 | | | |
| 9205 | Subsequent consultation/ *Daaropvolgende konsultasie* | 45.10 | 33.90 | 22.60 | 11.30 | | | |
| 9207 | Night consultation/ *Nagkonsultasie* | 98.60 | 74.00 | 49.30 | 24.70 | | | |

## III. SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE

### III SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| | **A. DIAGNOSTIC PROCEDURES/ DIAGNOSTIESE PROSEDURES** | | | | | | | |
| 8501 | Consultation/ *Konsultasie* | 60.40 | 45.30 | 30.20 | 15.10 | | | A |
| 8107 | Intra-oral radiographs, per film/ *Binnemondse röntgenfoto's, per film* | 23.80 | 17.90 | 11.90 | 6.00 | | | B |
| 8108 | Maximum for 8107/ *Maksimum vir 8107* | 189.80 | 142.40 | 94.90 | 47.50 | | | B |
| 8113 | Occlusal radiographs/ *Okklusale röntgenfoto's* | 41.80 | 31.40 | 20.90 | 10.50 | | | B |
| 8114 | Hand-wrist radiograph/ *Handgewrig opname* | 98.20 | 73.70 | 49.10 | 24.60 | | | A |
| 8115 | Extra-oral radiograph, per film/ *Buitemondse röntgenfoto, per film* (i.e. Panoramic, cephalometric, PA/ *i.e. Panoramies, kefalometries. PA)* The benefit is chargeable to a maximum of two films per treatment plan/ *Die voordeel mag tot 'n maksimum van twee films per behandelingsplan gehef word.* | 98.20 | 73.70 | 49.10 | 24.60 | | | B |
| 8811 | Tracing and analysis of extra-oral film/ *Natrek en ontleding van buitemondse röntgenfoto* | 11.50 | 8.70 | 5.80 | 2.90 | | | B |
| 8117 | Study models - unmounted/ *Studiemodelle - ongemonteer* | 26.20 | 19.70 | 13.10 | 6.60 | +L | | B |
| 8119 | Study models - mounted on adjustable articulator/ *Studiemodelle - op verstelbare artikulator gemonteer* | 66.50 | 49.90 | 33.30 | 16.70 | +L | | B |
| 8121 | Diagnostic photographs, per photograph/ *Diagnostiese fotos, per foto* | 26.20 | 19.70 | 13.10 | 6.60 | | | B |
| 8503 | Occlusal analysis on adjustable articulator/ *Okklusale analise op verstelbare artikulator* | 123.60 | 92.70 | 61.80 | 30.90 | | | A |
| 8505 | Pantographic recording/ *Pantograafregistrasies* | 179.90 | 134.90 | 90.00 | 45.00 | | | A |
| 8507 | Examination, diagnosis and treatment planning/ *Ondersoek, diagnose en behandelingsbeplanning* | 123.60 | 92.70 | 61.80 | 30.90 | | | A |
| 8508 | Electrognathographic recording/ *Elektrognatografiese opname* | 192.90 | 144.70 | 96.50 | 48.30 | | | A |
| 8509 | Electrognathographic recording with computer analysis/ *Elektrognatografiese opname met rekenaaranalise.* | 320.60 | 240.40 | 160.30 | 80.20 | | | A |
| 8510 | Appointment not kept - per half-hour/ *Afspraak nie nagekom nie - per half-uur* (By arrangement with patient/ *Volgens ooreenkoms met die pasiënt)* | | | | | | | |
| | **B. PREVENTIVE PROCEDURES/ VOORKOMENDE PROSEDURES** | | | | | | | |
| 8711 | Oral hygiene instruction/ *Mondhigiënevoorligting* The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction/ *Pasiënte moet vooraf ingelig word dat gelde gehef gaan word vir mondhigiëne voorligting* | 74.80 | 56.10 | 37.40 | 18.70 | | | B |
| 8713 | Oral hygiene evaluation/ *Evaluering van mondhigiëne* | 35.80 | 26.80 | 17.90 | 9.00 | | | B |
| 8155 | Polishing only (including removal of plaque) - complete dentition/ *Slegs polering (met inbegrip van verwydering van plaak) - volle gebit* | 37.20 | 27.90 | 18.60 | 9.30 | | | B |
| 8159 | Scaling and polishing/ *Skalering en polering* Where item 8159 is applied, Item 8155 can not be charged/ *Waar item 8159 toegepas word, kan item 8155 nie gehef word nie.* | 68.90 | 51.70 | 34.50 | 17.30 | | | B |

| III | SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| 8161 | Topical application of fluoride preparations - complete dentition/ *Oppervlakaanwending van fluoried - volle gebit* (Excluding scaling and/or polishing/ *Skalering en/of polering uitgesluit)* | | | | | | | B |
| 8163 | Fissure sealant, per tooth/ *Fissuurverseëling, per tand* Chargeble to a maximum of two teeth per quadrant/ *'n Maksimum van twee tande per kwadrant mag gehef word* | 24.20 | 18.10 | 12.10 | 6.10 | | T | B |
| 8165 | Application of fluoride using laboratory processed applicators/ *Fluoried aanwending met gebruik van laboratoriumvervaardigde apparaat* | 39.80 | 29.90 | 19.90 | 10.00 | +L | | B |
| 8167 | Treatment of hypersensitive dentine, per visit/ *Behandeling van hipersensitiewe dentien, per besoek* | 28.60 | 21.50 | 14.30 | 7.20 | | | B |
| 8171 | Mouth protectors/ *Mondskerms* (Benefit by arrangement/ *Voordeel volgens ooreenkoms*) | | | | | +L | | B |
| | **C. TREATMENT PROCEDURES/ BEHANDELINGSPROSEDURES** | | | | | | | |
| | **Emergency treatment/ Noodbehandeling** | | | | | | | |
| 8511 | Emergency treatment for relief of pain (where no other tariff item is applicable)/ *Noodbehandeling vir pynverligting (waarop geen ander tariefitem van toepassing is nie)* | 75.80 | 56.80 | 37.90 | 19.00 | | | B |
| 8513 | Emergency crown/ *Noodkroon* (Not applicable to temporary crowns placed during routine crown and bridge preparations/ *Nie van toepassing op die plasing van tydelike krone gedurende roetine kroon en brug voorbereidings nie)* | 125.70 | 94.30 | 62.90 | 31.50 | +L | T | A |
| 8515 | Recementing of inlay, crown or bridge, per abutment/ *Hersementering van inlegsels, kroon of brug, per ankertand* | 47.90 | 36.00 | 24.00 | 12.00 | | T | A |
| 8517 | Re-implantation of an avulsed tooth, including fixation as required/ *Herinplantering van 'n uitgestampte tand, insluitende verankering soos benodig* | 129.10 | 96.80 | 64.60 | 32.30 | +L | T | S |
| | **Provisional treatment/ Tydelike behandeling** | | | | | | | |
| 8521 | Provisional splinting – extracoronal wire, per sextant/ *Tydelike spalking – ekstrakoronale draad, per sekstant.* | 103.50 | 77.60 | 51.80 | 25.90 | | | A |
| 8523 | Provisional splinting – extracoronal wire plus resin, per sextant/ *Tydelike spalking - ekstrakoronale draad plus hars, per sekstant* | 150.70 | 113.00 | 75.40 | 37.70 | | | A |
| 8527 | Provisional splinting – intercoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint/ *Tydelike spalking - interkoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenheid in die spalk ingesluit* | 47.90 | 36.00 | 24.00 | 12.00 | +L | | A |
| 8529 | Provisional crown, which is not placed during routine crown preparation/ *Voorlopige kroon wat nie gedurende roetine kroonvoorbereiding geplaas word nie* | 123.60 | 92.70 | 61.80 | 30.90 | +L | T | A |
| 8530 | Preformed metal crown/ *Voorafvervaardigde metaalkroon* | 105.00 | 78.70 | 52.50 | 26.30 | | T | A |

## III SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| | **Occlusal adjustment/ Okklussale verstelling** | | | | | | | |
| 8551 | Major occlusal adjustment/ *Volledige okklussale verstelling* | 353.70 | 265.30 | 176.90 | 88.50 | | | A |
| | This procedure can not be carried out without study models mounted on an adjustable articulator/ *Hierdie prosedure mag nie uitgevoer word sonder studiemodelle op verstelbare artikulator gemonteer nie.* | | | | | | | |
| 8553 | Minor occlusal adjustment/ *Geringe okklusale verstelling* | 112.50 | 84.40 | 56.30 | 28.20 | | | A |
| | **Ceramic and/or resin bonded inlays and veneers/ Keramiek en/of harsgebonde inlegsels en finere :** | | | | | | | |
| | In some of the procedures below (e.g. Direct hybrid inlays) +L may not apply/ *In sommige van die ondergenoemde prosedures (bv. Direkte gemengde hars inlegsels) mag +L nie van toepassing wees nie.* | | | | | | | |
| 8554 | Bonded veneers/ *Gebonde finere* | 429.50 | 322.20 | 214.80 | 107.40 | +L | T | I |
| 8555 | One surface/ *Een vlak* | 269.10 | 201.80 | 134.60 | 67.30 | +L | T | I |
| 8556 | Two surfaces/ *Twee vlakke* | 388.60 | 291.50 | 194.30 | 97.20 | +L | T | I |
| 8557 | Three surfaces/ *Drie vlakke* | 603.00 | 452.30 | 301.50 | 150.80 | +L | T | I |
| 8558 | Four or more surfaces/ *Vier of meer vlakke* | 603.00 | 452.30 | 301.50 | 150.80 | +L | T | I |
| | **Gold foil restorations/ Bladgoudherstellings** | | | | | | | |
| 8561 | Class I and Class VI/ *Klas I en Klas VI* | 347.80 | 260.80 | 173.90 | 87.00 | | T | A |
| 8563 | Class V/ *Klas V* | 378.70 | 284.10 | 189.40 | 94.70 | | T | A |
| 8565 | Class III/ *Klas III* | 475.90 | 357.00 | 238.00 | 119.00 | | T | A |
| | **Gold restorations/ Goudherstellings** | | | | | | | |
| 8571 | One surface/ *Een vlak* | 224.20 | 168.10 | 112.10 | 56.10 | +L | T | A |
| 8572 | Two surfaces/ *Twee vlakke* | 324.10 | 243.10 | 162.10 | 81.10 | +L | T | A |
| 8573 | Three surfaces/ *Drie vlakke* | 501.60 | 376.20 | 250.80 | 125.40 | +L | T | A |
| 8574 | Four or more surfaces/ *Vier of meer vlakke* | 501.60 | 376.20 | 250.80 | 125.40 | +L | T | A |
| 8577 | Pin retention/ *Penretensie* | 75.00 | 56.20 | 37.50 | 18.80 | +L | T | A |
| | **Posts and copings/ Stiwwe en vingerhoede** | | | | | | | |
| 8581 | Single post/ *Enkelstif* | 125.70 | 94.30 | 62.90 | 31.50 | +L | T | A |
| 8582 | Double post/ *Tweeledige stif* | 179.90 | 134.90 | 90.00 | 45.00 | +L | T | A |
| 8583 | Triple post/ *Drieledige stif* | 224.20 | 168.10 | 112.10 | 56.10 | +L | T | A |
| 8587 | Copings/ *Vingerhoede* | 103.50 | 77.60 | 51.80 | 25.90 | +L | T | A |
| 8589 | Cast core with pins/ *Gegote kern met penne* | 176.90 | 132.70 | 88.50 | 44.30 | +L | T | A |
| | **Preformed posts and cores/ Voorafvervaardigde stif en kern** | | | | | | | |
| 8591 | Core build-up, including any pins/ Opbou van kern, alle penne ingesluit | 153.80 | 115.40 | 76.90 | 38.50 | | T | B |
| | Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used/ Verwys na die opbou van anatomiese kroon wanneer 'n herstellende kroon geplaas gaan word, met of sonder die gebruik van penne | | | | | | | |
| 8593 | Prefabricated post and core in addition to crown/ *Vooraf vervaardigde stif en kern bykomend tot kroon* | 187.60 | 140.70 | 93.80 | 46.90 | | T | B |
| | Core is built around a prefabricated post(s). Die kern word rondom 'n voorafvervaardigde pen(ne) opgebou | | | | | | | |

| III | SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| 8596 | Cost of posts/ *Koste van stiwwe* Noble metals only, not applicable to plastic, aluminum, titanium and stainless steel posts/ *Slegs edelmetale (goud, silver, platina), nie van toepassing op plastiek, aluminium, titanium of vlekvrye staal stiwwe nie.* | | | | | | T | A |
| | **Implants/ Inplantate** | | | | | | | |
| 8592 | Osseo-integrated abutment restoration, per abutment/ *Been-geïntegreerde ankertand herstelling, per ankertand* | 752.20 | 564.20 | 376.10 | 188.10 | +L | T | A |
| 8600 | Cost of implant components/ *Koste van inplantaat komponente* | | | | | | | |
| 8590 | Periodic maintenance of existing implant prosthesis, per abutment/ *Periodieke instandhouding van bestaande inplantaat prostese, per ankertand* | 47.90 | 36.00 | 24.00 | 12.00 | | T | A |
| 9190 | Exposure of a single osseo-integrated implant and placement of a transmucosal element/ *Blootlegging van een osseo-integreerde inplantaat en plasing van 'n transmukosale element* | 179.10 | 134.30 | 89.60 | 44.80 | | | S |
| 9191 | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw/ *Blootlegging van 'n tweede osseo-integreerde inplantaat en plasing van 'n transmukosale element in dieselfde kaak* | 134.3 | 100.70 | 67.20 | 33.60 | | | S |
| 9192 | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant/ *Blootlegging van 'n derde en daaropvolgende osseo-integreerde inplantaat in dieselfde kaak, per inplantaat.* | 89.70 | 67.30 | 44.90 | 22.50 | | | S |
| | **Connectors/ Verbinders** | | | | | | | |
| 8597 | Locks and milled rests/ *Slotte en gemasjineerde ruste* | 50.70 | 38.00 | 25.40 | 12.70 | +L | T | A |
| 8599 | Precision attachments/ *Slothegtings* | 123.60 | 92.70 | 61.80 | 30.90 | +L | T | A |
| | **Crowns/ Krone** | | | | | | | |
| 8601 | Cast three-quarter crown/ *Gegote driekwartkroon* | 501.60 | 376.20 | 250.80 | 125.40 | +L | T | A |
| 8603 | Cast gold crown/ *Gegote goue kroon* | 501.60 | 376.20 | 250.80 | 125.40 | +L | T | A |
| 8605 | Acrylic veneered gold crown/ *Akrielgefineerde goue kroon* | 575.10 | 431.40 | 287.60 | 143.80 | +L | T | A |
| 8607 | Porcelain jacket crown/ *Porseleindopkroon* | 501.60 | 376.20 | 250.80 | 125.40 | +L | T | A |
| 8609 | Porcelain veneered metal crown/ *Porseleingefineerde metaalkroon* | 627.20 | 470.40 | 313.60 | 156.80 | +L | T | A |
| | **Bridges/ Brugwerk** (Retainers as above/ *Ankers soos bo)* | | | | | | | |
| 8611 | Sanitary pontic/ *Sanitêre foptand* | 378.70 | 284.10 | 189.40 | 94.70 | +L | T | A |
| 8613 | Posterior pontic/ *Posterior foptand* | 462.90 | 347.20 | 231.50 | 115.80 | +L | T | A |
| 8615 | Anterior pontic/ *Anterior foptand* | 501.00 | 375.80 | 250.50 | 125.30 | +L | T | A |
| | **Resin bonded retainers/ Harsgebonde ankers** | | | | | | | |
| 8617 | Per abutment/ *Per ankertand* Per pontic (see 8611, 8613, 8615)/ *Per foptand (sien 8611, 8613, 8615)* | 324.10 | 243.10 | 162.10 | 81.10 | +L | T | A |
| 8618 | Resin bonding for restorations/ *Hars binding vir herstellings* Applicable to any metal restorations, crowns or conventional bridges, per abutment except Maryland type bridges/ *Van toepassing op enige metaal herstellings, krone of konvensionele brûe, per ankertand, behalwe Maryland tipe brûe.* | | | | | | | |

