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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF LABOUR**NOTICE 212 OF 2018****PROPOSED ANNUAL IN MEDICAL SERVICE PROVIDERS, FOR 2018/2019 FINANCIAL YEAR****COMPENSATION FOR OCCUPATIONAL INJURIES ACT, 1993 (ACT NO. 130 OF 1993), AS AMENDED****ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS.**

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2018**.
2. Medical Tariffs increase for **2018** is **6.4%** with exception of assistive medical devices.
3. The current **2017/ 2018** rate for assistive medical devices will prevail for 2018/2019 financial year.
4. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2018** and **Exclude Vat**.


.....**MN OLIPHANT, MP****MINISTER OF LABOUR****DATE:** *10/04/2018*
.....

GENERAL INFORMATION / ALGEMENE INLIGTING

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het ‘n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris ‘n beseerde werknemer na ‘n ander geneesheer deur homself aangewys verwys vir ‘n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

*In die geval van ‘n verandering in geneesheer wat ‘n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na ‘n spesialis verwys is, as die lasgewer beskou word. **Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om ‘n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig.** Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

*Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag ‘n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat ‘n werknemer geneeskundige behandeling op sy eie risiko aanvra. As ‘n werknemer dus aan ‘n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir ‘n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Neem asseblief kennis dat 'n gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgever vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die werkgever en die Vergoedingsfonds en die werkgever. Die eisnommer is op die web beskikbaar. Navrae aangaande eisnommers moet aan die werkgever gerig word en nie aan die Vergoedingskommissaris nie. Die werkgever kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an Operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 If there's any referrals to another medical service provider, it should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*
3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. The service

provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word. Die diensverskaffer moet 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*
 6. Service providers **should not generate the following** • *Diensverskaffers moet nie die volgende lewer nie:*
 - a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*
- * **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**
- * *Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of **faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

TARIFF OF FEES IN RESPECT OF PHYSIOTHERAPY SERVICES
FROM 1 APRIL 2018

001. Unless timely steps are taken to cancel an appointment, the relevant fee may be charged to the employee. Each case shall be considered on merit and if the circumstances warrant, no fee shall be charged.
002. In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a physiotherapist, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.
003. Newly hospitalised patients will be allowed up to 20 sessions without pre-authorisation. After a series of 20 treatment sessions in hospital, the treating medical practitioner must submit motivation with a treatment plan to the Compensation Fund for authorisation.
004. AM and PM treatment sessions, applicable only to hospitalised patients, should be specified and medically motivated for on the progress rehabilitation report.
005. In cases of out-patients, all treatment sessions will need pre-authorisation. The physiotherapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorisation to allow the physiotherapist to provide a treatment plan to the Fund for pre-authorisation.
006. "After hour treatment" shall mean all physiotherapy performed where emergency treatment and /or essential continuation of care is required after working hours, before 07:00 and after 17:00 on weekdays, and any treatment over a weekend or public holiday . In cases where the physiotherapist's scheduled working hours extend after 17:00 and before 07:00 during the week or weekend, the above rule shall not apply and the treatment fee shall be that of the normal listed tariff. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. Modifier 006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.
- For the purpose of this rule:
Emergency treatment and/or essential continuation of care refers to a physiotherapy procedure , where failure to provide the procedure would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the patient's life in serious jeopardy.
007. The physiotherapist shall submit his / her account for treatment to the employer of the employee concerned.
008. When an employee is referred for physiotherapy treatment after a surgical procedure, a new treatment plan needs to be provided to the Fund.
011. Cost of material does not include consumables (e.g. ultrasound gel, massage oil, gloves, alcohol swabs, facial tissues, paper towels and etc.)

012. An account for services rendered will be assessed and added without VAT. VAT is then calculated and added to the final payment amount.
013. Where a physiotherapist is called out from residence or rooms to an employee's home or hospital, travelling fees to be charged for travelling will be R 3.30 per kilometer from the 1st kilometer. If more than one employee is attended to during the course of a trip, the full travelling expenses must be divided pro rata between the relevant employees(the physiotherapist will claim for one trip). A physiotherapist is not entitled to charge any travelling expenses or travelling time to his / her rooms.
014. Physiotherapy services rendered in a hospital or nursing facility.
015. The services of a physiotherapist shall be available only on referral from the treating medical practitioner. Where a physiotherapist's letterhead is used as a referral letter, it must bear the medical practitioner's signature, date and stamp. The referral letter for any physiotherapy treatment provided should be submitted to the Compensation Commissioner with the account for such services.

Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.

MODIFIERS GOVERNING THE TARIFF

- 0001 To be quoted after appropriate treatment codes when rule 001 is applicable.
- 0006 Add 50% of the total fee for the treatment.
- 0013 R3.30 per km for each kilometre
0014. Treatment in a nursing facility.

PHYSIOTHERAPY TARIFF OF FEES AS FROM 1 APRIL 2018

Please note that only one treatment code may be charged per treatment. The only exceptions are one relevant evaluation code (**72701** or **72702** or **72703**, treatment code **72509** (extra treatment time), one visiting code (**72901** or **72903**) and cost of material code(**72939**)

