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PROVINCIAL NOTICE

The following Provincial Notice is published for general information.

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DIRECTOR-GENERAL

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Wale Street,
Cape Town.

PROVINSIALE KENNISGEWING

Die volgende Provinsiale Kennisgewing word vir algemene inligting gepubliseer.

G. A. LAWRENCE,
DIREKTEUR-GENERAAL

Provinsiale-gebou,
Waalstraat,
Kaapstad.

PROVINCIAL NOTICE**AMENDMENTS TO 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 Minister of Health in the province of the Western Cape, by virtue of the powers vested in him by sections 40 and 52 of the Hospital Ordinance, 1946 (Ordinance 18 of 1946), has amended the 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 published in Provincial *Gazette* Extraordinary 6302 of 7 October 2005 under Provincial Notice 319/2005 of 7 October 2005 ("the Regulations") as follows:

(a) by the substitution for Schedule 1 of the following Schedule:

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 a simple procedure performed in a procedure room or at the patient's bedside regardless of the facility available and the tariff shall include consumables used during the procedure except those consumables not included in the facility fee.
- 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 2.4 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 responsible for rendering the service, the rule of the ultimate professional fee will still apply.

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 intrapartum 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 each follow-up consultation, by a healthcare professional of an outpatient.

1.2.5.3 This tariff includes all consumables used during the consultation, but excludes medication dispensed to the outpatient by the pharmacy.

1.2.5.4 An emergency consultation tariff must be charged for consultations in emergency or trauma departments.

1.2.5.5 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.

1.2.5.6 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 session 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 day 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 Veno-Veno Haemodialysis (CVVHD), the haemodialysis tariff is charged per day and the consumables utilised are itemised.

1.2.6.5 Plasmapheresis: It is a blood purification procedure used to treat several autoimmune diseases. In the case of plasmapheresis, the tariff to be charged is per day and this includes the preparation of the machine and the lines. The catheter (eg CVP) must be charged separately.

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 Hyperbaric Oxygen Therapy

1.2.9.1 The tariff is defined for the treatment mode in which the patient is entirely enclosed in a pressure chamber of increased atmosphere pressure for medical therapy.

1.2.9.2 The tariff shall be levied per encounter or per arrangement with the respective institution.

1.2.10 Imaging Tariff

1.2.10.1 Imaging tariff include all radiological, gamma camera, ultrasound and nuclear magnetic imaging modalities.

1.2.10.2 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.

1.2.10.3 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.

1.2.10.4 The codebooks annexed in Schedule 2 must be applied to determine the procedure and the category of tariff must be charged.

1.2.10.5 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.

1.2.10.6 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.

1.2.11 Inpatient Tariff

1.2.11.1 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.

1.2.11.2 This tariff includes all medication and consumables dispensed from ward stock to the patient for the duration of their stay.

1.2.11.3 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.

- 1.2.11.4 Laboratory tests as well as blood and blood products must also be charged, where applicable.
- 1.2.11.5 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.
- 1.2.11.6 The inpatient border tariff applies to a person accompanying a patient, and receiving accommodation and meals from the hospital.
- 1.2.11.7 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.
- 1.2.11.8 An inpatient who is admitted and discharged on the same day before 23h00 must be charged the day patient tariff.
- 1.2.11.9 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.
- 1.2.11.10 If a patient is admitted before 12h00, and not discharged the same day, a tariff for the full day must be charged.
- 1.2.11.11 If a patient is admitted after 12h00, the half-day tariff must be charged for the day of admission.
- 1.2.11.12 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.
- 1.2.11.13 If a patient is discharged before 12h00, the half-day tariff for the day of discharge must be charged.
- 1.2.11.14 If a patient is discharged after 12h00, a tariff for the full day must be charged for the day of discharge.
- 1.2.11.15 Medication taken home by a patient must be charged at the same tariff as contemplated in clause 1.2.14.
- 1.2.11.16 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.

1.2.12 Lithotripsy

- 1.2.12.1 This tariff applies to the non-invasive procedure used to break up stones inside the patient's body.
- 1.2.12.2 The tariff must be determined according to the category as set out in Schedule 2.

1.2.13 Major Theatre Procedure Tariff

- 1.2.13.1 This tariff applies to all procedures performed in an operating theatre.
- 1.2.13.2 This tariff includes theatre time, all consumables and medical gasses used during the procedure.
- 1.2.13.3 The procedures applicable to this tariff are grouped into categories depending on the complexity and cost of the procedure.
- 1.2.13.4 The tariff to be charged depends on the category into which the procedure falls.
- 1.2.13.5 The codebooks contained in Schedule 2 set out the procedures and the category of tariff that must be charged.
- 1.2.13.6 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.
- 1.2.13.7 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.

1.2.14 Minor Theatre Procedure Tariff

- 1.2.14.1 This tariff applies to minor theatre procedures, which require limited instrumentation and drapery, and is only doctor driven.
- 1.2.14.2 The procedures applicable to this tariff are grouped into four categories depending on the complexity and cost of the procedure.
- 1.2.14.3 The tariff to be charged depends into which category a procedure falls.
- 1.2.14.4 The codebook contained in Schedule 2 set out the procedures and the category of tariff that must be charged.
- 1.2.14.5 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 professional who is ultimately responsible for the services, the fee for the highest tariff for that professional must be charged.

1.2.15 Mortuary Tariff

- 1.2.15.1 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 48 hours of storage.
- 1.2.15.2 Forensic Pathology Services Laboratories: This tariff applies to the storage of a corpse and the tariff must be charged at a daily rate, after the first 48 hours once the post-mortem and identification process have been completed. The aforementioned in respect of the 48 hours includes weekends and public holidays. The tariff must be charged according to the means test.

1.2.16 Cremation Certificate Tariff

- 1.2.16.1 This tariff applies to the completion of a cremation certificate by the DOH/Forensic Pathology and is payable before the issuing of such certificate.
- 1.2.16.2 A tariff per certificate for the completion of a cremation certificate must be charged.

1.2.17 Oral Health Tariffs

- 1.2.17.1 This tariff applies to medical treatment rendered by an oral health practitioner and the consultation tariff includes consumables used during the consultation.
- 1.2.17.2 Oral procedures are grouped into categories depending on the complexity and cost of the procedure.
- 1.2.17.3 The tariff must be determined by the category a procedure falls into.
- 1.2.17.4 The oral healthcare codebook set out in Schedule 2 must be applied to determine the category of the professional performing the procedure.
- 1.2.17.5 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.
- 1.2.17.6 Prosthesis used must be charged as set out in clause 1.2.3 in addition to the oral health tariff.

1.2.18 Pharmacy Tariff

- 1.2.18.1 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.
- 1.2.18.2 The itemised cost of such medication and the facility fee tariff must be charged per prescription.
- 1.2.18.3 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.
- 1.2.18.4 The actual purchase price including VAT plus 50% of the total amount must be charged per item dispensed to patients.
- 1.2.18.5 The pharmacy tariff must be charged in conjunction with other services provided by the facility.
- 1.2.18.6 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.

1.2.19 Treatment Tariff

- 1.2.19.1 This tariff applies to all supplementary health treatment performed by an allied health practitioner.
- 1.2.19.2 Different charges apply depending on whether the treatment is rendered in a group or individual context.
- 1.2.19.3 The adaption and fitting of an assistive device must be charged according to this tariff.
- 1.2.19.4 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.
- 1.2.19.5 The treatment is applicable to both inpatients and outpatients.
- 1.2.19.6 The treatment tariff is a rate per contact with the patient.

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

- 1.2.20.1 This tariff applies to cosmetic surgery procedures on an elective basis for non-medical reasons.
- 1.2.20.2 This tariff includes theatre time, all consumables and medical gasses used during the procedure.
- 1.2.20.3 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.
- 1.2.20.4 The procedures applicable to this tariff are grouped into categories depending on the complexity and cost of the procedure.
- 1.2.20.5 The tariff to be charged is determined by the category into which the procedure falls.
- 1.2.20.6 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.

1.2.21 Nuclear Medicine

- 1.2.21.1 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.

1.2.22 Radiation Oncology

- 1.2.22.1 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.
- 1.2.22.2 These tariffs are set out in Schedule 4 of Provincial Gazette 6302.

1.2.23 Video Telemetry

- 1.2.23.1 The tariffs shall be determined according to the NRPL tariff less vat, and are applicable to those institutions where these services are rendered.