| III | SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | **Conservative treatment for temporomandibular joint dysfunction/ Konserwatiewe behandeling vir temporomandibulêre-gewrig disfunksie** | | | | | | | |
| 8625 | Bite plate for TMJ dysfunction/ *Bytplaat vir TMG-disfunksie* | 187.70 | 140.80 | 93.90 | 47.00 | +L | | S |
| 8621 | First visit for treatment of TMJ dysfunction/ *Eerste besoek vir behandeling van TMG-disfunksie* | 51.40 | 38.50 | 25.70 | 12.90 | | | S |
| 8623 | Follow-up visit for TMJ dysfunction/ *Opvolgbesoek vir TMG-disfunksie* | 39.30 | 29.50 | 19.70 | 9.90 | | | S |
| | The number of visits and charge therefore depends on the relation between the practitioner and the patient, and the problems involved in the case/ *Die aantal besoeke en koste daaraan verbonde is afhanklik van die ooreenkoms tussen die pasiënt en die tandarts sowel as die aard en omvang van die geval.* | | | | | | | |
| | **Endodontic and bleaching procedures, etc./ Endodontiese en bleiking prosedures, ens.** | | | | | | | |
| | **Root canal therapy/ Wortelkanaalbehandeling** | | | | | | | |
| | Procedure codes 8631, 8633 and 8644 include all X-rays and repeat visits/ *Prosedure kodes 8631, 8633 ans 8644 sluit in alle X-straalfoto's en bykomende besoeke.* | | | | | | | |
| 8631 | Root canal therapy, first canal/ *Wortelkanaalterapie, eerste kanaal* | 439.10 | 329.30 | 219.60 | 109.80 | | T | B |
| 8633 | Each additional canal/ *Elke bykomende kanaal* | 110.50 | 82.90 | 55.30 | 27.70 | | T | B |
| 8634 | Endodontic procedure on primary tooth/ *Wortelkanaal-terapie op primêre tand* | 88.70 | 66.60 | 44.40 | 22.20 | | | B |
| 8636 | Re-preparation of previously obturated canal, per canal/ *Hervoorbereiding van kanaal wat voorheen geobtureer was* | 66.70 | 50.00 | 33.40 | 16.70 | | T | B |
| | **Bleaching/ Bleiking** | | | | | | | |
| (M/W) | Modifier 8002 is applicable to procedure codes 8325, 8327/ *Wysiger 8002 is van toepassing op prosedure kodes 8325, 8327* | | | | | | | |
| 8325 | Bleaching of non-vital teeth, per tooth as a separate procedure/ *Bleiking van nie-vitale tande, per tand as 'n afsonderlike prosedure* | 88.10 | 66.10 | 44.10 | 22.10 | | T | A |
| 8327 | Each additional visit for bleaching of non-vital tooth as a separate procedure/ *Elke bykomende besoek vir bleiking van nie-vitale tande as 'n afsonderlike prosedure* | 42.20 | 31.60 | 21.10 | 10.60 | | | A |
| | A maximum of two additional visits may be charged/ *'n Maksimum van twee bykomende besoeke mag gehef word* | | | | | | | |
| 8308 | Bleaching of vital teeth, per arch, per visit/ *Bleiking van vitale tande, per boog, per besoek* | | | | | | | A |
| | The unpredictability and lack of permanence of this procedure should be pointed out, and alternative procedures discussed with the patient/ *Die onvoorspelbaarheid en nie-blywende aard van hierdie prosedure behoort aan die pasiënt uitgewys, en alternatiewe prosedures bespreek te word* | | | | | | | |
| | **Other endodontic procedure/ Ander endodontiese prosedures** | | | | | | | |
| 8635 | Apexification of root canal, per visit/ *Apeksifikasie van wortelkanaal, per besoek* | 73.00 | 54.80 | 36.50 | 18.30 | | T | B |
| 8637 | Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)/ *Hemiseksie van 'n tand, wortelreseksie of tonnelvoorbereiding (as 'n geïsoleerde prosedure)* | 242.90 | 182.20 | 121.50 | 60.80 | | T | A |
| 9015 | Apicectomy including retrograde root filling where necessary - anterior teeth/ *Apisektomie insluitend retrograde herstelling waar nodig - anterior tand* | 242.90 | 182.20 | 121.50 | 60.80 | | T | S |

## III SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE
(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 9016 | Apicectomy including retrograde root filling where necessary - posterior teeth/ *Apisektomie insluitend retrograde wortel herstelling waar nodig - posterior tand* | 486.40 | 364.80 | 143.20 | 121.60 | | T | S |
| 8640 | Removal of fractured post or instrument from root canal/ *Verwydering van fraktuurde stif of instrument vanuit die wortelkanaal* | 129.10 | 96.80 | 64.60 | 32.30 | | T | S |
| | **Prosthetics (Removable)/ Prostetika (Verplaasbaar)** | | | | | | | |
| 8641 | Complete upper and lower dentures without primary complications/ *Volle kunsgebit - bo en onder sonder primêre komplikasies* | 1255.00 | 941.30 | 627.50 | 313.80 | +L | | B |
| 8643 | Complete upper and lower dentures without major complications/ *Volle kunsgebit - bo en onder sonder groot komplikasies* | 1628.80 | 1221.60 | 814.40 | 407.20 | +L | | B |
| 8645 | Complete upper and lower dentures with major complications/ *Volle kunsgebit - bo en onder met groot komplikasies* | 2002.80 | 1502.10 | 1001.40 | 500.70 | +L | | B |
| 8647 | Complete upper or lower denture without primary complications/ *Volle kunsgebit - bo of onder sonder primêre komplikasies* | 877.70 | 658.30 | 438.90 | 219.50 | +L | | B |
| 8649 | Complete upper or lower denture without major complications/ *Volle kunsgebit bo of onder sonder groot komplikasies* | 1003.20 | 752.40 | 501.60 | 250.80 | +L | | B |
| 8651 | Complete upper or lower denture with major complications/ *Volle kunsgebit - bo of onder met groot komplikasies* | 1127.30 | 845.50 | 563.70 | 281.90 | +L | | B |
| 8661 | Diagnostic dentures (inclusive of tissue conditioning treatment)/ *Diagnostiese kunsgebitte (met inbegrip van weefselopknapbehandeling)* | 1003.20 | 752.40 | 501.60 | 250.80 | +L | | A |
| 8662 | Remounting and occlusal adjustment of dentures/ *Hermontering en okklusale verstelling van kunsgebitte* | 144.40 | 108.30 | 72.20 | 36.10 | +L | | B |
| 8663 | Chrome cobalt base or gold base for full denture (extra charge)/ *Chroom- kobalt of goudbasis vir volle kunsgebit (ekstra koste)* | 302.00 | 226.50 | 151.00 | 75.50 | +L | | I |
| 8664 | Remount of crown or bridge for extensive prosthetics/ *Hermontering van kroon of brug vir omvattende prostetika* | 144.50 | 108.40 | 72.30 | 36.20 | | | A |
| 8665 | Re-base, per denture/ *Herbasering, per kunsgebit* | 202.50 | 151.90 | 101.30 | 50.70 | +L | | B |
| 8667 | Soft base, per denture (heat cured)/ *Sagte basis, per kunsgebit (met hitte verhard)* | 302.00 | 226.50 | 151.00 | 75.50 | +L | | I |
| 8668 | Tissue conditioner, per denture/ *Weefselopknapper, per kunsgebit* | 74.60 | 56.00 | 37.30 | 18.70 | | | B |
| 8669 | Intra-oral reline of complete or partial denture/ *Binnemondse opvulling van vol- of gedeeltelike kunsgebit.* | 111.10 | 83.30 | 55.60 | 27.80 | | | B |
| 8671 | Metal (e.g. Chrome cobalt or gold) partial denture/ *Metaal (bv Chroom-kobalt of goud) gedeeltelike kunsgebit* | 1003.20 | 752.40 | 501.60 | 250.80 | +L | | I |
| 8672 | Additional fee/benefit for altered cast technique for partial denture/ *Bykomende gelde/voordeel vir veranderde model tegniek, gedeeltelike kunsgebit* | 39.00 | 29.30 | 19.50 | 9.80 | +L | | B |
| 8674 | Additive partial denture/ *Aanlasbare gedeeltelike kunsgebit* | 454.50 | 340.90 | 227.30 | 113.70 | +L | | B |
| 8679 | Repairs/ *Herstelwerk* | 50.70 | 38.00 | 25.40 | 12.70 | +L | | B |
| 8273 | Additional fee/benefit where impression is required for 8679/ *Bykomende gelde/voordeel waar 'n afdruk vir 8679 benodig word* | 27.10 | 20.30 | 13.60 | 6.80 | +L | | B |
| 8275 | Adjustment of denture/ *Verstelling van kunsgebit* | 27.10 | 20.30 | 13.60 | 6.80 | +L | | B |

| III | SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | (After six months or for a patient of another practitioner/ *Na ses maande of vir 'n pasiënt van 'n ander tandarts)* | | | | | | | |
| | **D. MAXILLO-FACIAL PROSTHODONTIC PROSTHESES/ PROSTODONTIESE GESIGSPROSTESES** | | | | | | | |
| | Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Prosthodontic Schedule plus the fee/benefit indicated/ *Waar "+D" verskyn sal die praktisyn die toepaslike gelde/voordeel in die Spesialis Prostodontiste skedule vir die kunsgebit hef saam met die gelde/voordeel wat hieronder verskyn.* | | | | | | | |
| | **Maxillary prostheses/ Maksilêre prosteses** | | | | | | | |
| 9101 | Surgical obturator - Modified denture/ *Chirurgiese obturator - gemodifiseerde kunsgebit* | 74.60 | 56.00 | 37.30 | 18.70 | +L | | |
| 9102 | Surgical obturator - continuous base/ *Chirurgiese obturator - aaneenlopende basis* | 202.20 | 151.70 | 101.10 | 50.60 | +L | | |
| 9103 | Surgical obturator - split base/ *Chirurgiese obturator - seksionele basis* | 301.30 | 226.00 | 150.70 | 75.40 | +L | | |
| 9104 | Interim obturator on existing denture/ Tussentydse obturator - byvoeging op huidige kunsgebit | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| 9105 | Interim obturator on new denture/ *Tussentydse obturator - nuwe kunsgebit* | 1405.20 | 1053.90 | 702.60 | 351.30 | +L | | |
| 9106 | Definitive obturator - open/ hollow box/ *Gedefinieerde obturator - oop/ hol ontwerp* | 454.70 | 341.00 | 227.40 | 113.70 | +D | | |
| 9107 | Definitive obturator - silicone glove/ *Gedefinieerde obturator - silikoon omhulsel* | 878.00 | 658.50 | 439.00 | 219.50 | +D | | |
| | **Mandibular resection prostheses/ Mandibulêre reseksieprosteses** | | | | | | | |
| 9108 | Prosthesis with guide flange/ *Prostese met gidsvlak* | 1077.90 | 808.40 | 539.00 | 269.50 | +L | | |
| 9109 | Prosthesis without guide flange/ *Prostese sonder gidsvlak* | 1003.20 | 752.40 | 501.60 | 250.80 | +L | | |
| 9110 | Prosthesis - Palatal augmentation/ *Prostese - Palaat opbouing* | 202.20 | 151.70 | 101.10 | 50.60 | +D | | |
| | **Glossal resection prostheses/ Glosale reseksieprosteses** | | | | | | | |
| 9111 | Simple prosthesis/ *Ongekompliseerd.* | 421.60 | 316.20 | 210.80 | 105.40 | +D | | |
| 9112 | Complex prosthesis/ *Gekompliseer* | 631.60 | 473.70 | 315.80 | 157.90 | +D | | |
| | **Radiotherapy appliances/ Radioterapeutiese toestelle** | | | | | | | |
| 9113 | Carriers - simple/ *Houers – ongekompliseerd* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| 9114 | Carriers - complex/ *Houers – gekompliseerd* | 1255.00 | 941.30 | 627.50 | 313.80 | +L | | |
| 9115 | Shields - simple/ *Skerms - ongekompliseerd* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| 9116 | Shields - complex/ *Skerms - gekompliseerd* | 1255.00 | 941.30 | 627.50 | 313.80 | +L | | |
| 9117 | Cone locators/ *Konus lokeerders* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| | **Chemotherapy appliances/ Chemoterapeutiese toestelle** | | | | | | | |
| 9118 | Chemotherapeutic agent carriers/ *Chemoterapeutiese agenthouers* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |

| III | SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | H3 | H2 | H1 | | MP MD | TC BK |
| | **Cleft palate prostheses/ Gesplete palaatprosteses** | | | | | | | |
| 8855 | Consultation and therapy at hospital/ nursing home/ residence/ *Konsultasie en terapie by verpleeginrigting/ hospitaal/ tuis* | 103.50 | 77.60 | 51.80 | 25.90 | | | |
| 8856 | Subsequent consultation/ *Opvolgende konsultasie* | 50.70 | 38.00 | 25.40 | 12.70 | | | |
| 8857 | Weekly maximum/ *Maksimum weekliks* | 354.50 | 365.90 | 177.30 | 88.70 | | | |
| | **Neonatal prostheses/ Neonatale prostese** | | | | | | | |
| 9119 | Passive presurgical prosthesis/ Neonatal feeding aid/ Passiewe pre-chirurgiese prostese/ *Neonatale voedings-hulptoestel.* | 402.70 | 302.00 | 201.40 | 100.70 | +L | | |
| 9120 | Active presurgical orthopaedic appliance - minor/ *Aktiewe pre-chirurgiese ortopediese toestel - gering* | 402.70 | 302.00 | 201.40 | 100.70 | +L | | |
| 9121 | Active presurgical orthopaedic appliance - moderate/ *Aktiewe pre-chirurgiese ortopediese toestel - matig* | 596.00 | 447.00 | 298.00 | 149.00 | +L | | |
| 9122 | Active presurgical orthopaedic appliance - severe/ *Aktiewe pre-chirurgiese ortopediese toestel - erg* | 1003.20 | 752.40 | 501.60 | 250.80 | +L | | |
| 9123 | Active presurgical orthopaedic appliance adjustment/ *Aktiewe pre-chirurgiese ortopediese toestel - aanpassings* | 50.70 | 38.00 | 25.40 | 12.70 | | | |
| | **Intermediate/Definitive prostheses/ Intermediëre/ Gedefinieerde prosteses** | | | | | | | |
| 9125 | Speech aid/obturator with palatal modification/ *Spraak terapeutiese toestel/obturator met palatale modifikasie* | 202.50 | 151.90 | 101.30 | 50.70 | +D | | |
| 9126 | Speech aid/obturator with velar modification/ *Spraak terapeutiese toestel/obturator met velum modifikasie* | 454.70 | 341.00 | 227.40 | 113.70 | +D | | |
| 9127 | Speech aid/ obturator with pharyngeal modification/ *Spraak terapeutiese toestel/ obturator met faringeale modifikasie* | 1003.20 | 752.40 | 501.60 | 250.80 | +D | | |
| 9128 | Speech aid/obturator adjustment/ *Spraak terapeutiese toestel/obturator aanpassings* | 50.70 | 38.00 | 25.40 | 12.70 | | | |
| 9129 | Speech aid/obturator surgical prosthesis/ *Spraak terapeutiese toestel/obturator chirurgiese prostese* | 402.70 | 302.00 | 201.40 | 100.70 | +L | | |
| | **Speech appliances/ Spraak toestelle** | | | | | | | |
| 9130 | Palatal lift/ *Palatale ondersteuningsapparaat* | 202.20 | 151.70 | 101.10 | 50.60 | +D | | |
| 9131 | Palatal stimulating/ *Palatale stimulerende apparaat* | 454.70 | 341.00 | 227.40 | 113.70 | +D | | |
| 9132 | Speech bulb/ *Spraak bol* | 1003.20 | 752.40 | 501.60 | 250.80 | +D | | |
| 9133 | Adjustments/ *Aanpassings* | 50.70 | 38.00 | 25.40 | 12.70 | | | |
| 9134 | Other/ *Ander* (By arrangement/ *Volgens ooreenkoms)* | | | | | | | |
| | **Extra-oral appliances/ Ekstra-orale prosteses** | | | | | | | |
| 9135 | Auricular prosthesis - simple/ *Oorprostese - ongekompliseerd* | 1255.00 | 941.30 | 627.50 | 313.80 | +L | | |
| 9136 | Auricular prosthesis - complex/ *Oorprostese - gekompliseerd* | 1628.80 | 1221.60 | 814.40 | 407.20 | +L | | |
| 9137 | Nasal prosthesis - simple/ *Neusprostese - ongekompliseerd* | 1255.00 | 941.30 | 627.50 | 313.80 | +L | | |
| 9138 | Nasal prosthesis - complex/ *Neusprostese - gekompliseerd* | 1628.80 | 1221.60 | 814.40 | 407.20 | +L | | |
| 9139 | Ocular prosthesis - conformer/ *Oogprostese - konformer* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| 9140 | Ocular prosthesis using modified stock appliance/ *Oogprostese - gemodifiseerd* | 1128.50 | 846.40 | 564.30 | 282.20 | +L | | |