Code	Service type	Service description	2018 Tariffs
72701	Evaluation level 1 (to be fully documented)	Applies to simple evaluation once at first visit only. It should not be used for each condition. A treatment plan / rehabilitation progress report must be submitted at the initiation of treatment.	248.06
72702	Complex evaluation (to be fully documented)	Complex evaluation once at first visit only. Applies to complex evaluation once at first visit only. Applies to complex injuries only. It should not be used for each condition. A treatment plan / rehabilitation progress report describing what makes the evaluation complex, must be submitted at the initiation of treatment.	371.76
72703	Re-assessment	Complete re-assessment or therapeutic counselling or one physical performance test during the course of treatment. This should be fully documented and a rehabilitation progress report provided to the CF.	123.71
72901	Treatment at nursing home	Relevant fee plus (to be charged only once per day and not with every hospital visit)	90.65
72305	Very Simple treatment	Very simple treatment for one condition/injury of one area requiring only one treatment technique.	90.65
72509	Extra treatment time	Should be medically motivated for e.g. complicated condition. This code can only be claimed once per treatment session.	137.78
72903	Domiciliary treatments	Apply only when medically motivated: relevant fee plus.	164.94
72925	Level 1 chest pathology	Applies to simple chest conditions / injuries. Multiple treatment techniques to be used.	406.12
72926	Level 2 chest pathology	Applies only to complex chest conditions / injuries that require undivided attention of the physiotherapist. Multiple treatment techniques to be used.	671.02
72921	Simple spinal treatment	Applies to simple spinal injuries / conditions. Multiple treatment techniques to be used.	596.41
72923	Complex spinal treatment	Applies to complex spinal injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as apposed to simple.	861.48
72928	Simple soft tissue / peripheral joint injuries or other general treatment	Applies to simple soft tissue / peripheral joint injuries / conditions. Multiple treatment techniques to be used.	596.41

72927	Complex soft tissue / peripheral joint injuries or other general treatment	Applies to complex soft tissue/peripheral joint injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as opposed to simple.	779.01
72501	Rehabilitation	Rehabilitation first 30 minutes, where the pathology requires the undivided attention of the physiotherapist	430.67
72503	Rehabilitation centralnervous system	Also includes spinal rehabilitation (cannot be charged for bed exercises / passive movements only)	861.48
72939	Cost of material	Single items below R 1733.90 (VAT excl) may be charged for at cost price plus 20% storage and handling fees. The invoice must be attached to the account.	
		Cost of materials does not cover consumables	
		See the attached Annexure A for consumables and Annexure B for equipment and or appliances that are considered reasonable to be used with code 72939	

ANNEXURE A**LIST OF CONSUMABLES****To be used with code 72939****Service providers may add on 20% for storage and handling**

NAME OF PRODUCT	UNIT	APPROX UNIT
		PRICE(excl VAT)
Tubigrip (A & B white)	1	166.25
Self adhesive disposable electrodes (one set per employee is payable)	1	66.44
Sports		
<i>Taping / Strapping (type & quantity must be specified)</i>		
Elastoplast 75mm x 4.5	1	142.52
Coverol	1	106.03
Leukotape	1	142.52
Magic Grip Spray	1	102.93
Fixomull	1	118.80
Leukoban 50-75mm x 4.5m	1	55.48
Other		
Incontinence electrodes for pathway EMG	1	316.62
EMG flat electrodes	1	26.84
(should be medically justified)		

ANNEXURE B

List of equipment / appliances to be used with code 72939
Service providers may add on 20% for storage and handling
Equipment not payable if the same were already supplied by an
Prosthetist to the same employee

NAME OF PRODUCT	UNIT	APPROX UNIT PRICE(excl VAT)
Hot / cold packs	1	63.32
<u>Braces</u>		
Cervical collar	1	63.32
Lumbar brace	1	372.08
Standard heel cups	pair	95.07
Cliniband	1	50.57
Fit band 5.5cm	1	128.28
Fit band 30cm	1	449.64
Peak flow meter	1	296.01
Peak flow meter	2	3.12

Claim number: _____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993

(Act No.130 Of 1993)

PART 1 - INITIAL EVALUATION AND PLAN

Submit with first account _____

Names and Surname of Employee _____

Identity Number _____ Address _____

Postal Code _____

Name of Employer _____

Address _____

Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account number _____

1. Date of first treatment _____

2. Initial clinical presentation _____

3. Describe patient's symptoms and functional status _____

4. Are there any complicating factors that may prolong rehab or delay recovery (specify)?

5. Overall goal of treatment _____

6. Treatment Plan for proposed treatment session _____

Signature of Physiotherapist _____ Date _____

Claim number _____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 Of 1993)

PART 2 - TREATMENT AND PROGRESS (Monthly)

Submit on a monthly basis attached to the submitted accounts

Names and Surname of Employee _____

Identity Number _____ Address _____

Postal Code _____

Name of Employer _____

Address _____

Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account number _____

1. Number of Sessions (dates) already delivered? _____ From _____ To _____

2. Progress achieved _____

3. Did the patient undergo surgical procedures during this treatment period? _____

Dates of surgical procedures _____

4. Number of sessions (dates) still required _____

5. Treatment plan for proposed treatment sessions _____

Signature of Physiotherapist _____ Date _____

Claim number _____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 Of 1993)

PART 3 - FINAL PROGRESS REPORT

Submit with final account

Names and Surname of Employee _____

Identity Number _____ Address _____

_____ Postal Code _____

Name of Employer _____

Address _____

_____ Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account numbers _____

Date of final treatment _____ Number of treatment Dates _____

Progress achieved _____

From what date has the employee been fit for his/her normal work? _____

Is the employee fully rehabilitated/has the employee obtained the highest level of
function?

