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Provincial Notice

Regulations relating to the Uniform Patient Fee Schedule for Health Care Services rendered by the Department of Health: Western Cape for externally funded and subsidised patients 2

Provincial Gazette Extraordinary 6302, dated Wednesday, 28 September 2005 is replaced.

PROVINCIAL NOTICE

The following Provincial Notice is published for general information.

G. A. LAWRENCE,
DIRECTOR-GENERAL

Provincial Building,
Wale Street,
Cape Town.

PROVINSIALE KENNISGEWING

Die volgende Provinsiale Kennisgewing word vir algemene inligting gepubliseer.

G. A. LAWRENCE,
DIREKTEUR-GENERAAL

Provinsiale-gebou,
Waalstraat,
Kaapstad.

P.N. 319/2005

7 October 2005

PROVINCIAL NOTICE**REGULATIONS RELATING TO THE UNIFORM PATIENT FEE SCHEDULE FOR HEALTH CARE SERVICES RENDERED BY THE DEPARTMENT OF HEALTH: WESTERN CAPE FOR EXTERNALLY FUNDED AND SUBSIDISED PATIENTS**

The Provincial Minister of Health has, in terms of sections 40 and 52 of the Hospitals Ordinance, 1946 (Ordinance 18 of 1946), made the following Regulations as set out in the Annexure below, and known hereafter as the Uniform Patient Fee Schedule "UPFS":—

ANNEXURE A**1. APPLICATION**

These regulations apply to externally funded patients, patients whose gross income equals or exceeds the general means test and subsidised patient.

2. DEFINITIONS

'allied health practitioner' means a person registered in terms of the provisions of—

- (a) the Health Professions Act, 1974 (Act 56 of 1974), as any of the following—
 - (i) a clinical psychologist,
 - (ii) a physiotherapist,
 - (iii) an occupational therapist,
 - (iv) a speech and hearing therapist,
 - (v) a paramedic,
 - (vi) an oral hygienist,
 - (vii) a dental therapist,
- (b) the Social Service Professions Act, 1978 (Act 110 of 1978), as a social worker, or
- (c) the Chiropractors, Homeopaths, and Allied Health Service Professions Act, 1982 (Act 63 of 1982);

'ambulatory procedure tariff' means the tariff charged for a procedure performed by a healthcare professional in a procedure room or at the patient's bedside, under local anaesthetic if required;

'anaesthesia tariff' means the tariff charged for administration of a general anaesthetic or any other type of anaesthesia administered by a healthcare professional other than the healthcare professional performing the procedure for which the anaesthesia is required;

'assistive device tariff' means the tariff charged for any device supplied to the patient by a healthcare professional or an allied healthcare practitioner for the purpose of aiding a patient with a physical limitation, irrespective of whether such physical limitation is temporary or permanent;

'confinement tariff' means the tariff charged for all modes of delivery of a baby from its mother, and includes the procedures listed in clause 1.2.4.1 of Schedule 1;

'consultation tariff' means the tariff charged for the clinical examination of a patient, or the interview and recording of a patient's clinical history, or prescribing and administering of treatment to a patient or assisting the patient with advice;

'contested fatherhood test tariff' means the tariff charged for persons who apply for a paternity test;

'day patient tariff' means the tariff to be charged if a patient is admitted and discharged before 23h00 on the same day'

'dialysis tariff' means the tariff charged for peritoneal dialysis, haemodialysis or Continuous Veno-Veno Haemodialysis (CVVHD) prescribed by a healthcare professional;

'DOH' means the Department of Health of the Provincial Government: Western Cape;

'DOH facility' means an institution of the Department of Health of the Provincial Government; Western Cape, which provides access to treatment of patients in the Province;

'Essential Drug List' means a list of medication, as determined by the national Minister of Health as essential drugs;

‘emergency medical services’ means a private or state institution, which is solely dedicated, staffed and equipped to do any or all of the following—

- (a) transport ill or injured patients,
- (b) offer pre-hospital or inter-hospital medical treatment to patients,
- (c) rescue a person from a medical rescue situation;

‘externally funded patient’ means a patient whose health services are funded or partly funded in terms of—

- (a) the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993), or
- (b) the Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act 56 of 1996), or
- (c) a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act 131 of 1998), or
- (d) another state department, local authority, foreign government or any other employer, or who exceeds the generally accepted income means test as implemented by the Provincial Government: Western Cape;

‘facility fee tariff’ means the tariff reflecting the cost of the Department of Health for the provision of healthcare treatment and healthcare services to patients, and includes the provision of medication listed on the Essential Drug List;

‘foreign patients’ means a patient from outside the Borders of the Republic of South Africa, including foreign tourist or an employee visiting the Republic of South Africa;

‘forensic services’ means psychiatric observation of patients performed for the Department of Justice;

‘formally unemployed patient’ means a person supported by the Unemployment Insurance Fund (UIF) in terms of Unemployed Insurance Act;

‘full paying patient’ means an externally funded patient, a patient treated by a private practitioner and certain categories of non-South African citizens;

‘health care professional’ means a medical practitioner registered as such in terms of the Health Professions Act, 1974 (Act 56 of 1974);

‘hospitalisation tariff’ means the tariff charged for the admission of a patient to a Department of Health facility for the purpose of treatment, service, observation, or investigation;

‘H0 patient’ means the category of a patient as described in Schedule 7 of these regulations;

‘H1 patient’ means the category of a patient as described in Schedule 7 of these regulations;

‘H2 patient’ means the category of a patient as described in Schedule 7 of these regulations;

‘H3 patient’ means a self-funded patient classified according to the means test and liable for the full UPFS tariff;

‘income threshold’ means the assessment of a patient according to the actual income of a person as determined by Statistics South Africa;

‘imaging tariff’ means the tariff charged for any radiological procedure and intervention and imaging modalities, as performed or prescribed by a healthcare professional to an inpatient or an outpatient, and performed while the patient is an inpatient or an outpatient;

‘inpatient boarder tariff’ means the tariff charged by a Department of Health facility on a daily basis, or part thereof;

‘inpatient tariff’ means the tariff charged for services rendered whilst a patient is admitted to a bed in a Department of Health facility, and is calculated between the admission and discharge times and dates;

‘level 1 (one) hospital’ means a hospital where limited specialist or no specialist services are rendered, but basic diagnostic and therapeutic service facilities are available;

‘level 2 (two) hospital’ means a hospital, which has at least, two of the following specialist services: General Surgery, Orthopaedic Surgery, Internal Medicine, Paediatrics, and Gynaecology and Obstetrics;

‘level 3 (three) hospital’ means a hospital where all specialist services are continuously rendered, or those specialist services are rendered as determined by the Superintendent General;

‘means test’ means the assessment of a patient or a family so as to determine the categorisation of that patient or family for tariff purpose;

‘medical report tariff’ means the tariff charged for the completion of a report for insurance or any other purpose, completed by a health care professional within the nature and scope of his or her employment by the Provincial Government of the Western Cape;

‘mortuary tariff’ means the tariff charged for the storage of a deceased patient who died inside or outside of a DOH facility;

‘military tariff’ means a person who has a disability caused or aggravated by military service;

‘nursing practitioner’ means a person registered or enrolled in terms of the provisions of the Nursing Act, 1978 (Act 50 of 1978) as any of the following—

- (a) a nurse,
- (b) a midwife,
- (c) an enrolled nurse or
- (d) a nursing auxiliary;

‘nursing practitioner tariff’ means the tariff charged for services rendered by a nursing practitioner to a patient in a Department of Health facility, in the course and scope of his or her employment by the Provincial Government: Western Cape;

‘oral healthcare professional’ means a person registered with the Health Professions Act, 1974 (Act 56 of 1974) as any of the following—

- (a) a dentist,
- (b) an oral hygienist,
- (c) a dental therapist,
- (d) a community dentistry specialist,
- (e) a maxillo-facial and oral surgeon,
- (f) a prosthodontist,
- (g) an orthodontist,
- (h) an oral pathologist or
- (i) an oral medicine and periodontist specialist;

‘oral health tariffs’ means the tariff charged for the consultation and treatment prescribed and performed by an oral healthcare professional within the course and scope of his or her employment by the Provincial Government: Western Cape;

‘orthotic aids tariff’ means the tariff charged by the Department of Health facility to patients requiring orthotic services or assistive devices;

‘outpatient treatment tariff’ means the tariff charged for the treatment of patients by the Department of Health, but who is not admitted to a Department of Health facility;

‘oxygen and oxygen appliance tariff’ means the tariff charged for the supply of oxygen and appliances to a patient;

‘patient category’ means the classification of a patient according to the income threshold or according to the externally funded tariff;

‘PGWC’ means the Provincial Government: Western Cape;

‘patient companion tariff’ means a tariff provided for in Schedule 6 that is charged to a patient companion for accommodation in a DOH facility;

‘pharmacy tariff’ means the tariff charged for the dispensing of medication to a patient on the basis of a prescription written by a healthcare professional in the course and scope of his or her employment by the Provincial Government: Western Cape;

‘procedure room tariff’ means the tariff charged for the use of a facility with resuscitation equipment, where simple procedures requiring limited instrumentation and drapery, minimum nursing input and no general anaesthetic are carried out;

‘professional fee tariff’ means, the tariff charged by the Department of Health facility for healthcare services rendered by a healthcare professional, an allied health practitioner, an oral healthcare professional, or a nursing practitioner, in the course and scope of his or her employment by the Provincial Government of the Western Cape;

‘school nursing service tariff’ means a tariff charged for a school child referred with a letter of authority, to a provincial hospital for treatment;

‘SANDF tariff’ means a tariff charged for the treatment of South African National Defence Force members and South African National Defence Force pensioners;

‘social pensioners’ means a person receiving certain types of pensions or grants from the Department of Social Services and Poverty Alleviation;

‘subsidised patient (H0, H1, H2)’ means a person categorised in terms of the means test;

‘supplementary health treatment’ means the treatment of a patient performed by an allied health practitioner in the course and scope of his or her employment by the Provincial Government: Western Cape;

‘surgically implanted prosthesis tariff’ means the tariff charged for a device implanted during a formal surgical procedure performed in a dedicated facility where aseptic technique is required, and the device is encapsulated within the body structure of a patient;

‘theatre procedure tariff’ means the tariff charged for all formal surgical procedures performed in a sterile operating theatre;

‘treatment tariff’ means the tariff charged for the medical services rendered by an allied health care professional in an individual or group context to a patient on an inpatient or outpatient basis, and

‘UPFS’ means the Uniform Patient Fee Schedule.

3. PAYMENT OF TARIFF

- (a) An externally funded or full paying patient, listed and categorised in Schedule 2, who receives any medical treatment or any medical services from a DOH facility, must pay the applicable tariff for such medical treatment or medical services received in accordance with the tariff of fees and charges as set out in Schedules 3, 4, 5 and 6.
- (b) A subsidised patient, listed and categorised in Schedule 7, who receives any medical treatment or medical services from a DOH facility, must pay the applicable tariff for such medical treatment or medical services received in accordance with the tariff of fees and charges as set out in Schedule 8 and 9.

4. PATIENT CATEGORISATION

All subsidised funded patients must be categorised by the DOH according to the prescripts as contained in Schedule 7 of these Regulations. The practice notes contained in Schedule 5 serve as a guide to explain the various categories of patients and how the patients are categorised.

5. REPEAL OF REGULATIONS

The Regulation relating to the Uniform Patient Fee Schedule for Health Care Services rendered by the Department of Health: Western Cape published under Provincial Notice 6198/2004 of 28 December 2004, is hereby repealed.

6. TITLE AND DATE OF COMMENCEMENT

These regulations are called the Uniform Patient Fee Schedule Regulations and come into operation on 1 October 2005.

SCHEDULE 1

1.1 The following practice notes apply to tariffs applicable to patients:

1.2 TARIFFS

1.2.1 Ambulatory Procedure Tariff

- 1.2.1.1 This tariff applies to all procedures performed in a procedure room and the tariff includes all consumables used during the procedure.
- 1.2.1.2 Ambulatory procedures are grouped into categories depending on the complexity and cost of the procedure.
- 1.2.1.3 The tariff to be charged must be determined according to the category of the procedure.
- 1.2.1.4 The category of the procedure must be determined by applying the procedure codebook as set out in Schedule 2 of these regulations.
- 1.2.1.5 The professional fee tariff to be charged must be determined by the category of the professional performing the procedure. In the case of more than one professional in different categories, the fee for the highest category of professional must be charged.

1.2.2 Anaesthesia Tariff

- 1.2.2.1 This tariff applies to the administration of a general anaesthetic or any type of anaesthesia administered by a healthcare professional other than the healthcare professional doing the procedure for which the anaesthesia is required.
- 1.2.2.2 This tariff is determined by the type of procedure for which the anaesthesia is administered and is divided into categories based on the complexity and average duration of the anaesthetic procedure.
- 1.2.2.3 The category of the anaesthesia must be determined by applying the code books as set out in Schedule 2 of these regulations.
- 1.2.2.4 An additional charge may not be levied for consumables or drugs used in the course of the anaesthesia.
- 1.2.2.5 A facility component of the tariff may not be charged since anaesthesia consumables and drugs are included in the facility component of the relevant procedure tariffs.

1.2.3 Assistive Device Tariff or Surgically Implanted Prosthesis (e.g. joint replacements, permanent pacemakers) Tariff

- 1.2.3.1 The assistive device tariff applies when an assistive device is issued to a patient.
- 1.2.3.2 The itemised cost of the assistive device forms the facility fee component of the assistive device tariff.
- 1.2.3.3 The professional fee tariff must be charged per device.
- 1.2.3.4 The initial assessment of the patient's needs in respect of the assistive device must be charged at the outpatient consultation rate.
- 1.2.3.5 Subsequent adaptations and fitting of the assistive device must be charged at the treatment tariff.
- 1.2.3.6 The surgically implanted prosthesis tariff applies when prosthesis is surgically implanted into a patient during a formal surgical procedure.
- 1.2.3.7 An assistive device must be charged on an itemised basis. In respect of surgically implanted prosthesis, the actual purchasing price (including VAT) plus 15% on the total amount must be charged per item.

1.2.4 Confinement Tariff

- 1.2.4.1 This tariff applies to the following:
 - 1.2.4.1.1 all modes of delivery, including caesarean section,
 - 1.2.4.1.2 inductions of labour,
 - 1.2.4.1.3 intrapartum paracervical and pudendal blocks,
 - 1.2.4.1.4 intapartum amnioscopy,
 - 1.2.4.1.5 foetal blood sampling,
 - 1.2.4.1.6 application of scalp leads,
 - 1.2.4.1.7 symphysiotomy,
 - 1.2.4.1.8 manual removal of placenta,
 - 1.2.4.1.9 repair of cervical tears,
 - 1.2.4.1.10 correction of uterine intervention,
 - 1.2.4.1.11 drainage of vulval haematoma,
 - 1.2.4.1.12 repair of second degree tear,
 - 1.2.4.1.13 repair of third degree tear,
 - 1.2.4.1.14 repair of episiotomy,
 - 1.2.4.1.15 resuscitation of new-born by an obstetrician, and
 - 1.2.4.1.16 tracheal intubation of neonate.
- 1.2.4.2 The inpatient stay of the mother is charged additionally to the confinement tariff according to the inpatient tariff.
- 1.2.4.3 No inpatient tariff may be charged for the new-born baby, unless it is admitted into a high care unit or an intensive care unit.
- 1.2.4.4 The category of the healthcare professional with overall responsibility for the confinement determines the tariff to be charged by the professional component of this tariff.
- 1.2.4.5 The anaesthetic tariff and imaging tariff must be charged additionally, where applicable.
- 1.2.4.6 False labour must be charged according to the inpatient tariff.

1.2.5 Consultation Tariff

- 1.2.5.1 The tariff for an outpatient consultation applies when the healthcare professional personally takes down a patient's clinical history, performs an appropriate clinical examination or prescribes or administers treatment or assists the patient with advice.
- 1.2.5.2 The same tariff applies for services rendered i.r.o. Psoralens Ultra Violet Application (PUVA) treatment. However, where the nurse performs the treatment, the nursing practitioner fee is billed.
- 1.2.5.3 The same tariff applies for each follow-up consultation, by a healthcare professional of an outpatient.
- 1.2.5.4 This tariff includes all consumables used during the consultation, but excludes medication dispensed to the outpatient by the pharmacy.
- 1.2.5.5 An emergency consultation tariff must be charged for consultations in emergency or trauma departments.
- 1.2.5.6 The emergency consultation tariff must be charged for any consultation in an emergency or trauma department, irrespective of the time of day such consultation takes place.
- 1.2.5.7 If a procedure is performed in a procedure room at the time of a consultation, the consultation tariff and the procedure tariff must be charged.

1.2.6 Dialysis Tariff

- 1.2.6.1 This tariff must be charged per treatment day for peritoneal dialysis and includes the cost of the insertion of a catheter, dialysate and all other consumables utilised.
- 1.2.6.2 In the case of haemodialysis, the tariff to be charged is per treatment session (eight hours or part thereof) and includes the preparation of the AV fistula, treatment, and all consumables.
- 1.2.6.3 A patient issued with dialysate or other related consumables for use at home, must be charged on an itemised basis according to the pharmaceutical tariff.
- 1.2.6.4 If a patient requires Continuous Venovenous Haemodialysis (CVVHD), the consumables utilised, must not be charged. Only the haemodialysis tariff, per 8 hours, must be raised.

1.2.7 Emergency Medical Services Tariff**1.2.7.1 Ambulance Transport Tariff**

- 1.2.7.1.1 This tariff is applied to the treatment or transportation of a patient requiring treatment prior to admission to a hospital or specific care during transportation, in an ambulance.
- 1.2.7.1.2 This tariff charged must be calculated by taking the distance travelled from the point from which the patient is collected and transported to a hospital, and must be charged for every 50 (fifty) kilometres travelled, and is further determined by the level of medical treatment rendered by the emergency medical service to the patient.

1.2.7.2 Patient Transport Tariff

- 1.2.7.2.1 This tariff applies to the transport of patients in a vehicle other than an ambulance where the patient does not require specific care prior to or during transportation.
- 1.2.7.2.2 This tariff must be charged for every 100 kilometres travelled and calculated from the point of collecting the patient.

1.2.7.3 Rescue Tariff

- 1.2.7.3.1 This tariff applies to the medical rescue of a person from a medical rescue situation that is detrimental to the health of an individual or community.
- 1.2.7.3.2 This tariff must be charged per incident or rescue.

1.2.7.4 Standby Tariff

- 1.2.7.4.1 This tariff must be charged for medical standby at special events and is charged at an hourly rate.
- 1.2.7.4.2 An additional standby hourly rate must be charged for services provided for by healthcare professionals, allied health practitioners and nursing practitioners.

1.2.7.5 Air Transport Tariff

- 1.2.7.5.1 The tariff charged for air transport as outlined in paragraph 6.4.3.2(iii) of Part I of Chapter 18 of the Procedure Manual: Hospital Fees Structure must be charged, where applicable.

1.2.8 Medical Report Tariff

- 1.2.8.1 The tariff applies to the completion of a medical report for insurance or any other purpose.
- 1.2.8.2 If a consultation or procedure, above that required for the purposes of the report, is performed, the relevant consultation tariff or procedure tariff as categorised in Schedule 2 and as set out in Schedule 1.1 must also be charged.
- 1.2.8.3 The tariff for copies of reports and notes as per paragraph 12.3 of Annexure A3 to Part I of Chapter 18 of the Procedure Manual: Hospital Fees Structure must be charged. These tariffs are payable strictly in advance.

1.2.9 Imaging Tariff

- 1.2.9.1 Imaging tariff include all radiological, gamma camera, ultrasound and nuclear magnetic imaging modalities.
- 1.2.9.2 This tariff is inclusive of all consumables, films, medication and contrast media used and also applies when an image is taken at the bedside of the patient.
- 1.2.9.3 Imaging procedures are divided into categories and the tariff to be charged for a particular procedure depends on the category into which the procedure falls.
- 1.2.9.4 The codebooks annexed in Schedule 2 must be applied to determine the procedure and the category of tariff must be charged.
- 1.2.9.5 If a radiologist reports on the image, the professional component of the tariff must be charged at specialist level. If not, the healthcare therapist rate applies.
- 1.2.9.6 If a radiologist reports on images of different parts of the body of a patient in one report, the patient is charged the full fee for each part reported thereon.

1.2.10 Inpatient Tariff

- 1.2.10.1 The inpatient tariff applies when a patient is admitted to a bed in a ward. The tariffs are determined according to the type of ward a patient is admitted to.
- 1.2.10.2 This tariff includes all medication and consumables dispensed from ward stock to the patient for the duration of their stay.
- 1.2.10.3 Medication not kept as ward stock, but dispensed to the patient during their hospitalisation, must be itemised and charged at the purchase price inclusive of VAT plus 50% of the total amount.
- 1.2.10.4 Laboratory tests as well as blood and blood products must also be charged, where applicable.
- 1.2.10.5 The type of ward into which a patient is admitted and the length of stay calculated as 12-hour unit shall determine the tariff to be charged.
- 1.2.10.6 The inpatient border tariff applies to a person accompanying a patient, and receiving accommodation and meals from the hospital.
- 1.2.10.7 The inpatient border tariff are charged on a daily rate and are required to be settled in advance, unless prior arrangements have been made with the DOH facility.
- 1.2.10.8 An inpatient who is admitted and discharged on the same day before 23h00 must be charged the day patient tariff.
- 1.2.10.9 If an inpatient is admitted as a day patient and is discharged after 23h00 on the same day, the day patient fee must be cancelled and the applicable inpatient tariff must be charged.
- 1.2.10.10 If a patient is admitted before 12h00, and not discharged the same day, a tariff for the full day must be charged.
- 1.2.10.11 If a patient is admitted after 12h00, the half-day tariff must be charged for the day of admission.
- 1.2.10.12 If a patient is transferred between different ward types during the same 24-hour period, the higher of the applicable inpatient tariffs must be charged during the relevant 12-hour period in which the patient is transferred.
- 1.2.10.13 If a patient is discharged before 12h00, the half-day tariff for the day of discharge must be charged.
- 1.2.10.14 If a patient is discharged after 12h00, a tariff for the full day must be charged for the day of discharge.
- 1.2.10.15 Medication taken home by a patient must be charged at the same tariff as contemplated in clause 1.2.14.
- 1.2.10.16 The tariff must be charged for the services rendered by the healthcare professional responsible for the ward to which an inpatient is admitted, must be determined according to the category, as set out in Schedule 2, that such a healthcare professional falls into.

1.2.11 Mortuary Tariff

- 1.2.11.1 This tariff applies to the storage of a corpse in the mortuary of DOH facility and the tariff must be charged at a daily rate, after the first 24 hours of storage.

1.2.12 Cremation Certificate Tariff

- 1.2.12.1 This tariff applies to the completion of a cremation certificate by the DOH and is payable before the issuing of such certificate.
 - 1.2.12.1.1 A tariff per certificate for the completion of a cremation certificate must be charged.

1.2.13 Oral Health Tariffs

- 1.2.13.1 This tariff applies to medical treatment rendered by an oral health practitioner and the consultation tariff includes consumables used during the consultation.
- 1.2.13.2 Oral procedures are grouped into categories depending on the complexity and cost of the procedure.
- 1.2.13.3 The tariff must be determined by the category a procedure falls into.

1.2.13.4 The oral healthcare codebook set out in Schedule 2 must be applied to determine the category of the professional performing the procedure.

1.2.13.5 The value of the professional fee to be charged is determined by the category of the professional performing the procedure. In the case of more than one professional in different categories, the fee for the highest category of professional must be charged.

1.2.13.6 Prosthesis used must be charged as set out in clause 1.2.3 in addition to the oral health tariff.

1.2.14 Pharmacy Tariff

1.2.14.1 This tariff applies to medication not listed on the Essential Drug List, and which is Dispensed by a pharmacy to a patient on the basis of a prescription.

1.2.14.2 The itemised cost of such medication and the facility fee tariff must be charged per prescription.

1.2.14.3 The facility fee tariff is determined according to the level of the facility. Only one facility fee per 24-hour period may be levied for prescriptions.

1.2.14.4 The actual purchase price including VAT plus 50% of the total amount must be charged per item dispensed to patients.

1.2.14.5 The pharmacy tariff must be charged in conjunction with other services provided by the facility.

1.2.14.6 Medication dispensed by a pharmacy to an outpatient must be itemised and charged at the actual purchase price including VAT plus 50% of the total amount, per item dispensed to the patient, and the applicable pharmacy facility tariff must be additionally charged.

1.2.15 Theatre Procedure Tariff

1.2.15.1 This tariff applies to all procedures performed in an operating theatre.

1.2.15.2 This tariff includes theatre time, all consumables and medical gasses used during the procedure.

1.2.15.3 The procedures applicable to this tariff are grouped into categories depending on the complexity and cost of the procedure.

1.2.15.4 The tariff to be charged depends on the category into which the procedure falls.

1.2.15.5 The codebooks contained in Schedule 2 set out the procedures and the category of tariff that must be charged.

1.2.15.6 The professional fee component of the tariff is determined by the level of the healthcare professional or oral healthcare professional performing the procedure. When more than one healthcare professional or oral healthcare professional at different levels is involved in the procedure, the fee for the highest level professional must be charged.

1.2.15.7 Prosthesis used must be charged on an itemised basis as set out in clause 1.2.3.7 in addition to the theatre procedure tariff.

1.2.16 Treatment Tariff

1.2.16.1 This tariff applies to all supplementary health treatment performed by an allied health practitioner.

1.2.16.2 Different charges apply depending on whether the treatment is rendered in a group or individual context.

1.2.16.3 The adaption and fitting of an assistive device must be charged according to this tariff.

1.2.16.4 The initial assessment of a patient by an allied health practitioner in respect of an assistive device must be charged as a consultation tariff, and thereafter any subsequent treatment must be charged according to the treatment tariff.

1.2.16.5 The treatment is applicable to both inpatients and outpatients.

1.2.16.6 The treatment tariff is a rate per contact with the patient.

1.2.17 Surgery for Non-Medical Reasons (Cosmetic Surgery) Tariff

1.2.17.1 This tariff applies to cosmetic surgery procedures on an elective basis for non-medical reasons.

1.2.17.2 This tariff includes theatre time, all consumables and medical gases used during the procedure.

1.2.17.3 A deposit that covers at least two thirds of the expected costs of such surgery must be paid to the DOH before the patient is admitted.

1.2.17.4 The procedures applicable to this tariff are grouped into categories depending on the complexity and cost of the procedure.

1.2.17.5 The tariff to be charged is determined by the category into which the procedure falls.

1.2.17.6 The codebooks contained in Schedule 2 set out the procedure and the category of tariff that must be charged must be applied to determine these tariffs.

1.2.18 Nuclear Medicine

1.2.18.1 The tariffs in respect of the above are set out in Schedule 5. A surcharge of 30% as per the provincial policy on the recovery of consumable costs has been added to these tariffs.

1.2.19 Radiation Oncology

1.2.19.1 Although the Uniform Patient Fee Schedule (UPFS) does not make provision for tariffs in respect of radiation oncology, the Department has always billed for these services albeit at the National Reference Price List (NRPL) tariffs excluding vat.

1.2.19.2 These tariffs are set out in Schedule 4.

Schedule 2

2.1 ORAL HEALTH CODE BOOK

A	Diagnostic	Ana P I
	Clinical Oral Evaluations	
	Full mouth examination, charting and treatment planning (see Rule 001)(8101)	B
	Comprehensive consultation(8102)	B
	Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning(8104)	A
	Radiographs/diagnostic Imaging	
	Intra-oral radiographs, per film(8107)	A
	Maximum for 8107(8108)	B
	Occlusal radiographs (8113)	B
	Hand-wrist radiograph(8114)	B
	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)(8115)	B
	Tests And Laboratory Examinations	
	Study models - unmounted or mounted on a hinge articulator(8117)	A
	Study models - mounted on a movable condyle articulator(8119)	B
	Photographs (for diagnostic, treatment or dento-legal purposes) per photograph(8121)	A
	Tracing and analysis of extra-oral film(8811)	A
B.	Preventive	
	Dental Prophylaxis	
	Polishing only (including removal of plaque) - complete dentition(8155)	B
	Scaling and polishing(8159)	B
	Topical Fluoride Treatment (office Procedure)	
	Topical application of fluoride (prophylaxis excluded) - complete dentition (Excluding scaling and/or polishing)(8161)	B
	Other Preventive Services	
	Oral hygiene instructions(8151)	B
	Follow-up visit for re-evaluation of oral hygiene (if no other preventative treatment is performed during the same visit)(8153)	A
	Fissure sealant - per tooth(8163)	A
	Space Maintenance (passive Appliances)	
	Space maintainer - fixed, per abutment unit(8173)	B
	Space maintainer - removable (all-inclusive fee)(8175)	B
C.	Restorative	
	Amalgam Restorations (including Polishing)	
	Amalgam - one surface(8341)	B
	Amalgam - two surfaces(8342)	B
	Amalgam - three surfaces(8343)	B
	Amalgam - four or more surfaces(8344)	B
	Resin Restorations	
	Resin - one surface, anterior(8351)	B
	Resin - two surfaces, anterior(8352)	B
	Resin - three surfaces, anterior(8353)	B
	Resin - four or more surfaces, anterior(8354)	B
	Resin - one surface, posterior(8367)	B
	Resin - two surfaces, posterior(8368)	B
	Resin - three surfaces, posterior(8369)	B
	Resin - four or more surfaces, posterior(8370)	B
	Metal Inlays	
	Inlay, metallic - one surface, posterior(8361)	B
	Inlay, metallic - two surfaces, posterior(8362)	B
	Inlay, metallic - three surfaces, posterior(8363)	B
	Inlay, metallic - four or more surfaces, posterior(8364)	C

Ana P I**Ceramic And/or Resin Inlays**

Inlay, ceramic/resin - one surface(8371)	B
Inlay, ceramic/resin - two surfaces(8372)	B
Inlay, ceramic/resin - three surfaces(8373)	C
Inlay, ceramic/resin - four or more surfaces(8374)	C

Crowns - Single Restorations

Cast full crown(8401)	C
Cast three-quarter crown(8403)	C
Acrylic veneered crown(8407)	C
Porcelain jacket crown(8409)	C
Porcelain veneered crown(8411)	C

Other Restorative Services

Re-cementing of inlays, crowns or bridges - per abutment(8133)	B
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(8135)	B
Temporary crown placed as an emergency procedure(8137)	B
Re-burnishing and polishing of restorations - complete dentition(8157)	B
Removal of fractured post or instrument and/or bypassing fractured endodontic instrument(8330)	B
Preformed post retention, per post (See Item 8379)(8345)	B
Pin retention for restoration, first pin(8347)	B
Pin retention for restoration, each additional pin(8348)	A
Carving or contouring a plastic restoration to accommodate an existing removable prosthesis(8349)	A
Composite veneers (Direct)(8355)	B
Preformed metal crown(8357)	B
Pin retention as part of cast restoration, irrespective of number of pins(8366)	B
Prefabricated post and core in addition to crown(8376)	B
Cast post and core - single(8391)	B
Cast post and core - double(8393)	B
Cast post and core - triple(8395)	B
Cast coping(8396)	B
Cast core with pins(8397)	B
Core build-up, including any pins(8398)	B
Facing replacement(8413)	B
Additional fee for provision of crown within an existing clasp or rest(8414)	A

D. Endodontics**Pulp Capping**

Indirect pulp capping(8303)	B
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Pulpotomy

Amputation of pulp (pulpotomy)(8307)	B
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Preparatory Visits (obturation Not Done At Same Visit)

Single-canal tooth, per visit(8332)	B
Multi-canal tooth, per visit(8333)	B

Obturation Of Root Canals At A Subsequent Visit

Each additional canal - anteriors and premolars(8328)	B
First canal - anteriors and premolars(8335)	B
First canal - molars(8336)	B
Each additional canal - molars(8337)	B

Preparation And Obturation Of Root Canals Completed At A Single Visit

Each additional canal - anteriors and premolars(8329)	B
First canal - anteriors and premolars(8338)	B
First canal - molars(8339)	C
Each additional canal - molars(8340)	B

Endodontic Retreatment

Re-preparation of previously obturated canal, per canal(8334)	B
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Apexification/recalcification Procedures

Apexification of root canal, per visit(8305)	B
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Apicoectomy/periradicular Services

Apicoectomy including retrograde filling where necessary - incisors and canines(8229)	B
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Other Endodontic Procedures

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	Gross pulpal debridement, primary and permanent teeth.	B
	Where Code 8132 is charged, no other endodontic codes may be charged at the same visit on the same tooth. Codes 8338, 8329, 8339 and 8340 (single visit) may be charged at the subsequent visit, even if Code 8132 was used for the initial relief of pain.(8132)	
	Access through a prosthetic crown or inlay to facilitate root canal treatment(8136)	A
	Bleaching of non-vital teeth, per tooth as a separate procedure(8325)	B
	Each additional visit for bleaching of non-vital tooth as a separate procedure(8327)	B
E.	Periodontics	
	Surgical Services (including Usual Postoperative Care)	
	Gingivectomy-gingivoplasty, per quadrant(8185)	B
	Gingivectomy-gingivoplasty, per sextant(8186)	B
	Adjunctive Periodontal Services	
	Root planing with or without periodontal curettage, per quadrant(8182)	B
	Root planing with or without periodontal curettage, per sextant(8184)	B
	Other Periodontal Services	
	Periodontal screening(8176)	B
	Oral hygiene instruction for the periodontally compromised patient(8177)	B
	Oral hygiene evaluation for the periodontally compromised patient(8178)	A
	Plaque removal for the periodontally compromised patient(8179)	B
	Scaling and polishing for the periodontally compromised patient (8180)	B
F.	Prosthodontics (removable)	
	Complete Dentures (including Routine Post-delivery Care)	
	Full upper and lower dentures inclusive of soft bases or metal bases, where applicable(8231)	C
	Full upper or lower dentures inclusive of soft base or metal base, where applicable(8232)	C
	Partial Dentures (including Routine Post-delivery Care)	
	Partial denture, one tooth(8233)	B
	Partial denture, two teeth(8234)	B
	Partial denture, three teeth(8235)	B
	Partial denture, four teeth(8236)	B
	Partial denture, five teeth(8237)	B
	Partial denture, six teeth(8238)	C
	Partial denture, seven teeth(8239)	C
	Partial denture, eight teeth(8240)	C
	Partial denture, nine or more teeth(8241)	C
	Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture(8281)	C
	Adjustments To Dentures	
	Adjustment of denture (After six months or for patient of another practitioner)(8275)	A
	Repairs To Complete Or Partial Dentures	
	Repair of denture or other intra-oral appliance(8269)	B
	Add clasp to existing partial denture (One or more clasps)(8270)	A
	Add tooth to existing partial denture (One or more teeth)(8271)	A
	Additional fee/benefit where one or more impressions are required for 8269, 8270 and 8271(8273)	A
	Denture Rebase Procedures	
	Re-model of denture(8261)	B
	Denture Reline Procedures	
	Re-base of denture (laboratory)(8259)	B
	Reline of denture in selfcuring acrylic (intra-oral)(8263)	B
	Soft base re-line per denture (heat cured)(8267)	B
	Other Removable Prosthetic Services	
	Cast gold clasp or rest per clasp or rest(8251)	A
	Wrought gold clasp or rest per clasp or rest(8253)	A
	Stainless steel clasp or rest per clasp or rest(8255)	B
	Lingual bar or palatal bar (8257)	B
	Tissue conditioner and soft self-cure interim re-line, per denture(8265)	B
G.	Maxillofacial Prosthetics	