(b) by the substitution for Schedule 2.2 of the following Schedule:

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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 (0203)	A	
	Per additional quarter-hour or part thereof (Rule: not applicable to UPFS – not to be charged) (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	
	Additional patch (0219)	A	
	Skin Prick Tests		
	Skin-prick testing: Insect vermin, 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 (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 (0234)	A	A
	Maximum for multiple additional lesions.(0235)	A	A
	Deep skin biopsy by surgical incision and suturing.(0237)	A	A
	Treatment Of Benign Skin Lesion By Chemo-cryotherapy		
	First Lesion.(0241)	A	A
	Subsequent lesions (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	B
	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	B
	Subsequent lesions (0281)	A	B
	Maximum for multiple additional lesions.(0282)	A	B
	Laser Treatment For Large Skin Lesions		
	Limited area.(0283)	A	B
	Extensive area.(0284)	A	B
	Whole face or other areas of equivalent size or larger (0285)	A	C
2.3	Major Plastic Repair (Rule: Only to be charged for medical indicated Procedures; otherwise cosmetic tariff grouping applies)		
	Large skin grafts, composite skin grafts, large full thickness free skin grafts.(0289)	B	C
	Reconstructive procedures (including all stages) and skinraft 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 (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	B
	Multiple stitching of wound stitched at same session (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	B
	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 than 5 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 (Rule: Only to be charged for medical indicated Procedures; otherwise cosmetic tariff grouping applies)		
	Fine needle aspiration for soft tissue (all body areas) (0316)		B
	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

	Subcutaneous Mastectomy For Disease Of Breast; Including Reconstruction But Excluding Cost		
	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 (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 (Rule: charge Allied Health Professional Fee where applicable)		
	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 – open/closed 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 (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 (0438)	A	B	
Tarsal bones and Os calcis.(0439)	A	A	
Calcaneus reduction (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) (0465)	C	D	
Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care)	B	A	
(Rule: If a patient goes back to theatre for the removal of the above under general anesthetic, only the relating anaesthetic category can be charged for procedure 0473 includes the removal thereof) (0473)			
Bonegrafting Or Internal Fixation: Only to be charged 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 (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)	A	A	
	Exostosis: Excision: Less accessible sites.(0537)	A	B	
3.1.2.5	Biopsy			
	Needle Biopsy: Spine (no after-care) (0539)	A	A	
	Needle Biopsy: Other sites (no after-care) (0541)	A	A	
	Open Needle Biopsy			
	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	
	Carpometacarpal dislocation (0556)	A	A	
	Metacarpophalangeal 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: Astraglectomy.(0650)	B	C
3.2.7 Miscellaneous (joints)		
Aspiration of joint or intra-articular injection (not including after-care) (0661)	A	A
Multiple Intra-articular Injections For Rheumatoid Arthritis (excluding After-care)		
First joint.(0663)	A	A
Additional (0665)	A	A
Arthroscopy (excluding after-care) (0667)	A	A
Manipulation large joint under general anaesthetic (not including after-care) Hip(0669)	A	A
Rule: The consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic: Hip – Charge anaesthetic fee only, if performed under general anaesthetic (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)		B	
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	

Ana P I**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) (0857)	A	B

3.6 Miscellaneous**3.6.1 Leg Equalisation And Congenital Hips And Feet**

Leg shortening.(0859)	C	D
Leg lengthening.(0861)	C	D
Epiphyseodesis 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
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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). (0886)	C	

3.7 Plasters (exclusive of aftercare)

Limb cast (excluding after-care) (0887)	A	B
Spica, plaster jacket or hinged cast brace (excluding after-care).(0889)	B	A
Turnbuckle cast (excluding after-care).(0891)	B	B
Adjustment or repair of turnbuckle cast (excluding after-care).(0893)	A	B

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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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(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) (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

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	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 disectomy, 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 disectomy 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 disectomy 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	B	
	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 with rigid endoscope.(1019)		B	
	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 (1024)	B	A	
	Intranasal antrostomy (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 (1031)		B	
	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 Anterior plugging(1041)	B	B	

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Control severe epistaxis Anterior and posterior plugging(1043)	B	B
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	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 (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 (1071)		A
Septum abscess, 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 (1106)	B	B
Opening of quinsy under local anaesthetic (1107)	B	B
Laser assisted functional reconstruction of palate and uvula. 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 (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, laryngocoele, 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 (per 24 hrs) (1136)	A	A
	Bronchial lavage.(1137)	B	B
	Thoracotomy: for broncho-pleural fistula (including ruptured bronchus, any cause) (1138)	C	D
4.5	Pleura		
	Pleural needle biopsy: (no after-care)(1139)	A	B
	Insertion of intercostal catheter (under water drainage)(1141)	B	B
	Intra-pleural block.(1142)	B	A
	Paracentesis chest: Diagnostic.(1143)	A	B
	Paracentesis chest: Therapeutic.(1145)	A	A
	Pneumothorax: Induction (diagnostic).(1147)		B
	Pleurectomy.(1149)	C	C
	Decortication of lung.(1151)	C	D
	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc)(1153)	A	B
4.6	Pulmonary Procedures		
4.6.1	Surgical		
	Needle biopsy lung: (no after-care) (1155)	B	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 (Rule: donor procedure: please refer to Annexure H and relevant policies) (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 (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)		B
	Determination of resistance to airflow, oscillatory or plethysmographic methods(1196)		A
	Compliance and resistance, using oesophageal balloon(1197)	B	B
	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air,		B

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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)	B	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 . (Rule: Not applicable to UPFS – included in inpatient tariff grouping) (1221)	B	A
4.8	Hyperbaric Oxygen Therapy (See new tariff grouping 22)		
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		
	Global adult/neonatal resuscitation fee. Rule: Includes intubation, ivi therapy & supervision. Excludes all other procedures relating to resuscitation. (1227)	B	C
	General Practitioner's Fee For The Taking Of An Ecg Only		
	Without effort: 1/2 (item 1232).(this rule is not applicable to UPFS – see definition of ambulatory procedure) (1228)	A	
	Without and with effort: 1/2 (item 1233) (this rule is not applicable to UPFS – see definition of ambulatory procedure) (1229)	A	
	Physician's Fee For Interpreting An Ecg		
	Without effort.(this interpretation code is included in procedure 1232) (1230)	A	
	Without and with effort.(this interpretation code is included in procedure 1233) (1231)	A	
	Electrocardiogram		
	Without effort.(per 24hrs) (1232)	A	
	Without and with effort .(per 24 hrs) (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.(per 24 hrs) (1236)	A	
	24 Hour ambulatory ECG monitoring (holter) (per 24 hrs) (1239)	A	
	Signal averaged electrocardiogram.(1240)	B	
	X-ray Screening: Chest.(1241)		
	X-ray screening: Prosthetic valves.(1242)		A
	Two week event triggered ambulatory ECG monitoring (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)		B
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.(Rule: not applicable to UPFS – charge code 1269) (1268)		A
	Threshold testing (1269)		B
	Programming of atrio-ventricular sequential pacemaker(1270)		A
	Insertion of temporary pacemaker (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.(Rule: not applicable to UPFS – charge code 1276) (1277)	C	B
	First cardiologist: second lesion.(1278)	C	A
	Second cardiologist: second lesion.(Rule: not applicable to UPFS – charge code 1278) (1279)	C	A
	First cardiologist: third or subsequent lesions (each)(1280)	C	A
	Second cardiologist: third or subsequent lesions (each) (Rule: not applicable to UPFS – charge code 1280) (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 (Rule: not applicable to UPFS – charge code 1282) (1283)	C	B
	Atherectomy: single lesion: first cardiologist.(1284)		D
	Atherectomy: single lesion: second cardiologist.(Rule: not applicable to UPFS – charge code 1284) (1285)		C
	Insertion of intravascular stent: first cardiologist.(1286)		B
	Insertion of intravascular stent: second cardiologist (Rule: not applicable to UPFS – charge code 1286) (1287)		A
	Use of balloon procedures including - first paediatric cardiologist		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 (Rule: not applicable to UPFS – charge code 1290) (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. (Rule: donor procedure: please refer to Annexure H and relevant policies) (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. (Rule: donor procedure: please refer to Annexure H and relevant policies) (1309)	B	B
	Pericardial drainage.(1311)	B	B
6.3.1	Open Heart Surgery		
	Evaluation of coronary angiogram by cardio-thoracic surgeon (Rule: Charge a consultation fee – no procedure charge) (1312)	A	
	Repeat open heart surgery (additional fee above procedure fee)(1320)	C	C
	Stand-by fee for coronary angioplasty.(Rule: not applicable to UPFS – not to be charged) (1321)	B	A
	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour. (Rule: not applicable to UPFS – not to be charged) (1322)		A
6.3.1.1	Congenital Conditions		
	Atrial Septal Defect		
	Osteum secundum.(1323)	C	D
	Sinus venosus or ostium 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 (1346)		B
	Harvesting of saphenous veins: Bilateral (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 (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)		B
	Doppler arterial pressures(5369)		B
	Doppler arterial pressures with exercise(5371)		B
	Doppler segmental pressures and wave forms(5373)		B
	Venous doppler examination (both limbs)(5375)		B
	Venous plethysmography(5377)		A
	Supra-orbital doppler test(5379)		A
	Carotid non-invasive complex tests(5381)		B