## III SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 9141 | Ocular prosthesis using custom appliance/ *Oogprostese - geïndividualiseerde vervaardiging* | 1628.80 | 1221.60 | 814.40 | 407.20 | +L | | |
| 9142 | Orbital prosthesis - simple (excluding ocular section)/ *Orbitale-prostese - ongekompliseerd oog ekstra* | 1128.50 | 846.40 | 564.30 | 282.20 | +L | | |
| 9143 | Orbital prosthesis - complex (excluding ocular section)/ *Orbitale-prostese - Gekompliseerd oog ekstra* | 1628.80 | 1221.60 | 814.40 | 407.20 | +L | | |
| 9144 | Combination facial prostheses - small/ *Saamgestelde gesigsprostese – klein* *(Benefits by arrangement/ Voordeel volgens ooreenkoms)* | | | | | | | |
| 9145 | Combination facial prostheses - medium/ *Saamgestelde gesigsprostese – medium* *(Benefit by arrangement/ Voordeel volgens ooreenkoms)* | | | | | | | |
| 9146 | Combination facial prostheses - large/ *Saamgestelde gesigsprosteses – groot* *(Benefit by arrangement/ Voordeel volgens ooreenkoms)* | | | | | | | |
| 9147 | Combination facial prostheses - complex/ *Saamgestelde gesigsprostese – gekompliseerd* *(Benefit by arrangement/ Voordeel volgens ooreenkoms)* | | | | | | | |
| 9148 | Other body prostheses – simple/ *Prosteses vir ander liggaamsdele – ongekompliseerd* | 1128.50 | 846.40 | 564.30 | 282.20 | +L | | |
| 9149 | Other body prostheses – complex/ *Prosteses vir ander liggaamsdele – gekompliseerd* | 1628.80 | 1221.60 | 814.40 | 407.20 | +L | | |
| 9150 | Surgical facial prostheses – simple/ *Chirurgiese gesigs-prostese – ongekompliseerd* | 877.70 | 658.30 | 438.90 | 219.50 | +L | | |
| 9151 | Surgical facial prostheses – complex/ *Chirurgiese gesigs-prostese – gekompliseerd* | 1128.50 | 846.40 | 564.30 | 282.20 | +L | | |
| 9152 (M/W) | Additional prostheses (from mould at time of first prosthesis)/ *Addisionele prosteses - (van model tydens eerste prostese)* | | | | | | | |
| 9153 (M/W) | Replacement prosthesis (from original mould)/ *Vervanging prostese (van oorspronklike model)* | | | | | | | |
| 9155 | Cranial prosthesis/ *Kraniaal prostese* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| | **Custom implants/ Geïndividualiseerde inplantate** | | | | | | | |
| 9156 | Cranial - acrylic, elastomeric, metallic/ *Kraniaal - akriel-hars, elastomeries, metaalagtig* | 564.40 | 423.30 | 282.20 | 141.10 | +L | | |
| 9157 | Facial - simple/ *Gesig ongekompliseerd* | 281.50 | 211.10 | 140.80 | 70.40 | +L | | |
| 9158 | Facial - complex/ *Gesig gekompliseerd* | 564.40 | 423.30 | 282.20 | 141.10 | +L | | |
| 9159 | Ocular - custom made/ *Oog - geïndividualiseerde vervaardiging* | 281.50 | 211.10 | 140.80 | 70.40 | +L | | |
| 9160 | Body - special prosthesis/ *Liggaam - spesiale prostese* | 1255.00 | 941.30 | 627.30 | 313.80 | +L | | |
| | **Surgical appliances/ Chirurgiese prosteses** | | | | | | | |
| 9161 | Splints - simple/ *Spalke - ongekompliseerd* | 123.60 | 92.70 | 61.80 | 30.90 | +L | | |
| 9162 | Splints - complex/ *Spalke - gekompliseerd* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| 9163 | Templates - simple/ *Template - ongekompliseerd* | 123.60 | 92.70 | 61.80 | 30.90 | +L | | |
| 9164 | Templates - complex/ *Template - gekompliseerd* | 454.70 | 341.00 | 227.00 | 113.70 | +L | | |
| 9165 | Conformers - simple/ *Konformers - ongekompliseerd* | 123.60 | 92.70 | 61.80 | 30.90 | +L | | |
| 9166 | Conformers - complex/ *Konformers - gekompliseerd* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |
| | **Trismus appliances/ Trismus toestelle** | | | | | | | |
| 9167 | Trismus appliance - simple/ *Trismus toestelle - ongekompliseerd* | 50.70 | 38.00 | 25.40 | 12.70 | +L | | |
| 9168 | Trismus appliance - complex/ *Trismus toestelle - gekompliseerd* | 454.70 | 341.00 | 227.40 | 113.70 | +L | | |

| III | SPECIALIST PROSTHODONTISTS/ SPESIALIS PROSTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| 9169 | Orthoses (for paralysed patients)/ *Toestelle vir ortoses (vir verlamde pasiënte)* | 1003.40 | 752.10 | 501.70 | 250.90 | +L | | |
| 9170 | Facial palsy appliances/ *Toestelle vir gesigsverlamming* | 301.30 | 226.00 | 150.70 | 75.40 | +D | | |
| 9171 | Oral splints (per commissure)/ *Mondspalke (per kommissuur)* | 123.60 | 92.70 | 61.80 | 30.90 | +L | | |
| 9172 | Dynamic oral retractors (per arm)/ *Dinamiese mond-retraktors (per arm)* | 123.60 | 92.70 | 61.80 | 30.90 | +L | | |
| 9173 | Hand splints/ *Handspalke* *(Benefit by arrangement/ Voordeel met ooreenkoms)* | | | | | | | |
| 9174 | Other/ *Ander* *(Benefit by arrangement/ Voordeel met ooreenkoms)* | | | | | | | |
| | **Attendance in theatre/ Teatertyd** | | | | | | | |
| 9175 | Attendance in theatre, per hour/ *Bywoning in teater, per uur* | 168.40 | 126.30 | 84.20 | 42.10 | | | |

## IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/ PERIODONTISTS/ SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/ PERIODONTISTE

### PREAMBLE/ INLEIDING

(1) The scheduled fees for diagnostic procedures may be charged irrespective of whether treatment is accepted or not/
*Die geskeduleerde gelde vir diagnostiese prosedures kan gehef word ongeag of die behandeling aanvaar word al dan nie.*

(2) The expenses appurtenant to diagnostic tests, laboratory procedures (unless routinely charged to the patient by the laboratory), special materials, medicaments, etc., shall be charged over and above the fee for treatment (See Rule 013)/
*Die onkoste verbonde aan diagnostiese toetse, laboratoriumprosedures (tensy die laboratorium die betrokke bedrag roetinegewys van die pasiënt verhaal), spesiale materiale, medikamente, ensovoort, moet gevra word bo en behalwe die gelde vir die behandeling gehef (Sien Reël 013).*

(3) (M/W) If the extent of a procedure carried out is less than that specified in the tariff of fees, or if multiple procedures are carried out at a single visit and the value of the time factor is consequently reduced, the specialist may at his discretion charge a reduced fee or reduced fees as per modifiers. (See Rule 011)/
*Indien 'n prosedure wat uitgevoer is van kleiner omvang is as dié, gespesifiseer in die skedule van gelde, of indien veelvuldige prosedures ten tye van 'n enkele besoek uitgevoer word en die waarde van die tydfaktor gevolglik kleiner is, kan die spesialis na goeddunke 'n verminderde bedrag of bedrae hef volgens wysigers (Sien Reël 011).*

(4) Fees for surgical procedures include any postsurgical complications not exceeding three months/
*Die gelde vir chirurgiese prosedures sluit in die behandeling van post-chirurgiese komplikasies vir 'n tydperk van nie langer as drie maande nie.*

(5) The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007); the fee for an assistant who is a specialist in oral medicine and periodontics shall be 33 1/3 % of the fee for the procedure. The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient/
*Die bedrag aan 'n algemene praktisyn assistent betaalbaar, word bereken op 15% van die gelde van die praktisyn wat die operasie uitvoer, met die aangeduide minimum (Sien Wysiger 8007); die bedrag betaalbaar aan 'n assistent wat 'n spesialis in mondgeneeskunde en periodonsie is word bereken op 33 1/3 % van die gelde vir die prosedure. Die pasiënt moet vooraf in kennis gestel word dat 'n tweede tandarts by die operasie teenwoordig sal wees en dat gelde aan dié tandarts betaalbaar sal wees. Die naam van die assistent moet op die rekening wat aan die pasiënt gelewer word, verskyn.*

## IV SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/ PERIODONTISTS/ SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/ PERIODONTISTE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| | **DIAGNOSTIC PROCEDURES/ DIAGNOSTIESE PROSEDURES** | | | | | | | |
| | Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit/ *Kodes 8701, 8703, 8705 en 8707 mag nie tydens een en dieselfde besoek gehef word nie.* | | | | | | | |
| 8701 | Consultation/ *Konsultasie* | 60.40 | 45.30 | 30.20 | 15.10 | | | A |
| | A periodontal consultation comprises a reasonably detailed examination and presentation and explanation of the findings to enable the patient to make a decision as to future treatment/ *'n Periodontale konsultasie omvat 'n redelike gedetaileerde ondersoek, asook 'n uiteensetting en verduideliking van die bevindinge ten einde die pasiënt daartoe in staat te stel om 'n besluit te neem in verband met toekomstige behandeling* | | | | | | | |
| 8107 | Intra-oral radiographs, per film/ *Binnemondse röntgen-foto's, per film* | 23.80 | 17.90 | 11.90 | 6.00 | | | B |
| 8108 | Maximum for 8107/ *Maksimum vir 8107* | 189.80 | 142.40 | 94.90 | 47.50 | | | B |
| 8113 | Occlusal radiographs/ *Okklusale röntgenfoto's* | 41.80 | 31.40 | 20.90 | 10.50 | | | B |
| 8114 | Hand-wrist radiograph/ *Handgewrig opname* | 98.20 | 73.70 | 49.10 | 24.60 | | | A |
| 8115 | Extra-oral radiograph, per film/ *Buitemondse röntgenfoto, per film* | | | | | | | B |
| | (i.e. panoramic, cephalometric, PA/ *i.e. panoramies, kefalometries, PA)* | | | | | | | |
| | The benefit is chargeable to a maximum of two films per treatment plan/ *Die voordeel mag tot 'n maksimum van twee films per behandelingsplan gehef word.* | | | | | | | |
| 8811 | Tracing and analysis of extra-oral film/ *Natrek en ontleding van buitemondse röntgenfoto* | 11.50 | 8.70 | 5.80 | 2.90 | | | B |
| 8117 | Study models - unmounted/ *Studiemodelle - ongemonteer* | 26.20 | 19.70 | 13.10 | 6.60 | +L | | B |
| 8119 | Study models - mounted on adjustable articulator/ *Studiemodelle - op verstelbare artikulator gemonteer* | 66.50 | 49.90 | 33.30 | 16.70 | +L | | B |
| 8140 | Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit/ *Gelde vir behandeling by 'n plek anders as die spreekkamer, met inbegrip van hospitaalbesoeke, behandeling onder algemene narkose, tuisbesoeke; per besoek* | 60.50 | 45.40 | 30.30 | 15.20 | | | B |
| 8703 | Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation/ *Gedetailleerde kliniese ondersoek, rekords, radiografiese interpretasie, diagnose, behandelings-beplanning en uiteensetting van geval* | 202.20 | 151.70 | 101.10 | 50.60 | | | A |
| | Code 8703 is always a separate procedure from code 8701 and comprises inspection, percussion, probing and other diagnostic procedures and the systematic recording of every important feature in order to permit correct treatment planning/ *Kode 8703 is altyd, as prosedure, afsonderlik van kode 8701 en omvat inspeksie, beklopping, sondering en ander diagnostiese prosedures en die sistematiese aantekening van elke belangrike kenmerk ten einde korrekte behandelingsbeplanning moontlik te maak.* | | | | | | | |
| 8705 | Periodic re-examination/ *Periodieke herondersoek* | 60.40 | 45.30 | 30.20 | 15.10 | | | A |
| 8706 | Appointment not kept - per half-hour/ *Afspraak nie nagekom nie – per half-uur* | | | | | | | |
| | (By arrangement with patient/ *Volgens ooreenkoms met die pasiënt)* | | | | | | | |

## IV SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/ PERIODONTISTS/ SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/ PERIODONTISTE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 8707 | Periodontal screening/ *Periodontale siftingsondersoek* A periodontal screening consists of the measurement and recording of a plaque index, a bleeding index, probing depths, a periodontal disease index, a microbiological assay and/or gingival crevicular fluid assay/ *'n Periodontale siftingsondersoek bestaan uit die verkryging en aantekening van 'n plaakindeks, bloedingsindeks, sonderingsdiepte, periodontale siekte-indeks, mikrobiologiese ondersoek en/of 'n gingivale sulkusvloeistofondersoek.* | 60.40 | 45.30 | 30.20 | 15.10 | | | B |
| 8711 | Oral hygiene instruction/ *Mondhigiëne-voorligting* The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction/ *Pasiënte moet vooraf ingelig word dat gelde gehef gaan word vir mondhigiëne voorligting* | 74.80 | 56.10 | 37.40 | 18.70 | | | B |
| 8713 | Oral hygiene evaluation/ *Evaluering van mondhigiëne* (If oral hygiene re-instruction is necessary, only Item 8711 shall apply/ *Indien mondhigiëne herinstruksie nodig is, sal slegs Item 8711 toegepas word)* | 35.80 | 26.80 | 17.90 | 9.00 | | | B |
| 8714 | Full mouth clinical plaque removal/ *Vollemondse kliniese plaakverwydering* | 50.80 | 38.10 | 25.40 | 12.70 | | | B |
| 8715 | Scaling/ *Skalering* | 103.30 | 77.50 | 51.70 | 25.90 | | | B |
| 8721 | Occlusal adjustment per visit/ *Okklusale regstelling per besoek* | 112.50 | 84.40 | 56.30 | 28.20 | | | A |
| 8723 | Provisional splinting - extracoronal wire, per sextant/ *Tydelike spalking - ekstrakoronale draad, per sekstant* | 103.50 | 77.60 | 51.80 | 25.90 | +L | | A |
| 8725 | Provisional splinting - extracoronal wire plus resin, per sextant/ *Tydelike spalking - ekstrakoronale draad plus hars, per sekstant* | 150.70 | 113.00 | 75.40 | 37.70 | +L | | A |
| 8727 | Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint/ *Tydelike spalking - intrakoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenheid in die spalk ingesluit* | 47.90 | 36.00 | 24.00 | 12.00 | +L | | A |
| | **TEMPOROMANDIBULAR JOINT PROCEDURES/ TEMPOROMANDIBULÊRE-GEWRIG PROSEDURES** | | | | | | | |
| 8625 | Bite plate for TMJ dysfunction/ *Bytplaat vir TMG-disfunksie* | 187.70 | 140.80 | 93.90 | 47.00 | +L | | S |
| | **SURGICAL PROCEDURES/ CHIRURGIESE PROSEDURES** | | | | | | | |
| 8731 | Periodontal abscess - treatment of acute phase (with or without flap procedure)/ *Periodontale abses - behandeling van akute fase (met of sonder flapprosedure)* | 89.30 | 67.00 | 44.70 | 22.40 | | | A |
| 8737 | Root planing with or without periodontal curettage, per quadrant/ *Wortelskawing met of sonder periodontale kurettering, per kwadrant* | 202.20 | 151.70 | 101.10 | 50.60 | | | A |
| 8739 | Root planing with or without periodontal curettage, per sextant/ *Wortelskawing met of sonder periodontale kurettering, per sekstant* | 161.60 | 121.20 | 80.80 | 40.40 | | | A |
| 8741 | Gingivectomy-gingivoplasty, per quadrant/ *Gingivektomie-gingivoplastie, per kwadrant* | 267.20 | 200.40 | 133.60 | 66.80 | | | A |
| 8743 | Gingivectomy-gingivoplasty, per *sextant/ Gingivektomie -gingivoplastie, per sekstant* | 212.20 | 159.10 | 106.10 | 53.10 | | | A |