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H.	Implant Services	
	Endosteal Implants	
	Placement of a single osseo-integrated implant per jaw(8194)	C
	Placement of a second osseo-integrated implant in the same jaw(8195)	B
	Placement of a third and subsequent osseo-integrated implant in the same jaw per implant(8196)	B
	Exposure of a single osseo-integrated implant and placement of a transmucosal element(8198)	B
	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw(8199)	B
	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant(8200)	B
I.	Prosthodontics, Fixed	
	Fixed Partial Denture Pontics	
	Sanitary pontic(8420)	B
	Posterior pontic(8422)	B
	Anterior pontic (including premolars)(8424)	C
	Fixed Partial Denture Retainers - Inlays/onlays	
	Bridge per abutment - only applicable to Maryland type bridges(8356)	B
	Fixed Partial Denture Retainers - Crowns	
	Osseo-integrated abutment restoration, per abutment (8193)	C
J.	Oral And Maxillofacial Surgery	
	Extractions	
	Single tooth(8201)	B
	Each additional tooth in the same quadrant(8202)	A
	Surgical Extractions (includes Routine Postoperative Care)	
	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (including cutting of gingiva and bone, removal of tooth structure and closure)(8209)	B
	Removal of unerupted or impacted tooth - first tooth(8210)	B
	Removal of unerupted or impacted tooth - second tooth(8211)	B
	Removal of unerupted or impacted tooth - each additional tooth(8212)	B
	Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and closure)(8213)	B
	Surgical removal of residual roots (cutting procedure) each subsequent tooth root	B
	(Includes cutting of gingiva and bone, removal of tooth structure and closure) (8214)	
	Other Surgical Procedures	
	Biopsy - intra-oral(8188)	B
	Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8215)	C
	Reduction Of Dislocation And Management Of Other Temporomandibular Joint Dysfunction	
	Bite plate for the treatment of TMJ dysfunction, or occlusal guards.(8169)	B
	Repair Of Traumatic Wounds	
	Appositioning (i.e., suturing) of soft tissue injuries(8192)	B
K.	Orthodontics	
L.	Adjunctive General Services	
	Unclassified Treatment	
	Palliative [emergency] treatment for dental pain	B
	This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth(8131)	
	Local treatment of post-extraction haemorrhage - initial visit (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)(8221)	A
	Local treatment of post-extraction haemorrhage - each additional visit(8223)	A
	Treatment of septic socket - initial visit(8225)	A
	Treatment of septic socket - each additional visit(8227)	A

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Anaesthesia			
Inhalation sedation - first quarter-hour or part-thereof(8141)			A
Inhalation sedation - each additional quarter-hour or part thereof(8143)			A
Intravenous sedation(8144)			A
Local anaesthetic, per visit			A
Item 8145 includes the use of the Wand(8145)			
Use of own monitoring equipment in rooms for procedures performed under intravenous sedation(8147)	A		B
Professional Consultations			
Provision of a written treatment plan and quotation where prior authorisation is required by medical schemes (By arrangement)(8106)			B
Professional Visits			
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(8129)			B
Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit(8140)			B
Drugs, Medicaments And Materials			
Intra-muscular or sub-cutaneous injection therapy, per injection(8183)			A
Miscellaneous Services			
Infection control, per dentist, per hygienist, per dental assistant, per visit(8109)			A
Provision of sterilised and wrapped instrumentation in consulting rooms			A
The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments (8110)			
Treatment of hypersensitive dentine, per visit(8167)			A
Minor occlusal adjustment(8170)			B
Rubber dam, per arch(8304)			A
II. Oral Pathologists			
Consultation at rooms(9201)			B
Consultation at hospital, nursing home or house(9203)			B
Subsequent consultation(9205)			B
Night consultation(9207)			B
III. Specialist Prosthodontists			
A. Diagnostic Procedures			
Intra-oral radiographs, per film(8107)			A
Maximum for 8107(8108)			B
Occlusal radiographs(8113)			B
Hand-wrist radiograph(8114)			B
Extra-oral radiograph, per film (I.e. Panoramic, cephalometric, PA)(8115)			B
Study models - unmounted (8117)			A
Study models - mounted on adjustable articulator(8119)			B
Diagnostic photographs, per photograph(8121)			A
Consultation(8501)			B
Occlusal analysis on adjustable articulator(8503)			B
Pantographic recording(8505)			B
Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation(8506)			B
Examination, diagnosis and treatment planning(8507)			B
Electrognathographic recording(8508)			B
Electrognathographic recording with computer analysis.(8509)			C
Tracing and analysis of extra-oral film(8811)			A
B. Preventive Procedures			
Polishing only (including removal of plaque) - complete dentition(8155)			B
Scaling and polishing(8159)			B
Topical application of fluoride preparations - complete dentition (Excluding scaling and/or polishing)(8161)			B
Fissure sealant, per tooth(8163)			A
Application of fluoride using laboratory processed applicators(8165)			B

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	Treatment of hypersensitive dentine, per visit(8167)	A
	Oral hygiene instruction (The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction)(8711)	B
	Oral hygiene evaluation(8713)	B
C.	Treatment Procedures	
	Emergency Treatment	
	Emergency treatment for relief of pain (where no other tariff item is applicable)(8511)	B
	Emergency crown(8513)	B
	Recementing of inlay, crown or bridge, per abutment(8515)	B
	Re-implantation of an avulsed tooth, including fixation as required(8517)	B
	Provisional Treatment	
	Provisional splinting - extracoronary wire, per sextant(8521)	B
	Provisional splinting - extracoronary wire plus resin, per sextant(8523)	B
	Provisional splinting - intracoronary wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint(8527)	B
	Provisional crown.	B
	Crown utilised as an interim restoration of at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration (8529)	
	Preformed metal crown (8530)	B
	Occlusal Adjustment	
	Major occlusal adjustment (8551)	C
	Minor occlusal adjustment(8553)	B
	Ceramic And/or Resin Bonded Inlays And Veneers:	
	Bonded veneers(8554)	C
	One surface(8555)	B
	Two surfaces(8556)	C
	Three surfaces(8557)	C
	Four or more surfaces(8558)	C
	Gold Foil Restorations	
	Class I and Class VI(8561)	C
	Class V(8563)	C
	Class III(8565)	C
	Gold Restorations	
	One surface(8571)	B
	Two surfaces(8572)	C
	Three surfaces(8573)	C
	Four or more surfaces(8574)	C
	Pin retention(8577)	B
	Posts And Copings	
	Single post (8581)	B
	Double post (8582)	B
	Triple post(8583)	B
	Copings(8587)	B
	Cast core with pins(8589)	B
	Preformed Posts And Cores	
	Core build-up, including any pins(8591)	B
	Prefabricated post and core in addition to crown(8593)	B
	Implants	
	Periodic maintenance of existing implant prosthesis, per abutment(8590)	B
	Osseo-integrated abutment restoration, per abutment/ (8592)	C
	Exposure of a single osseo-integrated implant and placement of a transmucosal element(9190)	B
	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw(9191)	B
	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant.(9192)	B
	Connectors	
	Locks and milled rests(8597)	B
	Precision attachments(8599)	B
	Crowns	

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Cast three-quarter crown(8601)	C
Cast gold crown(8603)	C
Acrylic veneered gold crown (8605)	C
Porcelain jacket crown(8607)	C
Porcelain veneered metal crown(8609)	C
Bridges	
Sanitary pontic(8611)	C
Posterior pontic(8613)	C
Anterior pontic (8615)	C
Resin Bonded Retainers	
Per abutment(8617)	C
Conservative Treatment For Temporomandibular Joint Dysfunction	
First visit for treatment of TMJ dysfunction(8621)	B
Follow-up visit for TMJ dysfunction(8623)	B
Bite plate for TMJ dysfunction(8625)	B
Root Canal Therapy	
Root canal therapy, first canal(8631)	C
Each additional canal(8633)	B
Re-preparation of previously obturated canal, per canal(8636)	B
Bleaching	
Bleaching of non-vital teeth, per tooth as a separate procedure(8325)	B
Each additional visit for bleaching of non-vital tooth as a separate procedure(8327)	B
Other Endodontic Procedure	
Apexification of root canal, per visit(8635)	B
Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)(8637)	B
Removal of fractured post or instrument from root canal(8640)	B
Apicectomy including retrograde root filling where necessary - anterior teeth(9015)	B
Apicectomy including retrograde root filling where necessary - posterior teeth(9016)	C
Prosthetics (removable)	
Additional fee/benefit where impression is required for 8679(8273)	A
Adjustment of denture (After six months or for a patient of another practitioner)(8275)	A
Complete upper and lower dentures without primary complications(8641)	C
Complete upper and lower dentures without major complications (8643)	D
Complete upper and lower dentures with major complications(8645)	D
Complete upper or lower denture without primary complications(8647)	C
Complete upper or lower denture without major complications (8649)	C
Complete upper or lower denture with major complications (8651)	C
Diagnostic dentures (inclusive of tissue conditioning treatment)(8661)	C
Remounting and occlusal adjustment of dentures(8662)	B
Chrome cobalt base or gold base for full denture (extra charge)(8663)	C
Remount of crown or bridge for extensive prosthetics(8664)	B
Re-base, per denture(8665)	B
Soft base, per denture (heat cured)(8667)	C
Tissue conditioner, per denture(8668)	B
Intra-oral reline of complete or partial denture.(8669)	B
Metal (e.g. Chrome cobalt or gold) partial denture(8671)	C
Additional fee/benefit for altered cast technique for partial denture(8672)	B
Additive partial denture (8674)	C
Repairs(8679)	B
D. Maxillo-facial Prosthodontic Prostheses	
Maxillary Prostheses	
Surgical obturator - Modified denture(9101)	B
Surgical obturator - continuous base(9102)	B
Surgical obturator - split base(9103)	C
Interim obturator on existing denture(9104)	C
Interim obturator on new denture(9105)	D
Definitive obturator - open/ hollow box(9106)	C
Definitive obturator - silicone glove(9107)	C
Mandibular Resection Prostheses	
Prosthesis with guide flange(9108)	C
Prosthesis without guide flange(9109)	C
Prosthesis - Palatal augmentation(9110)	B

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Glossal Resection Protheses	
Simple prosthesis.(9111)	C
Complex prosthesis(9112)	C
Radiotherapy Appliances	
Carriers - simple(9113)	C
Carriers - complex(9114)	C
Shields - simple(9115)	C
Shields - complex(9116)	C
Cone locators(9117)	C
Chemotherapy Appliances	
Chemotherapeutic agent carriers(9118)	C
Cleft Palate Protheses	
Consultation and therapy at hospital/ nursing home/ residence(8855)	B
Subsequent consultation(8856)	B
Weekly maximum(8857)	C
Neonatal Protheses	
Passive presurgical prosthesis/ Neonatal feeding aid.(9119)	C
Active presurgical orthopaedic appliance - minor(9120)	C
Active presurgical orthopaedic appliance - moderate(9121)	C
Active presurgical orthopaedic appliance - severe(9122)	C
Active presurgical orthopaedic appliance adjustment(9123)	B
Intermediate/definitive Protheses	
Speech aid/obturator with palatal modification(9125)	B
Speech aid/obturator with velar modification(9126)	C
Speech aid/ obturator with pharyngeal modification(9127)	C
Speech aid/obturator adjustment(9128)	B
Speech aid/obturator surgical prosthesis(9129)	C
Speech Appliances	
Palatal lift(9130)	B
Palatal stimulating(9131)	C
Speech bulb(9132)	C
Adjustments(9133)	B
Extra-oral Appliances	
Auricular prosthesis - simple (9135)	C
Auricular prosthesis - complex(9136)	D
Nasal prosthesis - simple (9137)	C
Nasal prosthesis - complex (9138)	D
Ocular prosthesis - conformer(9139)	C
Ocular prosthesis using modified stock appliance(9140)	C
Ocular prosthesis using custom appliance(9141)	D
Orbital prosthesis - simple (excluding ocular section(9142)	C
Orbital prosthesis - complex (excluding ocular section(9143)	D
Other body protheses - simple(9148)	C
Other body protheses - complex(9149)	D
Surgical facial protheses - simple(9150)	C
Surgical facial protheses - complex(9151)	C
Cranial prosthesis(9155)	C
Custom Implants	
Cranial - acrylic, elastomeric, metallic(9156)	C
Facial - simple(9157)	B
Facial - complex(9158)	C
Ocular - custom made (9159)	B
Body - special prosthesis(9160)	C
Surgical Appliances	
Splints - simple(9161)	B
Splints - complex(9162)	C
Templates - simple(9163)	B
Templates - complex(9164)	C
Conformers - simple(9165)	B
Conformers - complex(9166)	C
Trismus Appliances	

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Trismus appliance - simple(9167)	B
Trismus appliance - complex(9168)	C
Orthoses (for paralysed patients)(9169)	C
Facial palsy appliances(9170)	C
Oral splints (per commissure)(9171)	B
Dynamic oral retractors (per arm)(9172)	B
Attendance In Theatre	
Attendance in theatre, per hour (9175)	B
IV. Specialists In Oral Medicine And Periodontics/ Periodontists	
Diagnostic Procedures	
Intra-oral radiographs, per film(8107)	A
Maximum for 8107(8108)	B
Occlusal radiographs(8113)	B
Hand-wrist radiograph(8114)	B
Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)(8115)	B
Study models - unmounted(8117)	A
Study models - mounted on adjustable articulator(8119)	B
Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit(8140)	B
Consultation(8701)	B
Detailed clinical examination, records, radiographic interpretation, probing, percussion, diagnosis, treatment planning and case presentation for periodontal and/or implant cases(8703)	B
Periodic re-examination(8705)	B
Periodontal screening(8707)	B
Oral hygiene instruction	B
(The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction)(8711)	
Oral hygiene evaluation(8713)	B
Full mouth clinical plaque removal(8714)	B
Scaling(8715)	B
Occlusal adjustment per visit(8721)	B
Provisional splinting - extracoronal wire, per sextant (8723)	B
Provisional splinting - extracoronal wire plus resin, per sextant(8725)	B
Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint(8727)	B
Tracing and analysis of extra-oral film(8811)	A
Temporomandibular Joint Procedures	
Bite plate for TMJ dysfunction(8625)	B
Surgical Procedures	
Periodontal abscess - treatment of acute phase (with or without flap procedure)(8731)	B
Root planing with or without periodontal curettage, per quadrant(8737)	B
Root planing with or without periodontal curettage, per sextant(8739)	B
Gingivectomy-gingivoplasty, per quadrant(8741)	B
Gingivectomy-gingivoplasty, per sextant(8743)	B
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, clinical crown lengthening, per quadrant(8749)	C
As item 8749, per sextant (8751)	C
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, clinical crown lengthening, per quadrant.(8753)	C
As item 8753, per sextant(8755)	C
Flap operation with bone removal to increase the clinical crown length of a single tooth (as an isolated procedure)(8756)	C
Frenectomy(8757)	C
Surgical exposure of impacted or unerupted teeth for orthodontic reasons(8758)	C
Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)(8759)	B
Apicectomy including retrograde filling where necessary - anterior teeth	B
When Code 8760 is part of a flap operation that requires an apicectomy, Modifier 8006 applies(8760)	
Masticatory mucosal autograft extending across more than four teeth (isolated procedure)(8762)	C
Wedge resection (as an isolated procedure)(8763)	B
Apicectomy including retrograde filling where necessary, posterior teeth	C
When Code 8764 is part of a flap operation that requires an apicectomy, Modifier 8006 applies(8764)	

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Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure) .(8765)	B
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(8766)	B
Any other periodontal procedure involving a single tooth(8768)	B
Submucosal connective tissue autograft (isolated procedure)(8772)	C
Harvesting of autogenous grafts (intra-oral)(8979)	B
Alveolar ridge augmentation across 1 to 2 adjacent tooth sites(9008)	B
Alveolar ridge augmentation across 3 or more tooth sites(9009)	C
Sinus lift procedure(9010)	C

Implant Procedures

Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)(8761)	C
Bone regenerative/ repair procedure at a single site(8767)	C
Subsequent removal of membrane used for guided tissue regeneration procedure(8769)	B
Placement of endosteal implant, per implant(9182)	C
Placement of a single osseo-integrated implant per jaw (9183)	C
Placement of a second osseo-integrated implant in the same jaw(9184)	C
Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant(9185)	B
Exposure of a single osseo-integrated implant and placement of a transmucosal element(9190)	B
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw(9191)	B
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant.(9192)	B
Implant removal	B

This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure.
(9198)

Oral Medical Procedures

Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain-dysfunction: Straight forward case (8781)	B
Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain dysfunction: Complex case(8782)	B
Subsequent consultation for same disease/condition(8783)	B
Biopsy - incisional/excisional (e.g. epulis)(8785)	B
Surgical treatment of soft tissue tumours (e.g. epulis)(8786)	B
Any other procedure connected with the practice of oral medicine(8787)	B

V. Specialist Orthodontists**Consultations**

First consultation(8801)	B
Subsequent consultation, retention and/ or post-treatment consultation(8803)	B

Records And Investigations

Intra-oral radiographs, per film(8107)	A
Maximum for 8107(8108)	B
Occlusal radiograph(8113)	B
Hand-wrist radiograph(8114)	B
Extra-oral radiograph, per film (I.e. panoramic, cephalometric, PA)(8115)	B
Study models - unmounted (8117)	A
Study models - mounted on adjustable articulator(8119)	B
Diagnostic photographs, per photograph(8121)	A
Tracing and analysis of extra-oral film(8811)	A
Diagnosis and treatment planning(8837)	B
Orthodontic diagnostic setup(8839)	B

Orthognathic Surgery And Treatment Planning

Treatment planning for orthognathic surgery(8840)	B
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Retainers, Repairs And/or Replacements

Removable: Repairs(8846)	B
Removable: Replacement(8847)	B
Fixed: Repair or replacement per unit (As a result of the patient's negligence)(8848)	B
Retainer(8849)	B

Treatment Of Mpds

First consultation(8850)	B
Subsequent consultation(8851)	B
Bite plate for TMJ dysfunction(8852)	B

Occlusal Adjustment

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Major occlusal adjustment(8853)	C
Minor occlusal adjustment(8854)	B
Cleft Palate Therapy	
Consultation and therapy at hospital, nursing home, or residence(8855)	B
Subsequent consultation(8856)	B
Weekly maximum(8857)	C
Neonatal Prosthesis	
Passive presurgical prosthesis/ Neonatal feeding aid(9119)	C
Active presurgical orthopaedic appliance - minor(9120)	C
Active presurgical orthopaedic appliance - moderate(9121)	C
Active presurgical orthopaedic appliance - severe(9122)	C
Active presurgical orthopaedic appliance - adjustment(9123)	B
Removable Appliance Therapy	
Removable (single)(8862)	C
Removable (per additional)(8863)	C
Functional Appliance Therapy	
Functional appliance(8858)	C
Partial Fixed Appliance Therapy - Preliminary Treatment	
Minor fixed appliance(8861)	C
Maxillary or mandibular arch(8865)	D
Combined maxillary and mandibular arch(8866)	D
Single Arch Treatment	
Mild(8867)	D
Moderate(8868)	D
Severe(8869)	D
Class I Malocclusions	
Mild(8873)	D
Moderate(8875)	E
Severe(8877)	E
Severe plus complications(8879)	E
Class Ii And Iii Malocclusions	
Mild(8881)	E
Moderate(8883)	E
Severe(8885)	E
Severe plus complications(8887)	E
Single Arch Treatment	
Mild(8841)	D
Moderate(8842)	D
Severe(8843)	E
Class I Malocclusions	
Mild(8874)	E
Moderate(8876)	E
Severe(8878)	E
Severe plus complications(8880)	E
Class Ii And Iii Malocclusions	
Mild(8882)	E
Moderate(8884)	E
Severe(8886)	E
Severe plus complications(8888)	E
VI. Specialist Maxillo- Facial And Oral Surgeons	
Consultations And Visits	
Consultation at consulting rooms(8901)	B
Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation(8902)	B
Consultation at hospital, nursing home or house(8903)	B
Subsequent consultation at consulting rooms, hospital, nursing home or house(8904)	B
Weekend visits and night visits between 18h00 - 07h00 the following day(8905)	B
Subsequent consultations, per week, to a maximum of(8907)	B
Investigations And Records	
Intra-oral radiographs, per film(8107)	A
Maximum for 8107(8108)	B

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Occlusal radiographs(8113)	B
Hand-wrist radiograph(8114)	B
Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)(8115)	B
Study models - unmounted (8117)	A
Study models - mounted on adjustable articulator(8119)	B
Diagnostic photographs - per photograph(8121)	A
Tracing and analysis of extra-oral film(8811)	A
Biopsies - intra-oral(8917)	B
Biopsy of bone - needle(8919)	B
Biopsy of bone - open(8921)	C
Orthognathic Surgery And Treatment Planning	
Treatment planning for orthognathic surgery(8840)	B
Extractions During A Single Visit	
Single tooth(8201)	B
Each additional tooth in the same quadrant(8202)	A
Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)(8931)	B
Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemophilia, per week(8933)	C
Treatment of post-extraction septic socket where patient is referred by another registered person (8935)	B
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (includes cutting of gingiva and bone, removal of tooth structure and closure)(8937)	B
Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)(8957)	C
Auto-transplantation of tooth	C
(See Rule 011 and Notes 2 and 3) (8961)	
Removal Of Roots	
Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and closure)(8953)	B
Unerupted Or Impacted Teeth	
First tooth(8941)	C
Second tooth(8943)	B
Third tooth(8945)	B
Fourth and subsequent tooth(8947)	B
Diverse Procedures	
Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication(8908)	C
Closure of oral antral fistula - acute or chronic(8909)	C
Caldwell-Luc procedure(8911)	B
Harvest iliac crest graft(8962)	B
Harvest rib graft(8963)	B
Harvest cranium graft(8964)	B
Peripheral neurectomy(8965)	C
Functional repair of oronasal fistula (local flaps)(8966)	C
Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage)(8977)	C
Harvesting of autogenous grafts (intra-oral)(8979)	B
Removal of internal fixation devices, per site(9048)	B
Cysts Of Jaws	
Intra-oral approach(8967)	C
Extra-oral approach(8969)	C
Neoplasms	
Surgical treatment of soft tissue tumours(8971)	B
Surgical treatment of tumours of the jaws(8973)	C
Hemiresection of jaw, with splintage of segments(8975)	C
Para-orthodontic Surgical Procedures	
Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8981)	C
Corticotomy - first tooth(8983)	C
Corticotomy - adjacent or subsequent tooth(8984)	B
Frenectomy(8985)	C
Surgical Preparation Of Jaws For Prosthetics	
Reduction of mylohyoid ridges, per side(8987)	C
Torus mandibularis reduction, per side(8989)	C
Torus palatinus reduction(8991)	C
Reduction of hypertrophic tuberosity, per side(8993)	B

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Gingivectomy, per jaw(8995)	C
Sulcoplasty/Vestibuloplasty(8997)	C
Repositioning mental foramen and nerve, per side(9003)	C
Lateralization of inferior dental nerve (including bone grafting)(9004)	C
Total alveolar ridge augmentation by bone graft(9005)	C
Total alveolar ridge augmentation by alloplastic material(9007)	C
Alveolar ridge augmentation across 1 to 2 adjacent tooth sites(9008)	B
Alveolar ridge augmentation across 3 or more tooth sites(9009)	C
Sinus lift procedure(9010)	C
Sepsis	
Incision and drainage of pyogenic abscesses (intra-oral approach)(9011)	B
Extra-oral approach, e.g. Ludwig's angina(9013)	B
Apicectomy including retrograde filling where necessary - anterior teeth(9015)	B
Apicectomy including retrograde filling where necessary, posterior teeth(9016)	C
Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible(9017)	C
Sequestrectomy - intra-oral, per sextant and/or per ramus(9019)	B
Treatment Of Associated Soft Tissue Injuries	
Minor(9021)	B
Major(9023)	C
Dento-alveolar fracture, per sextant(9024)	B
Mandibular Fractures	
Treatment by closed reduction, with intermaxillary fixation(9025)	C
Treatment of compound fracture, involving eyelet wiring(9027)	C
Treatment by metal cap splintage or Gunning's splints(9029)	C
Treatment by open reduction with restoration of occlusion by splintage(9031)	C
Maxillary Fractures With Special Attention To Occlusion	
Le Fort I or Guerin fracture(9035)	C
Le Fort II or middle third of face(9037)	C
Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage(9039)	D
Zygoma/orbit	
Gillies or temporal elevation(9041)	C
Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation(9043)	C
Requiring multiple osteosynthesis and/ or grafting(9045)	D
Functional Correction Of Malocclusions	
Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)(9047)	D
Anterior segmental osteotomy of mandible (Köle)(9049)	D
Total subapical osteotomy(9050)	D
Genioplasty(9051)	C
Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)(9052)	D
Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure(9055)	D
Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure(9057)	D
Le Fort I osteotomy - one piece(9059)	D
Le Fort I osteotomy with inferior repositioning and inter positional grafting(9060)	D
Palatal osteotomy(9061)	C
Le Fort I osteotomy - multiple segments(9062)	D
Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities(9063)	D
Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction(9065)	E
Surgical assisted maxillary or mandibular expansion(9066)	C
Functional tongue reduction (partial glossectomy)(9069)	C
Geniohyoidotomy(9071)	C
Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)(9072)	D
Temporomandibular Joint Procedures	
Coronoidectomy (intra-oral approach)(9053)	C
Bite plate for TMJ dysfunction(9073)	B
Diagnostic arthroscopy(9074)	C
Condylectomy or coronoidectomy or both (extra-oral approach)(9075)	C
Arthrocentesis TMJ/ Arthroscintese TMG(9076)	C
Intra-articular injection, per injection(9077)	B
Trigger point injection, per injection(9079)	B
Condyle neck osteotomy (Ward/ Kostecka)(9081)	C

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Temporomandibular joint arthroplasty(9083)	C
Reduction of temporomandibular joint dislocation without anaesthetic(9085)	B
Reduction of temporomandibular joint dislocation, with anaesthetic(9087)	B
Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation(9089)	C
Reduction of temporomandibular joint dislocation requiring open reduction(9091)	C
Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy)(9092)	D
Salivary Glands	
Removal of salivary calculus(9093)	B
Removal of sublingual salivary gland(9095)	C
Removal of salivary gland (extra-oral)(9096)	C
Implants	
Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)(8761)	C
Bone regenerative/ repair procedure at a single site(8767)	C
Subsequent removal of membrane used for guided tissue regeneration procedure(8769)	B
Submucosal connective tissue autograph (isolated procedure)(8772)	C
Placement of Zygomaticus fixture, per fixture(9046)	C
Placement of sub-periosteal implant - Preparatory procedure/operation(9180)	C
Placement of sub-periosteal implant prosthesis/ operation(9181)	C
Placement of endosteal implant, per implant(9182)	C
Placement of a single osseo-integrated implant per jaw/ (9183)	C
Placement of a second osseo-integrated implant in the same jaw(9184)	C
Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant(9185)	B
Exposure of a single osseo-integrated implant and placement of a transmucosal element(9190)	B
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw(9191)	B
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant(9192)	B
Implant removal	B
This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure. (9198)	
Cleft Lip And Palate	
Repair of cleft hard palate (unilateral)(9220)	D
Repair of cleft hard palate (bilateral, one procedure)(9222)	D
Repair of cleft hard palate (bilateral, in two procedures)(9224)	D
Repair of cleft soft palate (without muscle reconstruction)(9226)	D
Repair of soft palatum (with muscle reconstruction)(9228)	D
Repair of submucosal cleft and/or bifid uvula (with muscle reconstruction)(9230)	D
Velopharyngeal reconstruction (uncomplicated)(9232)	D
Velopharyngeal reconstruction (complicated type)(9234)	D
Functional repair of oro-nasal fistula (distant flaps - in a single procedure)(9238)	C
Functional repair of oro-nasal fistula (distant flaps - in two procedures)(9240)	D
Secondary periosteal swivel flaps for bone induction(9246)	C
Lip adhesion(9248)	C
Unilateral cleft lip repair (without muscle reconstruction) (9250)	C
Unilateral cleft lip repair (with muscle reconstruction)(9252)	C
Bilateral cleft lip repair (without muscle reconstruction)(9254)	C
Bilateral cleft lip repair (with muscle reconstruction)(9256)	D
Anterior nasal floor repair (between alveolus)(9258)	C
Partial revision of secondary cleft lip deformity(9260)	C
Total revision of secondary cleft lip deformity (with functional muscle reconstruction)(9262)	C
Abbe-flap (in two stages)(9264)	C
Columella reconstruction(9266)	C
Partial reconstruction of nose due to cleft deformity(9268)	C
Complete reconstruction of the nose due to cleft deformity(9270)	C
Paranasal augmentation for nasal base deviation(9272)	

Ana P I**2.2 PROCEDURE CODE BOOK**

1	Injections, Infusions And Inhalation Sedation		
1.1	Injections, Infusions, And Inhalation Sedation Treatment		
	Inhalation Sedation		
	Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof (0203)		A
	Per additional quarter-hour or part thereof (0204)		A
	Intravenous Treatment (see Note: How To Charge For Intravenous Infusions)		
	Intravenous infusions (cutdown or push-in) (patients under two years): Cutdown and/or insertion of cannula - chargeable once per 24 hours(0205)		A
	Intravenous infusions (push-in) (patients over two years): Insertion of cannula - chargeable once per 24 hours (0206)		A
	Intravenous infusions (cutdown) (patients over two years): Cutdown and insertion of cannula - chargeable once per 24 hours(0207)		A
	Venesection		
	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations) (0208)		A
	Umbilical artery cannulation at birth (0209)		A
	Exchange transfusion: First and subsequent (including after-care) (0211)		B
	Intravenous Treatment With Cytostatic Agents		
	Chemotherapy: Intramuscular or subcutaneous: per injection.(0213)		A
	Chemotherapy: Intravenous bolus technique: per injection.(0214)		A
	Chemotherapy: Intravenous infusion technique: per injection.(0215)		A
2	Integumentary System		
2.1	Allergy		
	Patch Tests		
	First patch (0217)		A
	Each additional patch (0219)		A
	Skin Prick Tests		
	Skin-prick testing: Insect vemon, latex and drugs(0218)		A
	Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens(0220)		A
	Delayed hypersensitivity testing (Type IV reaction): per antigen(0221)		A
2.2	Skin (general)		
	Intralesional Injection Into Areas Of Pathology E.g. Keloids		
	Single(0222)		A
	Multiple(0223)		A
	Epilation: per session (0225)		A
	Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session(0227)	A	A
	PUVA Treatment: Maximum of 21 treatments(0228)		A
	PUVA: Follow-up or maintenance once a week. (0229)		A
	UVR-Treatment (0230)		A
	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(0231)		A
	Biopsy Without Suturing		
	First lesion (0233)	A	A
	Subsequent lesions, each .(0234)	A	A
	Maximum for multiple additional lesions.(0235)	A	A
	Deep skin biopsy by surgical incision with local anaesthetic and suturing.(0237)	A	A
	Treatment Of Benign Skin Lesion By Chemo-cryotherapy		
	First Lesion.(0241)	A	A
	Subsequent lesions, each.(0242)	A	A
	Maximum for multiple additional lesions.(0243)	A	A
	Repair of nail bed.(0244)	A	A
	Removal Of Benign Lesion By Curetting Under Local Or General Anaesthesia Followed By		

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	First Lesion.(0245)	A	A
	Subsequent lesions, each(0246)	A	A
	Removal Of Malignant Lesions By Curetting Under Local Or General Anaesthesia Followed By		
	First Lesion.(0251)	A	A
	Subsequent lesions, each.(0252)	A	A
	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail.(0255)	A	A
	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(0257)	A	B
	Removal of foreign body superficial to deep deep fascia (except hands).(0259)	A	A
	Removal of foreign body deep to deep fascia (except hands).(0261)	A	A
	Kurtin Planing For Acne Scarring		
	Whole face .(0271)	B	C
	Extensive.(0273)	B	B
	Limited .(0275)	B	A
	Subsequent planing of whole face within 12 months(0277)	B	B
	Surgical treatment for axillary hyperhidrosis.(0279)	B	B
	Laser Treatment For Small Skin Lesions		
	First lesion.(0280)	A	A
	Subsequent lesions (each).(0281)	A	A
	Maximum for multiple additional lesions.(0282)	A	A
	Laser Treatment For Large Skin Lesions		
	Limited area.(0283)	A	A
	Extensive area.(0284)	A	B
	Whole face or other areas of equivalent size or larger(0285)	A	C
2.3	Major Plastic Repair		
	Large skin grafts, composite skin grafts, large full thickness free skin grafts.(0289)	B	C
	Reconstructive procedures (including all stages) and skin graft by myocutaneous or fasciocutaneous flap(0290)	B	D
	Reconstructive procedures (including all stages) grafting by microvascular reanastomosis.(0291)	C	D
	Distant flaps: First stage.(0292)	B	C
	Contour grafts (excluding cost of material)(0293)	B	C
	Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses(0294)	C	D
	Local skin flaps (large, complicated).(0295)	B	C
	Other procedures of major technical nature.(0296)	B	C
	Subsequent major procedures for repair of same lesion.(0297)	B	B
	Lower abdominal dermo lipectomy.(0298)	C	C
	Major abdominal lipectomy with repositioning of umbilicus.(0299)	C	D
2.4	Lacerations, Scars, Tumours, Cysts And Other Skin Lesions		
	Stitching Of Soft-tissue Injuries		
	Stitching of wound (with or without local anaesthesia): Including normal after-care(0300)	A	A
	Additional wounds stitched at same session (each)(0301)	A	A
	Deep laceration involving limited muscle damage(0302)	B	B
	Deep laceration involving extensive muscle damage(0303)	B	B
	Major debridement of wound, sloughectomy or secondary suture(0304)	B	A
	Needle biopsy - soft tissue(0305)	A	A
	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude(0307)	A	A
	Each additional small procedure done at the same time(0308)	A	A
	Radical excision of nailbed(0310)	A	A
	Excision of large benign tumour (more than5 cm).(0311)	A	A
	Extensive resection for malignant soft tissue tumour including muscle(0313)	B	B
	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude(0314)	B	B
	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude(0315)	B	A
2.5	Breasts		
	Fine needle aspiration for soft tissue (all areas).(0316)		A
	Aspiration of cyst or tumour.(0317)	A	A
	Mastotomy with exploration, drainage of abscess or removal of mammary implant.(0319)	A	A
	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma.(0321)	A	B
	Subareola cone excision of ducts or wedge excision of breast (0323)	A	B
	Wedge excision of breast and axillary dissection.(0324)	C	C
	Total mastectomy.(0325)	C	C
	Total mastectomy with axillary gland biopsy.(0327)	C	C
	Total mastectomy with axillary gland dissection.(0329)	C	D
	Nipple and areola reconstruction(0330)	B	B