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	Transcutaneous Oximetry		
	Transcutaneous oximetry - single site (Rule: not applicable to UPFS – included in inpatient tariff fee) (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 vetebral 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 (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 (charge Allied Health Professional fee where applicable) (1431)		A

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	Phase III: Exercise rehabilitation (charge Allied Health Professional fee where applicable) (1432)			A
7	Lympho-reticular System			
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	
	Retroperitoneal 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)			B
	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 (1454)	B	A	
	Preparation of extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis (not applicable to UPFS – Plasmapheresis to be charged as per tariff grouping) (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 granula.(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 oesophagogastrrectomy .(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	B

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	Excision of intrathoracic oesophageal diverticulum.(1583)	C	C	
	24 Hour oesophageal pH studies(1584)		B	
	24 Hour oesophageal pH studies: Interpretation (Rule: not applicable in UPFS – included in code 1584) (1585)		A	
8.6	Stomach			
	Upper gastro-intestinal fibre-optic endoscopy (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 Gastrotomy(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	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 (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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	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(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) (Rule: not applicable to UPFS) (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)			B
	Therapeutic paracentesis: Abdomen.(1803)			A
	Add to open procedure where procedure was performed through a laparoscope (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 urethrocystography.(1945)	A	A
	Instillation of anti-carcinogenic agent, excluding hydrodilatation of bladder(1947)	A	A
	Cystoscopy: (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	B
Flowmetric bladder, studies with videocystograph (1991)	C	B
Without videocystograph.(1992)	C	B
Voiding cysto-urethrogram.(1993)	C	B
Rigiscan examination.(1994)		B
Percutaneous aspiration of bladder.(1995)	A	A
Bladder catheterisation - male (1996)	A	A
Bladder catheterisation - female (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-urethrostomy.(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)	A	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 - including cystoscopy (item 1949) (2088)	A	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's 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 herniotomy (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	B	
	Bilateral.(2211)	B	B	
	Insertion of testicular prosthesis: Independent procedure (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.(rule: for gynaecology procedures only) (2313)	A	A
Intra uterine insemination.(2314)		A
Simms Huhner test plus wet smear.(2315)		B
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 (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 (2392)		A
Cryo- or electro-cauterisation, or Lletz of cervix : 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 encircage: McDonald stitch.(2409)	B	A
Cervix encircage: Shirodkar suture.(2411)	B	A
Cervix encircage: Lash.(2413)	B	A
Cervix encircage: 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	B	
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) (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). Rule: Ultrasound code for amniocentesis (5026) to be charged in addition (2605)		A	
	Amnioscopy (excluding after-care).(2607)		A	
	Intra-uterine transfusion of foetus or cordocentesis(2609)		B	
	Tococardiography pre-natal and intrapartum (excluding after-care) (per 24 hrs) (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). (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)		B	

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Bilateral.(2682)	B		
Electro-retinography (Ganzfeld method): Unilateral.(2683)	B		
Bilateral.(2684)	B		
Electro-oculography: Unilateral(2685)	B		
Bilateral.(2686)	B		
V.E.P. stable condition: (photic drive) Unilateral(2687)	B		
Bilateral.(2689)	B		
Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P.(2690)	B		
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 (2711)	B		
Electro-encephalography – Interpretation (not applicable to UPFS – included in code 2711) (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) (2716)	B		
Sleep electro-encephalography - infants that fit into a perambulator (6001)	B		
Sleep electro-encephalography - infants that fit into a perambulator - interpretation. (Rule: not applicable to UPFS – included in code 6001) (6002)	A		
Sleep electro-encephalography - adults and children over infant age (6003)	B		
Sleep electro-encephalography - adults and children over infant age - interpretation. (Rule: not applicable to UPFS – included in code (6004)	A		
Electromyography.			
First(2717)	B		
Subsequent(2718)	B		
Overnight polysomnogram and sleep staging (2720)	B		
Daytime polysomnogram (2722)	B		
Multiple sleep latency test (2723)	B		
Overnight continuous positive airways pressure (CPAP) titration – charge per 24 hrs (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	B	
Posterior fossa tomography attendance by clinician (Rule: included in imaging professional fee) (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	B	

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Botulinum Toxin Injections				
For blepharospasm (6005)				B
For hemifacial spasm (6006)				B
For adductor dysphonia (6007)				B
In extra-ocular muscles (6008)				B
For spasmodic torticollis and/or cranial dystonia (6009)				B
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	B	
	Plexus nerve block.(2800)	B	A	
	Epidural injection for pain. (2801)		A	
	Peripheral nerve block.(2802)	A	A	
	Alcohol Injection In Peripheral Nerves For Pain:			
	Unilateral.(2803)	A	A	
	Bilateral.(2805)	A	B	
	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 transplantation(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): per session (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 (Rule: Charge as a	A	A	
	Consultation – no procedure charge) (2972)			
	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)		A	
	(Rule: Charge as a Consultation – no procedure charge) (2973)			
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 after-care).(3001)			A
16	Eye			
16.1	Procedures			
	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.(to be charged as a consultation tariff) (3010)			A
	Orthoptic subsequent sessions.(Rule: Charge as a consultation tariff – no procedure charge) (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: 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(not applicable to UPFS – not to be charged) (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 (not applicable to UPFS – not to 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) (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. (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. Rule: Charge included in consultation – no additional procedure to be charged. (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. Rule: Charge included in consultation – no additional procedure to be charged. (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: Rule: Charge included in consultation – no additional procedure to be charged. (3117)	A		
	Curettage of cornea after removal of foreign body (3118)		A	
	Tattooing. Rule: Charge as per cosmetic tariff groupng (3119)	B	A	
	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK). (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) (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 (Rule: 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) (Rule: Charge as per cosmetic tariff groupng) (3169)		A	
	Excision of Meibomian cyst. (3171)	A	B	
	Epicanthal folds.(3173)	B	B	
	Botulinum toxin injection for blepharospasm (3174)		B	
	Botulinum toxin injection in extra-ocular muscles (3175)		B	
	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 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: (Rule: charge Allied Health Professional Fee where applicable)			
	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: (Rule: charge Allied Health Professional Fee where applicable)			
Minimal caloric test (excluding consultation fee).(3251)			A
Bithermal Halpike caloric test (excluding consultation fee) (3252)			A
Electro-nystagmography for spontaneous and positional nystagmus.(3253)			B
Video nystagmoscopy (monocular).(3254)			B
Caloric test done with electronystagmography(3255)			B
Video nystagmoscopy (binocular)(3256)			B
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 Middel 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) (not applicable to UPFS – not to be charged) (3279)			A
Consultation units for specialists in physical medicine when treatment is given (per treatment) (not applicable to UPFS – not to be charged) (3280)			A
Ultrasonic therapy.(3281)			A
Shortwave diathermy.(3282)			A
Sensory nerve conduction studies(3284)			B
Motor nerve conduction studies(3285)			B
Spinal joint and ligament injection.(3287)			A
Epidural injection.(3288)			A
Multiple injections - First joint.(3289)			A
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 (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 (Rule: not applicable to UPFS– see general rule regarding treatment tariff) (3304)			A

19 Radiology

19.1 Skeleton:

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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
Post-nasal studies: Lateral neck(3385)		A
Maxillo-facial cephalometry(3387)		A
Dacryocystography.(3389)	B	A
For introduction of contrast medium add(3391)		B

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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: Choleodogram and/or pancreatography screening included.(3415)	B	B
Pancreas: E.R.C.P. hospital equipment: Choleodogram 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

	Ana	P	I
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

	Ana	P	I
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
Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic(5010)	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

Ana P I**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

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
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20 Lithotripsy

Lithotripsy is a non-invasive procedure used to break up stones inside the patient's body.	D
1 st Electro Shock wave Lithotripsy (56245)	D
2 nd Electro Shock wave Lithotripsy (56246)	D
1 st Laser Lithotripsy (56222)	D
2 nd Laser Lithotripsy (56223)	D

(c) by the substitution for Schedule 2.3 of the following Schedule:

Schedule 2.3

COSMETIC SURGERY CODEBOOK

Cosmetic Category	Anaesthetics Category	Procedure	Bilateral/Unilateral	System Codes
Cat A	Cat A	Liposuction 45min	Per anatomical area	C1611
Cat A	Cat A	Liposuction 60min	Per anatomical area	C1612
Cat A	Cat A	Laser treatment 30min (resurfacing)	N/a	C1613
Cat A	Cat A	Liposuction 90min	Per anatomical area	C1614
Cat A	Cat A	Dermabrasion (Face)	N/a	C1615
Cat A	Cat A	Laser treatment 60min	N/a	C1616
Cat A	Cat A	Breast prostheses	unilateral	C1617
Cat A	Cat A	Prominent ear reduction	unilateral	C1618
Cat A	Cat A	Laser treatment 90min	N/a	C1619
Cat B	Cat B	Nipple reconstruction	Per breast	C1620
Cat B	Cat B	Blepharoplasty	Unilateral	C1621
Cat B	Cat B	Nose reconstruction	N/a	C1622
Cat B	Cat B	Forehead lift	N/a	C1623
Cat B	Cat B	Mastopexy	Bilateral	C1624
Cat B	Cat B	Wedge resection	Unilateral	C1625
Cat B	Cat B	Gluteal lipectomy	Unilateral	C1626
Cat C	Cat C	Rhytedectomy (forehead)	N/a	C1627
Cat C	Cat C	Abdominoplasty	N/a	C1628
Cat C	Cat C	Breast Reduction (Reduction Mammoplasty)	Bilateral	C1629
Cat C	Cat C	Rhytedectomy	N/a	C1630
Cat D	Cat C	Abdominoplasty & Breast Reduction	Bilateral	C1631

- (d) after Schedules 2.3, the following Schedules are inserted:

SCHEDULE 2.4

UPFS Code Book 2006 – Ambulatory Procedures Guideline

1. The Code Book serves as a guideline and there may be exceptions to the rule in the application thereof.
2. The UPFS schedule does not prescribe the scope of practice of a particular health service / category or health care provider.
3. Neither does it confine the performing of procedures or services to the attending practitioner only etc.

Code:	Description:	Category
0205	Insertion of I.V. line children under two years (per 24 hour)	A
0206	Insertion of I.V. line adult (per 24 hour)	A
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	A
0213	Chemotherapy: Intramuscular or subcutaneous: per injection	A
0214	Chemotherapy: Intravenous bolus technique: per injection	A
0215	Chemotherapy: Intravenous infusion technique: per injection	A
0217	Patch Tests first patch	A
0218	Skin-prick testing: Insect venom, latex and drugs	A
0219	Each additional patch	A
0220	Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens	A
0221	Delayed hypersensitivity testing (Type IV reaction): per antigen	A
0222	Intralesional Injection Into Areas Of Pathology E.g. Keloids Single	A
0223	Multiple	A
0225	Epilation: per session	A
0227	Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session	A
0228	PUVA Treatment	A
0229	PUVA: Follow-up or maintenance once a week.	A
0230	UVR-Treatment	A
0231	UVR-Follow-up	A
0280	Laser Treatment For Small Skin Lesions First lesion	B
0281	Subsequent lesions	B
0282	Maximum for multiple additional lesions	B
0283	Laser Treatment For Large Skin Lesions Limited area	B
0300	Stitching of wound	B
0305	Needle biopsy - soft tissue	B
0316	Breasts Fine needle aspiration for soft tissue (all areas)	B
0377	Acupuncture Standard acupuncture	A
0378	Laser acupuncture using more than 6 points	A
0379	Electro-acupuncture	A
0380	Scalp acupuncture	A
0381	Micro-acupuncture (ear, hand)	A
0661	Aspiration of joint or intra-articular injection (not including after-care), modifier 0005 not applicable	A

Code:	Description:	Category
0663	Multiple Intra-articular Injections For Rheumatoid Arthritis (excluding After-care) First joint	A
0665	Additional	A
0715	Strength duration curve per session	A
0717	Electrical examination of single nerve or muscle	A
0721	Voltage integration during isometric contraction	A
0723	Tonometry with edrophonium	A
0725	Isometric tension studies with edrophonium	A
0727	Cranial Reflex Study (both Early And Late Responses) Supra Occulofacial Or Corneo-facial Or Unilateral	A
0728	Bilateral	A
0729	Tendon reflex time	A
0733	Motor nerve conduction studies (single nerve)	B
0737	Biopsy for motor nerve terminals and end plates	A
0740	Muscle fatigue studies	A
0741	Muscle biopsy	A
0763	Tendon or ligament injection	A
0857	Bursae and ganglion Aspiration or injection (no after-care)	B
0887	Limb cast (excluding after-care)	B
0891	Turnbuckle cast (excluding after-care)	B
0893	Adjustment or repair of turnbuckle cast (excluding after-care)	B
1003	Manipulation: Immobilisation and follow-up of fractured nose	B
1019	ENT endoscopy with rigid endoscope	B
1031	Removal of single nasal polyp	B
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	B
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	B
1063	Removal of foreign bodies from nose at rooms	A
1071	Proetz treatment	A
1107	Opening of quinsy	B
1117	Laryngeal intubation	A
1136	Nebulisation (per 24 hour)	A
1139	Pleural needle biopsy: (no after-care)	B
1141	Insertion of intercostal catheter (under water drainage)	B
1143	Paracentesis chest: Diagnostic	B
1145	Paracentesis chest: Therapeutic	A
1147	Pneumothorax: Induction (diagnostic)	B
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc	B
1186	Flow volume test: Inspiration/expiration	A
1188	Flow volume test: Inspiration/expiration pre- and post bronchodilator (first consultation)	A
1189	Forced expirogram only	A
1191	N2 single breath distribution	A
1192	Peak expiratory flow only	A
1193	Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method	A
1195	Thoracic gas volume	B
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods	A
1197	Compliance and resistance, using oesophageal balloon	B

Code:	Description:	Category
1198	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics	B
1199	Pulmonary stress testing; simple (e.g. prolonged exercise test for bronchospasm with pre- and post-spirometry	B
1200	Carbon monoxide diffusing capacity, any method	A
1201	Maximum inspiratory/expiratory pressure	A
1232	ECG (per 24 hour)	A
1233	ECG: Without and with effort (per 24 hour)	A
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	A
1235	Multi-stage treadmill test	A
1236	ECG without effort: Under 4 years (per 24 hour)	A
1239	24 Hour ambulatory ECG monitoring (holter) (per 24 hour)	A
1240	Signal averaged electrocardiogram	B
1244	Two week event triggered ambulatory ECG monitoring	A
1255	Tilt test	B
1269	Threshold testing	B
1357	Response to reflex heating	A
1359	Response to reflex cooling	A
1361	Cold sensitivity test	A
1363	Oscillometry test	A
1365	Sweat test	A
1421	Compression Sclerotherapy Of Varicose Veins Per injection to a maximum of nine injections per leg	A
1431	Cardiac Rehabilitation Phase II: Exercise rehabilitation	A
1432	Cardiac Rehabilitation Phase III: Exercise rehabilitation	A
1458	Simple aspiration of marrow by means of trocar or cannula	B
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	A
1578	Oesophageal motility (4 channel + pneumograph	B
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through	B
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia	B
1584	24 Hour oesophageal pH studies	B
1593	Augmented histamine test: Gastric intubation with x-ray screening	A
1632	H2 breath test (intestines)	A
1633	Complete test using lactose or lactulose	A
1780	Gastric and duodenal intubation	A
1801	Diagnostic paracentesis: Abdomen	B
1803	Therapeutic paracentesis: Abdomen	A
1989	Cystometrogram	B
1991	Flowmetric bladder, studies with videocystograph	B
1992	Without videocystograph	B
1993	Voiding cysto-urethrogram	B
1994	Rigiscan examination	B
1996	Insertion of urine catheter male	A
1997	Insertion of urine catheter female	A
2051	Simple bladder lavage: Including catheterisation	A
2154	Induction of artificial erection	A
2210	Vasogram, Seminal Vesiculogram: Unilateral	B
2211	Vasogram, Seminal Vesiculogram: Bilateral	B