If not, describe in detail any present permanent anatomical defect and/or impairment of
function as a result of the accident (R.O.M., if applicable, must be indicated in degrees at
each specific joint) _____

Signature of the Physiotherapist _____ Date _____

SCHEDULE • BYLAE**TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2018****TARIEWE TEN OPSIGTE VAN ARBEIDSTERAPEUTIESE DIENSTE VANAF 1 APRIL 2018****GENERAL RULES GOVERNING THE TARIFF****ALGEMENE REËLS VAN TOEPASSING OP DIE TARIEF**

- 001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee. • Tensy vroegtydige reëlins (minstens twee uur voor die afspraak) getref is om 'n afspraak vir 'n konsultasie te kanselleer, sal die werknemer aanspreeklik wees vir die konsultasiefooi.
- 002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged. • In uitsonderlike gevalle, waar die fooi uitermatig laag is in vergelyking met die diens deur die praktisyn gelewer, is hoër gelde onderhandelbaar. Aan die ander kant, as die gelde buiten verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tarief aangegee word, gehef word.
- 003 The service of an occupational therapist shall be available only on written referral by a medical practitioner. • Die dienste van 'n arbeidsterapeut sal alleenlik beskikbaar wees na skriftelike verwysing deur 'n mediese praktisyn.
- 004 In cases of out-patients, all treatment sessions will need pre-authorisation. The Occupational Therapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorisation to allow the O.T to provide a treatment plan to the Fund for pre-authorisation.
- 005 **The Occupational Therapist must provide an updated Rehabilitation Report, including outcome based measures, with a referral from a medical practitioner including the need for further treatment sessions. Such treatment should be authorised by the Compensation Fund.**
- 006 "After hours treatment" shall mean those emergency treatment sessions performed at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatment administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the patient's condition necessitates it). Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable. • "Na-uurse behandeling" beteken dié noodbehandeling wat geskied in die nag tussen 18:00 en 07:00 van die volgende dag of gedurende naweke tussen 13:00 Saterdag en 07:00 Maandag. Openbare vakansiedae word beskou as Sondae. Vir alle behandelings ooreenkomstig hierdie reël geld die volle tarief vir die behandeling plus 50 persent. Hierdie reël sal vir alle behandelings geld, of die behandeling by die praktisyn se spreekkamers, by 'n verpleeginrigting of by 'n private woning toegepas word (lg. alleenlik wanneer die pasiënt se toestand dit genoodsaak). Na die betrokke tariefkode moet wysiger 0006 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.
- 008 The provision of aids or assistive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate codes to show this rule is applicable. • Bystands- of kunshulpmiddels sal teen kosprys voorsien word. Wysiger 0008 moet na die toepaslike tariefkode aangehaal word, om aan te dui dat hierdie reël van toepassing is.

- 009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate codes to show that this rule is applicable. • Die koste van die materiaal gebruik in die konstruksie van ortoses sal gehef word soos per Aanhangsel "A" en drukkledingstukke sal gehef word soos per Aanhangsel "B" vir die toepaslike kledingstukke. Wysiger 0009 moet na die toepaslike kodes aangehaal word om aan te dui dat hierdie reël van toepassing is.
- 010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff codes to show that this rule is applicable. • Die koste van die materiaal wat tydens behandeling gebruik word sal teen kosprys verhaal word. Wysiger 0010 moet na die toepaslike tariefkodes aangehaal word, om aan te dui dat hierdie reël van toepassing is.
- 011 When the occupational therapist administers treatment away from his / her premises, travelling costs shall be charged as follows: R3.30 per km for each kilometre travelled in own car e.g. 19 km total = 19X R3.30 = R62.70
Waar die arbeidsterapeut behandelingssessies buite die spreekkamer uitvoer moet vervoerkoste soos volg bereken word: R3.30 per km vir elke kilometer in eie motor bv. 19 km totaal = 19 X R3.30 = R62.70
- 012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned. • Die arbeidsterapeut moet die rekening ten opsigte van behandeling aan die betrokke werknemer se werkgever stuur.

Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.

MODIFIERS GOVERNING THE TARIFF • WYSIGERS VAN TOEPASSING OP DIE TARIEF

- 0006 Add 50% of the total fee for the treatment. • Voeg 50% van die totale fooie van die prosedure by.
- 0008 Aids or assistive devices should be charged at cost. • Bystands- of kunshulpmiddels moet teen kosprys gehef word.
- 0009 Materials used for orthoses or pressure garments should be charged as per Annexure "B". • Materiaal vir ortoses of drukkledingstukke moet gehef word soos per Aanhangsel "B".
- 0010 Materials used in treatment should be charged at cost. • Materiaal gebruik vir behandeling moet teen kosprys gehef word.
- 0011 Travelling cost: as indicated in Rule 011. • Vervoerkoste: soos aangedui in Reël 011.
- 0012 A detailed report of the work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the invoice. • 'n Volledige verslag oor die werksevaluering met handtekeninge van die werkgever en die beseerde werknemer moet die rekening vergesel na die Vergoedingskommissaris.
- 0014 Only one evaluation code may be billed per treatment session and utilised as per the rule of the individual code

Note: Monetary value of one unit = R10.19 • Let Wel: Geldwaarde van een eenheid = R10.19

OCCUPATIONAL THERAPY GAZETTE 2018

2018 Tariff excluding VAT - 2018 Tarief sluit BTW uit

PLEASE TAKE NOTE OF GENERAL RULE 005

NEEM ASSEBLIEF KENNIS VAN ALGEMENE REEL 005

CONSULTATION PROCEDURES. KONSULTASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
			2018
101	First consultation (5-15 min) Eerste konsultasie (5-15 min) Charged once.	60	611.40
108	Followup consultation (15-30 min) Opvolg konsultasie (15-30 min) May be charged twice only per week.	15	152.85
109	Followup consultation (30-60 min) Opvolg konsultasie (30-60 min) May be charged up to four times per week	30	305.70