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	Unilateral.(0331)	B C
	Bilateral.(0333)	B D
	Removal of breast implant by means of capsulectomy: Per breast(0334)	B C
	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients.(0335)	B C
	Reduction: Mammoplasty For Pathological Hypertrophy	
	Unilateral.(0337)	C C
	Bilateral.(0339)	C D
	Gynaecomastia	
	Unilateral.(0341)	A B
	Bilateral.(0343)	B C
2.6	Burns	
	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours).(0351)	B D
	Tangential excision and grafting: Small.(0353)	B B
	Tangential excision and grafting: Large.(0354)	C C
2.7	Hands (skin)	
	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(0355)	C B
	Small skin graft in acute hand injury.(0357)	C A
	Release of extensive skin contracture and or excision of scar tissue with major skin graft resurfacing(0359)	C C
	Z-plasty.(0361)	B B
	Local flap and skin graft.(0363)	B C
	Cross finger flap (all stages).(0365)	B C
	Palmar flap (all stages).(0367)	B C
	Distant flap: First stage.(0369)	B C
	Distant flap: Subsequent stage (not subject to general modifier 0007)(0371)	A B
	Transfer neurovascular island flap.(0373)	B C
	Syndactyly: Separation of, including skin graft for one web.(0374)	B C
	Dupuytren's Contracture	
	Fasciotomy.(0375)	A A
	Fasciectomy.(0376)	A C
2.8	Acupuncture	
	Standard acupuncture.(0377)	A
	Laser acupuncture using more than 6 points.(0378)	A
	Electro-acupuncture.(0379)	A
	Scalp acupuncture.(0380)	A
	Micro-acupuncture (ear, hand)(0381)	A
3	Musculo-skeletal System	
3.1	Bones	
3.1.1	Fractures (reduction Under General Anaesthetic)	
	Scapula.(0383)	A
	Clavicle.(0387)	A
	Humerus.(0389)	A B
	Radius and/or Ulna.(0391)	A B
	Open reduction of both radius and ulna (Modifier 0051 not applicable)(0392)	A C
	Carpal bone.(0402)	A B
	Bennett's fracture-dislocation(0403)	A A
	Metacarpal: Simple.(0405)	A A
	Finger Phalanx: Distal	
	Simple.(0409)	A
	Compound.(0411)	A A
	Proximal Or Middle	
	Simple.(0413)	A A
	Compound.(0415)	A B
	Pelvis	
	Closed.(0417)	B
	Operative reduction and fixation.(0419)	B D
	Femur: Neck or Shaft.(0421)	A C

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Patella.(0425)	A	A
Tibia with or without fibula.(0429)	A	B
Fibula shaft.(0433)	A	
Malleolus of ankle.(0435)	A	A
Fracture-dislocation of ankle.(0437)	A	B
Open reduction Talus fracture (Modifier 0051 not applicable)(0438)	A	B
Tarsal bones and Os calcis.(0439)	A	A
Calcaneus reduction (Modifier 0051 not applicable)(0440)	A	B
Toe Phalanx		
Distal: Simple.(0443)	A	
Compound.(0445)	A	A
Other		
Simple.(0447)	A	A
Compound.(0449)	A	A
Sternum And/or Ribs		
Closed.(0451)	C	
Open reduction and fixation of multiple fractured ribs for flail chest(0452)	C	C
Spine: With Or Without Paralysis		
Cervical.(0455)	C	
Rest.(0456)	C	
Compression Fracture		
Cervical.(0461)	C	
Rest .(0462)	C	
Spinous Or Transverse Processes		
Cervical.(0463)	C	
Rest.(0464)	C	
3.1.1.1 Operations For Fractures		
Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)(0465)	C	D
Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care), modifier 0005 not applicable(0473)	B	A
Bonegrafting Or Internal Fixation For Mal- Or Non-union		
Femur, Tibia, Humerus, Radius and Ulna.(0475)	C	D
Other bones.(0479)	C	C
3.1.2 Bony Operations		
3.1.2.1 Bone Grafting		
Resection of bone or tumour with or without grafting.(0497)	C	D
Grafts To Cysts		
Large bones.(0499)	B	C
Small bones.(0501)	B	B
Cartilage graft.(0503)	B	C
Inter-metacarpal bone graft(0505)	B	C
Removal of autogenous bone for grafting (not subject to general modifier 0005)(0507)	A	A
3.1.2.2 Acute Or Chronic Osteomyelitis		
Sternum sequestrectomy and drainage: Including six weeks after-care(0512)	A	B
3.1.2.3 Osteotomy		
Sternum: Repair of pectus excavatum.(0514)	B	D
Sternum: Repair of pectus carinatum.(0515)	B	D
Pelvic.(0516)	B	D
Femoral: Proximal.(0521)	B	D
Knee Region		
Children.(0523)	B	B
Adults.(0527)	B	D
Os Calcis (Dwyer operation).(0528)	B	B
Metacarpal and phalanx: Corrective for mal-union or rotation (0530)	B	B
Rotation osteotomies of the Radius, Ulna or Humerus(0532)	B	C
Osteotomy, single metatarsal(0533)	A	A
Multiple metatarsal osteotomies.(0534)	B	C

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3.1.2.4 Exostosis			
Exostosis: Excision: Readily accessible sites.(0535)			
Exostosis: Excision: Less accessible sites.(0537)	A	B	
3.1.2.5 Biopsy			
Needle Biopsy: Spine (no after-care), modifier 0005 not applicable.(0539)	A	A	
Needle Biopsy: Other sites (no after-care), modifier 0005 not applicable.(0541)	A	A	
Open (modifier 0005 Not Applicable)			
Readily accessible site.(0543)			B
Less accessible site.(0545)			B
3.2 Joints			
3.2.1 Dislocations			
Clavicle: either end.(0547)	A	A	
Shoulder.(0549)	A	A	
Elbow.(0551)	A	A	
Wrist.(0552)	A	B	
Perilunar trans-scaphoid fracture dislocation(0553)	A	B	
Lunate.(0555)	A	B	
Carpo-metacarpal dislocation(0556)	A	A	
Metacarpal-phalangeal or interphalangeal joints (hand)(0557)	A	A	
Hip.(0559)	A	B	
Knee.(0561)	A	B	
Patella.(0563)	A	A	
Ankle.(0565)	A	B	
Sub-Talar dislocation.(0567)	A	B	
Intertarsal or Tarsometatarsal or Midtarsal.(0569)	A	B	
Metatarsophalangeal or interphalangeal joints (foot)(0571)	A	A	
3.2.2 Operations For Dislocations			
Recurrent dislocation of shoulder(0578)	B	C	
Recurrent dislocation of all other joints.(0579)	B	C	
3.2.3 Capsular Operations			
Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)(0582)	A	A	
Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care).(0583)	A	B	
Capsulectomy digital joint.(0585)	A	B	
Multiple percutaneous capsulotomies of metacarpophalangeal joints.(0586)	A	B	
Release of digital joint contracture.(0587)	B	B	
3.2.4 Synovectomy			
Digital joint.(0589)	B	B	
Large joint.(0592)	B	C	
Tendon synovectomy.(0593)	B	B	
3.2.5 Arthrodesis			
Shoulder.(0597)	B	C	
Elbow.(0598)	B	C	
Wrist.(0599)	B	C	
Digital joint.(0600)	B	B	
Hip.(0601)	B	D	
Knee.(0602)	B	C	
Ankle.(0603)	B	C	
Sub-talar.(0604)	B	B	
Stabilization of foot (triple-arthrodesis).(0605)	B	C	
Mid-tarsal wedge resection(0607)	B	C	
3.2.6 Arthroplasty			
Debridement large joints(0614)	B	C	
Excision medial or lateral end of clavicle.(0615)	B	B	
Shoulder: Acromioplasty.(0617)	B	C	
Shoulder: Partial replacement (0619)	C	D	
Shoulder: Total replacement.(0620)	C	D	
Elbow: Excision head of radius.(0621)	B	B	
Elbow: Excision.(0622)	B	C	
Elbow: Partial replacement(0623)	B	C	
Elbow: Total replacement.(0624)	C	D	
Wrist: Excision distal end of ulna.(0625)	B	B	
Wrist: Excision single bone(0626)	B	B	

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	Wrist: Excision proximal row(0627)	B	C
	Wrist: Total replacement.(0631)	B	C
	Digital Joint: Total replacement.(0635)	C	C
	Hip: Total replacement(0637)	C	D
	Hip: Cup.(0639)	C	D
	Hip: Prosthetic replacement of femoral head.(0641)	C	D
	Hip: Girdlestone.(0643)	C	D
	Knee: Partial replacement(0645)	C	D
	Knee: Total replacement.(0646)	C	D
	Ankle: Total replacement(0649)	C	C
	Ankle: Astragalectomy.(0650)	B	C
3.2.7	Miscellaneous (joints)		
	Aspiration of joint or intra-articular injection (not including after-care), modifier 0005 not applicable.(0661)	A	A
	Multiple Intra-articular Injections For Rheumatoid Arthritis (excluding After-care), Modifier 0005 Not		
	First joint.(0663)	A	A
	Additional (each).(0665)	A	A
	Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable.(0667)	A	A
	Manipulation large joint under general anaesthetic (not including after-care), modifier 0005 not applicable: Hip(0669)	A	A
	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic : Hip(0670)	A	
	Meniscectomy or operation for other internal derangement of knee.(0673)	B	B
3.2.8	Joint Ligament Reconstruction Or Suture		
	Ankle: Collateral.(0675)	B	C
	Knee: Collateral.(0677)	B	C
	Knee: Cruciate.(0678)	B	C
	Ligament augmentation procedure of knee.(0679)	B	D
	Digital joint ligament.(0680)	B	B
3.3	Amputations		
3.3.1	Specific Amputations		
	Fore-quarter amputation.(0682)	B	D
	Through shoulder.(0683)	B	C
	Upper arm or fore-arm.(0685)	B	B
	Partial amputation of the hand: One ray.(0687)	A	B
	Part of or whole of finger.(0691)	A	A
	Hindquarter amputation.(0693)	B	D
	Through hip joint region.(0695)	B	C
	Through thigh(0697)	B	C
	Below knee, through knee or Syme.(0699)	B	C
	Trans metatarsal or trans tarsal.(0701)	A	B
	Foot: One ray.(0703)	A	B
	Toe.(0705)	A	B
3.3.2	Post-amputation Reconstruction		
	Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler(0706)	A	B
	Krukenberg reconstruction(0707)	C	C
	Metacarpal transfer.(0709)	B	C
	Pollicization of the finger (to include all stages).(0711)	B	D
	Toe to thumb transfer.(0712)	B	D
3.4	Muscles, Tendons And Fasciae :		
3.4.1	Investigations :		
	Electromyography.(0713)	A	B
	Electromyographic neuromuscular junctional study, including edrophonium response.(0714)	A	A
	Strength duration curve per session.(0715)	A	A
	Electrical examination of single nerve or muscle.(0717)	A	A
	Oxidative study for mitochondrial function.(0718)		B
	Voltage integration during isometric contraction(0721)	A	A
	Tonometry with edrophonium(0723)	A	A
	Isometric tension studies with edrophonium.(0725)	A	A
	Cranial Reflex Study (both Early And Late Responses) Supra Occulofacial Or Corneo-facial Or		

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	Unilateral.(0727)	A	A
	Bilateral.(0728)	A	A
	Tendon reflex time.(0729)	A	A
	Limb-brain somatosensory studies (per limb).(0730)		A
	Visio and audio-sensory studies.(0731)		A
	Motor nerve conduction studies (single nerve).(0733)		A
	Examinations of sensory nerve conduction by sweep averages (single nerve).(0735)	A	A
	Biopsy for motor nerve terminals and end plates.(0737)	A	A
	Combined muscle biopsy with end plates and nerve terminal biopsy.(0739)	B	A
	Muscle fatigue studies.(0740)	A	A
	Muscle biopsy.(0741)	B	A
	Global fee for all muscle studies, including histochemical studies(0742)		C
3.4.2	Decompression Operations		
	Major compartmental decompression.(0743)	A	B
	Fasciotomy only.(0744)	A	A
3.4.3	Muscle And Tendon Repair		
	Biceps humeri.(0745)	B	B
	Removal of calcification in Rotator cuff.(0746)	A	B
	Rotator cuff.(0747)	B	B
	Infrapatellar or quadriceps tendon(0755)	B	B
	Achilles tendon.(0757)	B	B
	Other single tendon.(0759)	A	B
	Tendon or ligament injection(0763)	A	A
	Flexor Tendon Suture		
	Primary (per tendon).(0767)	A	B
	Secondary (per tendon)(0769)	A	C
	Extensor Tendon Suture		
	Primary (per tendon).(0771)	A	B
	Secondary (per tendon).(0773)	A	B
	Repair of Boutonniere deformity or Mallet finger.(0774)	B	B
3.4.4	Tendon Graft		
	Free tendon graft.(0775)	B	C
	Reconstruction of pulley for flexor tendon.(0776)	B	A
	Finger		
	Flexor.(0777)	B	C
	Extensor.(0779)	B	B
	Two stage flexor tendon graft using silastic rod.(0780)	B	C
3.4.5	Tenolysis		
	Tendon freeing operation, except where specified elsewhere (0781)	B	B
	Carpal tunnel syndrome.(0782)	B	B
	De Quervain.(0783)	B	A
	Trigger finger.(0784)	B	A
	Flexor tendon freeing operation following free tendon graft or suture.(0785)	B	C
	Extensor tendon freeing operation following graft or suture (0787)	B	B
	Intrinsic tendon release per finger .(0788)	B	B
	Central tendon tenotomy for Boutonniere deformity(0789)	B	B
3.4.6	Tenodesis		
	Digital joint.(0790)	A	B
3.4.7	Muscle Tendon And Fascia Transfer		
	Single tendon transfer.(0791)	B	B
	Multiple tendon transfer.(0792)	C	B
	Hamstring to quadriceps transfer.(0793)	C	B
	Pectoralis major or Latissimus dorsi transfer to biceps tendon (0794)	C	D
	Tendon transfer at elbow(0795)	C	B
	Iliopsoas at hip.(0796)	C	C
	Knee (Eggers).(0797)	C	B
	Hand Tendons		
	Single tendon transfer (first)(0803)	B	B
	Substitution for intrinsic paralysis of hand.(0809)	C	C
	Opponens transfers.(0811)	C	B

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3.4.8	Muscle Slide Operations And Tendon Lengthening		
	Percutaneous Tenotomy: All sites.(0812)	A	A
	Torticollis.(0813)	B	B
	Scalenotomy.(0815)	B	B
	Scalenotomy with excision of first rib.(0817)	B	C
	Tennis elbow.(0821)	C	B
	Excision or slide for Volkmann's Contracture.(0823)	C	C
	Hip: Open muscle release.(0825)	B	B
	Knee: Quadricepsplasty.(0829)	B	C
	Knee: Open tenotomy.(0831)	B	B
	Calf.(0835)	B	B
	Open elongation tendon Achilles.(0837)	B	B
	Foot: Plantar fasciotomy.(0845)	A	B
	Foot: Postero-medial release for club-foot.(0846)	C	C
3.5	Bursae And Ganglia		
	Excision		
	Semimembranosus.(0847)	B	B
	Prepatellar.(0849)	A	A
	Olecranon.(0851)	A	A
	Small bursa or ganglion.(0853)	A	A
	Compound palmar ganglion or synovectomy.(0855)	A	B
	Aspiration or injection (no after-care), modifier 0005 not applicable(0857)	A	A
3.6	Miscellaneous		
3.6.1	Leg Equalisation And Congenital Hips And Feet		
	Leg shortening.(0859)	C	D
	Leg lengthening.(0861)	C	D
	Epiphysiodesis at one level.(0863)	C	B
	Initial Non-operative Reduction And Application Of Plastercast		
	One hip.(0865)	A	B
	Two hips.(0867)	A	C
	Open reduction of congenital dislocation of the hip(0868)	C	C
	Subsequent plaster(0869)		A
	Manipulation And Plaster		
	One foot.(0873)	A	A
3.6.2	Removal Of Internal Fixatives Or Prosthesis		
	Removal of internal fixatives or prosthesis: Readily accessible.(0883)		A
	Removal of internal fixatives or prosthesis: Less accessible(0884)		B
	Removal of prosthesis for infection soon after operation(0885)		B
	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)(0886)	C	
3.7	Plasters (exclusive Of After-care)		
	Limb cast (excluding after-care) (modifier 0005 not applicable).(0887)	A	A
	Spica, plaster jacket or hinged cast brace (excluding after-care).(0889)	B	A
	Turnbuckle cast (excluding after-care).(0891)	B	A
	Adjustment or repair of turnbuckle cast (excluding after-care).(0893)	A	A
3.8	Special Areas		
3.8.1	Foot And Ankle		
	One foot.(0897)	C	B
	Tenotomy, single tendon(0901)	C	A
	Hammer toe: one toe(0903)	C	A
	Fillet of Toe or Ruiz-Mora procedure(0905)	C	A
	Arthrodesis Hallux.(0906)	B	B
	Silver bunionectomy or similar for Hallux Valgus(0907)	B	B
	Excision arthroplasty.(0909)	B	B
	Cheilectomy or metatarsophangeal implant Hallux(0910)	B	C
	Metatarsal osteotomy or Lapidus or similar or Chevron(0911)	B	B

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3.8.2	Big Toe		
3.8.3	Reimplantations		
	Replant of amputated upper limb proximal to wrist joint(0912)	C	D
	Replantation of thumb.(0913)	C	D
	Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable.(0914)	C	D
	Replantation operation through the palm.(0915)	C	D
3.8.4	Hands: (note: Skin: See Integumentary System)		
	Tumours		
	Epidermoid cysts.(0919)	A	A
	Ganglion or fibroma.(0920)	A	A
	Nodular synovitis (Giant cell tumour of tendon sheath)(0921)	A	B
	Removal Of Foreign Bodies Requiring Incision		
	Under local anaesthetic.(0922)	A	A
	Under general or regional anaesthetic.(0923)	A	A
	Crushed Hand Injuries		
	Initial extensive soft tissue toilet under general anaesthetic (sliding scale).(0924)	A	A
	Subsequent dressing changes under general anaesthetic(0925)	B	A
3.8.5	Spine		
	Excision of one vertebral body, for a lesion within the body (no decompression)(0927)	C	C
	Excision of each additional vertebral segment for a lesion within the body (no decompression)(0928)	C	C
	Manipulation of spine under general anaesthetic: (no after-care), modifier 0005 not applicable.(0929)	B	A
	Posterior osteotomy of spine: One vertebral segment(0930)	C	D
	Posterior spinal fusion: One level.(0931)	C	D
	Posterior osteotomy of spine: Each additional vertebral segment(0932)	C	D
	Anterior spinal osteotomy with disc removal: One vertebral segment(0933)	C	D
	Anterior spinal osteotomy with disc removal: Each additional vertebral segment(0936)	C	D
	Anterior fusion base of skull to C2(0938)	C	D
	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon(0939)	B	C
	Trans-thoracic anterior exposure of the spine if done by a second surgeon(0940)	B	C
	Anterior interbody fusion: One level(0941)	C	D
	Anterior interbody fusion: Each additional level(0942)	C	D
	Posterior fusion: Occiput to C2(0944)	C	D
	Posterior spinal fusion: Each additional level(0946)	C	D
	Posterior interbody lumbar fusion: One level(0948)	C	D
	Posterior interbody lumbar fusion: Each additional interspace(0950)	C	D
	Excision of coccyx.(0959)	B	B
	Costo-transversectomy.(0961)	B	C
	Antero-lateral decompression of spinal cord or anterior debridement(0963)	C	D
3.8.6	Spinal Deformities		
	Posterior fusion for spinal deformity: Up to 6 levels(0952)	C	D
	Posterior fusion for spinal deformity: 7 to 12 levels(0954)	C	D
	Posterior fusion for spinal deformity: 13 or more levels(0955)	C	D
	Anterior fusion for spinal deformity 2 or 3 levels(0956)	C	D
	Anterior fusion for spinal deformity: 4 to 7 levels(0957)	C	D
	Anterior fusion for spinal deformity: 8 or more levels(0958)	C	D
3.8.7	All Spinal Problems		
	Laminectomy with decompression of nerve roots and disc removal: One level.(0943)	C	C
	Posterior non-segmental instrumentation(0960)	B	C
	Posterior segmental instrumentation : 2 to 6 vertebrae(0962)	B	C
	Posterior segmental instrumentation: 7 to 12 vertebrae(0964)	B	C
	Posterior segmental instrumentation: 13 or more vertebrae(0966)	B	C
	Anterior instrumentation: 2 to 3 vertebrae(0968)	B	C
	Skull or skull-femoral traction including two weeks after-care (0969)		B
	Anterior instrumentation: 4 to 7 vertebrae(0970)	B	C
	Halo-splint and POP jacket including two weeks after-care(0971)		B
	Anterior instrumentation: 8 or more vertebrae(0972)	B	C
	Additional pelvic fixation of instrumentation other than sacrum(0974)	B	B
	Reinsertion of instrumentation(5750)	B	D

	Removal of posterior non-segmental instrumentation(5751)	B	C
	Removal of posterior segmental instrumentation(5752)	B	C
	Removal of anterior instrumentation(5753)	B	C
	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels(5755)	A	D
	Laminectomy with full decompression for spondylolisthesis (Gill procedure)(5756)	A	D
	Laminectomy for decompression without foraminotomy or diskectomy more than two levels(5757)	A	D
	Laminectomy with decompression of nerve roots and disc removal: Each additional level(5758)	A	D
	Laminectomy for decompression diskectomy etc., revision operation(5759)	B	D
	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level(5760)	A	D
	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level(5761)	A	D
	Anterior disc removal and spinal decompression cervical: One level(5763)	A	D
	Anterior disc removal and spinal decompression cervical: Each additional level(5764)	A	D
	Vertebral corpectomy for spinal decompression: One level(5765)	A	D
	Vertebral corpectomy for spinal decompression: Each additional level (5766)	A	D
3.9	Facial Bone Procedures		
	Repair of orbital floor (blowout fracture).(0987)	C	C
	Genioplasty.(0988)	B	C
	Open Reduction And Fixation Of Central Mid-third Facial Fracture With Displacement		
	Le Fort I.(0989)	B	C
	Le Fort II.(0990)	C	D
	Le Fort III.(0991)	C	D
	Le Fort I Osteotomy.(0992)	C	D
	Palatal Osteotomy.(0993)	C	D
	Le Fort II Osteotomy (team fee).(0994)	C	D
	Le Fort III Osteotomy (team fee).(0995)	C	D
	Mandible: Fractured Nose And Zygoma		
	Open reduction and fixation.(0997)	C	D
	Closed reduction by inter-maxillary fixation.(0999)	B	C
	Temporo-mandibular joint: Reconstruction for dysfunction (1001)	C	C
	Manipulation: Immobilisation and follow-up of fractured nose.(1003)	A	A
	Mandibulectomy.(1007)	C	D
	Maxillectomy(1009)	C	D
	Bone graft to mandible.(1011)	C	C
	Adjustment of occlusion by ramisection.(1012)	C	C
	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures, recent fractures (within four weeks)(1015)	B	B
	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; (after four weeks)(1017)	B	C
4	Respiratory System		
4.1	Nose And Sinuses		
	ENT endoscopy in rooms with rigid endoscope.(1019)		A
	Septum perforation repair, by any method.(1020)	B	B
	Functional reconstruction of nasal septum.(1022)	C	B
	Insertion of silastic obturator into nasal septum perforation (excluding material) (1024)	B	A
	Intranasal antrostomy (modifier 0005 to apply to opposite side)(1025)	B	A
	Dacryocystorhinostomy.(1027)	B	C
	Turbinectomy, uni- or bilateral(1029)	B	A
	Endoscopic turbinectomy: laser or microdebrider(1030)	B	B
	Removal of single nasal polyp at rooms (at initial consultation only)(1031)		A
	Removal of multiple polyps in hospital under general anaesthetic(1033)	B	A
	Autogenous nasal bone transplant: Bone removal included (1034)	C	B
	Functional endoscopic sinus surgery: Unilateral(1035)	B	B
	Bilateral functional endoscopic sinus surgery.(1036)	B	C
	Diathermy To Nose Or Pharynx Exclusive Of Consultation Fee, Uni- Or Bilateral		
	Under local anaesthetic.(1037)		A
	Under general anaesthetic(1039)	B	A
	Severe Epistaxis, Requiring Hospitalisation		
	Control severe epistaxis requiring hospitalisation: Anterior plugging(1041)	B	A

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Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging(1043)	B	A
Ligation anterior ethmoidal artery.(1045)	B	A
Caldwell-Luc operation (unilateral).(1047)	B	B
Ligation internal maxillary artery.(1049)	B	B
Vidian neurectomy (transantral or transnasal).(1050)	B	B
Removal nasopharyngeal fibroma.(1051)	C	D
Instrumental examination of the nasopharynx including biopsy under general anaesthetic.(1052)	B	A
Frontal sinus drainage, trephin operation(1053)	B	B
Antroscopy through the canine fossa (uni- or bilateral)(1054)		A
External frontal ethmoidectomy(1055)	B	C
External ethmoidectomy and/or sphenoidectomy(1057)	B	C
Sublabial transseptal sphenoidotomy.(1058)	B	B
Frontal osteomyelitis.(1059)	B	C
Obliteration of frontal sinus.(1060)	B	C
Lateral rhinotomy.(1061)	B	C
Excision nasolabial cyst(1062)	B	D
Removal of foreign bodies from nose at rooms.(1063)		A
Removal of foreign body from nose under general anaesthetic(1065)	A	A
Proof puncture at rooms (unilateral).(1067)	A	A
Proof puncture, uni- or bilateral under general anaesthetic (1069)	A	A
Proetz treatment (consultation fee only to be charged for first treatment) ,(1071)		A
Septum abscess, at rooms, including after-care.(1077)		A
Septum abscess, under general anaesthetic.(1079)	A	A
Oro-antral fistula (without Caldwell-Luc).(1081)	B	B
Choanal atresia: Intranasal approach.(1083)	B	B
Choanal atresia: Transpalatal approach.(1084)	B	C
Total reconstruction of the nose: including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomies) and nose tip(1085)	C	D
Sub-total reconstruction consisting of any two of the following: septumplasty, osteotomies, nasal tip reconstruction(1087)	B	C
Forehead Rhinoplasty (all Stages)		
Total.(1089)	C	D
Partial.(1091)	C	D
Rhinophyma without skin graft(1093)	B	B
Full nasal reconstruction for secondary cleft lip deformity (1095)	C	D
Partial nasal reconstruction for cleft lip deformity(1097)	B	C
Columella reconstruction or lengthening.(1099)	B	B
4.2 Throat		
Tonsillectomy (dissection of tonsils)(1101)	B	B
Laser tonsillectomy(1102)	B	B
Removal of adenoids(1105)	B	A
Laser assisted functional reconstruction of palate and uvula: In the rooms (+ item 5930 for hire of laser)(1106)	B	B
Opening of quinsy - at rooms.(1107)	B	A
Laser assisted functional reconstruction of palate and uvula: In rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon(1108)	B	B
Opening of quinsy under general anaesthetic(1109)	B	A
Ludwig's Angina: Drainage.(1110)	B	A
Post tonsillectomy or adenoidectomy haemorrhage(1111)	B	A
Pharyngeal pouch operation.(1112)	C	C
Retropharyngeal abscess internal approach.(1113)	B	A
Retropharyngeal abscess external approach.(1115)	B	B
Functional reconstruction of palate and uvula(1116)	C	B
4.3 Larynx		
Laryngeal intubation.(1117)		A
Laryngeal stroboscopy with video capture(1118)	B	A
Laryngectomy		
Laryngectomy without block dissection of the neck.(1119)	C	D
Botulinum toxin injection for adductor dysphonia (+ item 0201 + item 0202).(1123)		A
Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding aftercare)(1125)	B	B
Post laryngectomy for voice restoration.(1126)	C	B
Tracheotomy.(1127)	B	B
Endolaryngeal operations using a laser.(1128)	B	B
External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor paralysis, laryngo- fissure.(1129)	C	C

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	Direct Laryngoscopy		
	Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used) (1130)	B	A
	Plus foreign body removal(1131)	B	B
4.4	Bronchial Procedures		
	Bronchoscopy		
	Diagnostic bronchoscopy(1132)	B	B
	With removal of foreign body.(1133)	B	B
	Bronchoscopy with use of laser.(1134)	B	B
	With bronchography.(1135)	B	B
	Nebulisation (in rooms)(1136)	A	A
	Bronchial lavage.(1137)	B	
	Thoracotomy: for broncho-pleural fistula(including ruptured bronchus, any cause)(1138)	C	D
4.5	Pleura		
	Pleural needle biopsy: (no after-care), modifier 0005 not applicable(1139)	A	A
	Insertion of intercostal catheter (under water drainage)(1141)	B	A
	Intra-pleural block.(1142)	B	A
	Paracentesis chest: Diagnostic.(1143)	A	A
	Paracentesis chest: Therapeutic.(1145)	A	A
	Pneumothorax: Induction (diagnostic).(1147)		A
	Pleurectomy.(1149)	C	C
	Decortication of lung.(1151)	C	D
	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc)(1153)	A	A
4.6	Pulmonary Procedures		
4.6.1	Surgical		
	Needle biopsy lung: (no after-care) modifier 0005 not applicable(1155)	A	A
	Pneumonectomy.(1157)	C	D
	Pulmonary lobectomy.(1159)	C	D
	Segmental lobectomy.(1161)	C	D
	Excision Tracheal Stenosis		
	Cervical.(1163)	C	D
	Intra thoracic.(1164)	C	D
	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks.(1167)	C	C
	Thoracoplasty: Complete.(1168)	C	C
	Thoracoplasty: Limited/osteoplastic.(1169)	C	C
	Drainage empyema (including six weeks after treatment) (1171)	B	C
	Drainage of lung abscess (including six weeks after treatment)(1173)	B	C
	Thoracotomy (limited): For lung or pleural biopsy.(1175)	B	B
	Major: Diagnostic, as for inoperable carcinoma(1177)	C	C
	Thoracoscopy.(1179)	B	B
	Unilateral lung transplant.(1181)	C	D
	Harvesting donor lung: Unilateral.(1182)	B	B
	Excision Or Plication Of Emphysematous Cyst		
	Unilateral.(1183)	C	C
	Bilateral synchronous (Median sternotomy).(1184)	C	D
	Re-exploration following sternal dehiscence.(1185)	C	B
4.6.2	Pulmonary Function Tests		
	Flow volume test: Inspiration/expiration.(1186)	B	A
	Flow volume test: Inspiration/expiration pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)(1188)	B	A
	Forced expirogram only(1189)	A	A
	N2 single breath distribution(1191)	A	A
	Peak expiratory flow only.(1192)	A	A
	Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method(1193)		A
	Thoracic gas volume(1195)		A
	Determination of resistance to airflow, oscillatory or plethysmographic methods(1196)		A
	Compliance and resistance, using oesophageal balloon(1197)	B	A
	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air,		A

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	methacholine or other chemical agent, with subsequent spirometrics.(1198)		
	Pulmonary stress testing; simple (eg. prolonged exercise test for bronchospasm with pre- and post-spirometry)(1199)		B
	Carbon monoxide diffusing capacity, any method.(1200)		A
	Maximum inspiratory/expiratory pressure.(1201)	A	A
4.7	Intensive Care: (in Intensive Care Or High Care Unit) Respiratory, Cardiac, General		
4.7.1	Neonatal Procedures		
	Insertion of central venous catheter via peripheral vein in neonates.(1202)	B	A
4.7.2	Tariff Items For Intensive Care		
4.7.3	Procedures		
	Ventilation		
	Insertion of arterial pressure cannula.(1215)	A	A
	Insertion of Swan Ganz catheter for haemodynamic monitoring .(1216)	B	A
	Insertion of central venous line via peripheral vein .(1217)	A	A
	Insertion of central venous line via subclavian or jugular veins.(1218)	A	A
	Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient .(1221)	B	A
4.8	Hyperbaric Oxygen Therapy		
5	Mediastinal Procedures		
	Mediastinal tumours.(1222)	C	D
	Mediastinoscopy.(1223)	B	B
	Mediastinotomy.(1224)	B	B
	Excision of malignant chest wall tumours involving sternum and multiple ribs.(1225)	C	D
	Removal of single rib with a lesion.(1226)	C	D
6	Cardiovascular System		
6.1	General		
	Prolonged neonatal resuscitation.(1227)	B	
	General Practitioner's Fee For The Taking Of An Ecg Only		
	Without effort: 1/2 (item1232).(1228)		A
	Without and with effort: 1/2 (item 1233).(1229)		A
	Physician's Fee For Interpreting An Ecg		
	Without effort.(1230)		A
	Without and with effort.(1231)		A
	Electrocardiogram		
	Without effort.(1232)		A
	Without and with effort .(1233)		A
	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus(1234)		A
	Multi-stage treadmill test.(1235)		A
	ECG without effort: Under 4 years.(1236)		A
	24 Hour ambulatory ECG monitoring (holter): Interpretation (1239)		A
	Signal averaged electrocardiogram.(1240)		B
	X-ray Screening: Chest.(1241)		A
	X-ray screening: Prosthetic valves.(1242)		A
	Two week event triggered ambulatory ECG monitoring: Interpretation.(1244)		A
	Angiography cerebral: First two series.(1245)	B	A
	Angiography peripheral: Per limb.(1246)	B	A
	Cardioversion for arrhythmias (any method) with doctor in attendance(1247)	B	B
	Paracentesis of pericardium.(1248)	B	A
6.2	Invasive Cardiology		
6.2.1	Cardiac Catheterisation		
	Right and left cardiac catheterisation without coronary angio-graphy (with or without biopsy).(1249)	B	B
	Endomyocardial biopsy.(1250)	B	B