Code:	Description:	Category
2315	Simms Huhner test plus wet smear	B
2442	Insertion of I.U.C.D. (excluding after-care)	B
2565	Implantation hormone pellets (excluding after-care)	A
2603	External cephalic version (excluding after-care)	A
2610	Foetal heart tracing test (per 24 hour)	A
2681	Visual evoked potentials (V.E.P.): Unilateral	B
2682	VEP: Bilateral	B
2683	Electro-retinography (Ganzfeld method): Unilateral	B
2684	Electro-retinography: Bilateral	B
2685	Electro-oculography: Unilateral	B
2686	Electro-oculography: Bilateral	B
2687	V.E.P. stable condition: (photic drive) Unilateral	B
2689	Bilateral	B
2690	Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P	B
2691	Audiometry: Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral	A
2692	Bilateral	B
2693	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels	A
2694	Bilateral	B
2695	Audiology 40Hz response: unilateral	A
2696	Bilateral	A
2697	Mid- and long latency auditory evoked potentials: unilateral	A
2698	Bilateral	A
2699	Electro-cochleography: unilateral	A
2700	Bilateral	B
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	A
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	B
2709	Full spinogram including bilateral median and posterior-tibial studies	B
2711	Electro-encephalography	B
2716	8 Hour ambulatory EEG monitoring (Holter)	B
2720	Overnight polysomnogram and sleep staging	B
2722	Daytime polysomnogram	B
2723	Multiple sleep latency test	B
2731	Air Encephalography And Posterior Fossa Tomography Injection of air (independent procedure)	B
2737	Visual field charting on Bjerrum Screen	A
2765	Nerve conduction studies	B
2799	Intrathecal injections for pain	B
2803	Alcohol Injection In Peripheral Nerves For Pain: Unilateral	A
2805	Bilateral	B
2853	Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	A
2971	Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours)	A
3001	Implantation of pellets (excluding after-care)	A
3002	Gonioscopy	A

Code:	Description:	Category
3003	Fundus contact lens or 90 D lens examination	A
3004	Peripheral fundus examination with indirect ophthalmoscope	A
3005	Endothelial cell count	A
3006	Keratometry	A
3007	Potential acuity measurement	A
3008	Contrast sensitivity test	A
3012	Pre-surgical retinal examination before retinal surgery	A
3013	Ocular motility assessment comprehensive examination	A
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	A
3015	Charting of visual field with manual perimeter	A
3016	Retinal threshold test without storage facilities	A
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs	B
3018	Retinal threshold trend evaluation (additional to item 3017)	A
3019	Ocular muscle function with Hess screen or perimeter	A
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	A
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	A
3025	Electronic tonography	A
3027	Fundus photography	A
3029	Anterior segment microphotography	A
3032	Eyelid and orbit photography	A
3034	Determination of lens implant power per eye	A
3171	Excision of Meibomian cyst	B
3174	Botulinum toxin injection for blepharospasm	B
3175	Botulinum toxin injection in extra-ocular muscles	B
3206	Microscopic examination of tympanic membrane including microsuction	A
3223	Percutaneous stimulation of the facial nerve	A
3251	Balance Tests: Minimal caloric test (excluding consultation fee)	A
3252	Bithermal Halpike caloric test (excluding consultation fee)	A
3253	Electro-nystagmography for spontaneous and positional nystagmus	B
3254	Video nystagmoscopy (monocular)	B
3256	Video nystagmoscopy (binocular)	B
3258	Otolith repositioning manoeuvre	A
3273	Pure tone audiometry (air conduction)	A
3274	Pure tone audiometry (bone conduction with masking)	A
3275	Impedance audiometry (tympanometry)	A
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	A
3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)	A
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	A
3281	Ultrasonic therapy	A
3282	Short wave diathermy	A
3284	Sensory nerve conduction studies	B
3285	Motor nerve conduction studies	B
3289	Multiple injections - First joint	A
3290	Each additional joint	A
3291	Tendon or ligament injection	A

<u>Code:</u>	<u>Description:</u>	<u>Category</u>
3292	Aspiration of joint or intra-articular injection	A
3293	Aspiration or injection of bursa or ganglion	A
3297	Manipulation of spine	A
3298	Spinal traction	A
3301	Muscle fatigue studies	A
3302	Strength duration curve per session	A
6001	Sleep electro-encephalography - infants that fit into a perambulator	B
6003	Sleep electro-encephalography - adults and children over infant age	B
6005	Botulinum Toxin Injections For blepharospasm	B
6006	For hemifacial spasm	B
6007	Botulinum toxin injection for adductor dysphonia	B
6008	In extra-ocular muscles	B
6009	For spasmodic torticollis and/or cranial dystonia	B

SCHEDULE 2.5

UPFS Code Book 2006 – Minor Theatre Procedures

1. The Code Book serves as a guideline and there may be exceptions to the rule in the application thereof.
2. The UPFS schedule does not prescribe the scope of practice of a particular health service / category or health care provider.
3. Neither does it confine the performing of procedures or services to the attending practitioner only etc.

Code:	Description:	Ana:	Cat:
0209	Umbilical artery cannulation at birth		A
0211	Exchange transfusion: First and subsequent (including after-care)		B
0233	Biopsy Without Suturing First lesion	A	A
0234	Subsequent lesions	A	A
0235	Maximum for multiple additional lesions	A	A
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	A	A
0241	Treatment Of Benign Skin Lesion By Chemo-cryotherapy First Lesion	A	A
0242	Subsequent lesions	A	A
0243	Maximum for multiple additional lesions	A	A
0244	Repair of nail bed	A	A
0245	Removal Of Benign Lesion By Curetting Under Local Or General Anaesthesia Followed By First Lesion	A	A
0246	Subsequent lesions	A	A
0251	Removal Of Malignant Lesions By Curetting Under Local Or General Anaesthetic followed by first lesion	A	A
0252	Subsequent lesions	A	A
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	A	A
0259	Removal of foreign body superficial to deep deep fascia (except hands)	A	B
0301	Multiple stitching of wound stitched at same session	A	A
0302	Deep laceration involving limited muscle damage	B	B
0303	Deep laceration involving extensive muscle damage	B	B
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	A	A
0308	Each additional small procedure done at the same time	A	A
0310	Radical excision of nailbed	A	A
0317	Aspiration of cyst or tumor	A	A
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	B	D
0541	Needle Biopsy: Other sites (no after-care)	A	A
0547	Dislocations Clavicle: either end	A	A
0549	Shoulder	A	A
0551	Elbow	A	A
0552	Wrist	A	B
0553	Perilunar trans-scaphoid fracture dislocation	A	B
0555	Lunate	A	B
0556	Carpometacarpal dislocation	A	A
0557	Metacarpophalangeal or interphalangeal joints (hand)	A	A

Code:	Description:	Ana:	Cat:
0571	Metatarsophalangeal or interphalangeal joints (foot)	A	A
0713	Electromyography	A	B
0714	Electromyographic neuromuscular junctional study, including edrophonium response	A	A
0730	Limb-brain somatosensory studies (per limb)		A
0731	Visio and audio – sensory studies		A
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	A	A
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	B	A
0742	Global fee for all muscle studies, including histochemical studies		C
0865	Initial Non-operative Reduction And Application Of Plastercast One hip	A	B
0867	Two hips	A	C
0873	Manipulation And Plaster One foot	A	A
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	B	A
0922	Removal Of Foreign Bodies Requiring Incision Under local anaesthetic	A	A
0923	Removal Of Foreign Bodies Requiring Incision Under general or regional anaesthetic	A	A
0969	Skull or skull-femoral traction including two weeks after-care		B
0971	Halo-splint and POP jacket including two weeks after-care		B
1024	Insertion of silastic obturator into nasal septum perforation	B	A
1037	Diathermy To Nose Or Pharynx Exclusive Of Consultation Fee, Uni- Or Bilateral Under local anaesthetic.		A
1045	Ligation anterior ethmoidal artery	B	A
1054	Antroscopy through the canine fossa (uni- or bilateral)	A	A
1067	Proof puncture (unilateral)	A	A
1077	Septum abscess, including after-care		A
1106	Laser assisted functional reconstruction of palate and uvula	B	B
1108	Laser assisted functional reconstruction of palate and uvula: Follow-up operation performed by the same surgeon	B	B
1118	Laryngeal stroboscopy with video capture	B	A
1127	Tracheotomy	B	B
1128	Endolaryngeal operations using a laser	B	B
1130	Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	B	A
1131	Plus foreign body removal	B	B
1132	Diagnostic bronchoscopy	B	B
1133	With removal of foreign body	B	B
1134	Bronchoscopy with use of laser	B	B
1135	With bronchography	B	B
1137	Bronchial lavage (only Anaesthetic category)	B	B
1142	Intra-pleural block.	B	A
1155	Needle biopsy lung: (no after-care)	B	A
1202	Insertion of central venous catheter via peripheral vein in neonates	B	A
1215	Insertion of arterial pressure cannula	A	A
1216	Insertion of Swan Ganz catheter for haemodynamic monitoring	B	A
1217	Insertion of central venous line via peripheral vein	B	A
1218	Insertion of central venous line via subclavian or jugular veins	A	A
1227	Global Adult / Neonatal resuscitation fee	B	C