## IV SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/ PERIODONTISTS/ SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/ PERIODONTISTE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 8749 | Flap operation with root planing and curettage and which may include not more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, apicectomy, clinical crown lengthening, per quadrant/ *Flap operasie met wortelskawing en kurettering en wat nie meer as 3 van die volgende prosedures insluit nie: beenkontoering, chemiese behandeling van wortelopervlak, wortel-reseksie, tandhemiseksie, mukogingivale prosedure, wigreseksie, apisektomie, kliniese kroon verlenging, per kwadrant* | | | | | | | A |
| 8751 | As item 8749, per sextant/ *Soos item 8749, per sekstant* | 501.60 | 376.20 | 250.80 | 125.40 | | | A |
| 8753 | Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, apicectomy, clinical crown lengthening, per quadrant/ *Flap operasie met wortel-skawing en kurettering en wat meer as 3 van die volgende insluit: beenkontoering, chemiese behandeling van wortelopervlak, wortelreseksie, tandhemiseksie, muko-gingivale prosedure, wigreseksie, apisektomie, kliniese kroon verlenging, per kwadrant* | 751.10 | 563.30 | 375.60 | 187.80 | | | A |
| 8755 | As item 8753, per sextant/ *Soos item 8753, per sekstant* | 609.20 | 456.90 | 304.60 | 152.30 | | | A |
| | NOTES/ NOTAS<br>1. Each bone graft, root resection, tooth hemisection, muco-gingival procedure, wedge resection and apicectomy shall be deemed one procedure/ *Elke beentransplantaat, wortelreseksie, tandhemiseksie, mukogingivale prosedure, wig-reseksie en apisektomie word beskou as een prosedure.*<br>2. Where a bone regeneration/ repair procedure is included within a flap operation, Item 8766 shall apply in addition to the Item for the flap operation/ *Waar 'n been regeneratiewe-herstel prosedure ingesluit word as deel van 'n flap operasie sal Item 8766 toegepas word bo en behalwe die item vir die flap operasie.* | | | | | | | |
| 8756 | Flap operation with bone removal to increase the clinical crown length of a single tooth (as an isolated procedure)/ *Flap operasie met beenreduksie om die kliniese kroon van 'n enkele tand te verleng (as 'n geïsoleerde prosedure)* | 368.70 | 276.60 | 184.40 | 92.20 | | | |
| 8757 | Frenectomy/ *Frenektomie* | 296.60 | 222.50 | 148.30 | 74.20 | | | A |
| 8758 | Surgical exposure of impacted or unerupted teeth for orthodontic reasons/ *Chirurgiese blootlegging van beklemde of ongeërupteerde tande om ortodontiese redes* | 405.00 | 303.70 | 202.50 | 101.30 | | | A |
| 8759 | Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)/ *Pedikelflap - oorplanting bv. laterale verplasing, dubbele papilla, geroteer en soortgelyk (as 'n geïsoleerde prosedure)* | 278.30 | 208.70 | 139.20 | 69.60 | | | A |
| 8761 | Masticatory mucosal autograft and subepithelial connective tissue autograft extending across not more than four teeth (isolated procedure)/ *Selfoorplanting van kou-mukosa en subepiteliële bindweefsel gestrek oor nie meer as vier tande nie (geïsoleerde prosedure)* | 301.10 | 225.80 | 150.60 | 75.30 | +L | | A |

| IV | SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/ PERIODONTISTS/ SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/ PERIODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| 8762 | Masticatory mucosal autograft and subepithelial connective tissue extending across more than four teeth (isolated procedure)/ *Selfoorplanting van kou-mukosa en subepiteliële bindweefsel gestrek oor meer as vier tande (geïsoleerde prosedure)* | 453.40 | 340.00 | 226.70 | 113.40 | +L | | A |
| 8763 | Wedge resection (as an isolated procedure)/ *Wigreseksie (as 'n geïsoleerde prosedure)* | 176.90 | 132.70 | 88.50 | 44.30 | | T | A |
| 8760 | Apicectomy including retrograde filling where necessary - anterior teeth/ *Apisektomie insluitend retrograde herstelling waar nodig - anterior tande* | 242.90 | 182.20 | 121.50 | 60.80 | | T | S |
| 8764 | Apicectomy including retrograde filling where necessary, posterior teeth/ *Apisektomie insluitend retrograde herstelling waar nodig - posterior tande* | 486.40 | 364.80 | 243.20 | 121.60 | | T | S |
| 8765 | Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)/ *Hemiseksie van 'n tand, wortelreseksie of tonnel voorbereiding (as 'n geïsoleerde prosedure)* . | 242.90 | 182.20 | 121.50 | 60.80 | | T | A |
| 8766 | Bone regenerative/ repair procedure excluding cost of regenerative material as part of a flap operation as described in Items 8749, 8751, 8753 and 8755, per procedure/ *'n Been regeneratiewe-herstel prosedure uitgeslote die koste van die regeneratiewe materiaal as deel van 'n flap operasie soos beskryf in Items 8749, 8751, 8753 en 8755, per prosedure* | 145.00 | 108.70 | 72.50 | 36.30 | | | A |
| 8767 | Bone regenerative/ repair procedure at a single site/ *Been regeneratiewe-herstel prosedure by 'n enkele area* (Excluding cost of regenerative material - see code 8770 / *Koste van regeneratiewe materiaal uitgesluit - sien kode 8770)* | 376.50 | 282.40 | 188.30 | 94.20 | | | A |
| 8769 | Subsequent removal of membrane used for guided tissue regeneration procedure/ *Daaropvolgende verwydering van 'n membraan wat gebruik is vir 'n gerigte weefselregenerasie prosedure* | 176.90 | 132.70 | 88.50 | 44.30 | | | A |
| 8770 | Cost of bone regenerative/repair material/ *Koste van been regeneratiewe/herstel materiaal* | | | | | | | |
| 8768 | Any other periodontal procedure involving a single tooth/ *Enige ander periodontiese prosedure wat 'n enkel tand betrek* | 176.90 | 132.70 | 88.50 | 44.30 | | T | A |
| 8771 | Prerestorative ridge augmentation using fibrous tissue, hydroxyapatite granules and/or bone particles/ *Rifopbouing met gebruik van bindweefsel, hidroksiapatiet granules en/of beentransplantate* | 40270 | 302.00 | 201.40 | 100.70 | +L | | A |
| 8979 | Harvesting of autogenous grafts (intra-oral)/ *Insameling van outogene been (binnemonds)* | 94.30 | 70.70 | 47.20 | 23.60 | | | S |
| 9182 | Placement of endosteal implant, per implant/ *Plasing van endosteale inplantaat, per inplantaat* | 378.60 | 283.90 | 189.30 | 94.70 | +L | | S |
| 9183 | Placement of a single osseo-integrated implant per jaw/ *Plasing van een osseo-integreerde inplantaat per kaak* | 483.60 | 362.70 | 241.80 | 120.90 | | | S |
| 9184 | Placement of a second osseo-integrated implant in the same jaw/ *Plasing van 'n tweede osseo-integreerde inplantaat in dieselfde kaak* | 362.60 | 272.00 | 181.30 | 90.70 | | | S |
| 9185 | Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant/ *Plasing van 'n derde en daaropvolgende osseo-integreerde inplantaat in dieselfde kaak, per inplantaat* | 241.80 | 181.40 | 120.40 | 60.50 | | | S |
| 9189 | Cost of implants/ *Koste van inplantate* | | | | | | | S |
| 9190 | Exposure of a single osseo-integrated implant and placement of a transmucosal element/ *Blootlegging van een osseo-integreerde inplantaat en plasing van 'n transmukosale element* | | | | | | | S |

| IV | SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/ PERIODONTISTS/ SPESIALISTE IN MONDGENEESKUNDE EN PERIODONSIE/ PERIODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| 9191 | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw/ *Blootlegging van 'n tweede osseo-integreerde inplantaat en plasing van 'n transmukosale element in dieselfde kaak* | 134.30 | 100.70 | 67.20 | 33.60 | | | S |
| 9192 | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant/ *Blootlegging van 'n derde en daaropvolgende osseo-integreerde inplantaat in dieselfde kaak, per inplantaat.* | 89.70 | 67.30 | 44.90 | 22.50 | | | S |
| | **ORAL MEDICAL PROCEDURES/ MONDGENEESKUNDIGE PROSEDURES** | | | | | | | |
| 8781 | Consultation, examination, diagnosis and diagnosis of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain-dysfunction: Straight forward case/ *Konsultasie, ondersoek, diagnose en behandeling van mondsiektes, siekte toestande van die omliggende weefsels, temporomandibulêre gewrigsaandoenings of miofasiale pyndisfunksie: Eenvoudige geval* | 60.50 | 45.40 | 30.30 | 15.20 | | | S |
| 8782 | Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain dysfunction: Complex case/ *Konsultasie, ondersoek, diagnose en behandeling van mondsiektes, siekte toestande van die omliggende weefsels, temporomandibulêre gewrigsaandoenings, of miofasiale pyndisfunksie: Gekompliseerde geval* | 105.90 | 79.50 | 53.00 | 26.50 | | | S |
| 8783 | Subsequent consultation for same disease/condition/ *Daaropvolgende konsultasie vir dieselfde siekte/ toestand* | 45.10 | 33.90 | 22.60 | 11.30 | | | S |
| 8785 | Biopsy - incisional/excisional (e.g. epulis)/ *Biopsie - insisie/eksisie (bv. epulis)* | 125.30 | 94.00 | 62.70 | 31.40 | | | S |
| 8786 | Surgical treatment of soft tissue tumours (e.g. epulis)/ *Chirurgiese behandeling van gewasse van die sagte weefsels (bv. epulis)* | 128.80 | 96.60 | 64.40 | 32.20 | | | S |
| 8787 | Any other procedure connected with the practice of oral medicine/ *Enige ander prosedure wat verband hou met die praktyk van mondgeneeskunde* | 63.20 | 47.40 | 31.60 | 15.80 | | | S |

## V. SPECIALIST ORTHODONTISTS/ SPESIALIS-ORTODONTISTE

### PREAMBLE/ INLEIDING

(1) Where an invoice refers to orthodontic services, a statement containing the following information shall accompany the first invoice to the member of the scheme/
*Waar 'n rekening na ortodontiese behandeling verwys, moet 'n staat wat die volgende inligting bevat, die eerste rekening aan 'n lid van die skema vergesel:-*
(a) the code number of the envisaged treatment/*die kodenommer van die beoogde behandeling*;
(b) a plan of treatment indicating the following/*'n behandelingsplan wat die volgende aandui*;
(i) the total tariff that would be charged by the practitioner for the treatment/*die totale tarief wat deur die praktisyn vir die behandeling gehef gaan word*;
(ii) the duration of the treatment/*die tydperk van behandeling*
(iii) the initial primary tariff payable by the member; and/*die aanvanklike primêre tarief wat deur die lid betaalbaar is: en*
(iv) the monthly tariff which the member must *pay/die maandelikse tarief wat deur die lid betaalbaar is.*

(2) The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and no additional fees may be charged for additional visits (Item 8803) until the treatment is completed
*Die gelde vir korrektiewe terapie (i.e. kodes 8861 tot 8888) is omvattende gelde en geen addisionele gelde mag gehef word vir bykomende besoeke (kode 8803) totdat die behandeling voltooi is nie*

(3) When partial fixed appliance therapy or preliminary treatment (8858, 8861, 8865 or 8866) is followed by full fixed appliance treatment (8873 to 8888) the fee initially charged for 8858, 8861, 8865 or 8866 is deducted from the full fixed appliance fee and the remainder then becomes the fee charged for the second stage of full fixed appliance therapy/
*Wanneer gedeeltelike vastetoestelbehandeling of funksionele apparaat terapie (8858, 8861, 8865 of 8866) deur volle vaste toestel behandeling (8873 tot 8888) gevolg word, word die aanvanklike gelde gevra vir 8858, 8861, 8865 of 8866 afgetrek van die volle vastetoestelgelde en die oorblywende bedrag word dan die gelde vir die tweede deel van die volle vastetoestelterapie gedeelte van die behandeling*

(4) If more than one of the stages of treatment of a multiphase treatment procedure is carried out by the same orthodontist, then the total fee should not exceed the fee laid down by the original classification at current values, save in exceptional circumstances, e.g. cleft palate treatment/
*Indien meer as een van die fases van behandeling van 'n meer fase prosedure uitgevoer word deur dieselfde ortodontis, moet die totale gelde nie die neergelegde gelde van die oorspronklike klassifikasie teen huidige waardes oorskry nie, behalwe in buitengewone omstandighede bv. gesplete lip en verhemelte behandeling.*

(5) The fees for services covered under the heading 'Fixed appliance therapy' (items 8861 and 8865 to 8887) shall be charged over the period of treatment in a manner to be determined by the individual orthodontist/
*Die gelde vir dienste onder die opskrif 'Vastetoestel-terapie' (items 8861 en 8865 tot 8887) sal betaalbaar wees gedurende die verloop van die behandeling soos bepaal deur elke individuele ortodontis.*

(6) If treatment is discontinued prior to its completion, the balance of the fee shall be assessed on the basis of the services rendered up to the time of termination/
*Indien die behandeling gestaak word voor die voltooiing daarvan, moet die restant van die gelde bereken word op die basis van die dienste wat tot op die stakingsdatum gelewer is.*

(7) (M/W) There are no specific codes for orthodontic treatment in the general practitioners' schedule, and the general practitioner must refer to the specialist orthodontists schedule. The codes for the treatment must be quoted together with Modifier 8004 (See Rules 009 and 011). This denotes that a general practitioner is delivering the treatment and the fee is calculated as up to two-thirds of the appropriate specialists fee. Where "+L" is denoted this can be added on to the two-thirds fee. If "+L" is not denoted then this is incorporated in the appropriate two-thirds fee and cannot be added to the invoice

*Daar is geen spesifieke ortodonsie kodes in die algemene praktisyn se skedule nie, en die algemene praktisyn moet na die spesialis ortodontiste skedule verwys. Die kodes vir behandeling moet tesame met die Wysiger 8004 aangehaal word (Sien Reëls 009 en 011). Dit dui aan dat 'n algemene praktisyn die behandeling verskaf en dat die gelde bereken is teen twee-derdes van die gepaste spesialisgelde. Waar "+L" aangedui word, kan dit bygevoeg word by die twee-derde gelde. Indien "+L" nie aangedui word nie, is dit alreeds bygevoeg by die twee-derde gelde en kan dit nie weer verhaal word nie*

| V | SPECIALIST ORTHODONTISTS/ SPESIALIS-ORTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | **CONSULTATIONS/ KONSULTASIES** | | | | | | | |
| 8801 | First consultation/ *Eerste konsultasie* | 60.40 | 45.30 | 30.20 | 15.10 | | | A |
| 8803 | Subsequent consultation, retention and/ or post-treatment consultation/ *Daaropvolgende konsultasie, retensie en/ of nabehandelings-konsultasie* | 45.10 | 33.90 | 22.60 | 11.30 | | | A |
| 8805 | Appointment not kept - per half-hour/ *Afspraak nie nagekom nie - per half-uur* (By arrangement with patient/ *Volgens ooreenkoms met die pasiënt)* | | | | | | | |
| | **RECORDS AND INVESTIGATIONS/ REKORDS EN ONDERSOEKE** | | | | | | | |
| 8107 | Intra-oral radiographs, per film/ *Binnemondse röntgen-foto's, per film* | 23.80 | 17.90 | 11.90 | 6.00 | | | B |
| 8108 | Maximum for 8107/ *Maksimum vir 8107* | 189.80 | 142.40 | 94.90 | 47.50 | | | B |
| 8113 | Occlusal radiograph/ *Okklusale röntgenfoto* | 41.80 | 31.40 | 20.90 | 10.50 | | | B |
| 8114 | Hand-wrist radiograph/ *Handgewrig opname* | 98.20 | 73.70 | 49.10 | 24.60 | | | A |
| 8115 | Extra-oral radiograph, per film/ *Buitemondse röntgenfoto, per film* (i.e. panoramic, cephalometric, PA/ *i.e. panoramies, kefalometries, PA)* The benefit is chargeable to a maximum of two films per treatment plan/ *Die voordeel mag tot 'n maksimum van twee films per behandelingsplan gehef word.* | 98.20 | 73.70 | 49.10 | 24.60 | | | B |
| 8811 | Tracing and analysis of extra-oral film/ *Natrek en ontleding van buitemondse röntgenfoto* | 11.50 | 8.70 | 5.80 | 2.90 | | | B |
| 8117 | Study models - unmounted/ *Studiemodelle - ongemonteer* | 26.20 | 19.70 | 13.10 | 6.60 | +L | | B |
| 8119 | Study models - mounted on adjustable articulator/ *Studiemodelle - op verstelbare artikulator gemonteer* | 66.50 | 49.90 | 33.30 | 16.70 | +L | | B |
| 8121 | Diagnostic photographs, per photograph/ *Diagnostiese fotos, per foto* | 26.20 | 19.70 | 13.10 | 6.60 | | | B |
| 8837 | Diagnosis and treatment planning/ *Diagnose en be-handelingsbeplanning* | 35.80 | 26.80 | 17.90 | 9.00 | | | A |
| 8839 | Orthodontic diagnostic setup/ *Ortodontiese diagnos-tiese opstelling* | 75.80 | 56.80 | 37.90 | 19.00 | | | A |
| | **ORTHOGNATHIC SURGERY AND TREATMENT PLANNING/ ORTOGNATIESE CHIRURGIE EN BEHANDELINGSBEPLANNING** | | | | | | | |
| (M/W) | In the case of treatment planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist/ *In die geval van behandelingsbeplanning waar die gesamentlike dienste van 'n Ortodontis en 'n Kaak-, Gesigs- en Mondchirurg benodig word, mag Wysiger 8009 (75%) toegepas word by die gelde gevra deur elke spesialis.* | | | | | | | |
| 8840 | Treatment planning for orthognathic surgery/ *Behandelingsbeplanning vir ortognatiese chirurgie* | 262.20 | 196.70 | 131.10 | 65.60 | +L | | A |