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	Transseptal puncture.(1251)	B	B
	Left heart catheterisation with coronary angiography (with or without biopsy).(1252)	B	B
	Right heart catheterisation (with or without biopsy)(1253)	B	B
	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts.(1254)	B	A
	Tilt test.(1255)		A
6.2.2	Electrophysiological Study		
	Ventricular stimulation study.(1256)	B	C
	Full electrophysiological study(1257)	B	D
6.2.3	Pacemakers		
	Permanent - single chamber.(1258)	B	C
	Permanent - dual chamber.(1259)	B	C
	AV nodal ablation.(1260)	B	D
	Accessory pathway ablation.(1261)	B	D
	Electrophysiological mapping.(1262)		D
	Insertion transvenous implantable defibrillator.(1263)	C	C
	Test for implantable transvenous defibrillator(1264)	B	B
	Renewal of pacemaker unit only, team fee.(1265)	B	B
	Resiting pacemaker generator.(1266)		B
	Repositioning of catheter electrode.(1267)	B	A
	Threshold testing: Own equipment.(1268)		A
	Threshold testing: Hospital equipment.(1269)		A
	Programming of atrio-ventricular sequential pacemaker(1270)		A
	Insertion of temporary pacemaker (modifier 0005 not applicable).(1273)	B	B
	Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer.(1275)	B	C
6.2.4	Percutaneous Transluminal Angioplasty		
	First cardiologist: single lesion(1276)	C	C
	Second cardiologist: single lesion.(1277)	C	B
	First cardiologist: second lesion.(1278)	C	A
	Second cardiologist: second lesion.(1279)	C	A
	First cardiologist: third or subsequent lesions (each)(1280)	C	A
	Second cardiologist: third or subsequent lesions (each) (1281)	C	A
	Use of balloon procedures including - first cardiologist	C	C
	- Atrial septostomy		
	- Pulmonary valve valvuloplasty		
	- Aortic valve valvuloplasty		
	- Coarctation dilation		
	- Mitral valve valvuloplasty.(1282)		
	Use of balloon procedure as in item 1282 - second cardiologist(1283)	C	B
	Atherectomy: single lesion: first cardiologist.(1284)		D
	Atherectomy: single lesion: second cardiologist.(1285)		C
	Insertion of intravascular stent: first cardiologist.(1286)		B
	Insertion of intravascular stent: second cardiologist(1287)		A
	Use of balloon procedures including - first paediatric cardiologist ("33")		D
	- Arterial septostomy		
	- Pulmonary valve valvuloplasty		
	- Aortic valve valvuloplasty		
	- Coarctation dilation		
	- Mitral valve valvuloplasty		
	- Closure atrial septal defect		
	- Closure of patent ductus arteriosus(1290)		
	Use of balloon procedure as in item 1290 - second paediatric cardiologist ("33")(1291)		C
6.2.5	Paediatric Cardiac Catheterisation		
	Paediatric cardiac catheterisation(1288)	C	C
	Paediatric cardiac catheterisation: Infants below the age of one year.(1289)	C	C
6.3	Cardiac Surgery		
	Patent ductus arteriosus.(1294)	C	D
	Pericardiectomy for constrictive pericarditis.(1295)	C	D
	Coarctation of aorta.(1297)	C	D
	Systemo-pulmonary anastomosis.(1299)	C	D
	Mitral valvotomy: Closed heart technique.(1301)	C	D
	Heart transplant.(1302)	C	D
	Harvesting donor heart.(1303)	B	B
	Operative implantation of cardiac pacemaker by thoracotomy (1305)	C	C

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	Re-exploration after cardiac-surgery.(1307)	C	C
	Heart and lung transplant.(1308)	C	D
	Harvesting donor heart and lungs.(1309)	B	B
	Pericardial drainage.(1311)	B	B
6.3.1	Open Heart Surgery		
	Evaluation of coronary angiogram by cardio-thoracic surgeon (1312)		A
	Repeat open heart surgery (additional fee above procedure fee)(1320)	C	C
	Stand-by fee for coronary angioplasty.(1321)	B	A
	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour.(1322)		A
6.3.1.1	Congenital Conditions		
	Atrial Septal Defect		
	Osteum secundum.(1323)	C	D
	Sinus venosus or osteum primum.(1325)	C	D
	Ventricular septal defect.(1327)	C	D
	Fallot's tetralogy.(1329)	C	D
	Pulmonary stenosis.(1330)	C	D
	Transposition of large vessels (venous repair).(1331)	C	D
	Transposition of great arteries (arterial repair).(1332)	C	D
	Ebstein's Anomaly.(1333)	C	D
	Total anomalous venous drainage.(1335)	C	D
	Creation of atrial septal defect by thoracotomy with or without cardiac bypass.(1337)	C	D
	Fontan type repair(1338)	C	D
6.3.1.2	Acquired Conditions		
	Mitral valve replacement.(1339)	C	D
	Mitral valvuloplasty(1340)	C	D
	Aortic valve replacement.(1341)	C	D
	Tricuspid annulo plasty.(1342)	C	C
	Double valve replacement.(1343)	C	D
	Acute dissecting aneurysm repair.(1344)	C	D
	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest.(1345)	C	D
	Aorta-coronary Bypass Operation (including Interpretation Of Angiogram)		
	Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable).(1346)		B
	Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable).(1347)		C
	Utilizing saphenous veins.(1348)	C	D
	Additional arterial implant: any artery.(1349)	C	D
	Additional double arterial implant: any artery.(1350)	C	D
	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm(1351)	C	D
	Cardiac aneurysm.(1352)	C	D
	Ascending/descending thoracic aortic aneurysm repair(1353)	C	D
	Arrhythmia surgery.(1354)	C	D
	Cardiac tumour.(1355)	C	D
	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable).(1356)	C	C
	Harvesting of radial artery(1358)		C
6.4	Peripheral Vascular System		
6.4.1	Investigations		
	Skin Temperature Test		
	Response to reflex heating.(1357)		A
	Response to reflex cooling(1359)		A
	Cold sensitivity test.(1361)		A
	Oscillometry test.(1363)		A
	Sweat test.(1365)		A
	Doppler blood tests.(1367)		A
	Doppler arterial pressures(5369)		A
	Doppler arterial pressures with exercise(5371)		A
	Doppler segmental pressures and wave forms(5373)		A
	Venous doppler examination (both limbs)(5375)		A
	Venous plethysmography(5377)		A
	Supra-orbital doppler test(5379)		A
	Carotid non-invasive complex tests(5381)		A

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	Transcutaneous Oximetry		
	Transcutaneous oximetry - single site(1366)		A
6.4.2	Arterio-venous Abnormalities :		
6.4.3	Arteries :		
6.4.3.1	Aorta-iliac And Major Branches		
	Abdominal Aorta And Iliac Artery		
	Unruptured(1372)	C	D
	Ruptured.(1373)	C	D
	Grafting and/or thrombo-endarterectomy for thrombosis(1375)	C	D
	Aorta bifemoral graft, including proximal and distal endarterectomy and preparation for anastomosis(1376)	C	D
6.4.3.2	Iliac Artery		
	Prosthetic grafting and/or Thrombo-endarterectomy(1379)	C	D
6.4.3.3	Peripheral		
	Prosthetic grafting.(1385)	C	C
	Suture major blood vessel (artery or vein) - trauma (major blood vessel are define as aorta, innominate artery, carotid artery and vetebraal artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure.)(1396)	C	C
	Grafting Vein		
	Vein grafting proximal to knee joint.(1387)	C	D
	Distal to knee joint(1388)	C	D
	Endarterectomy when not part of another specified procedure(1389)	C	C
	Carotid endarterectomy.(1390)	C	D
	Embolectomy		
	Peripheral embolectomy transfemoral .(1393)	B	C
	Miscellaneous Arterial Procedures		
	Arterial suture: trauma.(1395)	B	B
	Profundoplasty.(1397)	B	C
	Distal tibial (Ankle region).(1399)	C	D
	Femoro-femoral.(1401)	C	C
	Carotid-subclavian.(1402)	C	D
	Axillo-femoral: (Bifemoral + 50%).(1403)	C	D
6.4.4	Veins		
	Ligation of saphenous vein.(1407)	A	A
	Placement of Hickman catheter or similar.(1408)	B	B
	Ligation Of Inferior Vena Cava :		
	Abdominal.(1410)	B	C
	"umbrella" Operation On Inferior Vena Cava :		
	Abdominal.(1412)	B	B
	Combined Procedure For Varicose Veins: Ligation Of Saphenous Vein, Stripping, Multiple Ligation		
	Unilateral.(1413)	B	B
	Bilateral.(1415)	B	C
	Extensive sub-fascial ligation of perforating veins.(1417)	B	B
	Lesser varicose vein procedures(1419)	A	A
	Compression Sclerotherapy Of Varicose Veins		
	Per injection to a maximum of nine injections per leg (excluding cost of material)(1421)		A
	Thrombectomy		
	Inferior vena cava (Trans abdominal).(1425)	C	C
	Ilio-femoral.(1427)	B	C
6.4.5	Portal Hypertension		
	Porto-caval shunt.(1429)	C	D
6.5	Cardiac Rehabilitation		
	Phase II: Exercise rehabilitation: Per patient per 60 min session with a maximum of 5 patients per group(1431)		A

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7	Phase III: Exercise rehabilitation: Per patient per 60 min session with a maximum of 10 patients per group(1432) Lympho-reticular System		A
7.1	Spleen		
	Splenectomy		
	Splenectomy (In all cases)(1435)	C	C
	Splenorrhaphy.(1436)	C	C
7.2	Lymph Nodes And Lymphatic Channels		
	Excision Of Lymph Node For Biopsy		
	Neck or axilla.(1439)	A	B
	Groin.(1441)	A	B
	Simple excision of lymph nodes for tuberculosis(1443)	A	B
	Radical Excision Of Lymph Nodes Of Neck: Total		
	Unilateral.(1445)	C	D
	Suprahyoid unilateral.(1447)	C	C
	Radical excision of lymph nodes of axilla.(1449)	C	C
	Radical Excision Of Lymph Nodes Of Groin		
	Ilio-inguinal.(1451)	C	C
	Inguinal.(1453)	C	C
	Retropertitoneal lymphadenectomy including pelvic, aortic and renal nodes.(1455)	C	D
	Bone Marrow Biopsy		
	By trephine.(1457)	A	A
	Simple aspiration of marrow by means of trocar or cannula (1458)		A
	Staging laparotomy for lymphoma (including splenectomy) (1459)	B	C
	Bone Marrow Transplantation		
	Cryopreservation of bone marrow or peripheral blood stem cells(1450)	B	A
	Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)(1454)	B	A
	Preparation of extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis(1456)	B	A
8	Digestive System		
8.1	Oral Cavity		
	All dental procedures.(1461)	A	
	Surgical biopsy of tongue or palate: Under general anaesthetic.(1463)	A	A
	Surgical biopsy of tongue or palate: Under local anaesthetic(1465)	A	A
	Drainage of intra-oral abscess.(1467)	A	A
	Local excision of mucosal lesion of oral cavity.(1469)	A	A
	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure(1471)	C	D
	Complicated reconstruction following major ablative procedure for head and neck cancer.(1473)	C	
	Cleft palate: Repair primary deformity with or without pharyngoplasty(1475)	C	D
	Cleft palate: Secondary repair.(1477)	C	C
	Velopharyngeal reconstruction with myoneurovascular transfer (dynamic repair)(1478)	C	C
	Velopharyngeal reconstruction with or without pharyngeal flap (static repair).(1479)	C	C
	Repair of oronasal fistula (large) e.g. distant flap(1480)	C	C
	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage(1481)	C	B
	Repair of oronasal fistula (large): Second stage(1482)	C	B
	Alveolar periosteal or other flaps for arch closure(1483)	B	B
	Closure of anterior nasal floor(1486)	C	B
8.2	Lips		
	Local excision of benign lesion of lip.(1485)	A	A
	Resection for lip malignancy.(1487)	B	B
	Cleft Lip		
	Lip adhesion (cleft lip)(1484)	B	B
	Repair unilateral cleft lip (with muscle reconstruction).(1489)	B	C
	Repair bilateral cleft lip (with muscle reconstruction) (one of two stages)(1490)	B	C
	Repair bilateral cleft lip (with muscle reconstruction) (one stage).(1491)	B	D
	Repair bilateral cleft lip (second stage)(1492)	B	C

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	Total revision of secondary cleft lip deformities.(1493)	B	C
	Partial revision of secondary cleft lip deformity(1494)	B	B
	Abbé or Estlander type flap (all stages included).(1495)	B	C
	Vermilionectomy.(1497)	B	B
	Lip reconstruction following an injury: Direct repair(1499)	B	B
	Lip Reconstruction Following An Injury Or Tumour Removal		
	Flap repair.(1501)	B	C
	Total reconstruction (first stage).(1503)	B	C
	Subsequent stages (see item 0299).(1504)	B	B
8.3	Tongue		
	Partial glossectomy.(1505)	B	C
	Local excision of lesion of tongue.(1507)	A	A
8.4	Palate, Uvula And Salivary Glands		
	Wide excision of lesion of palate.(1509)	B	B
	Radical resection of palate (including skin graft).(1511)	C	C
	Excision of ranula.(1513)	B	A
	Excision of sublingual salivary gland.(1515)	B	B
	Excision of submandibular salivary gland.(1517)	B	C
	Excision of submandibular salivary gland with suprahyoid dissection(1519)	C	C
	Excision of submandibular salivary gland with radical neck dissection.(1521)	C	D
	Local resection of parotid tumour.(1523)	B	B
	Partial parotidectomy.(1525)	C	C
	Total parotidectomy with preservation of facial nerve(1526)	C	D
	Total parotidectomy.(1527)	C	C
	Extracapsular Parotidectomy(1529)	C	D
	Drainage of parotid abscess.(1531)	A	A
	Closure of salivary fistula.(1533)	B	B
	Dilatation of salivary duct.(1535)	B	A
	Operative removal of salivary calculus.(1537)	B	A
	Meatotomy: Salivary duct.(1539)	B	A
	Branchial cyst and/or fistula: Excision.(1541)	B	B
	Excision of cystic hygroma(1543)	B	B
	Ludwig's Angina: Drainage(1544)	B	A
8.5	Oesophagus		
	Oesophagoscopy with rigid instrument: First and subsequent (1545)	B	A
	Oesophageal acid perfusion test(1547)		A
	Oesophagoscopy with dilatation of stricture.(1549)	B	B
	With removal of foreign body.(1550)	B	B
	With insertion of indwelling oesophageal tube.(1551)	B	B
	Injection of oesophageal varices (endoscopy inclusive) (1552)	B	B
	Subsequent injection of oesophageal varices (endoscopy inclusive).(1553)	B	B
	Per-oral small bowel biopsy.(1554)	B	A
	Repair of tracheal oesophageal fistula and oesophageal atresia.(1555)	C	D
	Oesophageal dilatation.(1557)	B	A
	Oesophagectomy		
	Two stage.(1559)	C	D
	Three stage.(1560)	C	D
	Thoraco-abdominal oesophagogastrectomy .(1561)	C	D
	Hiatus Hernia And Diaphragmatic Hernia Repair		
	With anti-reflux procedure.(1563)	C	D
	With Collis Nissen oesophageal lengthening procedure(1565)	C	D
	Private fee: Gastroplasty.(1566)	B	D
	Bochdalek hernia repair in newborn.(1567)	C	C
	Hiatus hernia and diaphragmatic repair: Revision after previous repair.(1568)	C	D
	Heller's operation.(1569)	C	C
	Insertion of indwelling oesophageal tube - laparotomy(1575)	B	B
	Oesophageal motility (4 channel + pneumograph)(1578)	C	B
	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach(1579)	C	D
	Oesophageal motility (6 Channel + pneumograph + pH pull-through)(1580)	C	B
	Removal of benign oesophageal tumours.(1581)	C	D
	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)(1582)	C	C

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	Excision of intrathoracic oesophageal diverticulum.(1583)	C C
	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe).(1584)	A
	24 Hour oesophageal pH studies: Interpretation(1585)	A
8.6	Stomach	
	Upper gastro-intestinal fibre-optic endoscopy - Own equipment (1587)	B B
	Plus polypectomy(1588)	B C
	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or scleroses (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) : Add(1589)	B B
	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)(1591)	B B
	Augmented histamine test: Gastric intubation with x-ray screening.(1593)	A
	Gastrostomy or Gastrostomy(1597)	B B
	Pyloromyotomy (Rammstedt).(1599)	B B
	Local excision of ulcer or benign neoplasm(1601)	B B
	Vagotomy	
	Abdominal.(1603)	B C
	Thoracic.(1604)	B C
	Truncal or selective with drainage procedures.(1605)	B C
	Vagotomy and antrectomy(1607)	B D
	Highly selective vagotomy.(1609)	B C
	Pyloroplasty.(1611)	B B
	Gastroenterostomy(1613)	B B
	Suture of perforated gastric or duodenal ulcer or wound or injury(1615)	B C
	Partial gastrectomy.(1617)	C D
	Total gastrectomy(1619)	C D
	Revision of gastrectomy or gastro-enterostomy.(1621)	C D
	Gastro-oesophageal operation for portal hypertension (Tanner) (1625)	C D
8.7	Duodenum	
	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)(1626)	B B
	Duodenal intubation (under X-ray screening)(1627)	A
	Duodenal intubation with biliary drainage after gall bladder stimulation(1629)	A
	Duodenal intubation: Under three years(1631)	A
8.8	Intestines	
	H2 breath test (intestines)(1632)	A
	Complete test using lactose or lactulose.(1633)	A
	Enterotomy or Enterostomy.(1634)	B B
	Intestinal obstruction of the newborn.(1635)	C C
	Operation for relief of intestinal obstruction(1637)	C C
	Resection of small bowel with enterostomy or anastomosis (1639)	C C
	Entero-enterostomy or entero-colostomy for bypass(1641)	C B
	Suture of intestine (small or large): Perforated ulcer, wound or injury(1645)	B B
	Closure of intestinal fistula(1647)	B C
	Excision of Meckel's diverticulum(1649)	B B
	Excision of lesion of mesentery.(1651)	B B
	Laparotomy for mesenteric thrombosis(1652)	C D
	Total Fibre-optic Colonoscopy	
	With own equipment (including biopsy)(1653)	B B
	Fibre-optic colonoscopy with removal of polyps: Own equipment.(1654)	B C
	Left sided fibre-optic colonoscopy.(1656)	B B
	Right or left hemicolectomy or segmental colectomy.(1657)	C D
	Reconstruction of colon after Hartman's procedure (1658)	B C
	Colotomy: Including removal of tumour or foreign body.(1661)	B B
	Total colectomy.(1663)	C D
	Colostomy or ileostomy isolated procedure.(1665)	B C
	Continent ileostomy pouch (all types).(1666)	C D
	Colostomy Closure(1667)	B C
	Revision of ileostomy pouch(1668)	C D
	Total proctocolectomy and ileostomy.(1669)	C D
	Proctocolectomy, ileostomy and ileostomy pouch(1670)	C D
	Colomyotomy (Reilly operation)(1671)	B C

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8.9	Appendix		
	Drainage of appendix abscess(1673)	B	C
	Appendectomy.(1675)	B	B
8.10	Rectum And Anus		
	Fibre-optic sigmoidoscopy (rectum and anus)(1676)	A	B
	Sigmoidoscopy: First and subsequent, with or without biopsy .(1677)	A	A
	Fibre-optic sigmoidoscopy, plus polypectomy.(1678)	A	B
	Sigmoidoscopy with removal of polyps, first and subsequent(1679)	A	A
	Proctoscopy With Removal Of Polyps		
	First time.(1681)	A	A
	Subsequent times.(1683)	A	A
	Endoscopic fulguration of tumour.(1685)	B	A
	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary (1687)	C	D
	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy(1688)	B	D
	Perineal resection of rectum(1689)	C	B
	Abdomino-perineal Resection Of Rectum		
	Abdominal surgeon.(1691)	C	D
	Perineal surgeon.(1692)		B
	Local excision of rectal tumour (posterior approach)(1693)	B	C
	Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour.(1695)	C	D
	Repair Of Prolapsed Rectum: Abdominal		
	Roscoe Graham Moskovitz(1697)	C	D
	Ivalon sponge.(1699)	C	C
	Perineal.(1701)	C	C
	Thiersch suture.(1703)	B	A
	Incision and drainage of peri-anal abscess.(1705)	A	A
	Drainage of submucous abscess.(1707)	A	A
	Drainage of ischio-rectal abscess.(1709)	A	B
	Excision of pelvi-rectal fistula(1711)	B	C
	Excision of fistula-in-ano(1713)	A	B
	Operation for fissure-in-ano(1715)	A	A
	Rubber band ligation of haemorrhoids: per haemorrhoid(1719)	A	A
	Sclerosing injection for haemorrhoids: per injection (1721)		A
	Haemorrhoidectomy.(1723)	A	B
	Drainage of external thrombosed pile.(1725)	A	A
	Multiple procedures (haemorrhoids, fissure, etc.)(1727)	A	B
	Excision of anal skin tags(1729)	A	A
	Operation for low imperforate anus.(1731)	C	B
	Anoplasty: Y-V-plasty.(1733)	C	A
	Anal sphincteroplasty for incontinence.(1735)	C	B
	Dilation of ano-rectal stricture.(1737)	A	A
	Closure of recto-vesical fistula(1739)	C	C
	Closure of recto-urethral fistula(1741)	C	C
	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor(1742)		A
8.11	Liver		
	Needle biopsy of liver.(1743)	A	A
	Biopsy of liver by laparotomy.(1745)	B	B
	Drainage of liver abscess or cyst.(1747)	B	B
	Hemi-hepatectomy		
	Right.(1749)	C	D
	Left.(1751)	C	D
	Partial or segmental hepatectomy.(1753)	C	D
	Liver transplant.(1755)	C	D
	Harvesting donor hepatectomy.(1756)	B	C
	Suture of liver wound or injury.(1757)	B	C
8.12	Biliary Tract		
	Cholecystostomy.(1759)	B	C
	Cholecystectomy.(1761)	C	C
	Cholecystectomy and operative cholangiogram.(1762)	C	C
	With exploration of common bile duct.(1763)	C	D

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	Exploration of common bile duct: Secondary operation (1765)	C D
	Reconstruction of common bile duct.(1767)	C D
	Cholecysto-enterostomy or gastrostomy.(1769)	B C
	Endoscopic placement of bilioduodenal endoprosthesis (125,00 units for sphincterectomy + 25,00 units for insertion of endoprosthesis)(1770)	C C
	Endoscopic placement of a nasobiliary stent.(1772)	C B
	Transduodenal sphincteroplasty.(1773)	C C
	Balloon dilatation of common bile duct strictures.(1774)	C B
	Excision choledochal cyst with reconstruction.(1775)	C D
	Porto-enterostomy for biliary atresia.(1777)	C D
8.13	Pancreas	
	Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus.(1778)	C B
	Endoscopic exploration of the common bile duct performed following endoscopic retrograde choangiography to be added to ERCP (item 1778) : Add(1779)	C B
	Gastric and duodenal intubation.(1780)	A
	Procedure (excluding laboratory tests)(1781)	A
	Endoscopic sphincterotomy.(1782)	C B
	Drainage of pancreatic abscess(1783)	B C
	Internal drainage of pancreatic cyst.(1785)	B C
	Operative pancreatogram: Add.(1787)	A
	Pancreatico-duodenectomy(1789)	C D
	Local, partial or subtotal pancreatectomy.(1791)	C C
	Distal pancreatectomy with internal drainage.(1793)	C D
	Triple anastomosis for carcinoma of pancreas.(1795)	C C
8.14	Peritoneal Cavity	
	Pneumo-peritoneum	
	First.(1797)	B A
	Repeat.(1799)	B A
	Peritoneal lavage.(1800)	A
	Diagnostic paracentesis: Abdomen.(1801)	A
	Therapeutic paracentesis: Abdomen.(1803)	A
	Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027).(1807)	B A
	Laparotomy.(1809)	B C
	Radical removal of retro-peritoneal malignant tumours: including sacro-coccygeal and pre-sacral.(1810)	C D
	Suture of burst abdomen(1811)	B B
	Laparotomy for control of surgical haemorrhage.(1812)	B B
	Drainage of subphrenic abscess.(1813)	B C
	Drainage Of Other Intra-peritoneal Abscess (excluding Appendix Abscess)	
	Drainage of other intra-peritoneal abscess (excluding appendix abscess): Transabdominal(1815)	B C
	Transrectal drainage of pelvic abscess.(1817)	A B
9	Herniae	
	Inguinal Or Femoral Hernia :	
	Adult.(1819)	B B
	Child, under 14 years.(1821)	B B
	Inguinal hernia: Infant under one year.(1823)	B B
	Recurrent inguinal or femoral hernia.(1825)	B C
	Strangulated hernia requiring resection of bowel.(1827)	C C
	Epigastric hernia.(1829)	B A
	Umbilical Hernia	
	Adult.(1831)	B B
	Child under 14 years.(1833)	B A
	Incisional hernia.(1835)	B C
	Repair of omphalocele in new-born (one or more procedures).(1837)	B D
10	Urinary System	
10.1	Kidney	
	Renal biopsy, per kidney, open.(1839)	B B
	Renal biopsy (needle).(1841)	A A
	Nephrectomy:	

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	Primary nephrectomy.(1853)	C	C
	Secondary nephrectomy.(1855)	C	D
	Radical nephrectomy with regional lymphadenectomy for tumour.(1857)	C	D
	Partial(1859)	C	D
	Symphysiotomy for horse-shoe kidney.(1861)	B	D
	Nephro-ureterectomy.(1863)	C	D
	Nephrotomy with drainage nephrostomy.(1865)	B	C
	Nephrolithotomy.(1869)	B	C
	Nephrolithotomy: Multiple calculi: repeat open operation + 25%(1870)		D
	Staghorn stone - surgical.(1871)	B	D
	Suture renal laceration (renorrhaphy).(1873)	B	C
	Percutaneous aspiration cyst: Nephrostomy, pyelostomy (1875)	A	A
	Operation for renal cyst: Marsupialisation or excision(1877)	B	C
	Closure renal fistula.(1879)	B	C
	Pyeloplasty.(1881)	C	C
	Pyelostomy.(1883)	B	C
	Pyelolithotomy(1885)	C	C
	Complicated pyelolithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation).(1887)	C	C
	Nephrectomy for Allograft: Living or dead (1889)	C	C
	Perinephric abscess or renal abscess: Drainage.(1891)	B	C
	Aberrant renal vessels : Repositioning with pyeloplasty (1893)	C	C
	Auto transplantation of kidney.(1894)	C	D
	Allo transplantation of kidney.(1895)	C	D
10.2	Ureter		
	Ureterorrhaphy: Suture of ureter(1897)	B	C
	Lumbar approach.(1898)	B	C
	Ureteroplasty.(1899)	B	C
	Ureterolysis.(1901)	B	B
	Lumbar approach.(1902)	B	C
	Ureterectomy only.(1903)	B	B
	Ureterolithotomy.(1905)	B	B
	Cutaneous Ureterostomy :		
	Unilateral.(1907)	B	B
	Bilateral .(1909)	B	C
	Uretero-enterostomy :		
	Unilateral.(1911)	C	B
	Bilateral.(1913)	C	C
	Uretero-ureterostomy.(1915)	C	B
	Transuretero-ureterostomy.(1917)	C	C
	Closure of ureteric fistula.(1919)	C	C
	Immediate deligation of ureter.(1921)	B	C
	Ureterolysis for retrocaval ureter with anastomosis.(1923)	B	C
	Uretero-pyelostomy.(1925)	B	C
	Uretero-neo-cystostomy :		
	Unilateral.(1927)	C	C
	Bilateral.(1929)	C	D
	With Boariplasty.(1931)	C	C
	Uretero-sigmoidostomy with rectal bladder and colostomy (1933)	C	C
	Uretero-ileal conduit.(1935)	C	D
	Replacement Of Ureter By Bowel Segment:		
	Unilateral(1937)	C	D
	Bilateral(1939)	C	D
	Ureterostomy-in-situ:		
	Unilateral(1941)	B	B
	Bilateral(1943)	B	C
10.3	Bladder		
	Instillation of radio-opaque material for cystography or urethrocytography.(1945)	A	A
	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder(1947)	A	A
	Cystoscopy: Hospital equipment.(1949)	A	A
	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral(1951)	B	A
	J J Stent catheter.(1952)	B	A
	With hydrodilatation of the bladder for interstitial cystitis(1953)	B	A
	Urethroscopy.(1954)	B	A

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And bilateral ureteric catheterisation with differential function studies requiring additional attention time.(1955)	B	B
With dilatation of the ureter or ureters.(1957)	B	A
With manipulation of ureteral calculus.(1959)	B	A
With removal of foreign body or calculus from urethra or bladder .(1961)	B	A
With fulguration or treatment of minor lesions, with or without biopsy.(1963)	B	A
And control of haemorrhage and blood clot evacuation(1964)	B	A
And catheterisation of the ejaculatory duct.(1965)	B	A
With ureteric meatotomy: Unilateral or bilateral(1967)	B	A
And cold biopsy.(1969)	B	A
With cryosurgery for bladder or prostatic disease(1971)	B	B
With incision fulguration, or resection of bladderneck and/or posterior urethra for congenital valves or obstructive hypertrophic bladderneck in a child(1973)	B	B
Ultraviolet cystoscopy for bladder tumour.(1975)	B	A
Optic urethrotomy.(1976)	A	B
Transurethral resection of ejaculatory duct.(1977)	B	A
Internal Urethrotomy :		
Female.(1979)	A	A
Male.(1981)	A	A
Transurethral resection of bladder tumour.(1983)	C	B
Transurethral resection of bladder tumours: Large multiple tumours.(1984)	C	B
Transurethral Resection Of Bladderneck :		
Female or child.(1985)	C	B
Male.(1986)	C	B
Litholapaxy.(1987)	C	B
Cystometrogram.(1989)	C	A
Flowmetric bladder, studies with videocystograph (1991)	C	A
Without videocystograph.(1992)	C	A
Voiding cysto-urethrogram.(1993)	C	A
Rigiscan examination.(1994)		B
Percutaneous aspiration of bladder.(1995)	A	A
Bladder catheterisation - male (not at operation)(1996)	A	A
Bladder catheterisation - female (not at operation)(1997)		A
Percutaneous cystostomy.(1999)	A	A
Total Cystectomy :		
After previous urinary diversion.(2001)	C	D
With conduit construction and ureteric anastomosis(2003)	C	D
Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone(2005)	C	D
Cystectomy with continent urinary diversion (e.g. Kocks Pouch).(2006)	C	D
Partial cystectomy.(2007)	C	C
Continent urinary diversion without cystectomy (e.g. Kocks Pouch).(2008)	C	D
Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters.(2009)	C	D
Reversion of temporary conduit.(2010)	B	D
Partial cystectomy with uretero-neo-cystostomy(2011)	C	C
Reversion of conduit with major urinary tract reconstruction(2012)	B	D
Diverticulectomy (independent procedure): Multiple or single .(2013)	B	B
Suprapubic cystostomy.(2015)	B	B
Abdomino-neo-urethroscopy.(2016)	B	C
Open loop fulguration or excision of bladder tumour(2017)	B	B
Operation for vesico-vaginal or urethra- vaginal fistula(2019)	C	C
Repair of vesico vaginal fistula: Abdominal approach.(2020)	C	C
Vesico-plication (Hamilton Stewart).(2021)	C	B
Vesico-urethrapexy for correction or urinary incontinence: Abdominal approach.(2023)	C	C
Vesico-urethrapexy with rectus sling.(2025)	C	C
Open Operation For Ureterocele:		
Unilateral.(2027)	C	B
Bilateral.(2029)	C	C
Reconstruction Of Ectopic Bladder Exclusive Of Orthopaedic Operation (if Required) :		
Initial .(2031)	C	C
Subsequent.(2033)	C	A
Cutaneous vesicostomy.(2035)	C	B
Cystoplasty, cysto-urethraplasty, vesicolysis.(2037)	C	B
Operation for ruptured bladder.(2039)	B	B
Enterocystoplasty.(2041)	C	C

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	Cysto-lithotomy.(2043)	B	B
	Excision of patent-urachus or urachal cyst.(2045)	B	B
	Drainage of perivesical or prevesical abscess(2047)	A	B
	Evacuation Of Clots From Bladder :		
	Other than post-operative.(2049)	A	A
	Post-operative.(2050)	B	
	Simple bladder lavage: Including catheterisation.(2051)	A	A
	Bladder Neck Plasty :		
	Male.(2053)	B	B
	Female.(2057)	B	B
10.4	Urethra		
	Open Biopsy Of Urethra:		
	Male.(2059)	A	A
	Female.(2061)	A	A
	Dilatation Of Urethral Stricture: By Passage Sound:		
	Initial (male).(2063)	A	A
	Subsequent (male).(2065)	A	A
	By passage of filiform and follower (male).(2067)	A	A
	Dilatation of female urethra(2069)	A	A
	Urethrorraphy: Suture of urethral wound or injury(2071)	B	B
	External urethrotomy: Pendulous urethra (anterior).(2073)	B	B
	Urethraplasty: Pendulous Urethra		
	First stage.(2075)	B	B
	Second stage.(2077)	B	C
	Reconstruction of female urethra.(2079)	B	C
	Reconstruction or repair of male anterior urethra (one stage).(2081)	B	C
	Reconstruction Or Repair Of Prostatic Or Membranous Urethra		
	First stage.(2083)	B	C
	Second stage .(2085)	B	C
	If done in one stage.(2086)	B	D
	Urethral diverticulectomy: Male or female(2087)	B	C
	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 units.(2088)		B
	Marsupialisation of urethral diverticula: Male or female (2089)	B	A
	Total Urethrectomy		
	Female.(2091)	B	C
	Male .(2093)	B	C
	Drainage of simple localised perineal urinary extravasation .(2095)	A	A
	Drainage of extensive perineal urinary extravasation.(2097)	B	B
	Fulguration for urethral caruncle or polyp.(2099)	A	A
	Excision of urethral caruncle.(2101)	A	A
	Simple urethral meatotomy.(2103)	A	A
	Incision Of Deep Peri-urethral Abscess		
	Female.(2105)	A	A
	Male .(2107)	A	A
	Badenoch pull-through for intractable stricture or incontinence .(2109)	B	C
	External sphincterotomy.(2111)	B	B
	Drainage of Skene gland abscess or cyst.(2113)	A	A
	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)(2115)	C	C
	Urethral meatoplasty.(2116)	B	A
	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure).(2117)	A	A
	Closure of urethrovaginal fistula: Including diversionary procedures.(2121)	C	C
11	Male Genital System		
11.1	Penis		
	Biopsy of penis (independent procedure).(2123)	A	A
	Destruction Of Condylomata : Chemo- Or Cryotherapy:		
	Limited number (see item 2317).(2125)	A	A