Code:	Description:	Ana:	Cat:
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	B	B
1248	Paracentesis of pericardium	B	A
1256	Electrophysiological Study Ventricular stimulation study	B	C
1257	Full electrophysiological study	B	D
1262	Electrophysiological mapping		D
1264	Test for implantable transvenous defibrillator	B	B
1266	Resiting pacemaker generator		B
1270	Programming of atrio-ventricular sequential pacemaker		A
1273	Insertion of temporary pacemaker	B	B
1275	Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer	B	C
1450	Cryopreservation of bone marrow or peripheral blood stem cells	B	A
1454	Plasma/cell separation using designated cell separator equipment	B	A
1457	Bone Marrow Biopsy By trephine	A	A
1467	Drainage of intra-oral abscess	A	A
1469	Local excision of mucosal lesion of oral cavity	A	A
1485	Local excision of benign lesion of lip	A	A
1507	Local excision of lesion of tongue	A	A
1544	Ludwig's Angina: Drainage	B	A
1545	Oesophagoscopy with rigid instrument: First and subsequent	B	A
1547	Oesophagoscopy with Oesophageal acid perfusion test		A
1549	Oesophagoscopy with dilatation of stricture	B	B
1550	With removal of foreign body	B	B
1551	With insertion of indwelling oesophageal tube	B	B
1552	Injection of oesophageal varices (endoscopy inclusive)	B	B
1553	Subsequent injection of oesophageal varices (endoscopy inclusive)	B	B
1554	Per-oral small biopsy	B	A
1557	Oesophageal dilatation	B	A
1587	Upper gastro-intestinal fibre-optic endoscopy	B	B
1588	Plus polypectomy	B	C
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or scleroses (endoscopic haemostasis)	B	B
1591	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	B	B
1627	Duodenal intubation (under X-ray screening)		A
1629	Duodenal intubation with biliary drainage after gall bladder stimulation		A
1631	Duodenal intubation: Under three years	A	A
1653	Total Fibre-optic Colonoscopy (including biopsy)	B	B
1654	Fibre-optic colonoscopy with removal of polyps	B	C
1656	Left sided fibre-optic colonoscopy	B	B
1676	Fibre-optic sigmoidoscopy (rectum and anus)	A	B
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	A	A
1678	Fibre-optic sigmoidoscopy, plus polypectomy	A	B
1679	Sigmoidoscopy with removal of polyps, first and subsequent	A	A
1681	Proctoscopy With Removal Of Polyps First time	A	A
1683	Subsequent times	A	A

Code:	Description:	Ana:	Cat:
1685	Endoscopic fulguration of tumor	B	A
1707	Drainage of submucous abscess	A	A
1800	Peritoneal lavage		A
1945	Instillation of radio-opaque material for cystography or urethrocytography	A	A
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder	A	A
1949	Cystoscopy	A	A
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	B	A
1952	J J Stent catheter	B	A
1953	With hydrodilatation of the bladder for interstitial cystitis	B	A
1954	Urethroscopy	B	A
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	B	B
1957	With dilatation of the ureter or ureters	B	A
1959	With manipulation of ureteral calculus	B	A
1961	With removal of foreign body or calculus from urethra or bladder	B	A
1963	With fulguration or treatment of minor lesions, with or without biopsy	B	A
1975	Ultraviolet cystoscopy for bladder tumor	B	A
1995	Percutaneous aspiration of bladder	A	A
1999	Percutaneous cystostomy	A	A
2015	Suprapubic cystostomy	B	B
2049	Evacuation Of Clots From Bladder: Other than post-operative	A	A
2069	Dilatation of female urethra	A	A
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy	A	B
2125	Destruction Of Condylomata: Chemo- Or Cryotherapy: Limited number	A	A
2127	Multiple extensive	A	A
2129	Electrodesiccation: Limited number	A	A
2131	Multiple extensive	A	A
2132	Circumcision: Ligation of abnormal venous drainage	A	A
2133	Circumcision: Clamp procedure	A	A
2137	Circumcision: Surgical excision other than by clamp or dorsal slit	A	A
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	A	A
2169	Injection procedure for Peyronies disease	A	A
2312	Artificial insemination		A
2314	Intra uterine insemination		A
2322	Pudendal nerve block		A
2389	Paracervical nerve block		A
2392	Cryo- or electro-cauterisation, or Lletz of cervix		A
2415	Cervix encirclage: Removal items 2409 and 2411 without anaesthetic		A
2433	Uterus Embryo transfer	B	A
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)		A
2605	Amniocentesis (excluding after-care)		A
2607	Amnioscopy (excluding after-care)		A
2609	Intra-uterine transfusion of foetus or cordocentesis		B

Code:	Description:	Ana:	Cat:
2611	Chorion villus sampling (excluding after-care)		A
2703	Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and Cortex		A
2707	Full fee for complete neurological evoked potential evaluation including neurological A.E.P., bilateral V.E.P., and bilateral median and/or posterior tibial stimulation		C
2713	Lumbar puncture and/or intrathecal injections		A
2714	Cisternal puncture and/or intrathecal injections		A
2717	Electromyography First		B
2718	Subsequent		B
2724	Overnight continuous positive airways pressure (CPAP) titration per 24 hours		C
2800	Plexus nerve block	B	A
2801	Epidural injection for pain		A
2802	Peripheral nerve block	A	A
2809	Peripheral nerve section for pain	A	A
2849	Sympathetic Block: Other Levels: Unilateral	A	A
2851	Sympathetic block other levels: Bilateral	A	A
2970	Electro-convulsive treatment (ECT): Each time	B	A
3022	Digital fluorescein video angiography	B	B
3023	Digital indocyanine video angiography (3023)	B	B
3031	Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography)		A
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)		A
3074	Strabismus: Adjustment of sutures if not done at the time of the operation.		A
3092	External laser treatment for superficial lesions		A
3118	Curettage of cornea after removal of foreign body		A
3124	Removal of corneal stitches under microscope (maximum of 2 procedures)		A
3127	Cauterization of cornea (by chemical, thermal or cryotherapy methods)	A	A
3133	Ducts: Probing and/or syringing, per duct	A	A
3163	Excision of superficial lid tumour	B	A
3165	Repair of skin lacerations of the lid	B	A
3167	Diathermy to wart on lid margin	A	A
3224	Electroneurography (ENOG)	B	B
3255	Caloric test done with electronystagmography		B
3287	Spinal joint and ligament injection		A
3288	Epidural injection		A
3294	Paracervical nerve block		A
3295	Paravertebral root block – unilateral		A
3296	Paravertebral root block – bilateral		A
3303	Electromyography		B

(e) by the substitution for Schedule 3 of the following Schedule:

SCHEDULE 3: BILLING PROCEDURES

UPFS Fee Schedule for full paying patients: 1 SEPTEMBER 2006

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	109,00			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	163,00			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	185,00			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	278,00			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	650,00			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	975,00			
02	Confinement					
0210	Confinement – Facility Fee	Incident		2006,00	2006,00	2 335,00
0211	Confinement – General medical practitioner	Incident	1 088,00			
0212	Confinement – Specialist medical practitioner	Incident	1 404,00			
0213	Confinement – Nursing practitioner	Incident	1 316,00			
03	Dialysis					
0310	Haemo – Facility Fee	Day		720,00	720,00	823,00
0311	Haemo-dialysis – General medical practitioner	Day	137,00			
0312	Haemo-dialysis – Specialist medical practitioner	Day	171,00			
0320	Peritoneal Dialysis – Facility Fee	Session		111,00	111,00	127,00
0321	Peritoneal Dialysis – General medical practitioner	Session	21,00			
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	27,00			
0330	Plasmapheresis – Facility Fee	Day		720,00	720,00	823,00
0331	Plasmapheresis – General medical practitioner	Day	137,00			
0332	Plasmapheresis – Specialist medical practitioner	Day	171,00			
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		70,00	70,00	84,00
0411	Medical Report – General medical practitioner	Report	132,00			
0412	Medical Report – Specialist medical practitioner	Report	200,00			
0420	Copies of Medical Report, records and X-Rays and completion of certificates / Forms	Report		35.00	35.00	40.00
0421	Medical Report, records / General medical practitioner	Copy	65.00			
0422	Medical Report, records / Specialist medical practitioner	Copy	100.00			
0430	Copies of X-Rays, Ultrasounds etc.	Copy		20.00	20.00	20.00
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		36,00	36,00	41,00
0511	Radiology, Cat A – General medical practitioner	Procedure	35,00			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	68,00			
0514	Radiology, Cat A – Allied health practitioner	Procedure	34,00			