EVALUATION PROCEDURES • EVALUASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
201	Observation and screening • Observasie en skandering. May be charged at every treatment session as clinically appropriate	10	101.90
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect) Spesifieke evaluasie vir 'n enkele aspek van wanfunksie (Spesifiseer aspek). May be charged once per week as clinically appropriate	7.5	76.43
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated) Spesifieke evaluasie van wanfunksie van een gedeelte van die liggaam vir 'n spesifieke funksionele probleem (Spesifiseer gedeelte sowel as aspek geëvalueer) May be charged once per week as clinically appropriate	22.5	229.28
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated) • Spesifieke evaluasie van wanfunksie wat die hele liggaam insluit (spesifiseer toestand en aspekte geëvalueer) May be charged once per three months as clinically appropriate	45	458.55
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspect assessed) • Spesifieke in-diepte evaluasie van sekere funksies wat die persoon in geheel affekteer (spesifiseer die aspekte geëvalueer) May be charged once per three months as clinically appropriate	75	764.25

MEASUREMENT FOR DESIGNING • OPMETING VIR ONTWERP

CODE KODE	DESCRIPTION	U/E	RAND
213	Measurement for designing a static orthosis • Opmetering vir ontwerp 'n Statiese ortose	10	101.90
215	Measurement for designing a dynamic orthosis • Opmetering vir ontwerp 'n Dinamiese ortose	10	101.90
217	Measurement for designing a pressure garment for one limb orthosis • Opmetering vir ontwerp drukkledingstuk vir een ledemaat	10	101.90
219	Measurement for designing a pressure garment for one hand orthosis • Drukkledingstuk vir een hand	10	101.90
221	Measurement for designing a pressure garment for the trunk orthosis • Opmetering vir ontwerp drukkledingstuk vir die romp	10	101.90
223	Measurement for designing a pressure garment for the face (chin strap only) • Opmetering vir ontwerp drukkledingstuk vir die gesig (alleenlik kenriem)	10	101.90
225	Measurement for designing a pressure garment for the face (full face mask) orthosis • Opmetering vir ontwerp drukkledingstuk vir die gesig (volle gesigmasker)	10	101.90
	The whole body or part thereof will be the sum total of the parts • Die hele liggaam of deel daarvan vorm die totaal van die dele		

PROCEDURES FOR THERAPY • PROSEDURES VIR BEHANDELING			
CODE KODE	DESCRIPTION	U/E	RAND
301	Group treatment for five (5) or more patients in a task centred activity • Groepbehandeling vir vyf (5) of meer pasiënte in 'n taak-gesentreerde aktiwiteit. Each group session to be specified may be billed more than once per day	20	203.80
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session	20	203.80
307	Simultaneous treatment of two to four patients, each with specific problems utilising individual activities • Gelyktydige behandeling vir twee tot vier pasiënte, elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	48	489.12
INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSIONS UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION (TIME OF TREATMENT MUST BE SPECIFIED) • INDIVIDUELE EN ONVERDEELDE AANDAG GEDURENDE BEHANDELINGS DEUR GEBRUIK TE MAAK VAN SPESIFIEKE AKTIWITEITE OF TEGNIEKE (TYD VAN BEHANDELING MOET GESPEKIFISEER WORD)			
CODE KODE	DESCRIPTION	U/E	RAND
309	On level one • Op vlak een (15min)	12	122.28
311	On level two • Op vlak twee (30 min)	24	244.56
313	On level three • Op vlak drie (45min)	36	366.84
315	On level four • Op vlak vier (60 min)	48	489.12
317	On level five • Op vlak vyf (90 min)	72	733.68
319	On level six • Op vlak ses (120 min)	96	978.24

PROCEDURES FOR WORK REHABILITATION • PROSEDURES VIR WERKREHABILITASIE

CODE KODE	DESCRIPTION	U/E	U/E
321	Work evaluation - . This includes an assessment of the inherent demands of the job and the patient's ability to perform these. A detailed report is not included in this code (charged for under 325), but must be submitted with the referral from the medical practitioner.)	80	815.20
323	Work Visit Evaluation of the job tasks by observing while the patient or a colleague in the same role performs the job tasks. May include discussing possible adaptations to the process or the work station and making the necessary recommendations to enable a patient to return to work. Rule: A maximum of two work visits are allowed per patient. However, in extenuating circumstances, further motivation may be made to the CC.	40	407.60
325	Reports - To be used only when reporting on work assessments. Vir gebruik slegs vir rapportering oor werk evaluasies.	Verslae - 22.14	225.61

DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE, SPLINT OR SIMPLE PRESSURE GARMENT FOR TREATMENT IN TASK-CENTERED ACTIVITY (SPECIFY THE ADAPTATION, DEVICE, SPLINT OR PRESSURE GARMENT) • ONTWERP EN VERVAARDIGING VAN 'N AANPASSINGS- OF HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK VIR BEHANDELING IN 'N TAAK-GESENTEERDE AKTIWITEIT (SPESIFISEER DIE AANPASSING, HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK)

CODE KODE	DESCRIPTION	U/E	RAND
403	On level one • Op vlak een	12	122.28
405	On level two • Op vlak twee	24	244.56
407	On level three • Op vlak drie	36	366.84
409	On level four • Op vlak vier	48	489.12
411	On level five • Op vlak vyf	60	611.40
413	On level six • Op vlak ses	72	733.68
415	Designing and constructing a static orthosis • Ontwerp en vervaardiging van 'n statiese ortose	60	611.40
417	Designing and constructing a dynamic orthosis • Ontwerp en vervaardiging van 'n dinamiese ortose	120	1222.80

DESIGNING AND MAKING A PRESSURE GARMENT •**ONTWERP EN VERVAARDIGING VAN 'N DRUKKLEDINGSTUK**

CODE KODE	DESCRIPTION	U/E	RAND
419	Per limb • Per ledemaat	60	611.40
421	Face (chin strap only) • Gesig (kenriem alleenlik)	45	458.55
423	Face (full face mask) • Gesig (volle gesigsmasker)	60	611.40
425	Trunk • Romp	90	917.10
427	Per hand • Per hand	90	917.10
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75% the fee for any additional garments on the same pattern. Die hele liggaam of deel daarvan vorm die totaal van die dele vir die eerste kledingstuk en 75% van die tarief vir enige addisionele kledingstuk op dieselfde patroon.		