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	Multiple extensive.(2127)	A	A	
	Electrodesiccation:			
	Limited number.(2129)	A	A	
	Multiple extensive.(2131)	A	A	
	Circumcision:			
	Ligation of abnormal venous drainage.(2132)	A	A	
	Clamp procedure.(2133)	A	A	
	Surgical excision other than by clamp or dorsal slit, any age.(2137)	A	A	
	Dorsal slit of prepuce (independent procedure).(2139)	A	A	
	Plastic Operation On Penis			
	Plastic operation for insertion of prostheses.(2141)	C	B	
	For straightening of chordee e.g. hypospadias with or without mobilisation of urethra.(2143)	C	B	
	For straightening of chordee with transplantation of prepuce(2145)	C	B	
	For injury: Including fracture of penis and skin graft if required.(2147)	C	C	
	For epispadias distal to the external sphincter(2149)	C	C	
	Plastic operation for epispadias with incontinence.(2153)	C	C	
	Induction of artificial erection(2154)	A	A	
	Hypospadias			
	Urethral reconstruction.(2155)	C	C	
	Subsequent procedures for repair of urethra: Total(2157)	B	B	
	Urethraplasty: Complete, one stage for hypospadias (2159)	C	D	
	Total Amputation Of Penis			
	Without gland dissection.(2161)	B	C	
	With gland dissection.(2163)	C	D	
	Partial Amputation Of Penis			
	With gland-dissection.(2165)	C	C	
	Without gland-dissection.(2167)	B	B	
	Injection procedure for Peyronies disease(2169)	A	A	
	Priapism Operation			
	Irrigation of corpora cavernosa for priapism.(2171)	A	A	
	Shunt procedure: Any type(2173)	C	C	
	Stab shunt.(2174)	B	A	
11.2	Testis And Epididymis			
	Testis biopsy, needle (independent procedure).(2175)	A	A	
	Testis Biopsy, Incisional: Independent Procedure			
	Unilateral.(2177)	A	A	
	Bilateral.(2179)	A	A	
	Biopsy of epididymis, needle.(2181)	A	A	
	Puncture aspiration hydrocoele with or without injection of medication(2183)	A	A	
	Operation for maldescended testicle: Including hemiotomy (2185)	B	B	
	Operation for torsion appendix testis.(2187)	B	A	
	Operation for torsion testis with fixation of contralateral testis (2189)	B	B	
	Orchidectomy (total Or Subcapsular):			
	Unilateral.(2191)	B	B	
	Bilateral.(2193)	B	C	
	Radical operation for malignant testis: Excluding gland dissection.(2195)	B	B	
	Operation for hydrocoele or spermatocele.(2197)	B	A	
	Varicocelelectomy.(2199)	B	A	
	Abdominal ligation of spermatic vein for varicocele (2201)	B	A	
	Epididymectomy:			
	Unilateral.(2203)	B	B	
	Bilateral.(2205)	B	B	
	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy(2207)	A	A	
	Vasotomy: Unilateral or bilateral.(2209)	A	A	
	Vasogram, Seminal Vesiculogram:			
	Unilateral(2210)	B	A	
	Bilateral.(2211)	B	A	
	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material).(2212)	B	A	
	Suture or repair of testicular injury.(2213)	B	A	
	Incision and drainage of testis or epididymis e.g. abscess or haematoma.(2215)	B	B	

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	Excision of local lesion of testis or epididymis.(2217)	B	A
	Vaso-vasostomy:		
	Unilateral.(2219)	A	B
	Bilateral.(2221)	A	B
	Epididymo-vasostomy:		
	Unilateral.(2223)	A	B
	Bilateral.(2225)	A	B
	Incision and drainage of scrotal wall abscess.(2227)	A	A
	Excision of Mullerian duct cyst.(2229)	B	C
	Excision of lesion of spermatic cord.(2231)	A	B
	Seminal Vesiculectomy.(2233)	B	C
11.3	Prostate		
	Biopsy prostate: Needle or punch, single or multiple, any approach.(2235)	A	A
	Biopsy, prostate, incisional, any approach.(2237)	B	B
	Transurethral drainage of prostatic abscess.(2239)	B	A
	Perineal drainage of prostatic abscess.(2241)	B	B
	Trans-urethral cryo-surgical removal of prostate.(2243)	B	B
	Trans-urethral resection of prostate.(2245)	C	C
	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer.(2247)	B	A
	Trans-urethral resection of post-operative bladder neck contracture.(2249)	B	B
	Prostatectomy: Perineal:		
	Sub-total.(2251)	C	C
	Radical.(2253)	C	D
	Pelvic lymphadenectomy.(2254)	C	C
	Supra-pelvic, transvesical.(2255)	C	C
	Retropubic:		
	Sub-total.(2257)	C	C
	Radical.(2259)	C	D
	Prostate brachytherapy(2260)	B	C
12	Female Genital System		
12.1	Vulva And Introitus		
	Removal of tag or polyp.(2271)	A	A
	Removal of small superficial benign lesions.(2272)	A	A
	Biopsy with suture in theatre (excluding after-care).(2273)	A	A
	Laser therapy of vulva and/or vagina (colposcopically directed)(2274)	A	B
	Reduction labial hypertrophy.(2275)	B	B
	Removal of extensive benign vulva tumour.(2277)	B	B
	Secondary Perineal Repair		
	Repair second degree tear(2279)	B	A
	Repair third degree tear.(2280)	B	B
	Excision of inclusion cyst(2281)	B	A
	Hymenectomy.(2283)	B	A
	Drainage haematocolpos.(2285)	A	A
	Clitoris repair for injury: Including skin graft if required(2287)	B	B
	Clitoral reduction(2288)	B	C
	Denervation or alcohol infiltration vulva (Woodruff)(2289)	A	A
	Vulva: Undercutting skin (ball).(2291)	B	A
	Vulva and introitus: Drainage of abscess.(2293)	A	A
	Bartholin Gland		
	Bartholin abscess marsupialisation.(2295)	A	A
	Bartholin gland excision.(2297)	A	A
	Bartholin radical excision for malignant lesion.(2299)	B	D
	Operation For Enlarging Introitus		
	Fenton plasty .(2301)	B	A
	Bilateral Z-plasty.(2303)	B	B
	Vulvectomy		
	Partial vulvectomy(2305)	B	C
	Vulvectomy.(2307)	B	C
	Radical vulvectomy with bilateral lymphadenectomy(2309)	C	D
	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection.(2311)	C	D

Ana P I**12.2 Vaginal Procedures And Operations**

Artificial insemination.(2312)			A
Examination under anaesthetic when no other procedures are performed.(2313)	A		A
Intra uterine insemination.(2314)			A
Simms Huhner test plus wet smear.(2315)			A
Destruction Of Condylomata By Chemo-, Cryo- Or Electrotherapy, Or Harmonic Scalpel:			
First lesion.(2316)	A		A
Limited repeat.(2317)	A		A
Widespread.(2318)	A		A
Excision of cysts or tumours.(2319)	A		A
Drainage of vaginal abscess(2321)	A		A
Pudendal nerve block.(2322)			A
Reconstruction of vagina after atresia.(2323)	C		B
Construction Of Artificial Vagina:			
Construction of artificial vagina: Labial fusion.(2325)	C		C
Construction of artificial vagina: Macindoe type(2327)	C		C
Construction of vagina: Bowel pull-through operation: Two surgeons: Each.(2329)	C		C
Vaginal septum removal(2331)	B		B
Colpotomy			
Colpotomy: Diagnostic (excluding after-care).(2339)	A		A
Colpotomy: Therapeutic, with or without sterilisation (2341)	B		B
Vaginal Hysterectomy			
Vaginal hysterectomy. Without repair.(2343)	C		C
Vaginal hysterectomy. With repair.(2345)	C		D
Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy.(2357)	C		D
Vaginal hysterectomy and repair for total prolapse(2361)	C		D
Fothergill or Manchester repair operation(2363)	C		C
Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy).(2365)	C		C
Posterior repair alone.(2366)	B		B
Other operations for prolapse: Anterior repair - with or without posterior repair.(2367)	B		C
Uterovesical fistula.(2368)	C		C
Repair of Vesico- or urethro-vaginal fistula.(2369)	C		C
Repair of V.V.F. - Obstetric or radiation.(2370)	C		C
Closure of uretero-vaginal fistula.(2371)	C		C
Closure of uretero-vaginal fistula: Obstetric or radiation(2372)	C		C
Closure of recto-vaginal fistula(2373)	C		B
Closure of recto-vaginal fistula: Obstetric or radiation(2374)	C		C
Colpocleisis.(2375)	B		B
Le Fort operation.(2377)	B		B
Schauta operation.(2379)	C		D
Vaginectomy.(2381)	C		D
Synchronous combined hysterocolpectomy: (one or two surgeons - total fee).(2383)	C		D
Vaginal laceration or trauma: Repair.(2385)	B		A
12.3 Cervix			
Paracervical nerve block.(2389)			A
Cervix: Canal reconstruction.(2391)	B		C
Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room(2392)			A
Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic(2395)	B		A
Laser or harmonic scalpel treatment of the cervix(2396)	A		B
Dilation of cervix for stenosis and insertion prosthesis and Budge suture.(2397)	B		A
Biopsy			
Punch biopsy (excluding after-care).(2399)	A		A
Biopsy during pregnancy (excluding after-care).(2400)	A		A
Wedge biopsy: Cervix (excluding after-care).(2403)	A		A
Biopsy: Wedge during pregnancy: Cervix (excluding after-care) .(2404)	A		A
Cone biopsy: Cervix (excluding after-care).(2405)	A		A
Amputation: Cervix.(2407)	B		B
Cervix encirclage: McDonald stitch.(2409)	B		A
Cervix encirclage: Shirodkar suture.(2411)	B		A
Cervix encirclage: Lash.(2413)	B		A
Cervix encirclage: Removal items 2409 and 2411 without anaesthetic.(2415)			A
Cervix: Removal items 2409 and 2411 with anaesthetic in theatre.(2416)	A		A
Repair Of Tears			

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	Emmet repair of tears.(2417)	B	A
	Sturmdorff repair of tears.(2418)	B	A
	Extirpation Of Cervical Stump		
	Extirpation of cervical stump: Vaginal.(2421)	C	B
	Extirpation of cervical stump: Abdominal.(2423)	C	B
	Removal of cervical polyps (excluding after-care).(2425)	A	A
	Removal of cervical myomata.(2427)	B	A
	Colposcopy		
	Colposcopy (excluding after-care).(2429)	A	A
12.4	Uterus		
	Embryo transfer.(2433)	B	A
	Endometrial biopsy (excluding after-care).(2434)	A	A
	Hysteroscopy		
	Hysterosalpingogram (excluding after-care).(2435)	A	A
	Hysteroscopy (excluding after-care).(2436)	B	A
	Hysteroscopy and D&C (excluding after-care).(2437)	B	A
	Hysteroscopy and removal of uterine septum (excluding after-care).(2438)	B	B
	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care).(2439)	B	A
	Hysteroscopy and polypectomy (excluding after-care) (2440)	B	B
	Hysteroscopy and myomectomy (excluding after-care) (2441)	B	B
	Insertion of I.U.C.D. (excluding after-care).(2442)	A	A
	Evacuation Of Uterus		
	D&C: (excluding after-care).(2443)	A	A
	Fractional D&C (excluding after-care).(2444)	A	A
	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation(2445)	B	A
	Evacuation of uterus, incomplete abortion: After 12 weeks gestation.(2447)	B	B
	Termination of pregnancy before 12 weeks.(2448)	B	A
	Evacuation: Missed abortion: Before 12 weeks gestation (2449)	B	A
	Evacuation: Missed abortion: After 12 weeks gestation(2451)	B	B
	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin.(2452)	B	A
	Evacuation hydatidiform mole.(2453)	B	B
	Evacuation uterus post-partum.(2455)	B	A
	Ventrosuspension.(2461)	B	B
	Uteroplasty: Strassman.(2463)	C	B
	Uteroplasty: Tompkins.(2465)	C	B
	Myomectomy.(2467)	C	B
	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy.(2469)	B	B
	Total abdominal hysterectomy: With or without unilateral/ bilateral salpingo-oophorectomy - uncomplicated(2471)	B	C
	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy(2473)	B	C
	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim).(2475)	B	D
	Abdominal hysterotomy with or without sterilisation(2477)	B	C
	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance.(2478)	B	C
	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance.(2479)	B	C
	Laparoscopy by second gynaecologist during hysteroscopy and endometrial ablation (Item 2478 and item 2479)(2480)		B
12.5	Fallopian Tubes		
	Insufflation Fallopian tubes (excluding after-care).(2481)	A	A
	Salpingolysis.(2483)	B	B
	Salpingostomy.(2485)	B	C
	Tuboplasty tubal anastomosis or re-implantation.(2487)	C	C
	Ectopic pregnancy under 12 weeks (salpingectomy)(2489)	C	B
	Ectopic pregnancy under 12 weeks (salpingostomy)(2490)	C	C
	Ectopic pregnancy - after 12 weeks.(2491)	C	C
	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons(2492)	B	B
	Laparoscopy		
	Diagnostic laparoscopy (excluding after-care). Please note that the units of item 1807 that is used when open procedures are performed laparoscopically should not be amended.(2493)	B	B
	Plus aspiration of a cyst (excluding after-care).(2496)	B	B
	Plus sterilisation.(2497)	B	B
	Plus biopsy (excluding after-care).(2499)	B	B
	Plus ablation of endometriosis by laser, harmonic scalpel or cautery(2500)	B	B
	Plus cauterisation and/or lysis of adhesions.(2501)	B	B
	Plus aspiration of follicles (IVF) (excluding after-care)(2502)	B	B

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	Plus ovarian drilling: add(2503)	B B
	Plus Gamete intra fallopian tube transfer(includes follicle aspiration) (GIFT).(2504)	B C
	Plus laparoscopic uterosacral nerve ablation: add(2505)	B B
	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)(2506)	A
12.6	Ovaries	
	Wedge resection of ovaries, unilateral or bilateral.(2525)	B B
	Removal of ovarian tumour or cyst.(2527)	B B
	Oophorectomy: Uni- or bilateral(2529)	B B
	Ovarian carcinoma debulking and omentectomy.(2531)	C D
	Ovarian carcinoma - Abdominal hysterectomy, bilateral salpingo-oophorectomy. debulking and omentectomy.(2532)	C D
12.7	Miscellaneous Procedures	
	Exenteration	
	Exenteration: Anterior.(2535)	C D
	Posterior exenteration.(2537)	C D
	Exenteration total.(2539)	C D
	Presacral neurectomy.(2541)	C B
	Moschowitz operation.(2543)	C B
	Operations For Stress Incontinence	
	Marshall-Marchetti-Kranz: Operation.(2545)	B C
	Urethro-vesicopexy (Abdominal approach).(2546)	B C
	Burch colposuspension.(2547)	B C
	Sacro-colposuspension with or without mesh(2549)	C C
	Urethro-vesicopexy (combined abdominal and vaginal approach).(2550)	B C
	Laparotomy.(2551)	B C
	Removal benign retroperitoneal tumour.(2552)	C C
	Radical removal of malignant retro-peritoneal tumour(2553)	C D
	Drainage of pelvic abscess per abdomen(2554)	B C
	Drainage of pelvic abscess per vagina(refer item 2341) (2556)	B B
	Drainage intra-abdominal abscess - delayed closure.(2558)	B D
	Surgery for moderate endometriosis (AFS stages 2 + 3) any method.(2560)	C C
	Surgery for severe endometriosis (AFS stage 4 - rectovaginal septum), any method (may not be used with another procedure or as a modifier)(2561)	C C
	Implantation hormone pellets (excluding after-care).(2565)	A
	Ligation of internal iliac vessels (when not part of another procedure)(2570)	B C
13	Obstetric Procedures	
13.1	Pre-natal Care And Procedures	
	External cephalic version (excluding after-care).(2603)	A
	Amniocentesis (excluding after-care). Ultrasound for amniocentesis (5026) and amniocentesis (2605) may be done by both radiologists and obstetricians, individually or working as a team where each person would use the appropriate code for the work performed.(2605)	A
	Amnioscopy (excluding after-care).(2607)	A
	Intra-uterine transfusion of foetus or cordocentesis(2609)	B
	Tococardiography pre-natal and intrapartum (including stress and non-stress test; Own machine) (excluding after-care) (2610)	A
	Chorion villus sampling (excluding after-care).(2611)	A
13.2	Confinements	
	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean Section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)(2614)	B
	Global obstetric care: All inclusive fee for Caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit). See modifier 0011 for emergency caesarean section (all hours).(2615)	B
13.3	Operative Procedures (excluding Antenatal Care)	
	Caesarean - hysterectomy.(2653)	C D
	Post-partum hysterectomy.(2657)	C D
	Abdominal operation for ruptured gravid uterus: Repair.(2669)	C C
14	Nervous System	
14.1	Diagnostic Procedures	
	Visual evoked potentials (V.E.P.): Unilateral.(2681)	A

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	Bilateral.(2682)	B
	Electro-retinography (Ganzfeld method): Unilateral.(2683)	A
	Bilateral.(2684)	B
	Electro-oculography: Unilateral(2685)	A
	Bilateral.(2686)	A
	V.E.P. stable condition: (photic drive) Unilateral(2687)	A
	Bilateral.(2689)	B
	Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P.(2690)	C
	Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and cortex(2703)	A
	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment(2705)	A
	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(2707)	C
	Evaluation of cognitive evoked potential with visual or audiology stimulus.(2708)	B
	Full spinogram including bilateral median and posterior-tibial studies(2709)	B
	Electro-encephalography - Taking of record(2711)	A
	Electro-encephalography - Interpretation.(2712)	A
	Sleep Electro-encephalography	
	Lumbar puncture and/or intrathecal injections.(2713)	A
	Cisternal puncture and/or intrathecal injections.(2714)	A
	8 Hour ambulatory EEG monitoring (Holter): Interpretation(2716)	A
	Sleep electro-encephalography - infants that fit into a perambulator - taking of record.(6001)	A
	Sleep electro-encephalography - infants that fit into a perambulator - interpretation.(6002)	A
	Sleep electro-encephalography - adults and children over infant age - taking of record.(6003)	A
	Sleep electro-encephalography - adults and children over infant age - interpretation.(6004)	A
	Electromyography.	
	First(2717)	B
	Subsequent(2718)	B
	Overnight polysomnogram and sleep staging: Interpretation (2720)	A
	Daytime polysomnogram: Interpretation.(2722)	A
	Multiple sleep latency test - interpretation.(2723)	B
	Overnight continuous positive airways pressure (CPAP) titration(2724)	C
	Angiography Carotis	
	Unilateral.(2725)	B A
	Bilateral.(2726)	B A
	Vertebral artery: Direct needling.(2727)	B A
	Vertebral catheterisation.(2729)	B A
	Air Encephalography And Posterior Fossa Tomography	
	Injection of air (independent procedure).(2731)	B A
	Posterior fossa tomography attendance by clinician(2735)	A
	Visual field charting on Bjerrum Screen.(2737)	A
	Ventricular Needling Without Burring	
	Tapping only.(2739)	B A
	Plus introduction of air and/or contrast dye for ventriculography.(2741)	B C
	Subdural Tapping:	
	First sitting.(2743)	A A
	Subsequent.(2745)	A A
14.2	Introduction Of Burr Holes For:	
	Ventriculography.(2747)	B C
	Catheterisation for ventriculography and/or drainage(2749)	B C
	Biopsy of brain tumor.(2751)	B C
	Subdural haematoma or hygroma.(2753)	B C
	Subdural empyema.(2755)	B C
	Brain abscess.(2757)	B C
14.3	Nerve Procedures :	
	Nerve Biopsy:	
	Peripheral.(2759)	A A
	Cranial nerves: Extra-cranial(2763)	A A
	Nerve conduction studies (see item 0733 and 3285) (2765)	B A

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Botulinum Toxin Injections			
	For blepharospasm (+ item 0201+ item 0202)(6005)		A
	For hemifacial spasm (+ item 0201 + item 0202)(6006)		A
	For adductor dysphonia (+ item 0201 + item0202)(6007)		A
	In extra-ocular muscles (+ item 0201 + item0202)(6008)		A
	For spasmodic torticollis and/or cranial dystonia (+ item 0201 + item 0202).(6009)		A
14.3.1	Nerve Repair Or Suture :		
	Suture brachial plexus (see also items 2837 and 2839)(2767)	C	D
	Suture: Large Nerve:		
	Primary.(2769)	B	B
	Secondary.(2771)	B	C
	Digital Nerve:		
	Primary.(2773)	B	B
	Secondary .(2775)	B	B
	Nerve Graft:		
	Simple.(2777)	C	C
	Fascicular :		
	First fasciculus.(2779)	C	C
	Each additional fasciculus.(2781)	C	C
	Nerve flap: To include all stages.(2783)	B	C
	Facio-accessory or facio-hypoglossal anastomosis(2785)	C	B
	Grafting of facial nerve.(2787)	C	C
14.3.2	Neurectomy :		
	Trigeminal Ganglion :		
	Injection of alcohol.(2789)	A	C
	Injection of cortisone.(2791)	A	B
	Coagulation through high frequency.(2793)	A	C
	Procedures For Pain Relief :		
	Intrathecal injections for pain.(2799)	A	A
	Plexus nerve block.(2800)	B	A
	Epidural injection for pain. (See modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic).(2801)		A
	Peripheral nerve block.(2802)	A	A
	Alcohol Injection In Peripheral Nerves For Pain:		
	Unilateral.(2803)	A	A
	Bilateral.(2805)	A	A
	Peripheral nerve section for pain.(2809)	A	A
	Pudendal neurectomy: Bilateral.(2811)	A	B
	Obturator or Stoffels.(2813)	B	B
	Interdigital.(2815)	B	A
	Excision: Neuroma: Peripheral.(2825)	C	B
14.3.3	Other Nerve Procedures :		
	Transposition of ulnar nerve.(2827)	B	B
	Neurolysis:		
	Minor.(2829)	B	A
	Major.(2831)	B	B
	Digital.(2833)	B	B
	Scalenotomy.(2835)	B	B
	Brachial plexus, suture or neurolysis (item 2767)(2837)	C	D
	Total brachial plexus exposure with graft, neurolysis and transplattation(2839)	C	D
	Carpal Tunnel.(2841)	B	B
	Lumbar Sympathectomy:		
	Unilateral.(2843)	B	C
	Bilateral.(2845)	B	D
	Cervical Sympathectomy :		
	Trans-thoracic approach (use item 2847 or item 2848 as appropriate)(2846)	C	
	Unilateral.(2847)	B	C
	Bilateral .(2848)	B	D

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	Sympathetic Block: Other Levels:		
	Unilateral.(2849)	A	A
	Bilateral(2851)	A	A
	Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion(2853)	A	A
14.4	Skull Procedures :		
	Removal Of Skull Tumour: With Or Without Plastic Repair:		
	Small.(2855)	C	C
	Major.(2857)	C	C
	Repair Of Depressed Fracture Of Skull: Without Brain Laceration:		
	Major.(2859)	B	C
	Small.(2860)	B	C
	With Brain Lacerations:		
	Small.(2861)	B	C
	Major.(2862)	B	D
	Cranioplasty.(2863)	C	D
	Encephalocele (excluding frontal).(2864)	C	C
	Craniostenosis:		
	Few sutures.(2865)	C	C
	Multiple sutures(2867)	C	D
14.5	Shunt Procedures :		
	Ventriculo-cisternostomy.(2869)	B	D
	Ventriculo-caval shunt.(2871)	C	D
	Ventriculo-peritoneal shunt.(2873)	B	D
	Theco-peritoneal C.S.F. shunt.(2875)	B	D
14.6	Aneurysm Repair :		
	Repair of aneurysms or arteriovenous anomalies (Intracranial) .(2876)	C	D
	Extracranial to intracranial vessel.(2877)	C	D
	Posterior fossa arteriovenous anomalies.(2878)	C	D
14.7	Posterior Fossa Surgery :		
	Neurectomy :		
	Glossopharyngeal nerve.(2879)	C	D
	Eighth Nerve:		
	Intracranial.(2881)	C	D
	Extracranial.(2883)	B	D
	Subtemporal section of the trigeminal nerve.(2884)	C	D
	Trigeminal tractotomy.(2885)	C	D
	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(2886)	C	D
	Vestibular nerve.(2887)	C	D
	Posterior Fossa Tumour Removal :		
	Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma, cholesteatoma(2889)	C	D
	Glioma, secondary deposits.(2891)	C	D
	Abscess.(2893)	C	D
	Excision Of Tumour Of Glomus Jugulare:		
	Intracranial.(2895)	C	D
	Extracranial.(2897)	C	D
	Hemispherectomy .(2898)	C	D
14.7.1	Supratentorial Procedures :		
	Craniectomy for extra-dural haematoma or empyema (2899)	C	D
14.8	Craniotomy For :		
	Extra-dural orbital decompression or excision of orbital tumour.(2900)	C	D
	Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, Pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/ pharyngioma(2901)	C	D

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	Abscess, Glioma.(2903)	C	D
	Haematoma, foreign body: Cerebral or cerebellar.(2904)	C	D
	Focal epilepsy: Excision of cortical scar.(2905)	C	D
	With anterior fossa meningocele and repair of bony skull defect.(2906)	C	D
	Temporal lobectomy.(2907)	C	D
	Torkildsen anastomosis.(2908)	C	D
	CSF-leaks.(2909)	C	D
	Removal of arteriovenous malformation.(2910)	C	D
14.8.1	Stereo-tactic Cerebral And Spinal Cord Procedures:		
	First sitting.(2911)	B	D
	Repeat.(2913)	B	C
	Transnasal hypophysectomy(2915)	C	D
	Transfrontal hypophysectomy.(2916)	C	D
	Transnasal hypophyseal implants(2917)	C	C
14.9	Spinal Operations :		
	Chordotomy:		
	Unilateral(2923)	C	C
	Open(2925)	C	D
	Rhizotomy:		
	Extradural, but intraspinal(2927)	C	D
	Intradural:(2928)	C	D
	Removal Of Spinal Cord Tumour: Intramedullar :		
	Posterior approach(2929)	C	D
	Anterio-lateral approach(2930)	C	D
	Extramedullary, But Intradural:		
	Posterior approach(2931)	C	D
	Anterio-lateral approach(2932)	C	D
	Intraspinal, but extradural: Posterior approach.(2933)	C	D
	Transcutaneous chordotomy .(2935)	C	C
	Repair of meningocele, involving nerve tissue(2937)	C	C
	Simple .(2938)	C	C
	Excision of arterial vascular malformations and cysts of the spinal cord(2939)	C	D
	Lumbar osteophyte removal(2940)	C	C
	Cervical or thoracic osteophyte removal(2941)	C	D
14.10	Arterial Ligations :		
	Carotis :		
	Trauma(2951)	C	B
	For aneurysm (A.V. anomaly)(2953)	C	C
	Removal of carotid body tumour (without vascular reconstruction).(2955)	C	C
14.11	Medical Psychotherapy		
14.12	Physical Treatment Methods :		
	Electro-convulsive treatment (ECT): Each time (See rule Va.).(2970)	B	A
	Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours)(2971)		A
14.13	Psychiatric Examination Methods :		
	Narco-analysis (Maximum of 3 sessions per treatment): Per session(2972)	A	A
	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)(2973)		A
15	Endocrine System		
15.1	Thyroid :		
	Partial lobectomy.(2983)	C	C
	Total lobectomy.(2985)	C	C
	Subtotal thyroidectomy.(2987)	C	C
	Total thyroidectomy.(2989)	C	C
	Thyroglossal cyst or fistula excision.(2991)	B	B
15.2	Parathyroid :		
	Exploration of parathyroid glands for hyperparathyroidism including removal.(2993)	C	D

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15.3	Adrenals :		
	Adrenalectomy: Unilateral.(2995)	C	C
	Bilateral exploration of adrenal glands: Including removal (2997)	C	D
15.4	Hypophysis :		
	Transethmoidal hypophysectomy.(2999)	C	D
	Transnasal hypophysectomy (see item 2915).(3000)	C	D
15.5	General :		
	Implantation of pellets (excluding cost of material) (excluding after-care).(3001)		A
16	Eye		
16.1	Procedures Performed In Rooms :		
	Gonioscopy.(3002)		A
	Fundus contact lens or 90 D lens examination(3003)		A
	Peripheral fundus examination with indirect ophthalmoscope (3004)		A
	Endothelial cell count.(3005)		A
	Keratometry.(3006)		A
	Potential acuity measurement(3007)		A
	Contrast sensitivity test.(3008)		A
	Orthoptic consultation.(3010)		A
	Orthoptic subsequent sessions.(3011)		A
	Pre-surgical retinal examination before retinal surgery (3012)		A
	Ocular motility assessment comprehensive examination (3013)		A
	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)(3014)		A
	Charting of visual field with manual perimeter.(3015)		A
	Retinal threshold test without storage facilities(3016)		A
	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs.(3017)		B
	Retinal threshold trend evaluation (additional to item 3017)(3018)		A
	Ocular muscle function with Hess screen or perimeter(3019)		A
	Special Eye Investigations :		
	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery.(3020)		A
	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations (3021)		A
	Digital fluorescein video angiography(3022)	B	B
	Digital indocyanine video angiography(3023)	B	B
	Electronic tonography.(3025)		A
	Fundus photography.(3027)		A
	Anterior segment microphotography.(3029)		A
	Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography).(3031)		A
	Eyelid and orbit photography.(3032)		A
	Interpretation of items 3022, 3023 and 3031 referred by other clinician(3033)		A
	Determination of lens implant power per eye.(3034)		A
	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(3035)		A
	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)(3036)		A
16.2	Retina:		
	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy.(3037)	C	D
	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye(3039)	B	B
	Pan retinal photocoagulation (per eye): done in one sitting.(3041)	B	C
	Removal of encircling band and/or buckling material (3044)	B	B
16.3	Cataract:		
	Intra-capsular.(3045)	B	C
	Extra-capsular (including capsulotomy).(3047)	B	C
	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)(3049)	B	A
	Needling or capsulotomy.(3051)	B	B
	Laser capsulotomy.(3052)	A	B
	Removal of lenticulus.(3057)	B	C
	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded).(3059)	B	C
	Implantation of aqueous shunt device/seton in glaucoma, e.g. Ahmed or Molteno valve or Collagen implants. Additional to item 3061(3062)	B	A
16.4	Glaucoma:		
	Drainage operation.(3061)	B	C

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	Implantation of aqueous shunt device/seton in glaucoma, e.g. Ahmed or Molteno valve or Collagen implants. Additional to item 3061(3062)	B	A
	Cyclocryotherapy or cyclodiathermy.(3063)	B	B
	Laser trabeculoplasty.(3064)	B	B
	Removal of blood from anterior chamber.(3065)	B	B
	Goniotomy.(3067)	B	C
16.5	Intra-ocular Foreign Body:		
	Anterior to Iris.(3071)	B	B
	Posterior to Iris (including prophylactic thermal treatment to retina)(3073)	B	C
16.6	Strabismus:		
	Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (see item 0202)(3074)		A
	Operation on one or two muscles.(3075)	B	C
	Operation on three or four muscles.(3076)	B	C
	Subsequent operation one or two muscles.(3077)	B	B
	Subsequent operation on three or four muscles(3078)	B	C
16.7	Globe:		
	Transcleral biopsy.(3079)	B	B
	Examination of eyes under general anaesthetic where no surgery is done(3080)	A	B
	Treatment of minor perforating injury(3081)	B	B
	Treatment of major perforating injury(3083)	B	C
	Enucleation or Evisceration(3085)	B	B
	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis(3087)	B	C
	Hydroxyapatite insertion (additional to item 3087) :(3088)	A	A
	Subconjunctival injection if not done at time of operation (3089)	A	A
	Retrolbulbar injection (if not done at time of operation)(3091)	A	A
	External laser treatment for superficial lesions(3092)		A
	Treatment of tumors of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation(3093)	B	C
	Biopsy of vitreous body or anterior chamber contents(3095)	B	B
	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy(3096)	B	B
	Anterior vitrectomy(3097)	B	D
	Removal of silicon from globe(3098)	B	D
	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement(3099)	C	D
	Lensectomy done at time of posterior vitrectomy(3100)	B	A
16.8	Orbit:		
	Drainage of orbital abscess(3101)	B	B
	Removal of tumour(3103)	B	C
	Exenteration(3105)	C	D
	Orbitotomy requiring bone flap(3107)	B	C
	Eye socket reconstruction(3108)	B	C
	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously(3109)	C	D
	Second stage hydroxyapatite implantation(3110)	B	B
16.9	Cornea:		
	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for 1 year(3113)		C
	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(3115)		C
	Astigmatic correction with T cuts or wedge resection following intra ocular surgery, penetrating keratoplasty or trauma(3116)	B	C
	Removal of foreign body: On the basis of fee per consultation(3117)	A	
	Curettage of cornea after removal of foreign body(3118)		A
	Tattooing.(3119)	B	A
	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK). For machine hire fee for LTK used item 3201: ADD(3120)	B	
	Graft (Lamellar of fullthickness)(3121)	C	D
	Epikeratophakia.(3122)		D
	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery.(3123)	B	C
	Removal of corneal stitches under microscope (maximum of 2 procedures) Additional fee for sterile tray (see item 0202) (3124)		A
	Keratectomy or conjunctival flap.(3125)	B	B
	Cauterization of cornea (by chemical, thermal or cryotherapy methods).(3127)	A	A
	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved).(3128)	B	C
	Pterygium or conjunctival cyst or conjunctival tumor(3130)	B	A
	Paracentesis(3131)	B	A

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	Lamellar keratectomy (per eye) for refractive surgery (LK, ALK, MLK)(3132)	B	C
16.10	Ducts:		
	Probing and/or syringing, per duct(3133)	A	A
	Insertion of polythene tubes (additional): Unilateral(3135)	B	A
	Excision of lacrimal sac: Unilateral(3137)	B	B
	Dacryocystorhinostomy (Single) with or without polythene tube (3139)	B	C
	Sealing of punctum.(3141)	A	A
	Three-snip operation.(3143)	A	A
	Repair Of Canaliculus:		
	Primary procedure.(3145)	B	B
	Secondary procedure.(3147)	B	C
16.11	Iris:		
	Iridectomy or iridotomy by open operation as isolated procedure.(3149)	B	B
	Excision of iris tumour.(3151)	B	C
	Iridectomy or iridotomy by laser or photo-coagulation as isolated procedure (maximum one procedure)(3153)	B	B
	Iridocyclectomy for tumour.(3155)	C	D
	Division of anterior synechiae as isolated procedure(3157)	B	B
16.12	Lids:		
	Tarsorrhaphy.(3161)	B	A
	Excision of superficial lid tumour.(3163)	B	A
	Repair of skin lacerations of the lid.(3165)	B	A
	Diathermy to wart on lid margin.(3167)	A	A
	Electrolysis of any number of eyelashes (per eye)(3169)		A
	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202).(3171)	A	A
	Epicanthal folds.(3173)	B	B
	Botulinum toxin injection for blepharospasm (+ item 0201 + item 0202)(3174)		A
	Botulinum toxin injection in extra-ocular muscles (+ item 0201+ item 0202)(3175)		A
	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material.(3176)	B	C
16.12.1	Entropion Or Ectropion By:		
	Cautery.(3177)	A	A
	Suture.(3179)	B	A
	Open operation.(3181)	B	B
	Free skin, mucosal grafting or flap(3183)	B	C
16.12.2	Reconstruction Of Eyelid:		
	Staged Procedures For Partial Or Total Loss Of Eyelid		
	First stage.(3185)	B	C
	Subsequent stage.(3187)	B	C
	Full thickness eyelid laceration for tumour or injury: Direct repair(3189)	B	B
	Blepharoplasty: upper lid for improvement in function(3191)	B	B
16.13.	Ptosis:		
	Repair by superior rectus, levator or frontalis muscle operation(3193)	B	C
	Ptosis: By Lesser Procedure E.g. Sling Operation:		
	Unilateral.(3195)	B	B
	Bilateral.(3197)	B	C
16.14	Conjunctiva:		
	Repair of conjunctiva by grafting.(3199)	B	B
	Repair of lacerated conjunctiva.(3200)	B	A
16.15	General:		
17	Ear		
17.1	External Ear (pinna):		
	Major Congenital Deformity Reconstruction Of External Ear:		
	Unilateral(3267)	C	B