	Imaging (contd.)					
0520	Radiology, Cat B – Facility Fee	Procedure		100,00	100,00	114,00
0521	Radiology, Cat B – General medical practitioner	Procedure	96,00			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	188,00			
0524	Radiology, Cat B – Allied health practitioner	Procedure	94,00			
0530	Radiology, Cat C – Facility Fee	Procedure		465,00	465,00	531,00
0531	Radiology, Cat C – General medical practitioner	Procedure	298,00			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	918,00			
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 medical practitioner	Procedure	2 291,00			
06	Inpatients					
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			
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			
0670	Inpatient General ward – Facility Fee	12 hours		184,50	235,00	444,00
0671	Inpatient General Ward – General medical practitioner	12 hours	38,00			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	66,50			
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	12 hours	22,50			
0680	Inpatient Chronic care – Facility Fee	12 hours		108,00	108,00	108,00
0681	Inpatient Chronic care – General medical practitioner	12 hours	12,50			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	29,00			
0683	Inpatient Chronic care – Nursing practitioner	12 hours	7,50			
07	Mortuary and Forensic Pathology (level 3 fee applicable)					
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			
0816	Pharmaceutical - TTO	Item	Varies			
0817	Pharmaceutical - Chronic	Item	Varies			

09	<i>Oral Health (Hospitals)</i>					
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
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	<i>Consultations</i>					
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	<i>Minor Theatre Procedures</i>					
1110	Minor Procedure Cat A – Facility Fee	Procedure		216,00	216,00	259,00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	74,00			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	144,00			
1120	Minor Procedure Cat B – Facility Fee	Procedure		216,00	216,00	259,00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	111,00			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	251,00			
1130	Minor Procedure Cat C – Facility Fee	Procedure		216,00	216,00	259,00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	174,00			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	392,00			
1140	Minor Procedure Cat D – Facility Fee	Procedure		216,00	216,00	259,00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	461,00			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1 038,00			

12	Major 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			
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	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		30,00	30,00	34,00
1313	Supplementary Health Treatment – Nursing practitioner	Contact	50,00			
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	Emergency Medical Services					
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	Assistive Devices & Prosthesis					
1510	Assistive Devices - Item Fee	Item	Varies			
1520	Prosthetic Devices – Item Fee	Item	Varies			

16	<i>Cosmetic Surgery</i>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		1 471,00	1 471,00	1 471,00
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	1 005,00			
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			
17	<i>Laboratory Services</i>					
1700	Drawing of Blood	Per Contact		17.30	17.30	17.30
1710	Laboratory Tests	Varies				
18	<i>Radiation Oncology</i>					
1800	Radiation Oncology (NHRPL less VAT)	Procedure	Varies			
19	<i>Nuclear Medicine</i>					
1900	Itemisation of Radiopharmaceuticals (Isotopes)	Item	Varies			
20	<i>Ambulatory Procedures</i>					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		70,00	70,00	85,00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	25,00			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	50,00			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	15,00			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	15,00			
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		70,00	70,00	85,00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	35,00			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	55,00			
2023	Ambulatory Procedure Cat B – Nursing practitioner	Procedure	20,00			
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	20,00			
21	<i>Blood and Blood Products</i>					
2100	Blood and Blood Products	Itemisation				
22	<i>Hyperbaric Oxygen Therapy</i>					
2200	Hyperbaric Oxygen Therapy	Per Hour/Part thereof		270,00	270,00	270,00
23	<i>Consumables (Not included in Facility Fee)</i>					
2300	Consumables not included in the facility fee	Item	Varies			
24	<i>Autopsies</i>					
2410	Autopsy – Facility Fee	Per Case		46,00	46,00	55,00
2411	Autopsy – General medical practitioner	Per Case	51,00			
2412	Autopsy – Specialist medical practitioner	Per Case	117,00			

(f) by the substitution for Schedule 5 of the following Schedule:

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 172		
TOTAL		R		

(g) by the substitution for Schedule 7 of the following Schedule:

SCHEDULE 7

TARIFF CATEGORY, INCOME THRESHOLD AND NOTES IN RESPECT OF SUBSIDISED PATIENTS

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>Foster Care (FC)</p> <p>Maintenance grant (MG)</p> <p>Disability grant (DG)</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.

1.2.2 Notes on assessment of patients

- The following items were taken from Schedules 3 and 8 respectively and inserted under the above. These tariffs are unique to the Western Cape and UPFS has since created codes for these.
- Home Visits:-the consultation fee plus the applicable kilometer tariff for official vehicles must be charged in respect of full paying patients. This service is free for H0, H1 and H2 patients.
- Oxygen and oxygen appliances:-a fee equivalent to the respective consultation fee is charged. H0 patients receive these items free.
- Contested Fatherhood Tests (HLA and DNA-typing):-Maximum NRPL tariffs minus 14% vat for both Full Paying and Subsidised patients.
- Primary Health Care and Children under the age of 6 years:-Free for subsidised patients and maximum tariffs applicable to Full Paying patients.
- District Surgeon Services and District Dental Services:-Maximum tariffs in respect of Full Paying patients and free for Subsidised patients.
- Immunisation for foreign travel:-Full UPFS tariffs in respect of consultation and all related services.
- S.A. National Defence Force:-Full UPFS tariffs applicable.
- Military Pensioners (MPA):- Full UPFS tariffs applicable to full paying patients on receipt of a W.P. 29, otherwise according to the means test.
- School Nursing Services/Oral Health Services:-According to the means test in respect of H1, H2 and Full Paying and free to H0 category patients.
- Donors:- Free in respect of S.A. citizens. Not free if donor and recipient are foreigners.
- Motor vehicle accidents:- As per agreement, full UPFS tariffs.
- Forensic Services (Observation patients referred by the Department of Justice): R759.00 per patient per day as per agreement.
- Work evaluation:- Full UPFS tariffs for a consultation and medical reports.
- Department of Correctional Services:- As per agreement, full UPFS tariffs.

(h) by the substitution for Schedule 8 of the following Schedule:

SCHEDULE 8: BILLING PROCEDURES**UPFS Fee Schedule for subsidised patients (H0, H1, H2): 1 SEPTEMBER 2006**

CODE	DESCRIPTION	BASIS	Tariff Category	LEVELS		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
01	<i>Anaesthetics</i>					
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	<i>Confinement/Pregnant Women</i>					
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	<i>Dialysis</i>					
0311	Haemo-dialysis – General medical practitioner	Day	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	430	430	480
0312	Haemo-dialysis – Specialist medical practitioner	Day	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	445	445	495

03	<i>Dialysis (contd.)</i>					
0321	Peritoneal Dialysis – General medical practitioner	Session	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	65	65	75
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	70	70	80
0331	Plasmapheresis – General medical practitioner	Day	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	430	430	480
0332	Plasmapheresis – Specialist medical practitioner	Day	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	445	445	495
04	<i>Medical Reports</i>					
0411	Medical Report – General medical practitioner	Report	H0	200	200	215
			H1	200	200	215
			H2	200	200	215
0412	Medical Report – Specialist medical practitioner	Report	H0	270	270	285
			H1	270	270	285
			H2	270	270	285
0421	Copies of Medical reports/records/completion of Certificate/Forms – General medical practitioner	Copy	H0	100	100	105
			H1	100	100	105
			H2	100	100	105
0422	Copies of Medical reports/records/completion of Certificate/Forms – Specialist medical practitioner	Copy	H0	135	135	140
			H1	135	135	140
			H2	135	135	140
0430	Copies of X-rays	Copy	H0	20	20	20
			H1	20	20	20
			H2	20	20	20
05	<i>Imaging</i>					
0511	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

05	<i>Imaging (contd)</i>					
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
0531	Radiology, Cat C – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	385	385	415
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	<i>Inpatients</i>					
0621	Inpatient High Care – General medical practitioner		H0	_____	Free	_____
		30 day or part	H1	30	40	65
		12 hours	H2	45.00	55.00	75.00
0622	Inpatient High Care – Specialist medical practitioner		H0	_____	Free	_____
		30 day or part	H1	35	45	70
		12 hours	H2	47.50	57.50	77.50
0631	Inpatient Intensive Care – General medical practitioner		H0	_____	Free	_____
		30 day or part	H1	30	40	65
		12 hours	H2	135.00	135.00	160.00
0632	Inpatient Intensive Care– Specialist medical practitioner		H0	_____	Free	_____
		30 day or part	H1	35	45	70
		12 hours	H2	137.50	137.50	162.50
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