ANNEXURE A • AANHANGSEL A

	MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2018
501	Static DIP extension / flexion • Statiese DIP ekstensie / fleksie	38.78
502	Static PIP extension / flexion • Statiese PIP ekstensie / fleksie	38.78
503	Dynamic PIP extension / flexion • Dinamiese PIP ekstensie / fleksie	128.28
504	Hand based static finger extension / flexion • Hand gebaseerde statiese vinger ekstensie / fleksie	193.07
505	Hand based static thumb abduction / opposition / flexion / extension • Hand gebaseerde statiese duim abduksie / opposisie / fleksie / ekstensie	193.07
506	Hand based dynamic finger extension / flexion • Hand gebaseerde dinamiese vinger ekstensie / fleksie	270.14
507	Hand based dynamic thumb flexion / extension / opposition • Hand gebaseerde dinamiese duim fleksie / ekstensie / opposisie	270.14
508	Wrist extension / flexion (static or dynamic) • Pols ekstensie / fleksie (staties of dinamies)	289.95
509	Full flexion glove • Volle fleksie handskoen	369.96
510	Forearm based dynamic finger extension / flexion • Voorarm gebaseerde dinamiese vinger ekstensie / fleksie	463.05
511	Forearm based static dorsal protection • Voorarm gebaseerde statiese dorsale beskerming	539.63
512	Forearm based complete volar resting • Voorarm gebaseerde volledige volare rus	539.63
513	Elbow flexion / extension • Elmboog fleksie / ekstensie	643.05
514	Shoulder abduction • Skouer abduksie	1028.87
515	Rigid neck extension (static) • Rigiede nek ekstensie (staties)	553.22
516	Soft neck extension (static) • Sagte nek ekstensie (staties)	180.15
517	Static knee extension • Statiese knie ekstensie	1027.89
518	Static foot dorsiflexion • Statiese voet dorsifleksie	1204.61
519	Buddy strap • Buddy band	37.81
520	DIP / PIP flexion strap • DIP / PIP fleksieband	43.85
521	MP, PIP, DIP flexion strap • MP, PIP, DIP fleksieband	48.76

ANNEXURE B • AANHANGSEL B**MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS****WYSIGER 0009 - MATERIAALKOSTE VIR DRUKKLEDINGSTUKKE**

	Indicate all parts of the pressure garment separately. Dui alle dele van die drukkledingstuk apart aan.	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2018
601	Glove • Handskoen	83.96
602	Forearm / upper arm sleeve • Voorarm / boarm mou	111.43
603	Full arm • Volle arm	167.56
604	Foot • Voet	195.85
605	Below knee (lower leg) • Onder knie (onderbeen)	133.85
606	Above knee (upper leg) • Bo knie (bobeen)	200.94
607	Chin strap • Ken band	140.23
608	Head (face mask) • Kop (gesigsmasker)	268.51
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	402.85
610	Finger sock • Vingerkous	18.51
611	Brief • Broek	334.79

ANNEXURE B • AANHANGSEL B**OCCUPATIONAL THERAPY REQUEST FOR WHEELCHAIRS & ASSISTIVE DEVICES**

Claim number		
Name		
Identity Number		
Address		
		Postal code:
Name of Employer		
Address		
		Postal code:
Date of accident		

MOTIVATION

1. Diagnosis

2. Describe patient's current symptoms and functional status

3. Equipment currently being used

4. Equipment recommended

5. Motivation for equipment (with reference to home / work environment)

6. Quotes included(minimum of three)

Signature of rehabilitation service provider : _____

Practice Number : _____

Date : _____

ANNEXURE C • AANHANGSEL C

WORK SITE ASSESSMENT REPORT
 COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT, 1993
 (Act No. 130 of 1993)

EMPLOYEE INFORMATION	
Employee Name:	
Identity Number:	
Diagnosis:	
Date of injury:	
Date of report:	

Company Information	
Name of company:	
Contact person:	
Address:	
Telephone number:	
Email address:	
Occupational Health Doctor and/or Nurse and contact number:	
Employer Representative:	
Designation:	

Work status	
Current Work Status:	☐ Signed off on IOD leave ☐ Working in accommodated duties ☐ Able to complete their own job however a number difficulties noted ☐ Completing own occupation ☐ Working accommodated hours ☐ Signed off on other leave ☐ Fit for work, but not yet returned ☐ Working in a temporary alternate occupation ☐ Working in permanent alternate occupation
Date returned to work - if currently working:	

Current job information	
Job title:	
The position is defined as:	☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very heavy
Position is	☐ Permanent ☐ Contract
Normal work hours:	
Overtime hours:	
Normal safety equipment utilized:	

Job Analysis	
Job description: (A brief overview of the requirements of the job)	

Job tasks	As described by the employee	Reported difficulties - if currently working:
1		
2		
3		
4		
5		
6		
employer COmments:		