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	Bilateral(3269)	C	C
	Excision of superficial pre-auricular fistula(3270)	B	A
	Excision of complicated pre-auricular fistula.(3272)	B	B
17.2	External Ear Canal:		
	Removal of foreign body under general anaesthetic(3205)	A	A
	Meatus Atresia:		
	Repair of stenosis of cartilaginous portion(3215)	B	C
	Congenital(3217)	B	D
	Removal of osteoma from meatus: Solitary.(3219)	B	B
	Removal of osteoma from meatus: Multiple.(3221)	B	C
17.3	Middle Ear:		
	Microscopic examination of tympanic membrane including microsuction(3206)		A
	Unilateral myringotomy.(3207)	B	A
	Bilateral myringotomy.(3209)	B	A
	Unilateral myringotomy with insertion of ventilation tube (3211)	B	A
	Bilateral myringotomy with insertion of unilateral ventilation tube.(3212)	B	A
	Bilateral myringotomy with insertion of bilateral ventilation tubes.(3213)	B	B
	Exploratory tympanotomy(3237)	B	A
	Myringoplasty(3243)	B	B
	Functional reconstruction of tympanic membrane(3245)	C	D
	Stapedotomy and stapedectomy.(3249)	B	D
	Cortical mastoidectomy.(3257)	C	B
	Radical mastoidectomy (excluding minor procedures)(3259)	C	C
	Muscle grafting to mastoid cavity without tympanoplasty (3261)	C	C
	Autogenous bone graft to mastoid cavity(3263)	C	C
	Tympanomastoidectomy.(3264)	C	D
	Reconstruction of posterior canal wall, following radical mastoid(3265)	C	D
	Gentamycin instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded) (3266)	B	A
17.4	Facial Nerve:		
17.4.1	Facial Nerve Tests:		
	Percutaneous stimulation of the facial nerve.(3223)	B	A
	Electroneurography (ENOG).(3224)	B	B
17.4.2	Facial Nerve Surgery:		
	Exploration Of Facial Nerve:		
	Exploration of tympanomastoid segment.(3227)	C	D
	Grafting of the tympanomastoid segment (including item 3227)(3228)	C	D
	Extratemporal grafting of the facial nerve.(3230)	C	D
	Facio-accessory or facio-hypoglossal anastomosis(3232)	C	B
17.5	Inner Ear:		
17.5.1	Audiometry:		
	Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral(2691)		A
	Bilateral.(2692)		B
	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels(2693)		A
	Bilateral(2694)		B
	Audiology 40Hz response: unilateral.(2695)		A
	Bilateral.(2696)		A
	Mid- and long latency auditory evoked potentials: unilateral.(2697)		A
	Bilateral.(2698)		A
	Electro-cochleography: unilateral(2699)		A
	Bilateral(2700)		B
	Total fee for audiological evaluation including bilateral A.E.P. and bilateral electro-cochleography(2702)	A	B
	Otoacoustic emission (high risk patients only)(3250)		B
	Pure tone audiometry (air conduction)(3273)		A
	Pure tone audiometry (bone conduction with masking).(3274)		A

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	Impedance audiometry (tympanometry).(3275)	A
	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.(3276)	A
	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score).(3277)	A
	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)(3278)	A
17.5.2	Balance Tests:	
	Minimal caloric test (excluding consultation fee).(3251)	A
	Bithermal Halpiké caloric test (excluding consultation fee) (3252)	A
	Electro-nystagmography for spontaneous and positional nystagmus.(3253)	A
	Video nystagmoscopy (monocular).(3254)	A
	Caloric test done with electronystagmography(3255)	B
	Video nystagmoscopy (binocular)(3256)	A
	Otolith repositioning manoeuvre(3258)	B A
17.5.3	Inner Ear Surgery:	
	Labyrinthectomy via the middle ear or mastoid.(3233)	C D
	Endolymphatic sac surgery(3240)	C D
	Fenestration and occlusion of the posterior semicircular canal (F.O.S.) for benign paroxysmal positioning vertigo (BPPV)(3244)	C D
	Cochlear implant surgery(3246)	C D
17.6	Microsurgery Of The Skull Base:	
17.6.1	Middle Fossa Approach (i.e Transtemporal Or Supralabyrinthine):	
	Facial nerve: Exploration of the labyrinthine segment (3229)	C D
	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment included)(5221)	C D
	Facial nerve surgery inside the internal auditory canal (if grafting required and harvesting of graft included)(5222)	C D
	Vestibular neurectomy, removal of supralabyrinthine tumours, or similar procedures(5223)	C D
	Removal of acoustic neuroma via the middle fossa approach (5224)	C D
17.6.2	Translabyrinthine Approach:	
	Acoustic neuroma removal translabyrinthine(3239)	C D
	Cochleo-vestibular neurectomy(5227)	C D
	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting and graft removal included) (5229)	C D
17.6.3	Transotic Approach To The Cerebellopontine Angle:	
	Removal of acoustic neuroma or cyst of the internal auditory canal(5232)	C D
17.6.4	Infratemporal Fossa Approach Type A:	
	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large infratemporal tumours (5235)	C D
17.6.5	Infratemporal Fossa Approach Type B:	
	Removal of tumour of the petrous apex(5238)	C D
	Removal of tumour of the clivus(5239)	C D
17.6.6	Infratemporal Approach Type C:	
	Removal of nasopharyngeal angiofibroma or carcinoma (5242)	C D
	Removal of tumour from the infratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx(5243)	C D
17.6.7	Subtotal Petrosectomy:	
	Subtotal petrosectomy for removal of temporal bone tumour (5246)	C D
	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity(5247)	C D
17.6.8	Petrosectomy And Radical Dissection Of Petromandibular Fossa:	
	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland.(5250)	C D
	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland(5251)	C D
	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland(5252)	C D
18	Physical Treatment:	
	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)(3279)	A
	Consultation units for specialists in physical medicine when treatment is given (per treatment)(3280)	A
	Ultrasonic therapy.(3281)	A
	Shortwave diathermy.(3282)	A
	Sensory nerve conduction studies(3284)	A
	Motor nerve conduction studies(3285)	A
	Spinal joint and ligament injection.(3287)	A
	Epidural injection.(3288)	A
	Multiple injections - First joint.(3289)	A
	Each additional joint.(3290)	A
	Tendon or ligament injection.(3291)	A
	Aspiration of joint or intra-articular injection.(3292)	A
	Aspiration or injection of bursa or ganglion(3293)	A
	Paracervical nerve block.(3294)	A

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Paravertebral root block - unilateral.(3295)	A
Paravertebral root block - bilateral.(3296)	A
Manipulation of spine performed by a specialist in Physical Medicine.(3297)	A
Spinal traction.(3298)	A
Manipulation of large joints under general anaesthesia: Hip(3299)	A A
Muscle fatigue studies(3301)	A
Strength duration curve per session(3302)	A
Electromyography(3303)	B
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)(3304)	A

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19 Radiology

19.1	Skeleton:		
19.1.1	Limbs:		
	Finger, toe.(3305)		A
	Smith-Petersen or equivalent control, in theatre.(3309)		B
	Stress studies, e.g. joint.(3311)		A
	Full length study, both legs(3313)		A
	Skeletal survey under 5 years(3315)		B
	Skeletal survey over 5 years(3317)		B
	Arthrography per joint(3319)		A
	Introduction of contrast medium or air: Add(3320)		B
	Hand(6500)		A
	Wrist (specify region)(6501)		A
	Scaphoid(6503)		A
	Radius and Ulna(6504)		A
	Elbow(6505)		A
	Humerus(6506)		A
	Shoulder(6507)		A
	Acromio-Clavicular joint(6508)		A
	Clavicle(6509)		A
	Scapula(6510)		A
	Foot(6511)		A
	Ankle(6512)		A
	Calcaneus(6513)		A
	Tibia and fibula(6514)		A
	Knee(6515)		A
	Patella(6516)		A
	Femur(6517)		A
	Hip(6518)		A
	Sesamoid Bone(6519)		A
19.1.2	Spinal Column:		
	Per region, e.g. cervical, sacral, coccygeal, one region thoracic (3321)		A
	Stress studies(3325)		A
	Scoliosis studies(3329)		B
	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of views is required).(3331)		A
	Myelography:		
	Lumbar(3333)	B	B
	Thoracic(3334)	B	B
	Cervical(3335)	B	B
	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)(3336)	B	
	Introduction of contrast medium: Add(3344)		B
	Discography.(3345)	B	B
	Introduction of contrast medium per disc level: Add(3347)		C
19.1.3	Skull:		
	Skull studies(3349)		A
	Paranasal sinuses(3351)		A
	Facial bones and/or orbits(3353)		A
	Mandible(3355)		A
	Nasal bone(3357)		A
	Mastoid: Bilateral(3359)		B
	Teeth:		
	One quadrant(3361)		A
	Two quadrants(3363)		A
	Full mouth(3365)		A
	Rotation tomography of the teeth and jaws.(3366)		A
	Temporo-mandibular joints: Per side.(3367)		A
	Tomography: Per side(3369)		A
	Localisation of foreign body in the eye.(3371)		A
	Ventriculography(3381)	B	B

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	Post-nasal studies: Lateral neck(3385)		A
	Maxillo-facial cephalometry(3387)		A
	Dacryocystography.(3389)	B	A
	For introduction of contrast medium add(3391)		B
19.2	Alimentary Tract:		
	Bowel washout: Add(3393)		A
	Sialography (plus 80% for each additional gland)(3395)	B	A
	Introduction of contrast medium (plus 80% for each additional gland) : Add(3397)		B
	Pharynx and oesophagus(3399)		A
	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through.(3403)		B
	Double contrast: Add(3405)		B
	Small bowel meal (control film of abdomen included except when part of item 3408)(3406)		B
	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)(3408)		B
	Barium enema(control film of abdomen included)(3409)		B
	Air contrast study : Add(3411)		B
	Biliary Tract: E.R.C.P. own equipment: Cholelogram and/or pancreatography screening included.(3415)	B	B
	Pancreas: E.R.C.P. hospital equipment: Cholelogram and/or pancreatography screening included(3416)	B	A
	Gastric/oesophageal/duodenal intubation control(3417)		A
	Gastric/oesophageal intubation insertion of tube Add(3419)		A
	Duodenal intubation: Insertion of tube: Add(3421)		B
	Hypotonic duodenography (item 3403 and item 3405 included) : Add(3423)		B
19.3	Biliary Tract:		
	Oral cholecystography.(3425)		A
	Cholangiography:		
	Intravenous(3427)		B
	Operative: First series: Add item 3607 only when the Radiologist attends personally in theatre(3431)		B
	Post operative: T-tube(3433)		B
	Introduction of contrast medium: Add(3435)		B
	Trans hepatic, percutaneous(3437)		B
	Introduction of contrast medium: Add.(3439)		B
	Tomography of biliary tract: Add.(3441)		B
19.4	Chest:		
	Larynx (Tomography included)(3443)		A
	Chest (item 3601 included).(3445)		A
	Chest and cardiac studies (item 3601 included)(3447)		A
	Ribs(3449)		A
	Sternum or sterno-clavicular joints(3451)		A
	Bronchography:		
	Unilateral(3453)	B	A
	Bilateral(3455)	B	B
	Introduction of contrast medium included(3457)		B
	Pleurography(3461)	A	A
	For introduction of contrast medium: Add(3463)		A
	Laryngography(3465)		A
	For introduction of contrast medium: Add(3467)		B
	Thoracic inlet(3468)		A
19.5	Abdomen:		
	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)(3477)		A
	Acute abdomen or equivalent studies(3479)		A
19.6	Urinary Tract:		
	Excretory Urogram:		
	Control film included and bladder views before and after mictrurition (intravenous pyelogram) (item 0206 not applicable) (3487)		B
	Waterload test: Add.(3493)		B
	Cystography only or urethrography only (retrograde).(3497)		B
	Cysto-urethrography:		

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	Retrograde(3499)		B
	Introduction of contrast medium : Add(3503)		B
	Retrograde-prograde pyelography(3505)	A	B
	Aspiration renal cyst(3511)		B
	Tomography of renal tract: Add(3513)		B
19.7	Gynaecology And Obstetrics:		
	Pregnancy(3515)		A
	Pelvimetry(3517)		B
	Hystero-salpingography .(3519)	A	A
	Introduction of contrast medium: Add(3521)		B
19.8	Vascular Studies:		
19.8.1	Film Series		
	Angiography:		
	Dedicated angiography suite: analogue monoplane unit. Once off charge per patient by owner of equipment(3536)		C
	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment(3537)		D
	Analogue monoplane table with DSA attachment(3538)		C
	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment (3539)		D
	Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof (also chargeable by cardiologist who employs radiographer)(3540)		A
	Venography: Per limb(3545)		B
	Analogue monoplane screening table(3548)		C
	Digital monoplane screening table(3550)		D
	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)(3551)		C
	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram(3557)	B	B
	Translumbar aortic puncture, with full study(3558)	B	C
	Selective first order catheterisation, arterial or venous with angiogram/venogram(3559)	B	C
	Selective second order catheterisation, arterial or venous, with angiogram/venogram(3560)	B	C
	Selective third order catheterisation, arterial or venous, with angiogram/venogram(3562)	B	C
	Direct femoral arterial or venous or jugular venous puncture(3564)		B
	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)(3566)	B	C
	Intravascular pressure studies, arterial or venous, once off per case(3569)		B
	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)(3570)	B	C
	Transcatheter selective blood sampling, arterial or venous(3572)		B
	Spinal angiogram (global fee) including all selective catheterisations(3574)	B	D
19.8.2	Introduction Of Contrast Medium:		
	Direct intravenous for limb : Add(3563)		B
	"Cut-downs" for venography: Add(3575)		B
19.9	Tomography And Cinematography:		
19.9.1	Computed Tomography:		
	Mammogram of surgically removed breast biopsy specimen(3594)		A
	Plus Spiral CT(6400)		B
	Plus 3D reconstruction(6401)		B
	Plus high resolution study(6402)		B
	CT limb uncontrasted(6403)	B	C
	CT limb with contrast only(6404)	B	C
	CT Limb pre AND post contrast(6405)	B	C
	CT joint uncontrasted(6406)	B	C
	CT joint with contrast only(6407)	B	C
	CT joint pre AND post contrast(6408)	B	C
	CT brain uncontrasted (including posterior fossa)(6409)	B	C
	CT brain with contrast only (including posterior fossa)(6410)	B	C
	CT brain pre AND post contrast (including posterior fossa)(6411)	B	C
	CT orbits complete study, axial OR coronal, uncontrasted(6412)	B	C

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CT orbits complete study, axial AND coronal, uncontrasted(6413)	B	C
CT orbits complete study, axial OR coronal pre AND post contrast(6414)	B	C
CT orbits complete study, axial AND coronal pre AND post contrast(6415)	B	C
CT paranasal sinuses limited study axial OR coronal(6416)	B	B
CT paranasal sinuses limited study axial AND coronal(6417)	B	B
CT paranasal sinuses complete study, axial OR coronal, uncontrasted(6418)	B	C
CT paranasal sinuses complete study, axial AND coronal, uncontrasted(6419)	B	C
CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast(6420)	B	C
CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast(6421)	B	C
CT pituitary fossa, uncontrasted(6422)	B	C
CT pituitary fossa, pre AND post contrast(6423)	B	C
CT internal auditory meati, uncontrasted(6424)	B	B
CT internal auditory meati, pre AND post contrast(6425)	B	C
CT mastoids(6426)	B	B
CT ear structures, limited study(6427)	B	B
CT middle AND inner ear, complete study including reconstructions(6428)	B	C
CT facial bones(6429)	B	C
CT neck soft tissue, uncontrasted(6430)	B	C
CT neck soft tissue with contrast only(6431)	B	C
CT neck pre AND post contrast(6432)	B	C
CT cervical spine uncontrasted(6433)	B	C
CT cervical spine pre AND post contrast(6434)	B	C
CT cervical spine post myelogram(6435)	B	C
CT dorsal spine uncontrasted(6436)	B	C
CT dorsal spine pre AND post contrast(6437)	B	C
CT dorsal spine post myelogram(6438)	B	C
CT lumbar spine uncontrasted(6439)	B	C
CT lumbar spine pre AND post contrast(6440)	B	C
CT lumbar spine post myelogram(6441)	B	C
CT pelvimetry (topogram only)(6442)	B	B
CT chest uncontrasted(6443)	B	C
CT chest with contrast(6444)	B	C
CT chest pre AND post contrast(6445)	B	C
CT chest high resolution lungs, limited study(6446)	B	B
CT high resolution lungs, complete study(6447)	B	C
CT abdomen uncontrasted(6448)	B	C
CT abdomen with contrast(6449)	B	C
CT abdomen pre AND post contrast(6450)	B	C
CT abdomen triphasic study(6451)	B	C
CT pelvis uncontrasted(6452)	B	C
CT pelvis with contrast(6453)	B	C
CT pelvis pre AND post contrast(6454)	B	C
CT abdomen AND pelvis uncontrasted(6455)	B	C
CT abdomen AND pelvis with contrast(6456)	B	C
CT abdomen AND pelvis pre AND post contrast(6457)	B	C
CT chest, abdomen AND pelvis with contrast(6458)	B	C
CT base of skull to symphysis pubis with contrast(6459)	B	D
CT for dental implants maxilla OR mandible(6460)		C
CT for dental implants maxilla AND mandible(6461)		C
CT angiography per limited region (including spiral, high resolution AND all reconstructions)(6462)	B	C
CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)(6463)	B	D
CT limited study any region, may not be added to any other CT code and may only be used once(6464)	B	B
CT guidance for aspiration, biopsy or drainage(6465)	B	B
CT guidance for aspiration at time of CT diagnostic study(6466)		B
CT stereotactic localisation for biopsy(6467)	B	C
CT for radiotherapy planning (not to be used as an add-on)(6468)		C
Quantitative CT for bone mineral density(6469)		B
Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast(6470)	B	C
CT of the Chest, triphasic study of the liver, abdomen and pelvis with contrast(6471)	B	D
Computer Aided Diagnosis for Mammography(6472)		A
19.10 Miscellaneous:		
Peripheral bone desitometry utilizing ionizing radiation(3600)		A
Fluoroscopy: Per half hour: (not applicable for items 3445 and 3447) Add(3601)		A
Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add(3602)		A
Sinography(3603)		B

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Bone densitometry (to be charged once only for one or more levels done at the same session)(3604)		B
Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with a tariff item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, tariff item 3629 is used.(3605)		B
Repeat mammography, unilateral or bilateral, for localisation of tumour(3606)		B
Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in x-ray department except item 3309: Per half hour: Plus fee for examination performed. (Only to be used by radiological technical staff).(3607)		A
Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment, with patient in erect or prone position.(3608)	A	B
Foreign body localisation: Introduction of sterile needle markers: Add(3611)		A
Setting of sterile trays(3613)		A
Fine needle aspiration or biopsy or core biopsy of mamma.(5034)	B	B
19.11 Ultrasonic Investigations:		
Intravascular ultrasound per case, arterial or venous, for intervention(3596)		A
Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment).(3610)	B	B
Ultrasonic bone densitometry(3612)		A
Transvaginal aspiration of ova(3614)		B
Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment(3615)		B
Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment(3617)		A
Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy) (3618)		B
Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed.(3619)	B	A
Cardiac examination plus Doppler colour mapping(3620)		B
Cardiac examination (M.Mode)(3621)		A
Cardiac examination: 2 Dimensional(3622)		B
Cardiac examination + effort : Add(3623)		B
Cardiac examinations + contrast : Add(3624)		B
Cardiac examinations + doppler : Add(3625)		B
Cardiac examination + phonocardiography : Add(3626)		B
Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)(3627)		B
Renal tract(3628)		B
High definition (small parts) scan: thyroid, breast lump, scrotum, etc.(3629)		B
Ophthalmic examination(3631)		B
Axial length measurement and calculation of intraocular lens power: per eye(3632)		B
Neonatal head scan(3633)		B
Peripheral vascular study, B mode only.(3634)		B
+ Doppler(3635)		B
Trans-oesophageal echocardiography including passing the device(3636)		B
+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114.(3637)		B
Ultrasound for amniocentesis.(5026)	B	B
Pelvic organs ultrasound: transvaginal or trans rectal probe(5100)		B
Pleural space ultrasound(5101)		B
Ultrasound of joints (eg shoulder hip knee), per joint(5102)		B
Ultrasound soft tissue, any region(5103)		B
Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy(5106)		A
Ultrasound after 24 weeks - motivation required(5107)		A
Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)(5108)		B
Carotid ultrasound vascular study; B mode, pulsed and colour doppler; bilateral study, internal, external and common carotid flow and anatomy(5110)		B
Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree; carotids, vertebral and subclavian vessels (not to used together with items 5110, 5112, 5113, 5114)(5111)		C
Peripheral arterial ultrasound vascular study; B mode, pulsed and colour doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results(5112)		B
Peripheral venous ultrasound vascular study; B mode, pulsed and colour doppler; to evaluate deep vein thrombosis(5113)		B
Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally(5114)		C

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	Intra-operative ultrasound study(5115)	A	B
19.12	Portable Unit And Theatre Examinations:		
	Where portable X-ray unit is used in the hospital or theatre: Add(3639)		A
	Theatre investigations with fixed installation : Add(3640)		A
19.13	Diagnostic Procedures Requiring The Use Of Radio-isotopes:		
	Tracer test(3641)		B
	Repeat of further tracer tests for same investigation: Half of above fee(3642)		A
	Tracer test of complete body or brain tumour location .(3644)		B
	other organ scanning with use of relevant radio isotopes(3645)		B
	Thyroid scanning(3646)		B
19.14	Interventional Radiological Procedures:		
	Percutaneous transluminal angioplasty: Aortic/IVC(5002)	C	C
	Percutaneous transluminal angioplasty, arterial or venous, Iliac vessel/subclavian vessel/AV Fistula(5004)	C	C
	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial(5006)	C	B C
	Percutaneous transluminal angioplasty: sub-popliteal sub brachial(5008)	C	C C
	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic(5010)	C	C C
	Atherectomy (per vessel)(5014)		D C
	Aspiration thrombectomy (per vessel)(5016)		C
	On-table thrombolysis/Transcatheter infusion performed in angiography suite (5018)	B	C C
	Embolisation non-intercranial, per vessel .(5022)	C	C
	Percutaneous nephrostomy for further procedure or drainage.(5030)	B	B C
	Antegrade ureteric stent insertion(5031)	B	B C
	Percutaneous cystostomy in radiology suite(5033)		A B
	Urethral balloon dilatation in radiology suite(5035)		A B
	Percutaneous abdominal/pelvis/other drain insertion, any modality.(5036)		B
	Urethral stenting in radiology suite(5037)		C
	Intracranial/Spinal AVM embolisation (per session).(5038)	B	D
	Intracranial thrombolysis (on-table) per session(5039)	B	C C
	Intracranial aneurysm occlusion.(5040)	C	D
	Balloon occlusion/Wada test(5041)	C	C
	Carotico/Cavernous fistula/Head and neck AV fistula embolisation.(5042)	B	D D
	Intracranial angioplasty(5043)	C	D C
	Transhepatic portogram .(5044)	C	C
	Hepatic arterial infusion catheter insertion(5045)	B	C C
	Percutaneous biliary drainage (external).(5046)	B	C
	Combined internal/external biliary drainage(5047)	C	C
	Biliary stent insertion.(5048)	B	C C
	Percutaneous gall bladder drainage(5049)	B	C
	Percutaneous or renal gall bladder stone removal.(5050)	C	C
	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)(5058)	C	C
	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)(5060)	C	C C
	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)(5062)	C	C
	Stent insertion: Sub-popliteal - including percutaneous transluminal angiography (PTA)(5064)	C	C
	Stent insertion: Renal/Visceral/Brachiocephali - including percutaneous transluminal angioplasty (PTA)(5066)	C	C
	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)(5070)	C	D
	Tunnelled/Subcutaneous arteria/venous line performed in radiology suite(5072)	C	C
	IVC filter insertion jugular or femoral route(5074)	B	C C
	Intravascular foreign body removal, arterial or venous, any route(5076)	C	D C
	Percutaneous sclerotherapy of an arteriovenous malformation (AVM) per session(5078)	B	B C
	Transjugular intrahepatic portosystemic shunt(5080)	C	D
	Transjugular liver biopsy(5082)	B	B C
	Endoluminal fallopian tube recanalisation(5084)	B	C C
	Renal cyst aspiration/ablation(5086)		A B
	Oesophageal stent insertion in radiology suite(5088)	C	C
	Tracheal stent insertion(5090)	B	B C
	GIT Balloon dilatation under fluoroscopy(5091)	B	B C
	Other GIT stent insertion(5092)	C	C
	Percutaneous gastrostomy in radiology suite(5093)		B C
	Cutting needle biopsy with image guidance(5094)		A B
	Chest drain insertion in radiology suite(5095)		A B
	Percutaneous cyst or tumour ablation (non aspiration)(5096)		C

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19.15 Magnetic Resonance Imaging:

Magnetic Resonance Imaging: Per Anatomical Region:

Brain(6200)	B	D
Orbits(6201)	B	D
Paranasal sinuses(6202)	B	D
Soft tissue: Face/skull(6203)	B	D
Skull base/cranio-cervical joint(6204)	B	D
Middle and internal ears(6205)	B	D
Soft tissue: Neck(6206)	B	D
Thyroid/para-thyroid(6207)	B	D
Hypophysis (see modifiers 6104 and 6105 for limited examinations)(6208)	B	D
Bone tumour (see modifier 6103)(6209)	B	D
Cervical vertebrae(6210)	B	D
Thoracic vertebrae(6211)	B	D
Lumbar vertebrae(6212)	B	D
Sacrum.(6213)	B	D
Pelvis.(6214)	B	D
Pelvic organs.(6215)	B	D
Abdomen(6216)	B	D
Thorax wall.(6217)	B	D
Mediastinum.(6218)	B	D
Soft tissue: Back.(6219)	B	D
Left shoulder(6220)	B	D
Right shoulder(6221)	B	D
Both hips (6222)	B	D
Left hip .(6223)	B	D
Right hip(6224)	B	D
Left upper arm (6225)	B	D
Right upper-arm(6226)	B	D
Left elbow(6227)	B	D
Right elbow(6228)	B	D
Left fore-arm(6229)	B	D
Right fore-arm(6230)	B	D
Left wrist and hand(6231)	B	D
Right wrist and hand(6232)	B	D
Left upper-leg(6233)	B	D
Right upper-leg(6234)	B	D
Left knee(6235)	B	D
Right knee(6236)	B	D
Left lower-leg(6237)	B	D
Right lower-leg(6238)	B	D
Left ankle(6239)	B	D
Right ankle(6240)	B	D
Left foot(6241)	B	D
Right foot(6242)	B	D
Magnetic Resonance Angiography (see Modifiers 6106 To 6108)		
Brain(6250)	B	D
Large vessels: Neck(6251)	B	D
Large vessels: Chest(6252)	B	D
Large vessels: Abdomen(6253)	B	D
Large vessels: Legs(6254)	B	D
Heart(6255)	B	D
Low Field Strength Peripheral Joint Magnetic Resonance Imaging		
Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine, or head examinations(6270)	B	B

Schedule 2.3

COSMETIC SURGERY CODEBOOK

Category	Procedure
Cat A	Liposuction 45 min
Cat A	Liposuction 60 min
Cat A	Liposuction 90 min
Cat A	Laser Treatment 30 min (resurfacing)
Cat A	Dermabrasion (Face)
Cat A	Laser treatment 60 min
Cat A	Laser treatment 90min
Cat A	Breast prosthesis
Cat A	Otoplasty
Cat B	Nipple reconstruction
Cat B	Blepharoplasty
Cat B	Nose reconstruction
Cat B	Forehead lift
Cat B	Mastopexy
Cat B	Wedge resection
Cat B	Gluteal lipectomy
Cat C	Rhyectomy (forehead)
Cat C	Abdominoplasty
Cat C	Reduction mammoplasty
Cat C	Rhyectomy
Cat D	Abdominoplasty & breast reduction

05	Imaging (contd.)					
0540	Radiology, Cat D – Facility Fee	Procedure		1 186,00	1 186,00	1355,00
0541	Radiology, Cat D – General medical practitioner	Procedure	1 097,00			
0542	Radiology, Cat D – Specialist	Procedure	2 291,00			
06	Inpatients					
0610	Inpatient General ward – Facility Fee	12 hours		184,50	235,00	444,00
0611	Inpatient General Ward – General medical practitioner	12 hours	38,00			
0612	Inpatient General Ward – Specialist medical practitioner	12 hours	66,50			
0613	Inpatient General Ward – Nursing medical practitioner (MOU)	12 hours	22,50			
0620	Inpatient High care – Facility Fee	12 hours		571,00	715,00	1 025,00
0621	Inpatient High Care – General medical practitioner	12 hours	40,00			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	75,00			
0630	Inpatient Intensive care – Facility Fee	12 hours		1 878,00	1 878,00	2 246,00
0631	Inpatient Intensive Care – General medical practitioner	12 hours	45,00			
0632	Inpatient Intensive Care– Specialist medical practitioner	12 hours	85,00			
0640	Inpatient Chronic care – Facility Fee	12 hours		108,00	108,00	108,00
0641	Inpatient Chronic care – General medical practitioner	12 hours	12,50			
0642	Inpatient Chronic care – Specialist medical practitioner	12 hours	29,00			
0643	Inpatient Chronic care – Nursing practitioner	12 hours	7,50			
0650	Day patient – Facility Fee	Day		307,00	387,00	568,00
0651	Day patient – General medical practitioner	Day	76,00			
0652	Day patient – Specialist medical practitioner	Day	133,00			
0653	Day patient – Nursing practitioner	Day	45,00			
0660	Inpatient Boarder – Facility Fee	12 hours		88,50	88,50	88,50
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	12 hours	7,50			
07	Mortuary					
0710	Mortuary – Facility Fee	Day		94,00	94,00	107,00
0720	Cremation Certificate – Facility Fee	Certificate		94,00	94,00	107,00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		17,00	17,00	20,00
0815	Item Fee	Item	Varies			
09	Oral Health (Hospitals)					
0910	Oral Care Cat A – Facility Fee	Procedure		14,00	14,00	16,00
0911	Oral Care Cat A – General practitioner	Procedure	24,00			
0912	Oral Care Cat A – Specialist practitioner	Procedure	20,00			
0914	Oral Care Cat A – Allied health practitioner	Procedure	19,00			
0920	Oral Care Cat B – Facility Fee	Procedure		43,00	43,00	49,00
0921	Oral Care Cat B – General practitioner	Procedure	47,00			
0922	Oral Health Cat B – Specialist practitioner	Procedure	74,00			
0924	Oral Care Cat B – Allied health practitioner	Procedure	38,00			
0930	Oral Care Cat C – Facility Fee	Procedure		260,00	260,00	297,00

09	Oral Health (Hospitals) (contd.)					
0931	Oral Care Cat C – General practitioner	Procedure	288,00			
0932	Oral Care Cat C – Specialist practitioner	Procedure	494,00			
0940	Oral Care Cat D – Facility Fee	Procedure		1 023,00	1 023,00	1 170,00
0941	Oral Care Cat D – General practitioner	Procedure	882,00			
0942	Oral Care Cat D – Specialist practitioner	Procedure	1 810,00			
0950	Oral Care Cat E – Facility Fee	Procedure		3 443,00	3 443,00	3 935,00
0951	Oral Care Cat E – General practitioner	Procedure	2 967,00			
0952	Oral Care Cat E – Specialist practitioner	Procedure	6 089,00			
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		46,00	46,00	55,00
1011	Outpatient Consultation – General medical practitioner	Visit	51,00			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	117,00			
1013	Outpatient Consultation – Nursing practitioner	Visit	30,00			
1014	Outpatient Consultation – Allied health practitioner	Visit	31,00			
1020	Emergency Consultation – Facility Fee	Visit		92,00	92,00	110,00
1021	Emergency Consultation – General medical practitioner	Visit	76,00			
1022	Emergency Consultation – Specialist medical practitioner	Visit	175,00			
1023	Emergency Consultation – Nursing practitioner	Visit	45,00			
1024	Emergency Consultation – Allied health practitioner	Visit	46,00			
11	Ambulatory Procedures					
1110	Ambulatory Procedure Cat A – Facility Fee	Procedure		216,00	216,00	259,00
1111	Ambulatory Procedure Cat A – General medical practitioner	Procedure	74,00			
1112	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	145,00			
1113	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	43,00			
1114	Ambulatory Procedure Cat A – Allied health practitioner	Procedure	43,00			
1120	Ambulatory Procedure Cat B – Facility Fee	Procedure		216,00	216,00	259,00
1121	Ambulatory Procedure Cat B – General medical practitioner	Procedure	111,00			
1122	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	251,00			
1124	Ambulatory Procedure Cat B – Allied health practitioner	Procedure	65,00			
1130	Ambulatory Procedure Cat C – Facility Fee	Procedure		216,00	216,00	259,00
1131	Ambulatory Procedure Cat C – General medical practitioner	Procedure	174,00			
1132	Ambulatory Procedure Cat C – Specialist medical practitioner	Procedure	392,00			
1140	Ambulatory Procedure Cat D – Facility Fee	Procedure		216,00	216,00	259,00
1141	Ambulatory Procedure Cat D – General medical practitioner	Procedure	461,00			
1142	Ambulatory Procedure Cat D – Specialist medical practitioner	Procedure	1 038,00			
12	Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		699,00	1 025,00	1 182,00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	74,00			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	144,00			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1 058,00	1 552,00	1 788,00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	111,00			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	251,00			

12	<i>Theatre Procedures (contd.)</i>					
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1 818,00	2 667,00	3 079,00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	174,00			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	392,00			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		4 663,00	6 839,00	7 882,00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	461,00			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1 038,00			
13	<i>Treatments</i>					
1310	Supplementary Health Treatment – Facility Fee	Contact		30,00	30,00	34,00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	52,00			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		22,00	22,00	25,00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	39,00			
14	<i>Emergency Medical Services</i>					
1410	Patient transport service – Facility Fee	100km		194,00	194,00	194,00
1420	Basic life support – Facility Fee	50km		530,00	530,00	530,00
1430	Intermediate life support – Facility Fee	50km		716,00	716,00	716,00
1440	Advanced life support – Facility Fee	50km		1 189,00	1 189,00	1 189,00
1450	Emergency service standby – Facility Fee	Hour		56,00	56,00	56,00
1451	Emergency service standby – General medical practitioner	Hour	227,00			
1452	Emergency service standby – Specialist medical practitioner	Hour	340,00			
1453	Emergency service standby – Nursing practitioner	Hour	151,00			
1454	Emergency service standby – Allied health practitioner	Hour	151,00			
1460	Rescue – Facility Fee	Incident		567,00	567,00	567,00
1461	Rescue – General medical practitioner	Incident	850,00			
1462	Rescue – Specialist medical practitioner	Incident	1 275,00			
1463	Rescue – Nursing practitioner	Incident	567,00			
1464	Rescue – Allied health practitioner	Incident	567,00			
15	<i>Assistive Devices & Prosthesis</i>					
1510	Item Fee	Item	Varies			
16	<i>Cosmetic Surgery</i>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1 471,00	1 471,00	1 681,00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	848,00			
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1 271,00			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		3 309,00	3 309,00	3 782,00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	1005,00			
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1 508,00			
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		5 344,00	5 344,00	6 108,00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1 699,00			
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2 549,00			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		9 027,00	9 027,00	10 316,00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	1 907,00			
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	2 860,00			

CODE	DESCRIPTION	BASIS	Professional Tariff	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
WC04	Copies of medical reports, records and X-rays/Completion of certificates/forms					
WC040 1	Medical reports/records – General medical practitioner Certificate/Forms	Copy	65	35	35	40
WC040 2	Medical reports/records – Specialist medical practitioner Certificate/Forms	Copy	100	35	35	40
WC040 3	X-rays	Copy		20	20	20
WC07	Autopsies					
WC070 1	Autopsies – General medical practitioner	Case		97	97	106
WC070 2	Autopsies – Specialist medical practitioner	Case		163	163	172
WC100 1	Home Visits					
WC100 1	Home visits			Consultation fee plus the applicable kilometer tariff for official vehicles		
WC20	Oxygen and oxygen appliances					
WC200 1	Oxygen and oxygen appliances	Refill/item		97	97	106
WC21	Contested Fatherhood Tests					
WC210 1	Contested Fatherhood Tests HLA-Typing	Test		Maximum NRPL tariffs min 14% vat		
WC210 2	Contested Fatherhood Tests DNA-Typing	Test		Maximum NRPL tariffs min 14% vat		
WC22	Primary Healthcare and children under the age of 6 years			Not free-Max tariffs apply		
WC23	District Surgeon Services and District Dental Services			Not free-Max tariffs apply		
WC24	Immunisation					
WC240 1	Immunisation for foreign travel	Immunisation		Full UPFS tariffs i.r.o. consultation and all related services		
WC25	S.A. National Defence Force			Full UPFS tariffs to full paying patients		

WC26	Foreign Patients		Full UPFS tariffs applicable to full paying patients
WC27	Military Pensioners (MPA)		Full UPFS tariffs applicable to full paying patients on receipt of a W.P. 29, otherwise according to the means test
WC28	School Nursing Services/Oral Health Services		According to means test
WC29	Donors		Free with certain exclusions
WC30	Motor Vehicle Accidents		Max tariffs apply
N/A	Forensic Services		R759.00 per patient per day

SCHEDULE 4: RADIATION ONCOLOGY

SCHEDULE 4: RADIATION ONCOLOGY									
GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST (a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.									
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								
Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values									
20.1	Kilovolt therapy								
20.2	Radium therapy								
20.3	Isotope therapy								
96	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								
20.7	Technical aids								
20.8	Oncological surgical procedures								
20.9	Special procedures								
20.1	Chemotherapy								
Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.									
Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities									
			SP UNITS	SP VALUE	GP UNITS	GP VALUE			
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy).				42.95Z	228.35			

<p>5791</p>	<p>Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee.</p>			<p>24.49Z</p>	<p>130.2</p>			
<p>5792</p>	<p>Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee.</p>			<p>30.61Z</p>	<p>162.7</p>			

Non-infusional chemotherapy: The management fee for oral chemotherapy is applicable only to drugs listed in a chemotherapy drug formulary and is chargeable only once per treatment cycle. Consultations are charged separately.

Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.

5793	<p>Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities(consultations to be charged separately).</p>				127.58Z	678.15			
5794	<p>Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee.</p>				90.03	478.6			
5795	<p>Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee.</p>				112.54Z	598.25			

Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).

20.11	Radiation Therapy Planning								
20.11.1	Manual Radiotherapy Planning Procedures								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT			42.56Z	274.9				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT			99.32Z	641.6				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT			56.18Z	362.9				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT			131.1Z	846.85				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT			76.62Z	494.9				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT			178.77Z	1154.8				
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT			170.26Z	1099.8				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT			397.27Z	2566.25				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT			238.36Z	1539.75				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT			556.18Z	3592.7				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT			297.95Z	1924.65				

5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT		695.22Z	4490.9					
20.11.3	Three Dimensional Radiotherapy Planning Procedures								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT		418.8Z	2705.25					
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT		977.2Z	6312.35					
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT		586.32Z	3787.45					
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT		1368.07Z	8837.3					
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT		732.9Z	4734.3					
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT		1710.09Z	11046.6					
20.11.4	Intensity Modulated Radiotherapy Planning Procedures								
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT		821.49Z	5306.6					
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT		1916.81Z	12381.95					

5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT		410.75Z	2653.35					
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT		958.4Z	6190.95					
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT		931.92Z	6019.9					
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT		2174.48Z	14046.4					
20.11.5	Kilovolt Radiation Treatment								
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT		49.08Z	317					
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT		114.52Z	739.75					
20.11.6	Short Course Radiation Treatment								
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT		105.74Z	683.05					
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT		246.73Z	1593.75					

5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT		148.04Z	956.3					
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT		345.41Z	2231.25					
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT		190.33Z	1229.45					
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT		444.11Z	2868.75					
20.11.7	Weekly Radiation Treatment Sessions								
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT		193.86Z	1252.3					
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT		452.33Z	2921.95					
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT		246.73Z	1593.75					
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT		575.69Z	3718.75					
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT		317.22Z	2049.1					
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT		740.18Z	4781.3					
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques								

5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT		236.24Z	1526.05					
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT		551.21Z	3560.6					
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT		330.73Z	2136.4					
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT		771.71Z	4985					
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT		425.23Z	2746.85					
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT		992.19Z	6409.2					
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT		348.87Z	2253.6					
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT		814.03Z	5258.35					
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT		826.83Z	5341.05					

5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT		1929.26Z	12462.35					
20.11.8	Stereotactic Radiation								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT		3719.34Z	24025.6					
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT		8678.46Z	56059.8					
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT		4277.24Z	27629.45					
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT		9980.23Z	64468.75					
20.12	Brachytherapy								
20.12.1	Isotope/Applicator Therapy								
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included.		108.4Z	700.25					
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included.		216.8Z	1400.45					
	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost								

	are not included.								
20.12.2	Brachytherapy Implants								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included.		216.8Z	1400.45					
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included.		786.8Z	5082.45					
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included.		1049.07Z	6776.65					
20.12.3	Brachytherapy Treatment								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included.		613.04Z	3960					
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT		415.96Z	2686.95					

5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT		970.56Z	6269.45					
20.12.4	Brachytherapy Imaging								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885.		156.77Z	1012.7					

Schedule 5: Nuclear Medicine - UPFS Ticksheet		Date: _____		
(patient sticker)		Name of Institution		
Code		Cost*	30% Mark -up	Tick Box
	Radiopharmaceuticals			
3597	Ceretec	R 254	R 330	
3597	Co-57 vitB12	R 908	R 1,180	
3597	Co-57 vitB12 + intrinsic factor	R 2028	R 2,636	
3597	Cr-51 chromate	R 1625	R 2,113	
3597	Cr-51 EDTA	R 101	R 132	
3597	DISIDA	R 103	R 134	
3597	DMSA	R 130	R 169	
3597	DTPA	R 103	R 134	
3597	Fe-59 citrate	R 1325	R 1,723	
3597	Ga-67 citrate	R 80/mCi x mCi =	Add 30%	
3597	Ga-67 resin	R 135/mCi x mCi =	Add 30%	
3597	Hepatate	R 130	R 169	
3597	I-123 DaTSCAN		Add 30%	
3597	I-123 iodide	R 108/mCi x mCi =	Add 30%	
3597	I-123 MIBG	R 125/mCi x mCi =	Add 30%	
3597	I-125 albumin	R 1800	R 2,340	
3597	I-131 iodide capsules		Add 30%	
3597	I-131 iodide solution	R 1305	R 1,697	
3597	I-131 norcholesterol	R 7020	R 9,126	
3597	In-111 chloride	R 4215	R 5,480	
3597	In-111 Octreotide	R 8170	R 10,621	
3597	In-111 oxine	R 1820	R 2,366	
3597	Kr-81m	R 288	R 374	
3597	MAG-3	R 179	R 232	
3597	MDP	R 103	R 134	
3597	Medronate	R 130	R 169	
3597	MIBI	R 192	R 249	
3597	Nanocolloid	R 380	R 494	
3597	Neurolite	R 2227	R 2,894	
3597	Pentetate	R 170	R 221	
3597	Pulmocis	R 135	R 176	
3597	Pulmotek	R 108	R 140	
3597	PYP	R 103	R 134	
3597	RBC	R 103	R 134	
3597	Tc-99m	R 137	R 178	
3597	Tl-201 chloride	R 1350	R 1,755	
3597	Other (specify)		Add 30%	
0510 0512	Radiology Cat A			
3642	Repeat of further tracer tests	R 109		
0520 0522	Radiology Cat B			
3641	Tracer Test	R 302		
3644	Tracer Test of complete body or brain tumour location	R 302		
3645	Other organ scanning with use of relevant isotopes	R 302		
3646	Thyroid scanning	R 302		
1010 1012	Outpatient Consultation	R 338		
TOTAL		R		

Schedule 6: Orthotic Aids Tariffs For Full Paying Patients

NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
1. ARTIFICIAL ARMS (Upper Extremity Prosthesis)		
1.1 Through sholder		
(a) Functional	each	12865
(b) Non-functional	each	7765
1.2 Through elbow		
(a) Funcitonal	each	16405
(b) Non-functional	each	7765
1.3 Through wrist	each	9520
1.4 Above elbow		
(a) Functional	each	12865
(b) Non-functional	each	7765
1.5 Below elbow		
(a) Functional	each	9520
(b) Non-functional	each	4665
1.6 Congenital/Cosmetic		Quote Actual Manuf. cost @ R56.00 per hour plus material, plus 30% overhead charges
2. ARTIFICIAL LEGS (Lower Extremity Prosthesis)		
2.1 Symes/Chopars (exc. boots)	each	2310
2.2 Below knee (excluding boots)		
(a) PTB/PTS	each	2090

(b) Conventional	each	4410
(c) P.T.B./P.T.S. modular	each	3015
(d) Pylon	each	3060
2.3 Through knee (excluding boots)		
(a) Conventional	each	4830
(b) Modular	each	10615
2.4 Above knee (excl. boots)		
(a) Conventional (+ simplex)	each	6880
(b) Modular	each	7720
(c) Pylon	each	3060
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
2.5 Tilting Table/Hip Disarticulation (excl. boots)	each	13790
2.6 Stump socks	each	65
2.7 Sheaths	each	65
2.8 Congenital/Cosmetic		Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 30% overhead charges)
2.9 Refit prosthesis		
(a) Above knee	each	Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 30% overhead charges)
(b) Through knee	each	Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 30% overhead charges)
(b) Through knee	each	Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 30% overhead charges)

(c) Below knee	each	Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 30% overhead charges)
3. SPINAL ORTHOSIS		
3.1 COLLARS		
(a) Soft	each	80
(b) Plastic	each	105
(c) SOMI	each	385
(d) ABCO	each	1645
(e) HALO	each	1675
(f) HALO jacket	each	555
3.2 CORSETS		
(a) L/S male	each	240
(b) L/S female	each	240
(c) L/D male	each	240
(d) L/D female	each	240
(e) Abdominal male	each	240
(f) Abdominal female	each	240
(g) Abdominal binder	each	240
4. BRACE		
4.1 Milwaukee	each	1785
4.2 Boston	each	1150
4.3 T.L.S.O.	each	1150
4.4 Bennet's plastic	each	1150

NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
4.5 Fichers/Jordan	each	1150
4.6 Bakers/Jewet	each	1150
4.7 L/S Corset and Taylors Ext	each	235
4.8 (a) Bivalved TLSO	each	1210
(b) Bivalved TLSO with SOLMI Ext.	each	1610
4.9 C.A.S.H. brace	each	660
4.10 C.A.S.H. brace (local)		265
5. FOOTWEAR		
5.1 Boots		
(a) Infants	pair	205
(b) Childs	pair	205
(c) Youths/Maids	pair	225
(d) Mens	pair	240
5.2 SHOES		
(a) Nurses	pair	220
5.3 TARSO PRONATOR		
(a) 000 - 3	pair	390
(b) 4 - 6	pair	415
(c) 7 - 9	pair	475
(d) 10 - 12	pair	545
(e) 13 - 3 Youths	pair	690

(f) 4 - 5 Adults	pair	755
5.4 TARSO SUPINATOR		
(a) 3½ - 6½ Infants	pair	435
(b) 7 - 1½ Child	pair	500
(c) 2 - 9 Youths	pair	570
5.5 SURGICAL		
(a) Boot	pair	1690
(b) Boot	single	845
(c) Shoes	pair	1615
(d) Shoes	single	810
(e) Forest Town Boot	pair	670
(f) O'Connor extension	single	1500
(g) Reverse Sole Boots	pair	765
(h) Choparts Extension	single	665
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
5.6 FOOTWEAR ALTERATIONS		
The following items or any combination thereof:		
(a) C & E Heel	pair	105
(b) Thomas Heel	pair	105
(c) Flared Heel or sole	pair	105
(d) Wedges H & S	pair	105
(e) Wedges H or S	pair	105

(f) Met Bars	pair	105
(g) Rocker Soles	each	105
(h) Toe Caps	pair	105
(i) Long & Met Insoles	pair	90
(j) Long Insole	pair	90
(k) Met Insole	pair	90
(l) Moulded Insoles	each	90
(m) Cork Raises	each	320
(n) Heel & Sole Raise leather/feather foam	each	95
(o) Patten Raises (excl. boots)	each	280
(p) Toe Filler	each	90
(q) Socket with Back or Front Stop fixed (excl. boots)	each	90
(r) T/Straps	pair	90
(s) Heel Raise	pair	105
(t) Torque Heels	each	168
(u) Buttress boot	pair	290
(v) Heel Pads	pair	90
(w) Excavated Heel	pair	90
(x) Inside Heel Lift	pair	90
(y) Sach Heel	pair	90
(z) Stuck-in arch Support	pair	90
(aa) UCBL	each	225
(bb) SMO	each	225
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
6. BELOW KNEE ORTHOSIS	each	215
6.1 Air Cast ankle brace	each	420
6.2 Night Splints	each	180

NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
6. BELOW KNEE ORTHOSIS	each	215
6.1 Air Cast ankle brace	each	420
6.2 Night Splints	each	180
6.3 BK Irons Single (child) (Excl. boots)	each	180
6.4 BK Irons Single (adult) (Excl. boots)	each	230
6.5 BK Irons Single (Double) (Excl. boots)	each	230
6.6 BK Irons Double (adult) (Excl. boots)	each	320
6.7 BK Irons Bil. (child) (Excl. boots)	each	320
6.8 BK Irons Single (adult) (Excl. boots)	each	485
6.9 BK Irons Double (child) (Excl. boots)	each	485
6.10 BK Irons Bil. (adult) (Excl. boots)	each	165
6.11 O'Gormans Uni-lateral (Excl boots)	each	340
6.12 O'gormans Bi-lateral	each	410
6.13 A.F.O.	each	675
6.14 Hinged A.F.O	each	415
6.15 Legging Gaiter - Leather	each	630
6.16 Legging Gaiter - Plastic	each	
7. KNEE ORTHOSIS		210
7.1 Knee Hinged supports (short)	each	535
7.2 Knee Hinged Supports (long)	each	1320
7.3 Moulded with Joints	each	610
7.4 Moulded no Joints	each	305
7.5 Night Splint	each	550

7.6	Crawling pads	each	165
7.7	Canvas gaiters	each	625
7.8	Swedish knee cage	each	
8.	ABOVE KNEE ORTHOSIS		
8.1	Straight Leg caliper Uni-lat, (adults)(Excl boots) (childs)Excl boots)	each each	510 460
8.2	Straight Leg caliper Bi-lat, (adults)(Excl boots) (childs)Excl boots)	each each	965 915
8.3	With pelvic band Uni-lateral (adults)(Excl boots) (childs)Excl boots)	each each	760 655
	NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
8.4	With pelvic band Bi-lateral (adults)(Excl boots) (childs)Excl boots)	each	1475
8.5	Knee Jointed Caliper Uni-lateral (Excl boots)	each	1335

8.6 With Hip Joints Bi-lateral (Escl boots)	each	1475
8.7 With Hip Joints Uni-lateral (Escl boots)	each	2950
8.8 With Hip Joints Bi-lateral (Escl boots)	each	1755
8.9 Plastic K.A.F.O. Uni-lateral	each	3500
8.10 Plastic K.A.F.O. Bi-lateral	each	1958
8.11 Pethes Caliper (childs) (Excl boots)	each	3905
8.12 Conradie Leg Braces pr.	each	740
9. HIP ORTHOSIS		340
9.1 CDH (Paulik van Rosson Barlow)	each	380
9.2 Hip Spika	each	665
9.3 Hip Spika & Hip Joint	each	875
9.4 Abduction/Flexion Cushion	each	175
10. UPPER EXTREMITY ORTHOSES		
10.1 Hand/Wrist		
(a) Elastic issue	each	85
(b) Static	each	250
(c) Dynamic	each	240
10.2 Elbow		
(a) Static	each	250
(b) Dynamic	each	1045
10.3 Shoulder		
(a) Static	each	235
(b) Dynamic	each	475
(c) Arm Immobiliser Sling	each	65
11. MISCELLANEOUS		
11.1 Elastic stockings		

(a) Below Knee	pair	30
(b) Above Knee	pair	105
(c) Panty Hose	each	65
(d) Anti Emolism		
Below knee	each	25
Full	each	35
Full & belt	each	55
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
11.2 Trusses		
(a) Inguinal Single	each	250
Double	each	510
(b) Scrotal Single	each	240
Double	each	400
(c) Suspension Briefs	each	115
11.3 Crutches		
(a) Wooden, Axilla	each	45
	Pair	95
(b) Aluminium: Axilla	each	40
	pair	80
(c) Wooden, Ring Top	each	100
	pair	220
(d) Aluminium, Ring Top	each	150
	pair	295
(e) (i) Adult Elbow (General duty)	each	45
	pair	95
(ii) Adult Elbow (Heavy duty)	each	Yr 1:60 Yr 2:65
	pair	Yr 1:115 Yr 2:125

(iii) Kiddies Elbow (Extra heavy duty)	each	Yr 1:65 Yr 2:70
	pair	Yr 1:125 Yr 2:135
(iv) Kiddies Elbow (General duty)	each	55
	pair	105
(ii) Kiddies Elbow (Heavy duty)	each	55
	pair	105
(iii) Adult Elbow (Extra heavy duty)	each	55
	pair	105
(f) Gutter	each	
(i) Gutter / RA (issue)	pair	Yr 1:135 Yr 2:144
(ii) Gutter (manufactured)	each	305
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
11.4 Walking stick and aids		
(a) Aluminium Adjustable	each	35
(b) Quadripod	each	95
(c) Pulpit (folding)		
(i) Adult	each	150
(ii) Large child	each	150
(iii) Adult pulpit with wheels	each	205
(iv) Large child pulpit with wheels	each	205
(d) Rolator	each	
(i) Child's small	each	345
(ii) Child's medium	each	345
(iii) Child's Large	each	345
(iv) Adult's	each	345

(e) Pediatric reverse walker	each	
(i) Small	each	360
(ii) Medium	each	360
(iii) Large	each	360
11.5 Knee braces	each	
(PAU)	each	150
11.6 Helmets	each	
(a) Helmets Issue	each	150
(b) Moulded Helmets	each	245
11.7 Seats	each	
(a) Moulded	each	915
(b) Standing Frame	each	545
(c) Wheelchair Trunk Support	each	455
(d) Para-care Cushion 120mm (cushion with slot)	each	280
(e) Pressure care cushion 120 mm	each	110
(f) Pressure care cushion 80 mm	each	85
(g) Wedged pressure care cushion (medi-lock softi)	each	105
(h) Wedged chipfoam cushion (medi-lock)	each	70
(i) Ring & Simple sponge cushion	each	55
(j) Commode seats	each	35
12. ITEMS NOT LISITED		
(Actual cost plus 15%)	each	100%
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
13. ITEMS ESPECIALLY ORDERED		
(a) Spectacles		400

(b) Contact lenses ex stock		
(Actual cost plus 15%)	pair	100%
(c) Artificial Eye	each	275
(b) Hearing aids (Actual cost plus 15%)	each	100%
(e) Hearing aids (Actual cost plus 15%)	each	100%
(f) Wheelchairs (adult or child)	each	
(i) new or less than one year old	each	2415
(ii) One to two years old (50%)	each	1215
(iii) Three to five years old (25%)	each	605
(iv) Six years and older (10%)	each	240
(g) Buggy, or perambulator (Pram)	each	
(i) Shona buggy	each	4670
(ii) Presta buggy	each	2315
(iii) Aulki buggy	each	2395
14. REPAIR TO APPLIANCES: Actual cost @ R56.00 per hour plus material plus 30% overhead charges		100 % of Actual Cost
15. OCCUPATIONAL THERAPY: ASSISTIVE DEVICES		
15.1 Modility		
(a) Wheelchair table	each	25
(b) Wheelchair bags	each	10
(c) Wheelchair gloves	each	15
15.2 Self Care		
15.2.1 Toileting		

(a) Plastic chair/toilet seat	each	30
(b) Wooden commode/toilet seat	each	65
(c) Small fitted wooden raised toilet seat	each	55
(d) Toilet wiping aid	each	10
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
15.2.2 Bathing/Washing		
(a) Bathboard: all designs	each	45
(b) Bathseat: all designs	each	55
(c) Backwasher: long handled	each	10
(d) Tapturners: all designs		10
(e) Wash mitten	each	10
(f) Nail clipper: adapted (own nail clipper)	each	5
(g) Nail brush: adapted (own nailbrush)	each	5
15.2.3 Dressing		
(a) Dressing stick: short	each	5
(b) Dressing stick: long-handled	each	10
(c) Shoehorn: short	each	20
(d) Shoehorn: long-handled	each	25
(e) Stocking aid	each	5
(f) Button hook	each	5
15.2.4 Feeding/eating		
(a) Handle: built-up (own cutlery provided)	each	5
15.3 Domestic/kitchen laundry		
(a) Oven aid/pusher and puller	each	5
(b) Tap turner	each	5

(c) One-hand vegetable/bread board	each	10
(d) Helping hand	each	70
(e) Kettle-tipper	each	15
(f) Washing board	each	20
(g) Belly vice grip	each	25
(h) Peg: adapted	each	5
(i) Carrier bag aid	each	5
(j) Multipurpose winder	each	5
(k) Potholder	each	20
(l) Adapted plug	each	5
15.4 Positioning/transfers		
(a) Ejected seat	each	80
(b) Transfer board	each	20
(c) Amputation board	each	20
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
15.5 Leisure/work/sundry		
(a) Bookstand/reading stand: small tabletop	each	10
(b) Card rack	each	5
(c) Typing stick	each	5
15.6 Exercise		
(a) Skateboard arm	each	85
15.7 Pressure garments		
15.7.1 Face mask		
(a) Adult	each	45
(b) Child	each	45
15.7.2 Chin piece		
(a) Adult	each	55

(b)	Child	each	40
15.7.3 Mittens			
(a)	Adult	each	45
(b)	Child	each	30
15.7.4 Gloves			
(a)	Adult	each	45
(b)	Child	each	40
15.7.5 Flexion cuff			
(a)	Adult	each	45
(b)	Child	each	
15.7.6 Vest			
(a)	Adult	each	115
(b)	Child	each	70
15.7.7 Long sleeve vest			
(a)	Adult	each	140
(b)	Child	each	85
15.7.8 Short sleeve vest			
(a)	Adult	each	150
(b)	Child	each	90
15.7.9 Short sleeve vest			
(a)	Adult	each	45
(b)	Child	each	45
15.7.10 Long sleeve			
(a)	Adult	each	45
(b)	Child	each	45
NATURE OF APPLIANCE		EACH/PAIR	FULL PAYING
15.7.11 Corset			
(a)	Large	each	95

(b)	Med/small	each	65
15.7.12 Long pants			
(a)	Adult	each	125
(b)	Child	each	65
15.7.13 Short pants			
(a)	Adult	each	80
(b)	Child	each	55
15.7.14 Pants Amputations			
(a)	Adults	each	60
15.7.15 Leg piece			
(a)	Adults	each	45
(b)	Child	each	40
15.7.16 Foot piece			
(a)	Adult	each	45
(b)	Child	each	40
15.7.17 Armpiece			
(a)	Adult	each	45
(b)	Child	each	40
15.7.18 Pants			
(a)	Adult	each	60
15.7.19 Prune belly baby grow			70
15.7.20 Cica-Care			
(a)	15 x 12 cm	each	120
(b)	7,5 x 6cm	each	65
(c)	3,8 x 6cm	each	30
(d)	4 x 3 cm	each	15
(e)	2 x 3 cm	each	10
(f)	2 x 1,9cm	each	5

NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
15.8 Splinting		
15.8.1 Stats Splints - fingers and wrist		
(a) Anti-claw (ulnar and median nerve)	each	25
(b) Anti-ulnar deviation splint	each	10
(c) Combined thumb opposition/abduction and anti-claw splint	each	15
(d) Dorsal finger extension splint	each	105
(e) Dorsal static progressive splint	each	30
(f) Dorsal thumb splint	each	90
(g) Duran (dorsal MP flexion, IP extension)	each	100
(h) Finger sandwichsplint	each	15
(i) Knuckle-duster	each	25
(j) Long opposition splint	each	60
(k) Long opposition splint with knuckle-duster	each	65
(l) Mallet finger splint	each	15
(m) Resting splint	each	85
(n) Short opposition splint	each	15
(o) Short opposition splint with knuckle-duster	each	20
(p) Static boutonniere splint	each	10
(q) Static swanneck splint	each	10
(r) Volar PIP extension (geut)	each	15
(s) Volar wrist extension splint	each	60
(t) Webspacer	each	25
(u) Wrist sandwich splint	each	80

15.8.2 Dynamic Splints - fingers and wrist		
(a) Dynamic boutonniere splint	each	45
(b) Dynamic MP - flexion splint	each	90
(c) Dynamic PIP - flexion splint	each	70
(d) Dynamic radial extension splint	each	65
(e) Lively extension splint with MP - block	each	70
15.8.3 Shoulder splints		
(a) Shoulder abduction splint from splint material only	each	360
(b) Shoulder abduction splint from aluminium and splint material	each	240
NATURE OF APPLIANCE	EACH/PAIR	FULL PAYING
15.8.4 Elbow splints		
(a) Anterior elbow splint (geut)	each	120
(b) Static 90 elbow flexion splint	each	120
(c) 3-point elbow extension splint	each	110
15.8.5 Knee splints		
(a) Knee hyperextension splint	each	5
(b) 3-point knee extension splint	each	150
15.8.6 Commercial splints and slings		
(a) Immobilising sign	each	20
(b) Soft collars	each	10
(c) Thumb abduction splint	each	55
(d) Wrist brace	each	50

15.8.7 Slings (made in Department)		
(a) Anti-foot drop dynamic sling	each	5
(b) Figure-of-8 axilla sling	each	10
(c) Flail arm sling (webbing)	each	20
(d) Master sling	each	50
(e) Shoulder cuff	each	15
15.8.8 Miscellaneous splints		
(a) Foam soft splint arm (neuro)	each	45
(b) Soft abduction splint - hand (neuro)	each	5
15.8.9 Paediatric splints		
(a) Dynamic Boutonniere splint/PIP extension	each	10
(b) Dynamic MP flexion splint	each	40
(c) Knucle duster	each	20
(d) Mallet splint	each	10
(e) Resting splint	each	55
(f) Webspacer	each	25
(g) Wrist extension splint	each	40
16 Speech therapy: Voice prosthesis		
(a) Blomsinger Duckbill (16fr)	each	190
(b) Blomsinger Low Pressure (16fr)	each	300
(c) Blomsinger indwelling (20fr) starter kit	each	605
(d) Blomsinger indwelling (20fr) replacement kit	each	500

SCHEDULE 7

TARIFF CATEGORY, INCOME THRESHOLD AND NOTES IN RESPECT OF SUBSIDISED PATIENTS: 1 JANUARY 2005

1. TARIFF CATEGORY H0 (FULL SUBSIDISED PATIENTS)

The following categories of patients are classified as H0 patients:

Group	Description
Social Pensioners	<p>Recipients of the following types of pension/grants are classified as social pensioners:</p> <p>Old age pension (OA)</p> <p>Child support grant (CSG)</p> <p>Veteran's pension (WV)</p> <p>Care dependency grant (CD)</p> <p>Pension for the blind (BP)</p> <p>Family allowance (FA)</p> <p>Maintenance grant (MG)</p> <p>Disability grant (DG)</p> <p>Single care grant – Persons with mental disorders in need of care discharged from hospitals for the mentally ill but have not been decertified.</p>
Formally unemployed	<p>Persons supported by the Unemployment Insurance Fund (UIF) Proof of unemployment must be produced (Contributors Record Card UF74).</p>

1.1 Notes on H0 Patients

- Patients classified in the abovementioned group receive all services free of charge, except for certain exclusions as indicated in Schedules 2 and 3. Free services are only applicable to the recipient of the pension/grant and the formally unemployed person.
- In the following instances social pensioners are not classified as H0 patients, but as full paying patients:
 - Members of a medical aid (Samwu included);
 - (Note) Members of benefit/sickfunds are assessed according to the means test;
 - Patients treated by their private doctor in a provincial institution;
 - Patients injured on duty and when receive treatment in terms of the provision at set out in the Compensation for Occupational Injuries and Diseases Act, and

- Patients injured in a motor vehicle accident and who receive treatment in terms of the provisions as set out in the Road Accident Fund Act.
- The following services are excluded and should be paid for in terms of the prescribed tariffs:
 - Ambulance services and patient transport (excluding transport between hospitals);
 - Issuing of medical reports and copies of x-rays, as well as the completion of certificates/forms;
 - Accommodation for persons who accompany patients (Patient companions);
 - Cosmetic surgery;
 - Contested Fatherhood tests, and
 - Immunisation for foreign travel purposes.
- Patients may only be placed in the H0 tariff category if they provided proof that they:
 - are recipients of one of the social pensions mentioned above and such documentation has been produced and the reference number captured, or
 - are formally unemployed and have produced an Unemployment Insurance Fund (UIF) card (UF74) and the identity number captured.
- Persons who cannot produce the above-mentioned documents should be assessed according to the means test or where unemployed and have no other income, (interest on investments, pension, letting of property etc.), at the H1 tariffs.

1.2 TARIFF CATEGORIES H1, H2 AND H3 PATIENTS

Tariff Category	Individual/ Single	Household/ Family Unit	Level 1, 2 and 3
	Gross Income per annum	Gross Income per annum	Tariffs
H1	Less than R36 000	Less than R50 000	As per Schedules 2, 8 and 9
H2	Equal to or more than R36 000 but less than R72 000	Equal to or more than R50 000 but less than R100 000	As per Schedules 2, 8 and 9
H3 (Private self funded)	Equal to or more than R72 000	Equal to or more than R100 000	All services in the UPFS at full price

1.2.1 NOTES ON H1, H2 AND H3 PATIENTS

- H1 patient tariffs are all inclusive, except for certain exclusions as indicated in Schedule 8. Where H1 patients receive certain services/ procedures free of charge, a consultation or inpatient fee must at least be raised.
- There is no differentiation on the type of consultation or type of bed in respect of H1 patients.
- The tariff applicable to H1 inpatients is for each 30 days or part thereof.
- H1 outpatients admitted after outpatient treatment are liable for the outpatient fee and the inpatient fee.
- H1 patients who attend two or more clinics on the same day, are assessed for only one visit, irrespective the number of clinics he/she attended.
- H3 patients are now classified as private self funded patients according to their income and will be liable for the full UPFS tariffs.
- H2 and H3 patients will no longer pay an all inclusive tariff.
- There is a differentiation between routine and emergency consultations and bed type in respect of H2 patients.
- H2 and H3 patients who attend two or more clinics on the same day, are assessed for each visit at each clinic.
- The tariffs for H2 and H3 patients are raised for every 12hour period (Day patients excluded).
- H2 and H3 patients admitted after outpatient treatment are liable for both the outpatient visit and the admission.
- Where H2 and H3 patients are referred from one type of ward to another within a 12hour period, the higher tariff is applicable.
- Patients who fall in the H1 and H2 tariff category according to the means test, but belong to a medical aid or are treated by their private doctors or in terms of the provisions of the Road Accident Fund Act or the Compensation for Occupational Injuries and Diseases Act, must be assessed at the full UPFS tariffs.
- An account must be raised for every 30-day period or part thereof in respect of long-term patients [patients, whether H1, H2 or H3 patients, admitted for a period of 30 days or longer].
- Foreign patients must be assessed at the full UPFS tariffs, but not at double the tariffs.
- The charge for supplementary health services is a rate per contact with the patient.
- The current tariffs will still apply to patients who are admitted on or before 31 December 2004. The current tariffs will also apply to patients who are assessed as per 30-day period or part thereof, until said period expires, where after the revised tariffs and prescripts become applicable.