06	<i>Inpatients (contd.)</i>					
			H0	Free		
0671	Inpatient General Ward – General medical practitioner	30 day or part	H1	30	40	65
		12 hours	H2	20	20	35
			H0	Free		
0672	Inpatient General Ward – Specialist medical practitioner	30 day or part	H1	35	45	70
		12 hours	H2	22.50	22.50	37.50
			H0	Free		
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	30 day or part	H1	30	40	65
		12 hours	H2	17.50	17.50	17.50
			H0	Free		
0681	Inpatient Chronic Care – General medical practitioner	30 day or part	H1	20	20	20
		12 hours	H2	12.50	12.50	12.50
			H0	Free		
0682	Inpatient Chronic Care – Specialist medical practitioner	30 day or part	H1	20	20	20
		12 hours	H2	15	15	15
			H0	Free		
0683	Inpatient Chronic Care – Nursing practitioner	30 day or part	H1	20	20	20
		12 hours	H2	12.50	12.50	12.50
07	<i>Mortuary and Forensic Pathology Services</i>					
			H0	Free		
0710	Mortuary – Facility Fee	Day	H1	Free		
			H2	45	45	55
			H0	94	94	107
0720	Cremation Certificate – Facility Fee	Certificate	H1	94	94	107
			H2	94	94	107
08	<i>Pharmaceutical</i>					
			H0	Free		
0810	Medication Fee – Facility Fee	Prescription	H1	Free		
			H2	10	10	10
			H0	Free		
0815	Item Fee (Actual purchasing price (VAT included) plus 50 % for overheads)	Item	H1	Free		
			H2	50 % of the full costs		
			H0	Free		
0816	Pharmaceutical - TTO	Item	H1	Free		
			H2	50 % of the full costs		
			H0	Free		
0817	Pharmaceutical - Chronic	Item	H1	Free		
			H2	50 % of the full costs		
09	<i>Oral Health</i>					
			H0	Free		
0911	Oral Care Cat A – General practitioner	Procedure	H1	10	10	10
			H2	15	15	20

09	<i>Oral Health (contd.)</i>					
			H0	Free		
0912	Oral Care Cat A – Specialist practitioner	Procedure	H1	10	10	10
			H2	15	15	20
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	<i>Consultations</i>					
			H0	Free		
1011	Outpatient Consultation – General medical practitioner	Visit	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

10	<i>Consultations (contd)</i>					
			H0	_____	Free	_____
1014	Outpatient Consultation – Allied health practitioner	Visit	H1	15	15	15
			H2	50	50	60
1021	Emergency Consultation – General medical practitioner	Visit	H0	_____	Free	_____
			H1	20	20	20
			H2	120	120	130
1022	Emergency Consultation – Specialist medical practitioner	Visit	H0	_____	Free	_____
			H1	35	35	35
			H2	190	190	200
1023	Emergency Consultation – Nursing practitioner	Visit	H0	_____	Free	_____
			H1	15	15	15
			H2	95	95	105
1024	Emergency Consultation – Allied health practitioner	Visit	H0	_____	Free	_____
			H1	15	15	15
			H2	95	95	105
11	<i>Minor Theatre Procedures</i>					
			H0	_____	Free	_____
1111	Minor Procedure Cat A – General medical practitioner	Procedure	H1	_____	Free	_____
			H2	145	145	165
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	180	180	200
1121	Minor Procedure Cat B – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	165	165	185
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	235	235	255
1131	Minor Procedure Cat C – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	195	195	215
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	305	305	325
1141	Minor Procedure Cat D – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	340	340	360
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	630	630	650
12	<i>Major Theatre Procedures</i>					
			H0	_____	Free	_____
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	H1	_____	Free	_____
			H2	385	550	625
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	420	585	660

12	<i>Major Theatre Procedures (contd)</i>					
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	585	830	950
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	655	900	1020
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	995	1420	1625
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	1105	1530	1735
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	2560	3650	4170
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	2850	3940	4460
13	<i>Treatments/Supplementary Health Services</i>					
1313	Supplementary Health Treatment – Nursing practitioner	Contact	H0	_____	Free	_____
			H1	15	15	15
			H2	55	55	60
1314	Supplementary Health Treatment – Allied health practitioner	Contact	H0	_____	Free	_____
			H1	15	15	15
			H2	55	55	60
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	H0	_____	Free	_____
			H1	15	15	15
			H2	40	40	45
14	<i>Emergency Medical Services</i>					
1410	Patient transport service – Facility Fee	100km	H0	10	10	10
			H1	10	10	10
			H2	30	30	30
1420	Basic life support – Facility Fee	50km	H0	25	25	25
			H1	25	25	25
			H2	80	80	80
1430	Intermediate life support – Facility Fee	50km	H0	35	35	35
			H1	35	35	35
			H2	105	105	105

14	<i>Emergency Medical Services (contd.)</i>					
1440	Advanced life support – Facility Fee	50km	H0	60	60	60
			H1	60	60	60
			H2	180	180	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	_____	Free	_____
			H1	285	285	285
			H2	990	990	990
1462	Rescue – Specialist medical practitioner	Incident	H0	_____	Free	_____
			H1	370	370	370
			H2	1290	1290	1290
1463	Rescue – Nursing practitioner	Incident	H0	_____	Free	_____
			H1	230	230	230
			H2	790	790	790
1464	Rescue – Allied health practitioner	Incident	H0	_____	Free	_____
			H1	230	230	230
			H2	790	790	790
15	<i>Assistive Devices & Prosthesis</i>					
1510	Assistive devices/Orthotic Aids	Item	H0	_____	Free	_____
			H1	25% of full costs		
			H2	75% of full costs		
1520	Prosthesis (actual purchasing price (VAT included) plus 15% overheads)	Item	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	75% of full costs		
16	<i>Cosmetic Surgery</i>					
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	H0	2319	2319	2529
			H1	2319	2319	2529
			H2	2319	2319	2529
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	H0	2742	2742	2952
			H1	2742	2742	2952
			H2	2742	2742	2952
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	H0	4314	4314	4787
			H1	4314	4314	4787
			H2	4314	4314	4787

16	<i>Cosmetic Surgery (contd)</i>					
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	H0	4817	4817	5290
			H1	4817	4817	5290
			H2	4817	4817	5290
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	H0	7043	7043	7807
			H1	7043	7043	7807
			H2	7043	7043	7807
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	H0	7893	7893	8657
			H1	7893	7893	8657
			H2	7893	7893	8657
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	H0	10934	10934	12223
			H1	10934	10934	12223
			H2	10934	10934	12223
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	H0	11887	11887	13176
			H1	11887	11887	13176
			H2	11887	11887	13176
17	<i>Laboratory Services</i>					
1700	Drawing of Blood	Per contact	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of actual costs		
1710	Laboratory Tests	Varies	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of the full costs (actual price and 30% overheads)		
18	<i>Radiation Oncology</i>					
1800	Radiation Oncology (NHRPL) less VAT	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of the full costs		
19	<i>Nuclear Medicines</i>					
1900	Itemisation of Isotopes	Item	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of actual costs		
20	<i>Ambulatory Procedures</i>					
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50	50	60
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	60	60	70
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	45	45	55

20	<i>Ambulatory Procedures (contd)</i>					
2014	Ambulatory Procedure Cat A –Allied Health Worker	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	45	45	55
2021	Ambulatory Procedure Cat B –General medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	55	55	65
2022	Ambulatory Procedure Cat B –Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	85	85	95
2023	Ambulatory Procedure Cat B –Nursing practitioner	Procedure	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	45	45	55
2024	Ambulatory Procedure Cat B –Allied Health Worker		H0	_____	Free	_____
			H1	_____	Free	_____
			H2	45	45	55
21	<i>Blood and Blood Products</i>					
2100	<i>Blood and Blood Products</i>	Itemisation	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of actual costs (actual price & 50% overheads)		
22	<i>Hyperbaric Oxygen Therapy</i>					
2200	<i>Hyperbaric Oxygen Therapy – Facility Fee</i>	Per hour or part thereof	H0	_____	Free	_____
			H1	10	10	10
			H2	135	135	135
23	<i>Consumables (Not included in Facility Fee)</i>					
2300	<i>Consumables not included in the facility fee</i>	Item	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	50% of actual costs		
24	<i>Autopsies</i>					
2411	<i>Autopsies – General medical practitioner</i>	Per Case	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	65	65	75
2412	<i>Autopsies – Specialist medical practitioner</i>	Per Case	H0	_____	Free	_____
			H1	_____	Free	_____
			H2	110	110	120