Inherent physical demands of the job

Return to work plan	
Given the employee's current physical abilities, it is considered that they are currently:	☐ Able to complete their own job ☐ Complete the job, however with difficulty or lower efficiency / productivity ☐ Able to work, but require accommodated duties. ☐ Able to work, but require accommodated hours. ☐ Is not currently able to complete the job
Anticipated return to work date:	
Agreed accommodations	
Duties agreed:	
Work days:	
Work hours:	
Breaks required:	
Tasks to avoid:	
The employee did / did not trial the above agreed accommodations during the work visit.	
Additional comments:	

--

	NAME	TITLE	DATE	CONTACT NUMBER	SIGNATURE
CLIENT					
THERAPIST					

INHERENT JOB ANALYSIS

Physical Demands (where O= Occasionally (<1/3); F= Frequently (1/3 – 2/3); C= Constantly (>2/3))							
		(denotes if the item was assessed during the work visit)	General observations (Time / Reps / Loads / Distance)	Frequency throughout the day			Job Tasks (state number as listed above)
				O	F	C	
Baseline requirements							
		Standing					
		Sitting					
		Walking (even / uneven terrain)					
		Standing (Static / Dynamic)					
		Endurance					
		Climbing Stairs					
		Step ladders					
		Scaffold					
		Platform					
		Squatting					
		Crouching					
		Kneeling					
		Crawling					
		Trunk Rotation					
		Overhead reaching					
		Forward reaching					
		Static load					
		Heavy / repetitive lifting					
		Ground to waist					
		Waist to shoulder					
		Shoulder to above shoulder					
		Heavy / repetitive carrying					
		Repetitive pushing/ pulling					

Claim Number: -----

REHABILITATION PROGRESS REPORT**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT**

Names and Surname of Employee _____

Identity Number _____ Address _____

_____ Postal Code _____

Name of Employer _____

Address _____

_____ Postal Code _____

Date of Accident _____

1. Date of first treatment _____ Provider who provided first treatment _____

2. Initial clinical presentation and functional status _____

3. Name of referring medical practitioner _____ Date of referral _____

4. Describe patient's current symptoms and functional status _____

5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)? _____

6. Overall goal of treatment: _____

7. Number of sessions already delivered _____ Progress achieved _____

Claim Number: _____

8. Number of sessions required _____ Treatment plan for proposed treatment sessions _____

9. From what date has the employee been fit for his/her normal work? _____

10. Is the employee fully rehabilitated / has the employee obtained the highest level of function? _____

11. If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint) _____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider _____

Name(Printed) _____ Date(Important) _____

Address _____

Practice number _____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

CHIROPRACTOR / CHIROPRAKTISYN
Tariff of fees for 2018 / Tariewe vir 2018

2018

1 CONSULTATIONS / KONSULTASIES

- 04301 Initial consultation — including the taking of a full case history or pertinent history, but excluding remedies, immobilisation and manipulation procedures Consultation includes history taking, guidance, education, health promotion and/or consultation.
 The consultation code may be charged only once at the consultation or Visit. R 273.41

2 DIAGNOSTIC PROCEDURES

Only a single item from this section may be charged per patient encounter. Diagnostic procedures included in the scope of practice are; physical examination, neurological examination
Initial consultation- charge 04313 (may only be used once per episode of injury)
Follow up consultation- use 04311 or 04312 only
 When using 04312 at a subsequent consultation, a motivation detailing why two diagnostic are required a follow up treatment. Use form WCL5 to submit your motivation.

- 04311 Single diagnostic procedure (May be used with up to three treatment/therapeutic codes) R 177.24
 04312 Two diagnostic procedures (Attach Motivation) R 269.29
 04313 Three diagnostic procedures (May only be used on an initial Consultation) R 354.47

TREATMENT (THERAPEUTIC PROCEDURES)

Only a single item from this section may be charged per patient encounter

- 04331 Single treatment procedure R 376.46
 04332 Two treatment procedures R 456.15
 04333 Three treatment procedures R 535.83
 04334 Four treatment procedures R 615.52
 04335 Five treatment procedures R 695.21
 04336 Six treatment procedures R 773.52

IMMOBILISATION OR THERAPEUTIC EXERCISE IN RELATION TO PREPARATION OR FITTING OF APPLIANCES

Only a single item from this section may be charged per patient encounter

- 04321 Single instance of immobilization or therapeutic exercises R 535.83
 04322 Two instances of immobilization or therapeutic exercises (Attach Motivation) R 673.23

(k) RADIOLOGY/RADIOLOGIE

- 04049 Ankle—AP / LAT• Enkel—AP / LAT R 218.86
 04050 Ankle—Complete Study—3 views• Enkel—Volledige studie—3 aansigte R 327.66
 04051 Cervical—AP / LAT• Servikaal—AP / LAT R 218.66
 04052 Cervical—AP / LAT / OBL• Servikaal—AP / LAT / Skuinsaansigte R 327.66
 04053 Cervical study—6 views• Servikaal—6 aansigte R 655.35
 04054 Cervical—Davis Series—7 views• Servikaal—Davis Series—7 aansigte R 764.12
 04055 Elbow—AP / LAT• Elmoog—AP / LAT R 214.58
 04056 Elbow—3 views• Elmoog—3 aansigte R 327.66
 04057 Foot—AP / LAT• Voet—AP / LAT R 218.66
 04058 Foot—3 views• Voet—3 aansigte R 327.66
 04059 Femur—AP / LAT• Dybeen—AP / LAT R 436.87
 04060 Hand—AP / LAT• Hand—AP / LAT R 218.66
 04061 Hand—3 views• Hand—3 aansigte R 327.66
 04062 Hip unilateral—1 view• Heup—1 aansig R 152.96
 04063 Hip—2 views• Heup—2 aansigte R 305.70
 04064 Knee—AP / LAT• Knie—AP / LAT R 218.66
 04065 Knee—3 views• Knie—3 aansigte R 327.66
 04066 Lumbo-Sacral—3 views• Lumbo-Sakraal—3 aansigte R 524.14
 04067 Lumbar spine & pelvis—5 views• Lumbale werwels & pelvis—5 aansigte R 785.90
 04068 Pelvis AP• Pelvis AP R 218.66