| V | SPECIALIST ORTHODONTISTS/ SPESIALIS-ORTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | **RETAINERS, REPAIRS AND/OR REPLACEMENTS/ RETENSIETOESTELLE, REPARASIES EN/OF VERVANGING VAN TOESTELLE** | | | | | | | |
| 8846 | Removable: Repairs/ *Verplaasbare: Reparasies* | 51.10 | 38.30 | 25.60 | 12.80 | +L | | A |
| 8847 | Removable: Replacement/ *Verplaasbare: Vervanging van toestel* | 176.90 | 132.70 | 88.50 | 44.30 | +L | | A |
| 8848 | Fixed: Repair or replacement per unit/ *Vaste toestel: Herstel of vervanging, per eenheid* (As a result of the patient's negligence/ *As gevolg van die pasiënt se nalatigheid)* | | | | | | | A |
| 8849 | Retainer/ *Retensietoestel* | 176.90 | 132.70 | 88.50 | 44.30 | +L | | A |
| | **CORRECTIVE THERAPY/ KORREKTIEWE TERAPIE** | | | | | | | |
| | **Treatment of MPDS/ Behandeling van MPDS** | | | | | | | |
| 8850 | First consultation/ *Eerste konsultasie* | 86.10 | 64.60 | 43.10 | 21.60 | | | A |
| 8851 | Subsequent consultation/ *Opvolgende konsultasie* | 45.10 | 33.90 | 22.60 | 11.30 | | | A |
| 8852 | Bite plate for TMJ dysfunction/ *Bytplaat vir TMG-disfunksie* | 187.70 | 140.80 | 93.90 | 47.00 | +L | | S |
| | **Occlusal adjustment/ Okklusale verstelling** | | | | | | | |
| 8853 | Major occlusal adjustment/ *Volledige okklusale verstelling* | 353.50 | 265.10 | 176.80 | 88.40 | | | A |
| 8854 | Minor occlusal adjustment/ *Geringe okklusale verstelling* | 112.50 | 84.40 | 56.30 | 28.20 | | | A |
| | **Cleft palate therapy/ Gesplete verhemelte terapie** | | | | | | | |
| 8855 | Consultation and therapy at hospital, nursing home, or residence/ *Konsultasie en terapie te hospitaal, verpleeginrigting, of tuis* | 103.50 | 77.60 | 51.80 | 25.90 | | | S |
| 8856 | Subsequent consultation/ *Opvolgende konsultasie* | 50.70 | 38.00 | 25.40 | 12.70 | | | S |
| 8857 | Weekly maximum/ *Weeklikse maksimum* | 354.50 | 265.90 | 177.30 | 88.70 | | | S |
| | **Neonatal prostheses/ Neonatale prostese** | | | | | | | |
| 9119 | Passive presurgical prosthesis/ Neonatal feeding aid/ *Passiewe pre-chirurgiese prostese/ Neonatale voedings-hulptoestel* | 402.70 | 302.00 | 201.40 | 100.70 | +L | | S |
| 9120 | Active presurgical orthopaedic appliance - minor/ *Aktiewe pre-chirurgiese ortopediese toestel - gering* | 402.70 | 302.00 | 201.40 | 100.70 | +L | | S |
| 9121 | Active presurgical orthopaedic appliance - moderate/ *Aktiewe pre-chirurgiese ortopediese toestel - matig* | 596.00 | 447.00 | 298.00 | 149.00 | +L | | S |
| 9122 | Active presurgical orthopaedic appliance - severe/ *Aktiewe pre-chirurgiese ortopediese toestel - erg* | 1003.20 | 752.40 | 501.60 | 250.80 | +L | | S |
| 9123 | Active presurgical orthopaedic appliance - adjustment/ *Aktiewe pre-chirurgiese ortopediese toestel - verstelling* NOTE/ NOTA Subsequent treatment as per schedule/ *Latere behandeling volgens skedule* | 50.70 | 38.00 | 25.40 | 12.70 | | | S |

| V | SPECIALIST ORTHODONTISTS/ SPESIALIS-ORTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | **Removable appliance therapy/ Verplaasbare toestel terapie** | | | | | | | |
| 8862 | Removable (single)/ *Verplaasbare (enkele toestel)* | 627.50 | 470.60 | 313.80 | 156.90 | +L | | A |
| 8863 | Removable (per additional)/ *Verplaasbare (per bykomende toestel)* | 315.50 | 236.60 | 157.80 | 78.90 | +L | | A |
| | (Code 8862 may only be charged once per malocclusion. A maximum of two additional removable appliances per treatment plan may be charged/ *Kode 8862 mag slegs een keer per wansluiting gehef word. 'n Maksimum van twee bykomende verplaasbare toestelle mag per behandelingsplan gehef word)* | | | | | | | |
| | **Functional appliance therapy/ Funksionele toestel behandeling** | | | | | | | |
| | A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane/ *'n Verplaasbare funksionele-toestel is ontwerp om kragte van die kouspiere en verwante sagteweefsel in die orofasiale streek aan te wend en het geen vaste komponente aan tande nie. Hierdie toestel sluit komponente in wat op beide die masilêre en mandibulêre boë inwerk en behoort van eenvoudige verplaasbare toestelle, asook toestelle met anterior and posterior bytvlakke onderskei te word* | | | | | | | |
| 8858 | Functional appliance/ *Funksionele toestel* | 1129.90 | 847.40 | 565.00 | 282.50 | +L | | A |
| | If additional functional appliances are required, +L can be charged but no further fee/benefit/ *Indien bykomende funksionele toestelle benodig word, mag +L gehef word, maar geen verdere gelde/voordeel nie* | | | | | | | |
| | **Fixed appliance therapy/ Vastetoestel-terapie** | | | | | | | |
| | **Partial fixed appliance therapy - Preliminary treatment/ Gedeeltelike vastetoestel-behandeling - Voorlopige behandeling** | | | | | | | |
| | The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition/ *Die bedoeling met hierdie fase van behandeling is om die skeletale, dentale en funksionele komponente van ontwikkelende wansluiting, gewoonlik in die gemengde gebit, te onderskep of te wysig* | | | | | | | |
| | The application of codes 8865 and/or 8866 requires the use of fixed bands and/or brackets as a major component of the appliances/ *Die aanwending van kodes 8865 en/of 8866 vereis die gebruik van bande en/of aanhegtings as die grootste komponent van die toestel* | | | | | | | |
| 8865 | Maxillary or mandibular arch/ *Maksilêre of mandibulêre tandboog* | 2004.20 | 1503.10 | 1002.10 | 501.10 | | | A |
| 8866 | Combined maxillary and mandibular arch/ *Maksilêre en mandibulêre tandboog* | 2755.90 | 2067.00 | 1378.00 | 689.00 | | | A |
| 8861 | Minor fixed appliance/ Gedeeltelike vastetoestel | 751.10 | 563.30 | 375.60 | 187.80 | | | A |

| V | SPECIALIST ORTHODONTISTS/ SPESIALIS-ORTODONTISTE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | **Comprehensive fixed appliance therapy/ Omvattende vastetoestel-behandeling** | | | | | | | |
| | This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within each arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase/ *Hierdie vorm van behandeling behels die plasing van bande of aanhegtings op die meeste van die tande in 'n boog asook die bykomende plasing van aktiewe boogdraad om die aktiewe behandeling van die geval te voltooi, maar sluit die retensiefase uit* | | | | | | | |
| | **Single arch treatment/ Enkelboogbehandeling** | | | | | | | |
| 8867 | Mild/ *Gering* | 2155.00 | 1616.30 | 1077.50 | 538.80 | | | A |
| 8868 | Moderate/ *Matig* | 2657.10 | 1992.80 | 1328.60 | 664.30 | | | A |
| 8869 | Severe/ *Erg* | 3108.60 | 2331.50 | 1554.30 | 777.20 | | | A |
| | **Combined maxillary and mandibular arch therapy/ Gekombineerde behandeling van beide maksilêre en mandibulêre boë** | | | | | | | |
| | *Class I malocclusions/ Klas I wansluitings* | | | | | | | |
| 8873 | Mild/ *Gering* | 3943.00 | 2957.30 | 1971.50 | 985.50 | | | A |
| 8875 | Moderate/ *Matig* | 4839.10 | 3629.30 | 2419.60 | 1209.80 | | | A |
| 8877 | Severe/ *Erg* | 5641.30 | 4231.00 | 2820.70 | 1410.40 | | | A |
| 8879 | Severe plus complications/ *Erg met komplikasies* | 6339.30 | 4754.50 | 3169.70 | 1584.90 | | | A |
| | *Class II and III malocclusions/ Klas II en III wansluitings* | | | | | | | |
| 8881 | Mild/ *Gering* | 5641.30 | 4231.00 | 2820.70 | 1410.40 | | | A |
| 8883 | Moderate/ *Matig* | 6339.30 | 4754.50 | 3169.70 | 1584.90 | | | A |
| 8885 | Severe/ *Erg* | 7117.50 | 5338.10 | 3558.80 | 1779.40 | | | A |
| 8887 | Severe plus complications/ *Erg met komplikasies* | 8020.00 | 6015.00 | 4010.00 | 2005.00 | | | A |
| | **Lingual orthodontics/ Linguale ortodonsie** | | | | | | | |
| | This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires / *Hierdie vorm van behandeling behels die plasing van bande of aanhegtings op die linguale aspekte van die meeste van die tande in ten minste een boog en moet die plasing van aktiewe boogdraad insluit* | | | | | | | |
| | **Single arch treatment/ Enkelboogbehandeling** | | | | | | | |
| 8841 | Mild/ *Gering* | 4048.50 | 3036.40 | 2024.30 | 1012.20 | | | A |
| 8842 | Moderate/ *Matig* | 4758.20 | 3568.70 | 2379.10 | 1189.60 | | | A |
| 8843 | Severe/ *Erg* | 5420.30 | 4065.20 | 2710.20 | 1355.10 | | | A |
| | **Combined maxillary and mandibular arch therapy/ Gekombineerde behandeling van beide maksilêre en mandibulêre boë** | | | | | | | |
| | *Class I malocclusions/ Klas I wansluitings* | | | | | | | |
| 8874 | Mild/ *Gering* | 7723.10 | 5792.40 | 3861.60 | 1930.80 | | | A |
| 8876 | Moderate/ *Matig* | 9042.90 | 6782.20 | 4521.50 | 2260.80 | | | A |
| 8878 | Severe/ *Erg* | 10262.50 | 7696.90 | 5131.30 | 2565.70 | | | A |
| 8880 | Severe plus complications/ *Erg met komplikasies* | 11387.30 | 8540.50 | 5693.70 | 2846.90 | | | A |
| | *Class II and III malocclusions/ Klas II en III wansluitings* | | | | | | | |
| 8882 | Mild/ *Gering* | 9426.90 | 7070.20 | 4713.50 | 2356.80 | | | A |
| 8884 | Moderate/ *Matig* | 10546.30 | 7909.70 | 5273.20 | 2636.60 | | | A |

| V | SPECIALIST ORTHODONTISTS/ SPESIALIS-ORTODONTISTE<br>(M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code<br>*Kode* | Procedure description<br>*Prosedure beskrywing* | P | H3 | H2 | H1 | | MP<br>MD | TC<br>BK |
| 8886 | Severe/ *Erg* | 11745.30 | 8809.00 | 5872.70 | 2936.40 | | | A |
| 8888 | Severe plus complications/ *Erg met komplikasies* | 13070.00 | 9802.50 | 6535.00 | 3267.50 | | | A |
| | **OTHER ORTHODONTIC SERVICES/ ANDER ORTODONTIESE DIENSTE** | | | | | | | |
| 8890 | Monthly payment for treatment/ *Maandelikse betaling vir behandeling*<br>(Refer to code number of treatment/ *Verwys na kodenommer van behandeling)* | | | | | | | A |
| 8891 | Re-negotiated fee for transfer cases/ *Herbedingde gelde vir oorplaasgevalle*<br>*(Benefit by arrangement/ Voordeel met ooreenkoms)* | | | | | | | |
| 8892 | Re-treatment/ *Herbehandeling*<br>*(Benefit by arrangement/ Voordeel met ooreenkoms)* | | | | | | | |

## VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE

### PREAMBLE/ INLEIDING

(See Rule 011/ *Sien Reël 011)*

1. (M/W) If extractions (codes 8201 and 8202) are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (See Modifier 8002)/

*Indien ekstraksies (kodes 8201 en 8202) deur spesialiste in kaak-, gesigs- en mondchirurgie uitgevoer word, is die gelde gelyk aan die toepaslike tariefgelde plus 50 persent (Sien Wysiger 8002).*

2. (M/W) The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff fee for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (See Modifier 8005)/

*Die gelde vir meer as een operasie of prosedure via dieselfde insnyding uitgevoer, word bereken as die gelde vir die hoofoperasie plus die tariefgelde van die bykomende operasie tot die aangeduide maksimum vir elke sodanige operasie of prosedure (Sien Wysiger 8005).*

3. (M/W) The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus:

75% for the second procedure/operation (Modifier 8009)
50% for the third and subsequent procedures/operations (Modifier 8006)/

*Die gelde vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander insnyding uitgevoer, word bereken as die gelde vir die hoofoperasie plus:*

*75% vir die tweede prosedure/ operasie (Wysiger 8009)*
*50% vir die derde en daaropvolgende prosedures/operasies (Wysiger 8006).*

This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operation/

*Hierdie reël is nie van toepassing nie waar twee of meer onverwante operasies deur praktisyns van verskillende spesialiteite uitgevoer word, in welke geval elke praktisyn geregtig is op die volle gelde vir sy operasie.*

If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation/

*Indien daar binne vier maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die gelde vir die tweede operasie die helfte van die vir dié, eerste.*

The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the scheme may be charged/

*Die gelde vir 'n operasie sluit in, tensy daar anders vermeld word, die normale na-operatiewe versorging vir 'n tydperk van hoogstens vier maande. Indien 'n praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reël dat dit voltooi word sonder bykomende heffing: met dien verstande dat, in die geval van na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard, sodanige gelde gehef kan word as waarop die praktisyn en die skema ooreengekom het.*

4. (M/W) The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007). The assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the invoice rendered to the patient/

*Die bedrag aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die gelde van die praktisyn wat die operasie uitvoer, met die aangeduide minimum (Sien Wysiger 8007). Die bedrag aan 'n kaak-, gesigs- en mondchirurg assistent betaalbaar word bereken op 33,33% van die toepaslike gelde (Wysiger 8001). Die assistent se naam moet op die rekening wat aan die pasiënt gelewer word verskyn.*

5. (M/W) The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (8008)/

*Die bykomende gelde vir alle lede van die snykundige span vir na-ure noodoperasies sal bereken word deur 25% by die gelde vir die prosedure of prosedures uitgevoer by te voeg (8008).*

6. In cases where treatment is not listed in this schedule for general practitioners or specialists, the appropriate fee listed in the medical schedule(s) shall be charged, and the relevant medical tariff item must be indicated (See Rule 012)/