SCHEDULE 8: BILLING PROCEDURES

UPFS Fee Schedule for subsidised patients (H0, H1, H2): 1 OCTOBER 2005

CODE	DESCRIPTION	BASIS	Tariff Category	LEVELS							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
01	Anaesthetics										
0111	Anaesthetics Cat A – General medical practitioner	Procedure	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	55		55		55			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	80		80		80			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	95		95		95			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	140		140		140			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	325		325		325			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	490		490		490			
02	Confinement/Pregnant Women										
0211	Confinement – General medical practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
0212	Confinement – Specialist medical practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
0213	Confinement – Nursing practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
03	Dialysis										
0311	Haemo-dialysis – General medical practitioner	Session	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	430		430		480			
0312	Haemo-dialysis – Specialist medical practitioner	Session	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	445		445		495			

} With certain
exclusions

03 0321	Dialysis (contd.) Peritoneal Dialysis – General medical practitioner	Day				
			H0		Free	
			H1		Free	
			H2	65	65	75
0322	Peritoneal Dialysis – Specialist medical practitioner	Day	H0		Free	
			H1		Free	
			H2	70	70	80
04 0411	Medical Reports (Original) Medical Report – General medical practitioner	Report				
			H0	200	200	216
			H1	200	200	216
			H2	200	200	216
0412	Medical Report – Specialist medical practitioner	Report	H0	270	270	284
			H1	270	270	284
			H2	270	270	284
WC04 WC 0401	Copies of medical reports, records and X-rays Completion of certificates/forms	Copy				
			H0	100	100	105
			H1	100	100	105
			H2	100	100	105
WC 0402	Medical reports/records – Specialist medical practitioner Certificate/Forms	Copy	H0	135	135	140
			H1	135	135	140
			H2	135	135	140
WC 0403	X-rays	Copy	H0	20	20	20
			H1	20	20	20
			H2	20	20	20
05 0511	Imaging Radiology, Cat A – General medical practitioner	Procedure				
			H0		Free	
			H1		Free	
			H2	40	40	40
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	H0		Free	
			H1		Free	
			H2	55	55	55
0514	Radiology, Cat A – Allied health practitioner	Procedure	H0		Free	
			H1		Free	
			H2	35	35	35
0521	Radiology, Cat B – General medical practitioner	Procedure	H0		Free	
			H1		Free	
			H2	100	100	105
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	H0		Free	
			H1		Free	
			H2	145	145	150
0524	Radiology, Cat B – Allied health practitioner	Procedure	H0		Free	
			H1		Free	
			H2	95	95	100

05	Imaging (contd.)							
			0531	Radiology, Cat C – General medical practitioner	Procedure	H0	Free	
						H1	Free	
						H2	385	385
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	H0	Free				
			H1	Free				
			H2	695	695	725		
0541	Radiology, Cat D – General medical practitioner	Procedure	H0	Free				
			H1	Free				
			H2	1145	1145	1230		
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	H0	Free				
			H1	Free				
			H2	1740	1740	1825		
06	Inpatients							
0611	Inpatient General Ward – General medical practitioner	30 day or part	H0	Free				
			H1	30	40	65		
			H2	20	20	35		
0612	Inpatient General Ward – Specialist medical practitioner	30 day or part	H0	Free				
			H1	35	45	70		
			H2	22.50	22.50	37.50		
0613	Inpatient General Ward – Nursing Medical practitioner (MOU)	30 day or part	H0	Free				
			H1	30	40	65		
			H2	17.50	17.50	32.50		
0621	Inpatient High Care – General medical practitioner	30 day or part	H0	Free				
			H1	30	40	65		
			H2	45.00	55.00	75.00		
0622	Inpatient High Care – Specialist medical practitioner	30 day or part	H0	Free				
			H1	35	45	70		
			H2	47.50	57.50	77.50		
0631	Inpatient Intensive Care – General medical practitioner	30 day or part	H0	Free				
			H1	30	40	65		
			H2	135.00	135.00	160.00		
0632	Inpatient Intensive Care– Specialist medical practitioner	30 day or part	H0	Free				
			H1	35	45	70		
			H2	137.50	137.50	162.50		
0641	Inpatient Chronic Care – General medical practitioner	30 day or part	H0	Free				
			H1	20	20	20		
			H2	12.50	12.50	12.50		
0642	Inpatient Chronic Care – Specialist medical practitioner	30 day or part	H0	Free				
			H1	20	20	20		
			H2	15	15	15		
0643	Inpatient Chronic Care – Nursing practitioner	30 day or part	H0	Free				
			H1	20	20	20		
			H2	12.50	12.50	12.50		

06	<i>Inpatients (contd.)</i>					
0651	Day patient – General medical practitioner	Day	H0	Free		
			H1	25	30	45
			H2	25	30	45
0652	Day patient – Specialist medical practitioner	Day	H0	Free		
			H1	30	35	50
			H2	30	35	50
0653	Day patient – Nursing practitioner	Day	H0	Free		
			H1	25	30	45
			H2	25	30	45
0663	Inpatient Boarder/Live-in child/Patient companions – Nursing practitioner	30 day or part	H0	15	15	15
		30 day or part	H1	15	15	15
		12 hours	H2	7.50	7.50	7.50
07	<i>Mortuary</i>					
0710	Mortuary – Facility Fee	Day	H0	Free		
			H1	Free		
			H2	45	45	55
0720	Cremation Certificate – Facility Fee	Certificate	H0	94	94	107
			H1	94	94	107
			H2	94	94	107
WC07	<i>Autopsies</i>					
WC 0701	Autopsies – General medical practitioner	Case	H0	Free		
			H1	Free		
			H2	65	65	75
WC 0702	Autopsies – Specialist medical practitioner	Case	H0	Free		
			H1	Free		
			H2	110	110	120
08	<i>Pharmaceutical</i>					
0810	Medication Fee – Facility Fee	Prescription	H0	Free		
			H1	Free		
			H2	10	10	10
0815	Item Fee (Actual purchasing price (VAT included) plus 50 % for overheads)	Item	H0	Free		
			H1	Free		
			H2	50 % of the full costs		
09	<i>Oral Health</i>					
0911	Oral Care Cat A – General practitioner	Procedure	H0	Free		
			H1	10	10	10
			H2	15	15	20
0912	Oral Care Cat A – Specialist practitioner	Procedure	H0	Free		
			H1	10	10	10
			H2	15	15	20

09	Oral Health (contd.)					
0914	Oral Care Cat A – Allied health practitioner	Procedure	H0	Free		
			H1	10	10	10
			H2	15	15	20
0921	Oral Care Cat B – General practitioner	Procedure	H0	Free		
			H1	20	20	20
			H2	45	45	50
0922	Oral Health Cat B – Specialist practitioner	Procedure	H0	Free		
			H1	30	30	30
			H2	55	55	60
0924	Oral Care Cat B – Allied health practitioner	Procedure	H0	Free		
			H1	20	20	20
			H2	40	40	45
0931	Oral Care Cat C – General practitioner	Procedure	H0	Free		
			H1	135	135	145
			H2	275	275	295
0932	Oral Care Cat C – Specialist practitioner	Procedure	H0	Free		
			H1	190	190	200
			H2	375	375	395
0941	Oral Care Cat D – General practitioner	Procedure	H0	Free		
			H1	475	475	515
			H2	950	950	1025
0942	Oral Care Cat D – Specialist practitioner	Procedure	H0	Free		
			H1	710	710	750
			H2	1415	1415	1490
0951	Oral Care Cat E – General practitioner	Procedure	H0	Free		
			H1	1600	1600	1725
			H2	3205	3205	3455
0952	Oral Care Cat E – Specialist practitioner	Procedure	H0	Free		
			H1	2380	2380	2505
			H2	4765	4765	5015
10	Consultations					
1011	Outpatient Consultation – General medical practitioner	Visit	H0	Free		
			H1	20	20	20
			H2	65	65	75
1012	Outpatient Consultation – Specialist medical practitioner	Visit	H0	Free		
			H1	35	35	35
			H2	110	110	120
1013	Outpatient Consultation – Nursing practitioner	Visit	H0	Free		
			H1	15	15	15
			H2	50	50	60
1014	Outpatient Consultation – Allied health practitioner	Visit	H0	Free		
			H1	15	15	15
			H2	50	50	60

10	Consultations (contd.)				
1021	Emergency Consultation – General medical practitioner	Visit	H0	Free	
			H1	20	20
			H2	120	130
1022	Emergency Consultation – Specialist medical practitioner	Visit	H0	Free	
			H1	35	35
			H2	190	200
1023	Emergency Consultation – Nursing practitioner	Visit	H0	Free	
			H1	15	15
			H2	95	105
1024	Emergency Consultation – Allied health practitioner	Visit	H0	Free	
			H1	15	15
			H2	95	105
WC 1001	Home Visits				
1001	Home Visits		H0	Free	
			H1	Free	
			H2	Free	
11	Ambulatory Procedures				
1111	Ambulatory Procedure Cat A – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	145	165
1112	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	180	200
1113	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	H0	Free	
			H1	Free	
			H2	130	150
1114	Ambulatory Procedure Cat A – Allied health practitioner	Procedure	H0	Free	
			H1	Free	
			H2	130	150
1121	Ambulatory Procedure Cat B – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	165	185
1122	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	235	255
1124	Ambulatory Procedure Cat B – Allied health practitioner	Procedure	H1	Free	
				Free	
				145	165
1131	Ambulatory Procedure Cat C – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	195	215
1132	Ambulatory Procedure Cat C – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	305	325

11	Ambulatory Procedures (contd.)				
1141	Ambulatory Procedure Cat D – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	340	360
1142	Ambulatory Procedure Cat D – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	630	650
12	Theatre Procedures				
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	385	625
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	420	660
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	585	950
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	655	1020
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	995	1625
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	1105	1735
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	2560	4170
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	H0	Free	
			H1	Free	
			H2	2850	4460
13	Treatments/Supplementary Health Services				
1314	Supplementary Health Treatment – Allied health practitioner	Contact	H0	Free	
			H1	15	15
			H2	55	60
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	H0	Free	
			H1	15	15
			H2	40	45
14	Emergency Medical Services				
1410	Patient transport service – Facility Fee	100km	H0	10	10
			H1	10	10
			H2	30	30
1420	Basic life support – Facility Fee	50km	H0	25	25
			H1	25	25
			H2	80	80

14	Emergency Medical Services (contd.)					
1430	Intermediate life support – Facility Fee	50km	H0 H1 H2	35 35 105	35 35 105	35 35 105
1440	Advanced life support – Facility Fee	50km	H0 H1 H2	60 60 180	60 60 180	60 60 180
1451	Emergency service standby – General medical practitioner	Hour	H0 H1 H2	} 283	283	283
1452	Emergency service standby – Specialist medical practitioner	Hour	H0 H1 H2	} 396	396	396
1453	Emergency service standby – Nursing practitioner	Hour	H0 H1 H2	} 207	207	207
1454	Emergency service standby – Allied health practitioner	Hour	H0 H1 H2	} 207	207	207
1461	Rescue – General medical practitioner	Incident	H0 H1 H2	_____ 285 990	Free 285 990	_____ 285 990
1462	Rescue – Specialist medical practitioner	Incident	H0 H1 H2	_____ 370 1290	Free 370 1290	_____ 370 1290
1463	Rescue – Nursing practitioner	Incident	H0 H1 H2	_____ 230 790	Free 230 790	_____ 230 790
1464	Rescue – Allied health practitioner	Incident	H0 H1 H2	_____ 230 790	Free 230 790	_____ 230 790
15	Assistive Devices & Prosthesis					
1510	Assistive devices/Orthotic Aids	Item	H0 H1 H2	_____ 25% of full costs 75% of full costs	Free 25% of full costs 75% of full costs	_____ 25% of full costs 75% of full costs
1510	Prosthesis (actual purchasing price (VAT included) plus 15% overheads)	Item	H0 H1 H2	_____ _____ 75% of full costs	Free Free 75% of full costs	_____ _____ 75% of full costs
16	Cosmetic Surgery					
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	H0 H1 H2	2319 2319 2319	2319 2319 2319	2529 2529 2529

16	<i>Cosmetic Surgery (contd.)</i>					
			H0	2742	2742	2952
			H1	2742	2742	2952
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	H2	2742	2742	2952
			H0	4314	4314	4787
			H1	4314	4314	4787
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	H2	4314	4314	4787
			H0	4817	4817	5290
			H1	4817	4817	5290
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	H2	4817	4817	5290
			H0	7043	7043	7807
			H1	7043	7043	7807
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	H2	7043	7043	7807
			H0	7893	7893	8657
			H1	7893	7893	8657
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	H2	7893	7893	8657
			H0	10934	10934	12223
			H1	10934	10934	12223
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	H2	10934	10934	12223
			H0	11887	11887	13176
			H1	11887	11887	13176
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	H2	11887	11887	13176
			H0			
			H1			
WC 17	Work Evaluation	Visit/Report	H0	} Full UPFS tariffs for a consultation and medical reports. (See code 04 and 10)		
			H1			
			H2			
WC 18	Laboratory Services	Test	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of actual costs		
WC 19	Non-pharmaceutical items/Stomatherapy items	Item	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of the full costs (actual price and 30% overheads)		
WC 20	Oxygen and Oxygen appliances	Refill/item	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	65	65	75
WC 21	<i>Contested Fatherhood Tests</i>					
WC 2101	Contested Fatherhood Tests HLA-Typing	Test	H0	} Maximum NRPL tariffs min 14% vat		
			H1			
			H2			
WC 2102	Contested Fatherhood Tests DNA-Typing	Test	H0	} Maximum NRPL tariffs min 14% vat		
			H1			
			H2			
WC 22 }	Primary Health Care and Children under the age of 6 years		H0	} Free with certain exclusions.		
			H1			
			H2			
WC 23 }	District Surgeon Services and District Dental Services		H0	} Free with certain exclusions.		
			H1			
			H2			

WC 24	Immunisation for foreign travel	Immunisation	H0	} Full UPFS tariffs i.r.o consultation and all related services
			H1	
			H2	
WC 25	S.A. National Defence Force		H0	} Full UPFS tariffs applicable to full paying patients.
			H1	
			H2	
WC 26 }	Foreign Patients		H0	Full UPFS tariffs applicable to full paying patients.
			H1	
			H2	
WC 27	Military Pensioners (MPA)		H0	} Full UPFS tariffs applicable to full paying patients on receipt of a W.P. 29, otherwise according to means test.
			H1	
			H2	
WC 28 }	School Nursing Services/Oral Health Services		H0	Free
			H1	
			H2	
WC 29	Donors		H0	} See item 36 of Annexure "A".
			H1	
			H2	
WC 30 }	Motor Vehicle Accidents		H0	See item 37 of Annexure "A".
			H1	
			H2	

UPFS Tariffs (Annexure A1~2005)

SCHEDULE 9

TARIFFS IN RESPECT OF ORTHOTIC AIDS: SUBSIDISED PATIENTS: 1 JANUARY 2005

NATURE OF APPLIANCE	EACH/PAIR	H2	H1	H0
1. ARTIFICIAL ARMS (Upper Extremity Prosthesis)				
1.1 Through shoulder				
(a) Functional	each	9650	3215	
(b) Non-functional	each	5825	1940	
1.2 Through elbow				
(a) Functional	each	12305	4100	
(b) Non-functional	each	5825	1940	
1.3 Through wrist	each	7140	2380	
1.4 Above elbow				
(a) Functional	each	9650	3215	
(b) Non-functional	each	5825	1940	
1.5 Below elbow				
(a) Functional	each	7140	2380	
(b) Non-functional	each	3500	1165	
1.6 Congenital/Cosmetic		75 % of Actual Manuf. Cost	25 % of Actual Manuf. Cost	
2. ARTIFICIAL LEGS (Lower Extremity Prosthesis)				
2.1 Symes/Choparts (excl. boots)	each	1735	580	
2.2 Below knee (excluding boots)				
(a) PTB/PTS	each	1570	525	
(b) Conventional	Each	3310	1105	
(c) P.T.B./P.T.S. modular	each	2260	755	
(d) Pylon	each	2295	765	
2.3 Through knee (excluding boots)				
(a) Conventional	each	3625	1210	
(b) Modular	each	7960	2655	
2.4 Above knee (excl. boots)				
(a) Conventional (+ simplex)	each	5160	1720	
(b) Modular	each	5790	1930	
(c) Pylon	each	2295	765	
2.5 Tilting Table/Hip Disarticulation (excl. boots)	each	10345	3450	
2.6 Stump socks	each	50	15	
2.7 Sheaths	each	50	15	
2.8 Congenital/Cosmetic		75 % of Actual Manuf. Cost	25 % of Actual Manuf. Cost	
2.9 Refit prosthesis				

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(a) Above knee	each	75 % of Actual Manuf. Cost	25 % of Actual Manuf. Cost	L r C D F
(b) Through knee	each	75 % of Actual Manuf. Cost	25 % of Actual Manuf. Cost	
(c) Below knee	each	75 % of Actual Manuf. Cost	25 % of Actual Manuf. Cost	
3. SPINAL ORTHOSIS				
3.1 COLLARS				
(a) Soft	each	60	20	
(b) Plastic	each	80	25	
(c) SOMI	each	290	95	
(d) ABCO	each	1235	410	
(e) HALO	each	1255	420	
(f) HALO jacket	each	415	140	
3.2 CORSETS				
(a) L/S male	each	180	60	
(b) L/S female	each	180	60	
(c) L/D male	each	180	60	
(d) L/D female	each	180	60	
(e) Abdominal male	each	180	60	
(f) Abdominal female	each	180	60	
(g) Abdominal binder	each	180	60	
4. BRACE				
4.1 Milwaukee	each	1340	445	
4.2 Boston	each	865	290	
4.3 T.L.S.O.	each	865	290	
4.4 Bennet's plastic	each	865	290	
4.5 Fichers/Jordan	each	865	290	
4.6 Bakers/Jewett	each	865	290	
4.7 L/S Corset and Taylors Ext	each	175	60	
4.8 (a) Bivalved TLSO	each	910	305	
(b) Bivalved TLSO with SOLMI Ext.	each	1210	405	
4.9 C.A.S.H. brace	each	495	165	
4.10 C.A.S.H. brace (local)	each	200	65	
5. FOOTWEAR				
5.1 Boots				
(a) Infants	pair	155	50	
(b) Childs	pair	155	50	
(c) Youths/Maids	pair	170	55	
(d) Mens	pair	180	60	
5.2 SHOES				
(a) Nurses	pair	165	55	

5.3 TARSO PRONATOR			
(a) 000 – 3	pair	295	100
(b) 4 – 6	pair	310	105
(c) 7 – 9	pair	355	120
(d) 10 – 12	pair	410	135
(e) 13 - 3 Youths	pair	520	175
(f) 4 - 5 Adults	pair	565	190
5.4 TARSO SUPINATOR			
(a) 3½ - 6½ Infants	pair	325	110
(b) 7 - 1½ Child	pair	375	125
(c) 2 - 9 Youths	pair	430	145
5.5 SURGICAL			
(a) Boot	pair	1270	425
(b) Boot	single	635	210
(c) Shoes	pair	1210	405
(d) Shoes	single	610	205
(e) Forest Town Boot	pair	505	170
(f) O'Connor extension	single	1125	375
(g) Reverse Sole Boots	pair	575	190
(h) Choparts Extension	single	500	165
5.6 FOOTWEAR ALTERATIONS			
The following items or any combination thereof:			
(a) C & E Heel)	pair	80	25
(b) Thomas Heel)	pair	80	25
(c) Flared Heel or sole)	pair	80	25
(d) Wedges H & S)	pair	80	25
(e) Wedges H or S)	pair	80	25
(f) Met Bars	pair	80	25
(g) Rocker Soles	each	80	25
(h) Toe Caps	pair	80	25
(i) Long & Met Insoles	pair	70	25
(j) Long Insole	pair	70	25
(k) Met Insole	pair	70	25
(l) Moulded Insoles	each	70	25
(m) Cork Raises	each	240	80
(n) Heel & Sole Raise leather/feather foam	each	70	25
(o) Patten Raises (excl. boots)	each	210	70
(p) Toe Filler	each	70	25
(q) Socket with Back or Front Stop fixed (excl. boots)	each	70	25
(r) T/Straps	pair	70	25
(s) Heel Raise	pair	80	25

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(t) Torque Heels	each	125	40
(u) Buttress boot	pair	220	75
(v) Heel Pads	pair	70	25
(w) Excavated Heel	pair	70	25
(x) Inside Heel Lift	pair	70	25
(y) Sach Heel	pair	70	25
(z) Stuck-in arch Support	pair	70	25
(aa) UCBL	each	170	55
(bb) SMO	each	170	55
6. BELOW KNEE ORTHOSIS			
6.1 Air Cast ankle brace	each	160	55
6.2 Night Splints	each	315	105
6.3 BK Irons Single (child) (Excl. boots)	each	135	45
6.4 BK Irons Single (adult) (Excl. boots)	each	135	45
6.5 BK Irons Double (child) (Excl. boots)	each	175	60
6.6 BK Irons Double (adult) (Excl. boots)	each	175	60
6.7 BK Irons Bil. Single (child) (Excl. boots)	each	240	80
6.8 BK Irons Bil. Single (adult) (Excl. boots)	each	240	80
6.9 BK Irons Bil. Double (child) (Excl. boots)	each	365	120
6.10 BK Irons Bil. Double (adult) (Excl. boots)	each	365	120
6.11 O'Gormans Uni-lateral (Excl boots)	each	125	40
6.12 O'Gormans Bi-lateral (Excl boots)	each	255	85
6.13 A.F.O.	each	310	105
6.14 Hinged A.F.O.	each	505	170
6.15 Legging Gaiter – Leather	each	310	105
6.16 Legging Gaiter – Plastic	each	475	160
7. KNEE ORTHOSIS			
7.1 Knee Hinged supports (short)	each	160	55
7.2 Knee Hinged Supports (long)	each	400	135
7.3 Moulded with Joints	each	990	330
7.4 Moulded no Joints	each	460	155
7.5 Night Splint	each	230	75
7.6 Crawling pads	each	415	140
7.7 Canvas gaiters	each	125	40
7.8 Swedish knee cage	each	470	155
8. ABOVE KNEE ORTHOSIS			
8.1 Straight Leg Caliper Uni-lat, (adults)(Excl boots) (childs)(Excl boots)	each	385	130
	each	345	115
8.2 Straight Leg Caliper Bi-lat. (adults)(Excl boots) (childs)(Excl boots)	each	725	240
	each	685	230

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8.3	With pelvic band Uni-lateral (adults)(Excl boots) (childs)(iExcl boots)	each each	570 490	190 165
8.4	With pelvic band Bi-lateral (adults)(Excl boots) (childs)Excl boots)	each each	1105 1000	370 335
8.5	Knee Jointed Caliper Uni-lateral (Excl boots)	each	1105	370
8.6	Knee jointed calipher Bi-lateral (Excl boots)	each	2215	740
8.7	With Hip Joints Uni-lateral (Excl boots)	each	1315	440
8.8	With Hip Joints Bi-lateral (Excl boots)	each	2625	875
8.9	Plastic K.A.F.O. Uni-lateral	each	1470	490
8.10	Plastic K.A.F.O. Bi-lateral	each	2930	975
8.11	Perthes Caliper (childs) (Excl boots)	each	555	185
8.12	Conradie Leg Braces pr.	each	255	85
9.	HIP ORTHOSIS			
9.1	CDH (Paulik van Rosson Barlow)	each	285	95
9.2	Hip Spika	each	500	165
9.3	Hip Spika & Hip Joint	each	655	220
9.4	Abduction/Flexion Cushion	each	130	45
10.	UPPER EXTREMITY ORTHOSIS			
10.1	Hand/Wrist			
	(a) Elastic issue	each	65	20
	(b) Static	each	190	65
	(c) Dynamic	each	180	60
10.2	Elbow			
	(a) Static	each	190	65
	(b) Dynamic	each	785	260
10.3	Shoulder			
	(a) Static	each	175	60
	(b) Dynamic	each	355	120
	(c) Arm Immobiliser Sling	each	50	15
11.	MISCELLANEOUS			
11.1	Elastic stockings			
	(a) Below Knee	pair	25	10
	(b) Above Knee	pair	80	25
	(c) Panty Hose	each	50	15
	(d) Anti Embolism			
	Below knee	each	20	5
	Full	each	25	10
	Full & belt	each	40	15
11.2	Trusses			
	(a) Inguinal Single	each	190	65
	Double	each	385	130

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(b) Scrotal Single	each	180	60
Double	each	300	100
(c) Suspension Briefs	each	85	30
11.3 Crutches			
(a) Wooden, Axilla	each	35	10
	Pair	70	25
(b) Aluminium: Axilla	each	30	10
	pair	60	20
(c) Wooden, Ring Top	each	75	25
	pair	165	55
(d) Aluminium, Ring Top	each	115	40
	pair	220	75
(e) (i) Adult Elbow (General duty)	each	35	10
	pair	70	25
(ii) Adult Elbow (Heavy duty)	each	45 50	15 15
	pair	85 95	30 30
(iii) Adult Elbow (Extra heavy duty)	each	50 55	15 20
	pair	95 100	30 30
(iv) Kiddies Elbow (General duty)	each	40	15
	pair	80	25
(ii) Kiddies Elbow (Heavy duty)	each	40	15
	pair	80	25
(iii) Kiddies Elbow (Extra heavy duty)	each	40	15
	pair	80	25
(f) Gutter			
(i) Gutter / RA (issue)	each	100 110	35 35
(ii) Gutter (manufactured)	each	230	75
11.4 Walking stick and aids			
(a) Aluminium Adjustable	each	25	10
(b) Quadripod	each	70	25
(c) Pulpit (folding)			
(i) Adult	each	115	40
(ii) Large child	each	115	40
(iii) Adult pulpit with wheels	each	155	50
(iv) Large child pulpit with wheels	each	155	50
(d) Rolator			
(i) Child's small	each	260	85
(ii) Child's medium	each	260	85
(iii) Child's large	each	260	85
(iv) Adult's	each	260	85
(e) Pediatric reverse walker			
(i) Small	each	270	90

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(ii) Medium	each	270	90
(iii) Large	each	270	90
11.5 Knee braces			
(PAU)	each	115	
11.6 Helmets			
(a) Helmets Issue	each	115	40
(b) Moulded Helmets	each	185	60
11.7 Seats			
(a) Moulded	each	685	230
(b) Standing Frame	each	410	135
(c) Wheelchair Trunk Support	each	340	115
(d) Para-care Cushion 120 mm (cushion with slot)	each	210	70
(e) Pressure care cushion 120 mm	each	85	30
(f) Pressure care cushion 80 mm	each	65	20
(g) Wedged pressure care cushion (medi-lock softi)	each	80	25
(h) Wedged chipfoam cushion (medi-lock)	each	55	20
(i) Ring & Simple sponge cushion	each	40	15
(j) Commode seats	each	25	10
12. ITEMS NOT LISTED			
(Actual cost plus 15 %)	each	75 %	25 %
13. ITEMS ESPECIALLY ORDERED			
(a) Spectacles		300	100
(b) Contact lenses ex stock			
(Actual cost plus 15 %)	pair	75 %	25 %
(c) Artificial Eye	each	205	70
(d) Hearing aids (Actual cost plus 15 %)	each	75 %	25 %
(e) Hearing aid moulds (Actual cost plus 15 %)	each	75 %	25 %
(f) Wheelchairs (adult or child)			
(i) New or less than one year old	each	1810	605
(ii) One to two years old (50 %)	each	910	305
(iii) Three to five years old (25 %)	each	455	150
(iv) Six years and older (10 %)	each	180	60
(g) Buggie, or perambulator (Pram)			
(i) Shona buggy	each	3505	1170
(ii) Presta buggy	each	1735	580
(iii) Aulki buggy	each	1795	600
14. REPAIRS TO APPLIANCES: Actual cost @ R56.00 per hour plus materials plus 30 % overhead charges		75 % of Actual Cost	25 % of Actual Cost
15. OCCUPATIONAL THERAPY: ASSISTIVE DEVICES			
15.1 Mobility			

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(a)	Wheelchair table	each	20	5
(b)	Wheelchair bags	each	10	5
(c)	Wheelchair gloves	pair	10	5
15.2 Self Care				
15.2.1 Toileting				
(a)	Plastic chair/toilet seat	each	25	10
(b)	Wooden commode/toilet seat	each	50	15
(c)	Small fitted wooden raised toilet seat	each	40	15
(d)	Toilet wiping aid	each	10	5
15.2.2 Bathing/Washing				
(a)	Bathboard: all designs	each	35	10
(b)	Bathseat: all designs	each	40	15
(c)	Backwasher: long handled	each	10	5
(d)	Tapturners: all designs	each	10	5
(e)	Wash mitten	each	10	5
(f)	Nail clipper: adapted (own nail clipper)	each	5	5
(g)	Nail brush: adapted (own nailbrush)	each	5	5
15.2.3 Dressing				
(a)	Dressing stick: short	each	5	5
(b)	Dressing stick: long-handled	each	10	5
(c)	Shoehorn: short	each	15	5
(d)	Shoehorn: long-handled	each	20	5
(e)	Stocking aid	each	5	5
(f)	Button hook	each	5	5
15.2.4 Feeding/eating				
(a)	Handle: built-up (own cutlery provided)	each	5	5
15.3 Domestic/kitchen/laundry				
(a)	Oven aid/pusher and puller	each	5	5
(b)	Tap turner	each	5	5
(c)	One-hand vegetable/bread board	each	10	5
(d)	Helping hand	each	55	20
(e)	Kettle-tipper	each	10	5
(f)	Washing board	each	15	5
(g)	Belly vice grip	each	20	5
(h)	Peg: adapted	each	5	5
(i)	Carrier bag aid	each	5	5
(j)	Multipurpose winder	each	5	5
(k)	Potholder	each	15	5
(l)	Adapted plug	each	5	5

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15.4 Positioning/transfers				
(a)	Ejector seat	each	60	20
(b)	Transfer board	each	15	5
(c)	Amputation board	each	15	5
15.5 Leisure/work/sundry				
(a)	Bookstand/reading stand: small tabletop	each	10	5
(b)	Card rack	each	5	5
(c)	Typing stick	each	5	5
15.6 Exercise				
(a)	Skateboard arm	each	65	20
15.7 Pressure garments				
15.7.1 Face mask				
(a)	Adult	each	35	10
(b)	Child	each	35	10
15.7.2 Chin piece				
(a)	Adult	each	40	15
(b)	Child	each	30	10
15.7.3 Mittens				
(a)	Adult	each	35	10
(b)	Child	each	25	10
15.7.4 Gloves				
(a)	Adult	each	35	10
(b)	Child	each	30	10
15.7.5 Flexion cuff				
(a)	Adult	each	35	10
15.7.6 Vest				
(a)	Adult	each	85	30
(b)	Child	each	55	20
15.7.7 Long sleeve vest				
(a)	Adult	each	105	35
(b)	Child	each	65	20
15.7.8 Short sleeve vest				
(a)	Adult	each	115	40
(b)	Child	each	70	25
15.7.9 Short sleeve				
(a)	Adult	each	35	10

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(b)	Child	each	35	10
15.7.10 Long sleeve				
(a)	Adult	each	35	10
(b)	Child	each	35	10
15.7.11 Corset				
(a)	Large	each	70	25
(b)	Med/small	each	50	15
15.7.12 Long pants				
(a)	Adult	each	95	30
(b)	Child	each	50	15
15.7.13 Short pants				
(a)	Adult	each	60	20
(b)	Child	each	40	15
15.7.14 Pants Amputations				
(a)	Adult	each	45	15
15.7.15 Leg piece				
(a)	Adult	each	35	10
(b)	Child	each	30	10
15.7.16 Foot piece				
(a)	Adult	each	35	10
(b)	Child	each	30	10
15.7.17 Armpiece				
(a)	Adult	each	35	10
(b)	Child	each	30	10
15.7.18 Pants				
(a)	Adult	each	45	15
15.7.19 Prune belly baby grow				
		each	55	20
15.7.20 Cica-Care				
(a)	15 x 12 cm	each	90	30
(b)	7,5 x 6 cm	each	50	15
(c)	3,8 x 6 cm	each	25	10
(d)	4 x 3 cm	each	10	5
(e)	2 x 3 cm	each	10	5
(f)	2 x 1,9 cm	each	5	5

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15.8 Splinting			
15.8.1 Static Splints – fingers and wrist			
(a) Anti-claw splint (ulnar and median nerve)	each	20	5
(b) Anti-ulnar deviation splint	each	10	5
(c) Combined thumb opposition/abduction and anti-claw splint	each	10	5
(d) Dorsal finger extension splint	each	80	25
(e) Dorsal static progressive splint	each	25	10
(f) Dorsal thumb splint	each	70	25
(g) Duran (dorsal MP flexion, IP extension)	each	75	25
(h) Finger sandwich splint	each	10	5
(i) Knuckle-duster splint	each	20	5
(j) Long opposition splint	each	45	15
(k) Long opposition splint with knuckle-duster	each	50	15
(l) Mallet finger splint	each	10	5
(m) Resting splint	each	65	20
(n) Short opposition splint	each	10	5
(o) Short opposition splint with knuckle-duster	each	15	5
(p) Static boutonniere splint	each	10	5
(q) Static swanneck splint	each	10	5
(r) Volar PIP extension (geut)	each	10	5
(s) Volar wrist extension splint	each	45	15
(t) Webspacer	each	20	5
(u) Wrist sandwich splint	each	60	20
15.8.2 Dynamic Splints – fingers and wrist			
(a) Dynamic boutonniere splint	each	35	10
(b) Dynamic MP – flexion splint	each	70	25
(c) Dynamic PIP – flexion splint	each	55	20
(d) Dynamic radial extension splint	each	50	15
(e) Lively extension splint with MP – block	each	55	20
15.8.3 Shoulder splints			
(a) Shoulder abduction splint from splint material only	each	270	90
(b) Shoulder abduction splint from aluminium and sprint material	each	180	60
15.8.4 Elbow splints			
(a) Anterior elbow splint (geut)	each	90	30
(b) Static 90 elbow flexion splint	each	90	30
(c) 3-point elbow extension splint	each	85	30
15.8.5 Knee splints			
(a) Knee hyperextension splint	each	5	5
(b) 3-point knee extension splint	each	115	40

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15.8.6 Commercial splints and slings				
(a)	Immobilising sling	each	15	5
(b)	Soft collars	each	10	5
(c)	Thumb abduction splint	each	40	15
(d)	Wrist brace	each	40	15
15.8.7 Slings (made in Department)				
(a)	Anti-foot drop dynamic sling	each	5	5
(b)	Figure-of-8 axilla sling	each	10	5
(c)	Flail arm sling (webbing)	each	15	5
(d)	Master sling	each	40	15
(e)	Shoulder cuff	each	10	5
15.8.8 Miscellaneous splints				
(a)	Foam soft splint arm (neuro)	each	35	10
(b)	Soft abduction splint – hand (neuro)	each	5	5
15.8.9 Paediatric splints				
(a)	Dynamic Boutonniere splint/PIP extension	each	10	5
(b)	Dynamic MP flexion splint	each	30	10
(c)	Knuckle duster	each	15	5
(d)	Mallet splint	each	10	5
(e)	Resting splint	each	40	15
(f)	Webspacer	each	20	5
(g)	Wrist extension splint	each	30	10
16 Speech therapy: Voice prosthesis				
(a)	Blomsinger Duckbill (16fr)	each	145	50
(b)	Blomsinger Low Pressure (16fr)	each	225	75
(c)	Blomsinger indwelling (20fr) starter kit	each	455	150
(d)	Blomsinger indwelling (20fr) replacement kit	each	375	125

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