04069	Pelvis—3 views• Pelvis—3 aansigte	R 480.59
04070	Ribs—Unilateral—2 views• Ribbes—Unilateraal—2 aansigte	R 261.97
04071	Ribs—Bilateral—3 views• Ribbes—Bilateraal—3 aansigte	R 392.94
04072	Radius / Ulna• Radius / Ulna	R 218.66
04073	Spine—Full spine study—AP / LAT• Werwelkolom—hele werwelkolom plus pelvis—AP / LAT	R 785.90
04074	Spine—8 X 10—Single study• Spinaal—8 X 10—Enkele aansig	R 129.37
04075	Spine—10 X 12—Single study• Spinaal—10 X 12—Enkele studie	R 131.20
04076	Spine—14 X 17—Single study• Spinaal—14 X 17—Enkele studie	R 218.66
04077	Shoulder—1 view• Skouer—1 aansig	R 131.20
04078	Shoulder—2 views• Skouer—2 aansigte	R 261.97
04079	Thoraco—Lumbar—AP / LAT• Torako—Lumbaal—AP / LAT	R 436.87
04080	Thoracic—AP / LAT Torakaal—AP / LAT	R 436.87
04081	Tibia/Fibula—AP / LAT• Tibia/Fibula—AP / LAT	R 436.87
04082	Wrist—AP / LAT• Gewrig—AP / LAT	R 218.66
04083	Wrist—3 views• Gewrig—3 aansigte	R 327.66
04084	Stress views—Lumbar• Spanningsopnames—Lumbaal	R 273.97
04100	Consumables (claim using Nappi codes)	

Radiation Control Council Certificate number to be on account if X-Rays charged

Claim Number:

REHABILITATION PROGRESS REPORT**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT**

Names and Surname of Employee

Identity Number..... Address.....

..... Postal Code.....

Name of Employer.....

Address.....

..... Postal Code.....

Date of Accident

1. Date of first treatment..... Provider who provided first treatment.....

2. Initial clinical presentation and functional status.....

.....

.....

3. Name of referring medical practitioner..... Date of referral.....

4. Describe patient's current symptoms and functional status.....

.....

.....

.....

5. Are there any complicating factors that may prolong rehabilitation or delay

recovery (specify)?.....

.....

.....

6. Overall goal of treatment:.....

.....

.....

7. Number of sessions already delivered..... Progress achieved.....

.....

.....

.....

.....

Claim Number: -----

8. Number of sessions required _____ Treatment plan for proposed treatment sessions _____

9. From what date has the employee been fit for his/her normal work? _____
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function? _____
11. If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint) _____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider _____

Name(Printed) _____ Date(Important) _____

Address _____

Practice number _____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

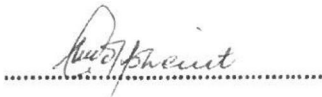
**DEPARTMENT OF LABOUR
NOTICE 213 OF 2018**

PROPOSED ANNUAL IN MEDICAL SERVICE PROVIDERS, FOR 2018/2019 FINANCIAL YEAR

COMPENSATION FOR OCCUPATIONAL INJURIES ACT, 1993 (ACT NO. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2018**.
2. Medical Tariffs increase for **2018 is 6.4%** with exception of assistive medical devices.
3. The current **2017/ 2018** rate for assistive medical devices will prevail for 2018/2019 financial year.
4. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2018** and **Exclude Vat**.



MN OLIPHANT, MP

MINISTER OF LABOUR

DATE: 10/04/2018

GENERAL INFORMATION / ALGEMENE INLIGTING**THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER**

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

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het ‘n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris ‘n beseerde werknemer na ‘n ander geneesheer deur homself aangewys verwys vir ‘n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelever word.

*In die geval van ‘n verandering in geneesheer wat ‘n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na ‘n spesialis verwys is, as die lasgewer beskou word. **Ten einde geskille rakende die betaling vir dienste gelever te voorkom, moet geneesheer hul daarvan weerhou om ‘n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig.** Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

*Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag ‘n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat ‘n werknemer geneeskundige behandeling op sy eie risiko aanvra. As ‘n werknemer dus aan ‘n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir ‘n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

*Neem asseblief kennis dat 'n **gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004** om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgever vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die “per diem” tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**

EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die werkgever en die Vergoedingsfonds en die werkgever. Die eisnommer is op die web beskikbaar. Navrae aangaande eisnommers moet aan die werkgever gerig word en nie aan die Vergoedingskommissaris nie. Die werkgever kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an Operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 If there's any referrals to another medical service provider, it should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*
3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. The service

provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word. Die diensverskaffer moet 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*
 6. Service providers **should not generate the following** • *Diensverskaffers moet nie die volgende lewer nie:*
 - a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*
- * **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za** •
- * *Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of **faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