*In gevalle waar behandeling nie in hierdie skedule vir algemene praktisyns of spesialiste gelys is nie, sal die toepaslike gelde, gelys in die mediese skedule(s) gevra word, en die betrokke mediese gelde tarief-item moet aangedui word (Sien Reël 012).*

| VI | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | H3 | H2 | H1 | | MP MD | TC BK |
| | **CONSULTATIONS AND VISITS/ KONSULTASIES EN BESOEKE** | | | | | | | |
| 8901 | Consultation at consulting rooms/ *Konsultasie by spreekkamers* | 60.40 | 45.30 | 30.20 | 15.10 | | | S |
| •8902 | Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation/ *Gedetailleerde kliniese ondersoek, radiografiese interpretasie, diagnose, behandelings-beplanning en uiteensetting van geval* Code 8902 is a separate procedure from code 8901 and is applicable to craniomandibular disorders, implant placement and orthognathic and maxillofacial reconstruction/ *Kode 8902 is 'n afsonderlike prosedure van kode 8901 en is van toepassing op kraniomandibulêre steurnisse, plasing van implantate en ortognatiese- en kaak-en-gesig herkonstruksie* | 202.20 | 151.70 | 101.10 | 50.60 | | | S |
| 8903 | Consultation at hospital, nursing home or house/ *Konsultasie by hospitaal, verpleeginrigting of tuis* | 68.70 | 51.60 | 34.40 | 17.20 | | | S |
| 8904 | Subsequent consultation at consulting rooms, hospital, nursing home or house/ *Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis* | 45.10 | 33.90 | 22.60 | 11.30 | | | S |
| 8905 | Weekend visits and night visits between 18h00 - 07h00 the following day/ *Naweek- en nagbesoeke tussen 18h00 en 07h00 die volgende dag* | 98.60 | 73.90 | 49.30 | 24.70 | | | S |
| 8907 | Subsequent consultations, per week, to a maximum of/ *Daaropvolgende konsultasies per week, tot 'n maksimum van* "Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation *"Daaropvolgende konsultasie" beteken, in verband met items 8904 en 8907, 'n konsultasie vir dieselfde siektetoestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie."* | 112.50 | 84.40 | 56.30 | 28.20 | | | S |
| | **INVESTIGATIONS AND RECORDS/ ONDERSOEKE EN REKORDS** | | | | | | | |
| 8107 | Intra-oral radiographs, per film/ *Binnemondse röntgen-foto's, per film* | 23.80 | 17.90 | 11.90 | 6.00 | | | B |
| 8108 | Maximum for 8107/ *Maksimum vir 8107* | 189.80 | 142.40 | 94.90 | 47.50 | | | B |
| 8113 | Occlusal radiographs/ *Okklusale röntgenfoto's* | 41.80 | 31.40 | 20.90 | 10.50 | | | B |
| 8114 | Hand-wrist radiograph/ *Handgewrig opname* | 98.20 | 73.70 | 49.10 | 24.60 | | | A |
| 8115 | Extra-oral radiograph, per film/ *Buitemondse röntgenfoto, per film* (i.e. panoramic, cephalometric, PA/ *i.e. panoramies, kefalometries, PA)* The benefit is chargeable to a maximum of two films per treatment plan/ *Die voordeel mag tot 'n maksimum van twee films per behandelingsplan gehef word.* | | | | | | | B |
| 8811 | Tracing and analysis of extra-oral film/ *Natrek en ontleding van buitemondse röntgenfoto* | 11.50 | 8.70 | 5.80 | 2.90 | | | B |
| 8117 | Study models - unmounted/ *Studiemodelle - ongemonteer* | 26.20 | 19.70 | 13.10 | 6.60 | +L | | B |
| 8119 | Study models - mounted on adjustable articulator/ *Studiemodelle - op verstelbare artikulator gemonteer* | 66.50 | 49.90 | 33.30 | 16.70 | +L | | B |
| 8121 | Diagnostic photographs - per photograph/ *Diagnostiese* | 26.20 | 19.70 | 13.10 | 6.60 | | | B |

| VI | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | *fotos - per foto* | | | | | | | |
| 8917 | Biopsies – intra-oral/ *Biopsies - binnemonds* | 125.30 | 94.00 | 62.70 | 31.40 | | | S |
| 8919 | Biopsy of bone - needle/ *Beenbiopsie - naald* | 216.50 | 162.40 | 108.30 | 54.20 | | | S |
| 8921 | Biopsy of bone - open/ *Beenbiopsie - oop* | 356.20 | 267.20 | 178.10 | 89.10 | | | S |
| | **ORTHOGNATHIC SURGERY AND TREATMENT PLANNING/ ORTOGNATIESE CHIRURGIE EN BEHANDELINGSBEPLANNING** | | | | | | | |
| (M/W) | In the case of treatment planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist/ *In die geval van behandelingsbeplanning waar die gesamentlike dienste van 'n Ortodontis en 'n Kaak-, Gesigs- en Mondchirurg benodig word, mag Wysiger 8009 (75%) toegepas word by die gelde gevra deur elke spesialis.* | | | | | | | |
| 8840 | Treatment planning for orthognathic surgery/ *Behandelingsbeplanning vir ortognatiese chirurgie* | 262.20 | 196.70 | 131.10 | 65.60 | +L | | A |
| | **REMOVAL OF TEETH/ VERWYDERING VAN TANDE** | | | | | | | |
| | Modifier 8002 is applicable to codes 8201 and 8202/ *Wysiger 8002 is van toepassing op tariefitems 8201 en 8202* | | | | | | | |
| | **Extractions during a single visit/ Ekstraksies ten tyde van enkele besoek** | | | | | | | |
| 8201 | Single tooth/ *Enkel tand* Code 8201 is charged for the first extraction in a quadrant/ *Kode 8201 word vir die eerste ekstraksie in 'n kwadrant gehef.* | 37.20 | 27.90 | 18.60 | 9.30 | | T | S |
| 8202 | Each additional tooth in the same quadrant/ Elke bykomende tand in dieselfde kwadrant Code 8202 is charged for each additional extraction in the same quadrant/ *Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrant gehef.* | 15.20 | 11.40 | 7.60 | 3.80 | | T | S |
| 8957 | Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)/ *Alveolotomie of alveolektomie - tesame met of onafhanklik van ekstraksie (per kaak)* | 296.60 | 222.50 | 148.30 | 74.20 | | | S |
| 8961 | Auto-transplantation of teeth/ *Auto-transplantering van tande* | 485.90 | 364.50 | 243.00 | 121.50 | +L | | S |
| 8931 | Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)/ *Lokale behandeling van post-ekstraksiebloeding (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie)* | 162.80 | 122.10 | 81.40 | 40.70 | | | S |
| 8933 | Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week/ Behandeling van bloeding in die geval van bloedsiektes, bv. hemofilie, per week | 565.80 | 424.30 | 282.90 | 141.50 | | | S |
| 8935 | Treatment of post-extraction septic socket where patient is referred by another registered person/ *Behandeling van post-ekstraksie septiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon* | 43.00 | 32.30 | 21.50 | 10.80 | | | S |

## VI SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 8937 | Surgical removal of a tooth i.e.:- raising of muco-periosteal flap, removal of bone and suturing/ *Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting* | 149.40 | 112.10 | 74.70 | 37.40 | | | S |
| | **Removal of roots/ Verwydering van wortels** | | | | | | | |
| 8953 | Surgical removal of residual roots of first tooth/ *Chirurgiese verwydering van wortelreste van die eerste tand* | 216.50 | 162.40 | 108.30 | 54.20 | | T | S |
| 8955 (M/W) | Surgical removal of residual roots of each subsequent tooth/ *Chirurgiese verwydering van wortelreste van elke daaropvolgende tand* (See Rule 011 and Notes 2 and 3/ *Sien Reël 011 en Notas 2 en 3)* | | | | | | T | S |
| | **Unerupted or impacted teeth/ Ongeërupteerde of beklemde tande** | | | | | | | |
| 8941 | First tooth/ *Eerste tand* | 350.80 | 263.10 | 175.40 | 87.70 | | T | S |
| 8943 | Second tooth/ *Tweede tand* | 188.40 | 141.30 | 94.20 | 47.10 | | T | S |
| 8945 | Third tooth/ *Derde tand* | 107.50 | 80.60 | 53.80 | 26.90 | | T | S |
| 8947 | Fourth and subsequent tooth/ *Vierde en daaropvolgende tand* | 107.50 | 80.60 | 53.80 | 26.90 | | T | S |
| | **DIVERSE PROCEDURES/ DIVERSE PROSEDURES** | | | | | | | |
| 8908 | Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication/ *Verwydering van tandwortels van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel* | 422.30 | 316.80 | 21120 | 105.60 | | | S |
| 8909 | Closure of oral antral fistula - acute or chronic/ *Sluiting van antro-orale fistel - akuut of kronies* | 565.80 | 424.30 | 282.90 | 141.50 | | | S |
| 8911 | Caldwell-Luc procedure/ *Caldwell-Luc prosedure* | 222.00 | 166.50 | 111.00 | 55.50 | | | S |
| 8965 | Peripheral neurectomy/ *Perifere neurektomie* | 486.40 | 364.80 | 243.20 | 121.60 | | | S |
| 8966 | Functional repair of oronasal fistula (local flaps)/ *Funksionele herstel van oronasale fistula (lokale flappe)* | 675.90 | 507.00 | 338.00 | 169.00 | | | S |
| 8977 | Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage)/ *Groot herstelwerk aan bo- of onderkaak (bv. deur middel van beenoorplanting of prostese, met kaakspalking* (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure/ *Wysigers 8005 en 8006 is nie van toepassing in hierdie geval nie. Die volle gelde kan gehef word ongeag of hierdie prosedure gelyktydig met prosedure 8975 of as 'n afsonderlike prosedure uitgevoer word)* | 1134.70 | 851.00 | 567.40 | 283.70 | | | S |
| 8978 | Harvesting of autogenous grafts (extra-oral)/ *Insameling van outogene been (buitemonds)* | 214.80 | 161.10 | 107.40 | 53.70 | | | S |
| 8979 | Harvesting of autogenous grafts (intra-oral)/ *Insameling van outogene been (binnemonds)* | 94.30 | 70.70 | 47.20 | 23.60 | | | S |
| | **CYSTS OF JAWS/ KIESTES VAN DIE KAKE** | | | | | | | |
| 8967 | Intra-oral approach/ *Binnemondse toegang* | 675.20 | 506.40 | 337.60 | 168.80 | | | S |
| 8969 | Extra-oral approach/ *Buitemondse toegang* | 1081.30 | 811.00 | 540.70 | 270.40 | | | S |

## VI SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| | **NEOPLASMS/ NEOPLASMAS** | | | | | | | |
| 8971 | Surgical treatment of soft tissue tumours/ *Chirurgiese behandeling van gewasse van die sagte weefsels* | 216.50 | 162.40 | 108.30 | 54.20 | | | S |
| 8973 | Surgical treatment of tumours of the jaws/ *Chirurgiese behandeling van gewasse van die kake* | 1081.30 | 811.00 | 540.70 | 270.40 | | | S |
| 8975 | Hemiresection of jaw, with splintage of segments/ *Hemireseksie van kaak, met spalking van segmente* | 1135.70 | 851.80 | 567.90 | 284.00 | | | S |
| | **PARA-ORTHODONTIC SURGICAL PROCEDURES/ PARA-ORTODONTIESE CHIRURGIESE PROSEDURES** | | | | | | | |
| 8981 | Surgical exposure of impacted or unerupted teeth for orthodontic reasons/ *Chirurgiese blootlegging van beklemde of ongeërupteerde tande om ortodontiese redes* | 405.00 | 303.70 | 202.50 | 101.30 | | T | S |
| 8983 | Corticotomy – first tooth/ *Kortikotomie - eerste tand* | 322.60 | 242.00 | 161.30 | 80.70 | | T | S |
| 8984 | Corticotomy - adjacent or subsequent tooth/ *Kortikotomie - aangrensende of volgende tand* | 163.00 | 122.30 | 81.50 | 40.80 | | T | S |
| 8985 | Frenectomy/ *Frenektomie* | 296.60 | 222.50 | 148.30 | 74.20 | | | S |
| | **SURGICAL PREPARATION OF JAWS FOR PROSTHETICS/ CHIRURGIESE GEREEDMAKING VAN KAKEBEEN VIR PROSTETIEK** | | | | | | | |
| 8987 | Reduction of mylohyoid ridges, per side/ *Reduksie van mylohyoid riwwe, per kant* | 485.90 | 364.50 | 243.00 | 121.50 | +L | | S |
| 8989 | Torus mandibularis reduction, per side/ *Reduksie van torus mandibularis, per side* | 485.90 | 364.50 | 243.00 | 121.50 | +L | | S |
| 8991 | Torus palatinus reduction/ *Reduksie van torus palatinus* | 485.90 | 364.50 | 243.00 | 121.50 | +L | | S |
| 8993 | Reduction of hypertrophic tuberosity, per side/ *Reduksie van hipertrofiese tuberositeite, per kant* | 216.50 | 162.40 | 108.30 | 54.20 | +L | | S |
| | See procedure code 8971 for excision of denture granuloma/ Sien prosedure kode 8971 vir die verwydering van kunsgebit-granuloom | | | | | | | |
| 8995 | Gingivectomy, per jaw/ *Gingivektomie, per kaak* | 432.20 | 324.20 | 216.10 | 108.10 | +L | | S |
| 8997 | Sulcoplasty/Vestibuloplasty/ *Sulkoplastiek/Vestibulo-plastiek* | 1114.60 | 836.00 | 557.30 | 278.70 | +L | | S |
| 9003 | Repositioning mental foramen and nerve, per side/ *Herplasing van formen mentale en senuwee, per kant* | 675.20 | 506.40 | 337.60 | 168.80 | +L | | S |
| 9005 | Alveolar ridge augmentation by bone graft/ *Verbetering van alveolêre rif deur beenoorplanting* | 1135.70 | 851.80 | 567.90 | 284.00 | +L | | S |
| 9007 | Alveolar ridge augmentation by alloplastic material/ *Verbetering van alveolêre rif met alloplastiese materiaal* | 716.00 | 537.00 | 358.00 | 179.00 | +L | | S |
| | **SEPSIS/ SEPSIS** | | | | | | | |
| 9011 | Incision and drainage of pyogenic abscesses (intra-oral approach)/ *Lansering en dreinering van piogene absesse (binnemondse toegang)* | 138.60 | 104.00 | 69.30 | 34.70 | | | S |
| 9013 | Extra-oral approach, e.g. Ludwig's angina/ *Buitemondse toegang, bv. Ludwigangina* | 188.40 | 141.30 | 94.20 | 47.10 | | | S |
| 9015 | Apicectomy including retrograde filling where necessary – anterior teeth/ *Apisektomie insluitend retrograde herstelling waar nodig – anterior tande* | 242.90 | 182.20 | 121.50 | 60.80 | | T | S |

## VI SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 9016 | Apicectomy including retrograde filling where necessary, posterior teeth/ *Apisektomie insluitend retrograde herstelling waar nodig, posterior tande* | 486.40 | 364.80 | 243.20 | 121.60 | | T | S |
| 9017 | Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible/ *Dekortisering, uitholling en sekwestrektomie vir osteomiëlitis van mandibula* | 1001.50 | 751.10 | 500.80 | 250.40 | | | S |
| 9019 | Sequestrectomy - intra-oral, per sextant and/or per ramus/ *Sekwestrektomie - binne-mondse toegang, per skestant en/of per ramus* | 216.50 | 162.40 | 108.30 | 54.20 | | | S |
| | **TRAUMA/ TROUMA** | | | | | | | |
| | **Treatment of associated soft tissue injuries/ Behandeling van gepaardgaande sagteweefsel-beserings** | | | | | | | |
| 9021 | Minor/ *Gering* | 242.90 | 182.20 | 121.50 | 60.80 | | | S |
| 9023 | Major/ *Uitgebreid* | 513.50 | 385.10 | 256.80 | 128.40 | | | S |
| 9024 | Dento-alveolar fracture, per sextant/ *Dento-alveolêre fraktuur, per sekstant* | 242.90 | 182.20 | 121.50 | 60.80 | +L | | S |
| | **Mandibular fractures/ Frakture van die mandibula** | | | | | | | |
| 9025 | Treatment by closed reduction, with intermaxillary fixation/ *Behandeling deur middel van geslote reduksie, met intermaksilêre fiksering* | 539.80 | 404.90 | 269.90 | 135.00 | | | S |
| 9027 | Treatment of compound fracture, involving eyelet wiring/ *Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading* | 757.70 | 568.30 | 378.90 | 189.50 | | | S |
| 9029 | Treatment by metal cap splintage or Gunning's splints/ *Behandeling deur middel van metaaldopspalke of Gunningspalke* | 839.00 | 629.30 | 419.50 | 209.80 | +L | | S |
| 9031 | Treatment by open reduction with restoration of occlusion by splintage/ *Behandeling deur middel van oop reduksie en herstel van okklusie met spalke* | 1243.60 | 932.70 | 621.80 | 310.90 | +L | | S |
| | **Maxillary fractures with special attention to occlusion/ Frakture van die maksilla met spesiale aandag aan okklusie** | | | | | | | |
| | • When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied/ *Wanneer oopreduksie vir Items 9035 en 9037 benodig is, mag Wysiger 8010 toegepas word* | | | | | | | S |
| 9035 | Le Fort I or Guerin fracture/ *Le Fort I-fraktuur of Guerin-fraktuur* | 759.30 | 569.50 | 379.70 | 189.90 | +L | | S |
| 9037 | Le Fort II or middle third of face/ *Le Fort II-fraktuur of middelste derde van gesig* | 1243.60 | 932.70 | 621.80 | 310.90 | +L | | S |
| 9039 | Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage/ *Le Fort III-fraktuur of kraniofasiale ontwrigting of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis* | 1784.40 | 1338.30 | 892.20 | 446.10 | +L | | S |

| VI | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | **Zygoma/Orbit/Antral - complex fractures/ Wangbeen/Oogkas/Antrum saamgestelde frakture** | | | | | | | |
| 9041 | Gillies or temporal elevation/ *Gillies of temporale elevasie* | 539.80 | 404.90 | 269.90 | 135.00 | | | S |
| 9043 | Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation/ *Onstabiele en/ of verbrokkelde wangbeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie* | 1081.30 | 811.00 | 540.70 | 270.40 | | | S |
| 9045 | Requiring multiple osteosynthesis and/ or grafting/ *Wat veelvuldige osteosintese en/ of oorplanting vereis* | 1621.20 | 1215.90 | 810.60 | 405.30 | | | S |
| | **FUNCTIONAL CORRECTION OF MALOCCLUSIONS/ FUNKSIONELE REGSTELLING VAN WANSLUITINGS** | | | | | | | |
| | For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply/ *Die volle gelde kan gehef word vir prosedures 9047 tot 9072 d.w.s. aanmerking 2 en 3 (i.s. Reël 011) is nie van toepassing nie.* | | | | | | | |
| 9047 | Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)/ *Operasie ter verbetering of restourasie van okklusale- en koufunksie, bv. Bilaterale osteotomie, oop operasie (met immobilisering)* | 2268.50 | 1701.40 | 1134.30 | 567.20 | +L | | S |
| 9049 | Anterior segmental osteotomy of mandible (Köle)/ *Osteotomie van anterior segment van die mandibula (Köle)* | 1890.20 | 1417.70 | 945.10 | 472.60 | +L | | S |
| 9050 | Total subapical osteotomy/ *Totale subapikale osteotomie* | 3458.60 | 2594.00 | 1729.30 | 864.70 | | | S |
| 9051 | Genioplasty/ *Kenplastiek* | 1081.30 | 811.00 | 540.70 | 270.40 | | | S |
| 9052 | Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)/ *Midfasiale ontbloting (vir maksilêre en nasale augmentasie of piramidale Le Fort II-osteotomie)* | 1712.60 | 1284.50 | 856.30 | 428.20 | | | S |
| 9055 | Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure/ *Osteotomie van posterior segment van die maksilla (Schukardt) - 1-stadium of 2-stadium-prosedure* | 1890.20 | 1417.70 | 945.10 | 472.60 | +L | | S |
| 9057 | Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure/ *Osteotomie van anterior segment van die maksilla (Wassmund) - 1-stadium of 2-stadium-prosedure* | 1890.20 | 1417.70 | 945.10 | 472.60 | +L | | S |
| 9059 | Le Fort I osteotomy - one piece/ *Le Fort I-osteotomie - een stuk* | 3557.50 | 2668.10 | 1778.80 | 889.40 | +L | | S |
| 9062 | Le Fort I osteotomy - multiple segments/ *Le Fort I-osteotomie - veelvuldige segmente* | 4539.80 | 3404.90 | 2269.90 | 1135.00 | +L | | S |
| 9060 | Le Fort I osteotomy with inferior repositioning and inter positional grafting/ *Le Fort I-osteotomie met inferior-herposisionering en inter-posisionele transplantering* | 3993.10 | 2994.90 | 1996.60 | 998.30 | | | S |
| 9061 | Palatal osteotomy/ Palatale osteotomie | 1243.60 | 932.70 | 621.80 | 310.90 | | | S |
| 9063 | Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities/ *Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasiostenose en nabesering-deformiteite* | 4542.60 | 3407.00 | 2271.30 | 1135.70 | +L | | S |

## VI SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 9065 | Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction/ *Le Fort III-osteotomie ter korreksie van ernstige aangebore deformiteite, naamlik Crouzon se siekte, en wanhegting van kraniomaksillêre frakture* | 6808.50 | 5106.40 | 3404.30 | 1702.20 | +L | | S |
| 9069 | Functional tongue reduction (partial glossectomy)/ *Funksionele tongreduksie (gedeeltelike glossektomie)* | 810.80 | 608.10 | 405.40 | 202.70 | | | S |
| 9071 | Geniohyoidotomy/ *Geniohioïedotomie* | 485.90 | 364.50 | 243.00 | 121.50 | | | S |
| 9072 | Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)/ *Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure)* | 3557.50 | 2668.10 | 1778.80 | 889.40 | +L | | S |
| | **TEMPOROMANDIBULAR JOINT PROCEDURES/ PROSEDURES VIR TEMPOROMANDIBULÊRE GEWRIG** | | | | | | | |
| | For Items 9081, 9083 and 9092 the full fee may be charged per side/ *Vir Items 9081, 9083 en 9092 mag volledige gelde per kant gehef word* | | | | | | | |
| 9073 | Bite plate for TMJ dysfunction/ *Bytplaat vir TMG-disfunksie* | 187.70 | 140.80 | 93.90 | 47.00 | +L | | S |
| 9074 | Diagnostic arthroscopy/ *Diagnostiese artroskopie* | 537.00 | 402.70 | 268.50 | 134.30 | | | S |
| 9075 | Condylectomy or coronoidectomy or both (extra-oral approach)/ *Kondilektomie of koronoïdektomie of albei (buitemondse toegang)* | 1350.40 | 1012.80 | 675.20 | 337.60 | | | S |
| 9076 | Arthrocentesis TMJ/ *Arthrosintese TMG* | 296.50 | 222.40 | 148.30 | 74.20 | | | S |
| 9053 | Coronoidectomy (intra-oral approach)/ *Koronoïdektomie (binnemondse toegang)* | 674.90 | 506.20 | 337.50 | 168.80 | | | S |
| 9077 | Intra-articular injection, per injection/ *Intra-artikulêre inspuiting, per inspuiting* | 80.80 | 60.60 | 40.40 | 20.20 | | | S |
| 9079 | Trigger point injection, per injection/ *Sneller-punt inspuiting, per inspuiting* | 62.80 | 47.10 | 31.40 | 15.70 | | | S |
| 9081 | Condyle neck osteotomy (Ward/ Kostecka)/ *Kondielnek-osteotomie (Ward/ Kostecka)* | 539.80 | 404.90 | 269.90 | 135.00 | | | S |
| 9083 | Temporomandibular joint arthroplasty/ *Temporomandibulêre gewrigsartroplastie* | 1350.40 | 1012.80 | 675.20 | 337.60 | | | S |
| 9085 | Reduction of temporomandibular joint dislocation without anaesthetic/ *Reduksie van temporo-mandibulêre ontwrigting sonder narkose* | 107.50 | 80.60 | 53.80 | 26.90 | | | S |
| 9087 | Reduction of temporomandibular joint dislocation, with anaesthetic/ *Reduksie van temporomandibulêre ontwrigting, onder narkose* | 216.50 | 162.40 | 108.30 | 54.20 | | | S |
| 9089 | Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation/ *Reduksie van temporomandibulêre ontwrigting, onder narkose en immobilisasie* | 539.80 | 404.90 | 269.90 | 135.00 | | | S |
| 9091 | Reduction of temporomandibular joint dislocation requiring open reduction/ *Reduksie van temporomandibulêre ontwrigting wat oopreduksie vereis* | 1350.40 | 1012.80 | 675.20 | 337.60 | | | S |
| 9092 | Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy)/ *Totale gewrigsherkonstruksie met alloplastiese materiaal of been (insluitend kondilektomie en koronoïdektomie)* | 3602.30 | 2701.80 | 1801.20 | 900.60 | +L | | S |

| VI | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Rc | | | | | | |
| Code *Kode* | Procedure description *Prosedure beskrywing* | P | H3 | H2 | H1 | | MP MD | TC BK |
| | **SALIVARY GLANDS/ SPEEKSELKLIERE** | | | | | | | |
| 9093 | Removal of salivary calculus/ *Verwydering van speekselsteen* | 242.90 | 182.20 | 121.50 | 60.80 | | | S |
| 9095 | Removal of sublingual salivary gland/ *Verwydering van sublinguale speekselklier* | 600.60 | 450.40 | 300.30 | 150.20 | | | S |
| 9096 | Removal of salivary gland (extra-oral)/ *Verwydering van speekselklier (buitemonds)* | 889.30 | 667.00 | 444.70 | 222.40 | | | S |
| | **IMPLANTS/ INPLANTATE** | | | | | | | |
| | For items 9180 to 9192 the full fee may be charged, i.e. Note 2 of Rule 011 will not apply/ *Vir items 9180 tot 9192 mag die volle gelde gehef word, d.w.s. nota 2 van Reël 011 is nie van toepassing nie* | | | | | | | |
| 9180 | Placement of sub-periosteal implant - Preparatory procedure/operation/ *Plasing van sub-periosteale inplantaat - voorbereidingsprosedure/operasie* | 757.20 | 567.90 | 378.60 | 189.30 | | | S |
| 9181 | Placement of sub-periosteal implant prosthesis/ operation/ *Plasing van sub-periosteale inplantaat prostese/ operasie* | 757.20 | 567.90 | 378.60 | 189.30 | | | S |
| 9182 | Placement of endosteal implant, per implant/ *Plasing van endosteale inplantaat, per inplantaat* | 378.60 | 283.90 | 189.30 | 94.70 | +L | | S |
| 9183 | Placement of a single osseo-integrated implant per jaw/ *Plasing van een osseo-integreerde inplantaat per kaak* | 483.60 | 362.70 | 241.80 | 120.90 | | | S |
| 9184 | Placement of a second osseo-integrated implant in the same jaw/ *Plasing van 'n tweede osseo-integreerde inplantaat in dieselfde kaak* | 362.60 | 272.00 | 181.30 | 90.70 | | | S |
| 9185 | Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant/ *Plasing van 'n derde en daaropvolgende osseo-integreerde inplantaat in dieselfde kaak, per inplantaat* | 241.80 | 181.40 | 120.90 | 60.50 | | | S |
| 9189 | Cost of implants/ *Koste van inplantate* | | | | | | | |
| 9190 | Exposure of a single osseo-integrated implant and placement of a transmucosal element/ *Blootlegging van een osseo-integreerde inplantaat en plasing van 'n transmukosale element* | 179.10 | 134.30 | 89.60 | 44.80 | | | S |
| 9191 | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw/ *Blootlegging van 'n tweede osseo-integreerde inplantaat en plasing van 'n transmukosale element in dieselfde kaak* | 134.30 | 100.70 | 67.20 | 33.60 | | | S |
| 9192 | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant/ *Blootlegging van 'n derde en daaropvolgende osseo-integreerde inplantaat in dieselfde kaak, per inplantaat* | 89.70 | 67.30 | 44.90 | 22.50 | | | S |
| | **CLEFT LIP AND PALATE/ GESPLETE LIP EN PALATUM** | | | | | | | |
| 9220 | Repair of cleft hard palate (unilateral)/ *Herstel van gesplete harde palatum (unilateraal)* | 1986.90 | 1490.20 | 993.50 | 496.80 | | | S |
| 9222 | Repair of cleft hard palate (bilateral, one procedure)/ *Herstel van gesplete harde palatum (bilateraal, een prosedure)* | 2522.30 | 1891.80 | 1261.20 | 630.60 | | | S |
| 9224 | Repair of cleft hard palate (bilateral, in two procedures)/ *Herstel van gesplete harde palatum (bilateraal, in twee prosedures)* | 3758.60 | 2819.00 | 1879.30 | 939.70 | | | S |

## VI SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS/ SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE

(M) See Rule 009/ (W) Sien Reël 009

| Code *Kode* | Procedure description *Prosedure beskrywing* | Rc P | Rc H3 | Rc H2 | Rc H1 | | MP MD | TC BK |
|---|---|---|---|---|---|---|---|---|
| 9226 | Repair of cleft soft palate (without muscle reconstruction)/ *Herstel van gesplete sagte palatum (sonder spier-rekonstruksie)* | 1664.60 | 1248.50 | 832.30 | 416.20 | | | S |
| 9228 | Repair of soft palatum (with muscle reconstruction)/ *Herstel van sagte palatum (met spier-rekonstruksie)* | 2417.50 | 1813.10 | 1208.80 | 604.40 | | | S |
| 9230 | Repair of submucosal cleft and/or bifid uvula (with muscle reconstruction)/ *Herstel van submukosale spleet en/of bifiduvula (met spier-rekonstruksie)* | 1800.60 | 1350.40 | 900.30 | 450.20 | | | S |
| 9232 | Velopharyngeal reconstruction (uncomplicated)/ *Velofaringeale rekonstruksie (ongekompliseerd)* | 1852.60 | 1389.50 | 926.60 | 463.20 | | | S |
| 9234 | Velopharyngeal reconstruction (complicated type)/ *Velofaringeale rekonstruksie (gekompliseerde tipe)* | 1980.80 | 1485.60 | 990.40 | 495.20 | | | S |
| 9238 | Functional repair of oro-nasal fistula (distant flaps - in a single procedure)/ *Funksionele herstel van oronasale fistula (afstandflappe - een prosedure)* | 1132.30 | 849.30 | 566.20 | 283.10 | | | S |
| 9240 | Functional repair of oro-nasal fistula (distant flaps - in two procedures)/ *Funksionele herstel van oronasale fistula (afstandflappe in twee prosedures)* | 1976.20 | 1482.20 | 988.10 | 494.10 | | | S |
| 9246 | Secondary periosteal swivel flaps for bone induction/ *Sekondêre periosteale skuifflappe vir been induksie* Note/ *Nota*: 1. MASA - See Medical Association of SA Fee Schedule and apply Rule 012/ *Sien Mediese Vereniging van SA Skedule van gelde en gebruik Reël 012* 2. MSOB - See Medical Scale of Bendefits and apply Rule 012/ *Sien Mediese Voordeleskaal en gebruik Reël 012* | 987.90 | 740.90 | 494.00 | 247.00 | | | S |
| 9248 | Lipadhesion/ *Lipadhesie* | | | | | | | S |
| 9250 | Unilateral cleft lip repair (without muscle reconstruction/ *Unilaterale gesplete lipherstel (sonder spier-rekonstruksie)* | | | | | | | S |
| 9252 | Unilateral cleft lip repair (with muscle reconstruction)/ *Unilaterale gesplete lipherstel (met spier-rekonstruksie)* | | | | | | | S |
| 9254 | Bilateral cleft lip repair (without muscle reconstruction)/ *Bilaterale gesplete lipherstel (sonder spier-rekonstruksie)* | | | | | | | S |
| 9256 | Bilateral cleft lip repair (with muscle reconstruction)/ *Bilaterale gesplete lipherstel (met spier-rekonstruksie)* | | | | | | | S |
| 9258 | Anterior nasal floor repair (between alveolus)/ *Anterior neusbodemherstel (tussen alveolus)* | | | | | | | S |
| 9260 | Partial revision of secondary cleft lip deformity/ *Gedeeltelike revisie van sekondêre lipspleetdeformiteit* | | | | | | | S |
| 9262 | Total revision of secondary cleft lip deformity (with functional muscle reconstruction)/ *Totale revisie van sekondêre lipspleet deformiteit (met funksionele spier-rekonstruksie)* | | | | | | | S |
| 9264 | Abbe-flap (in two stages)/ *Abbe-flap (in twee stadiums)* | | | | | | | S |
| 9266 | Columella reconstruction/ *Kolumellaverlenging* | | | | | | | S |
| 9268 | Partial reconstruction of nose due to cleft deformity/ *Gedeeltelike rekonstruksie van neus weens gesplete gesigsdeformiteite* | | | | | | | S |
| 9270 | Complete reconstruction of the nose due to cleft deformity/ *Volledige rekonstruksie van die neus weens gesplete gesigsdeformiteite* | | | | | | | S |
| 9272 | Paranasal augmentation for nasal base deviation/ *Paranasale augmentasie vir neus-basis deviasie* | | | | | | | S |

**GAUTENG PROVINCIAL GOVERNMENT**
**DEPARTMENT OF HEALTH**

**SCHEDULE B19**

# SCHEDULE FOR AMBULANCE SERVICES TO PRIVATE PATIENTS

## GENERAL RULES

001 Long distance claims (items 111, 129 and 141) to be rejected unless distance travelled by patient is reflected. Long distance charges may not include item codes 100, 103, 125, 127, 131 or 133.

002 No after hours fees may be charged

003 Item code 151 may only be charged for services provided by a second vehicle (either ambulance or response vehicle) and shall be accompanied by a motivation.

004 Guidelines for information required on each account:

- Name of facility
- RAMS practice number
- Address
- Telephone number
- Pre-authorisation number
- The name of the member
- The name of the patient
- The name of the medical scheme
- The membership number of the member
- Diagnosis of patient's condition
- Summary of medical procedures undertaken on patient and vital signs of patient
- Summary of all equipment used
- The date on which the service was rendered.
- Name and INM&DC registration number of care providers
- Name, practice number and INM&DC registration number of medical doctor
- Response vehicle: Details of vehicle driver and intervention undertaken on patient
- The code number of the procedure used in the recommended benefit.

### Definitions

**Basic Life Support** - A callout where patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Basic Ambulance Assistant

**Intermediate Life Support** - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practise of a registered Ambulance Emergency Assistant (AEA). (E.g. Initiating IV therapy, nebulisation etc.)

**Advanced Life Support** - A callout where patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practise of a registered Paramedic (CCA and NDIP)

**NOTES:**

- In order to bill as an advanced life support call, a registered advanced life support provider must have examined, treated and monitored the patient while in transit to hospital.
- Where an ALS provider is in attendance at a callout but does not do any interventions at an ALS level on the patient, the billing will be based on a lower level dependent on the care given to the patient. (e.g. Paramedic sites IV line or nebulises patient with a B agonist - this falls within the practise of an AEA and thus is to be billed as an ILS call not an ALS call)
- Where the management undertaken by a paramedic or AEA fall within the scope of practise of a BAA the call must be at a BLS level.

**Please Note :**

- The amounts reflected in the tariffs for each level of care is inclusive of any disposables (except for pacing pads, heimlich valves, high capacity giving sets, dial a flow, intra-osseous needles) and drugs used in the management of the patient, as per attached nationally approved medication protocols.
- Haemaccel and colloid solution may be charged separately.
- Claims for patient discharges home will only be entertained if accompanied by a written motivation from the attending physician who requested such transport - clearly stating why an ambulance is required for such a transport and what medical assistance the patient requires on route.

| | Description | R.c. |
|---|---|---|
| **1** | **BASIC LIFE SUPPORT** | |
| | Metropolitan area | |
| 100 | Up To 45 minutes | 284.00 |
| 102 | Up to 60 minutes | 378.00 |
| 103 | Every 15 minutes thereafter, where specially motivated | 95.00 |
| | Long distance - distance travelled by patient | |
| 111 | Per km (> 100 km) | 4.21 |
| **2** | **INTERMEDIATE LIFE SUPPORT** | |
| 125 | Up to 45 minutes | 378.00 |
| 127 | Every 15 minutes thereafter, where specially motivated | 126.00 |
| | Long distance - distance travelled by patient | |
| 129 | Per km (> 100 km) | 6.05 |
| **3** | **ADVANCED LIFE SUPPORT/INTENSIVE CARE UNIT** | |
| | Metropolitan area | |
| 131 | Up to 60 minutes | 846.00 |
| 133 | Every 15 minutes thereafter, where specially motivated. | 282.00 |

| | | |
|---|---|---|
| | Long distance - distance travelled by patient | |
| 141 | Per km (> 100 km) | 12.54 |

| | Description | R.c. |
|---|---|---|
| 4 | **ADDITIONAL VEHICLE OR STAFF FOR ADVANCED LIFE SUPPORT AND INTENSIVE CARE UNIT** | |
| 151 | Resuscitation fee, per incident | 962.00 |

**Note:** A resuscitation fee may only be billed when a second vehicle (response car or ambulance) with staff (inclusive of a paramedic) attempt to resuscitate the patient using full ALS interventions. These interventions must include one or more of the following:

- Administration of advanced cardiac life support drugs.
- Cardioversion-synchronised or unsynchronised (defibrillation)
- External cardiac pacing
- Endotracheal intubation (Oral or nasal) with assisted ventilation

| | | |
|---|---|---|
| 153 | Doctor per hour | 277.00 |

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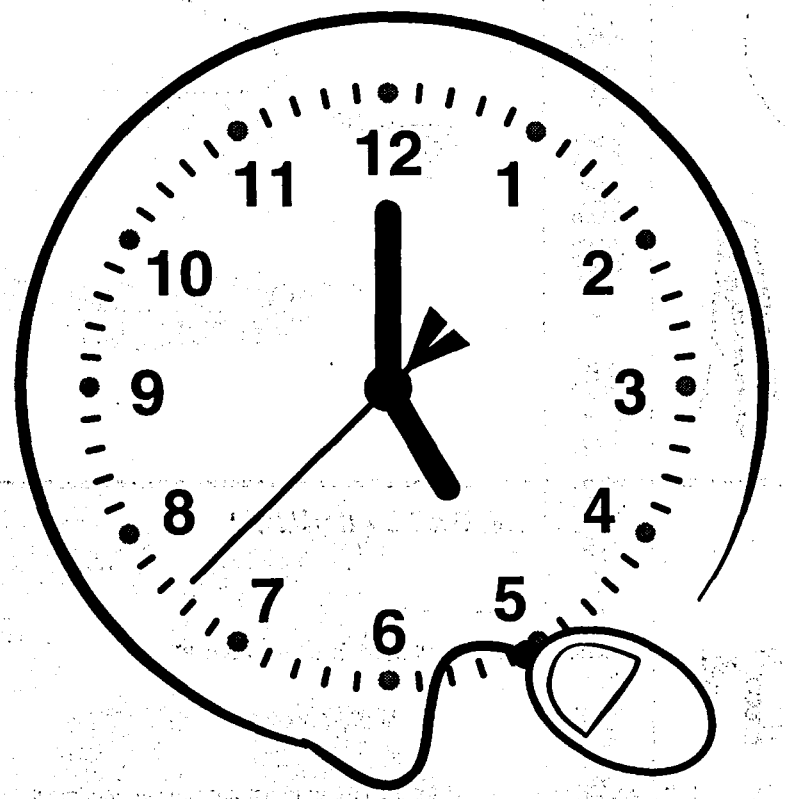
# SA Tenders

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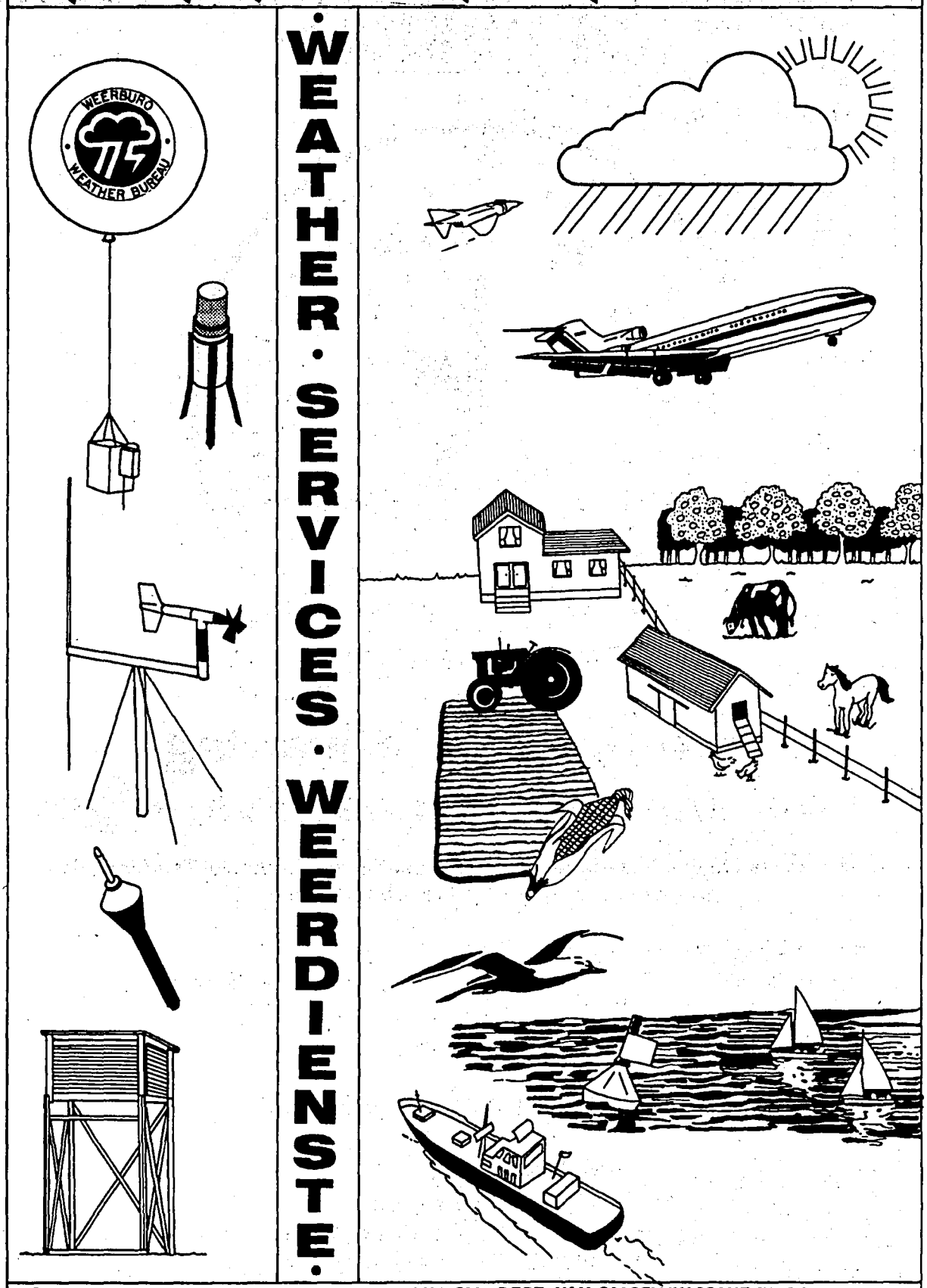


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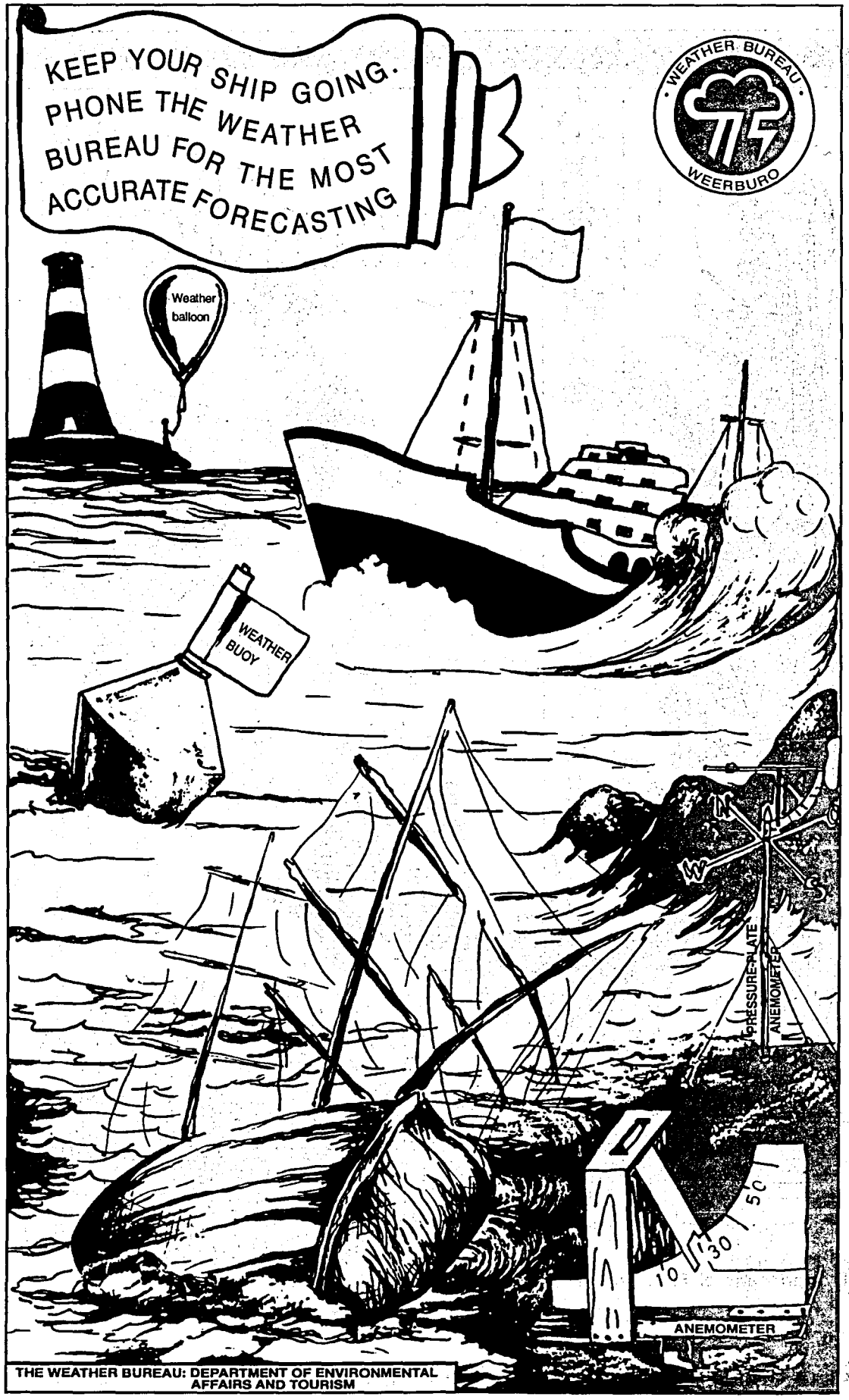
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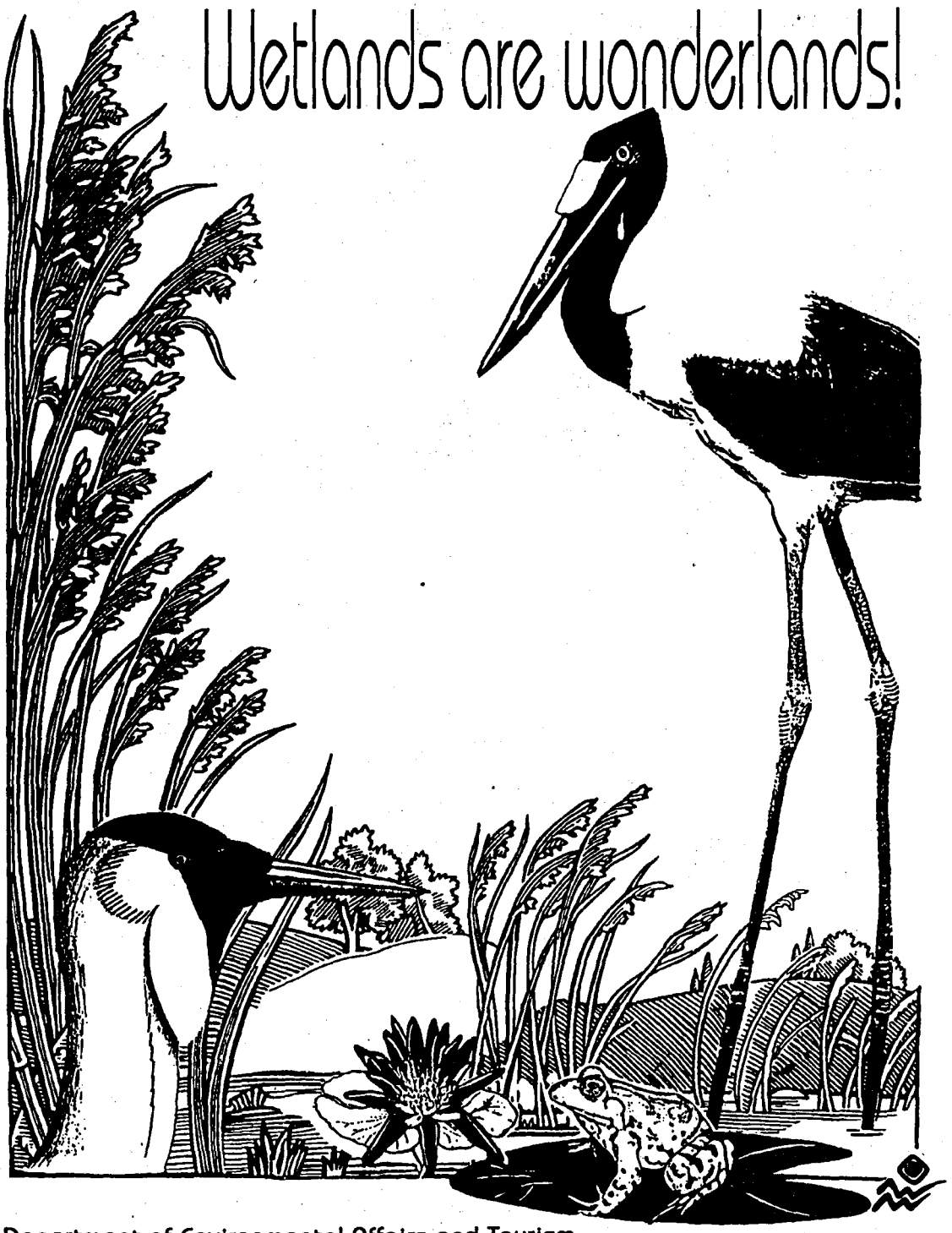


Department of Environmental Affairs and Tourism

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