**COIDA TARIFF SCHEDULE FOR PRIVATE AMBULANCE SERVICES
EFFECTIVE FROM 1 APRIL 2018**

GENERAL RULES

- 001 Road ambulances: Long distance claims (items 111, 129 and 141) will be rejected **unless the distance travelled with the patient** is reflected. Long distance charges may not include item codes 102, 125 or 131.
- 002 No after hours fees may be charged.
- 003 Road ambulances: Item code 151 (resuscitation) may only be charged for services provided by a second vehicle (either ambulance or response vehicle) and shall be accompanied by a motivation. Disposables and drugs used are included unless specified as additional cost items (see below).
- 004 A **BLS** (Basic Life Support) practice (Pr. No. starting with 13) may **not** charge for ILS (Intermediate Life Support) or ALS (Advanced Life Support); an **ILS** practice (Pr. No. starting with 11) may **not** charge for ALS. An **ALS** practice (Pr. No. starting with 09) **may charge for all codes**.
- 005 A second patient is transferred at 50% reduction of the basic call cost.
Rule 005 **MUST** be quoted if a second patient is transported in any vehicle or aircraft in addition to another patient.
- 006 Guidelines for information required on each COIDA ambulance account:
Road and air ambulance accounts
- Name and ID number of the employee
 - Diagnosis of the employee's condition
 - Summary of all equipment used if not covered in the basic tariff
 - Name and HPCSA registration number of the care providers
 - Name, practice number and HPCSA registration number of the medical doctor
 - Response vehicle: details of the vehicle driver and the intervention undertaken on patient
 - Place and time of departure and arrival at the destination as well as the exact distance travelled (Air ambulance: exact time travelled from base to scene, scene to hospital and back to base)
 - Details of the trip sheet should be captured in a medical report provided for on the COID system.

Definitions of Ambulance Patient Transfer

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

Intermediate Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Ambulance Emergency Assistant (AEA), e.g. initiating IV therapy, nebulisation etc. whilst the patient is in transit.

Advanced Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered paramedic (CCA and NDIP) whilst the patient is in transit.

NOTES

- If a hospital or doctor requires a paramedic to accompany the patient on a transfer in the event of the patient needing ALS / ILS intervention, the doctor requesting the paramedic must write a detailed motivational letter in order for ALS / ILS fees to be charged for the transfer of the patient.
- In order to bill an Advanced Life Support call, a registered Advanced Life Support provider must have examined, treated and monitored the patient whilst in transit to the hospital.
- In order to bill an Intermediate Life Support call, a registered Intermediate Life Support provider must have examined, treated and monitored the patient whilst in transit to the hospital.
- When an ALS provider is in attendance at a callout but does not do any interventions on the patient at an ALS level, the billing should be based on a lesser level, dependent on the care given to the patient. (E.g. if a paramedic sites an IV line or nebulises the patient with a B-agonist which falls within the scope of practice of an AEA, the call is to be billed as an ILS call and not an ALS call.)
- Where the management undertaken by a paramedic or AEA falls within the scope of practice of a BAA the call must be billed at a BLS level.

Please Note

- The amounts reflected in the COIDA Tariff Schedule for each level of care are inclusive of any disposables (except for pacing pads, Heimlich valves, high capacity giving sets, dial-a-flow and intra-osseous needles) and drugs used in the management of the patient, as per the attached nationally approved medication protocols.
- Haemaccel and colloid solution may be charged for separately.
- **An ambulance is regarded by the Compensation Fund as an emergency vehicle that administers emergency care and transport to those employees with acute injuries and only such emergency care and transport will be paid for by the Compensation Fund. A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment.**
- Claims for transfers between hospitals or other service providers must be accompanied by a motivation from the attending doctor who requested such transport. The motivation should clearly state the medical reasons for the transfer. Motivation must also be provided if ILS or ALS is needed and it should be indicated what specific medical assistance is required on route. This is also applicable for air ambulances.
- Transportation of an employee from his home to a service provider, this includes outpatients between two service providers, if not in an emergency situation, is not payable. In emergency cases such transport should be motivated for and the attending doctor should indicate what specific medical assistance is required on route.
- Claims for the transport of a patient discharged home will only be accepted if accompanied by a written motivation from the attending doctor who requested such transport, clearly stating the medical reasons why an ambulance is required for such transport. It should be indicated what specific medical

assistance the patient requires on route. If such a request is approved only BLS fees will be payable. Transport of a patient for any other reason than a MEDICAL reason, (e.g. closer to home, do not have own transport) will not be entertained.

RESPONSE VEHICLES

Response vehicles only - Advance Life Support (ALS)

A clear distinction must be drawn between an acute primary response and a booked call.

1. An Acute Primary Response is defined as a response to a call that is received for medical assistance to an employee injured at work or in a public area e.g. motor vehicle accident. If a **response vehicle** is dispatched to the scene of the emergency and the patient is in need of advanced life support and such support is rendered by the ALS Personnel e.g. CCA or National Diploma, the response vehicle service provider shall be entitled to bill item 131 for such service. However, the same or any other ambulance service provider which is then **transporting** the patient shall not be able to levy a bill as the cost of transportation is included in the ALS fee under item 131. Furthermore, the ALS response vehicle personnel must accompany the patient to the hospital to entitle the original response vehicle service provider to bill for the ALS services rendered.
2. In the event of an response vehicle service provider rendering ALS and not having its own ambulance available in which to transport the patient to a medical facility, and makes use of another ambulance service provider, only the bill for the response vehicle service may be levied as the ALS bill under items 131. Since the ALS tariff already includes transportation, the response vehicle service provider is responsible for the bill for the other ambulance service provider, which will be levied at a BLS rate. This ensures that there is **only one bill levied per patient**.
3. Should a response vehicle go to a scene and not render any ALS treatment then a bill may not be levied for the said response vehicle.
4. Notwithstanding 3, item 151 applies to all ALS resuscitation as per the notes in this schedule.

Response vehicle only - Intermediate Life Support (ILS)

A clear definition must be drawn between the acute primary response and a booked call.

1. An Acute Primary Response is defined as a response to a call that is received for medical assistance to an employee injured at work or in a public area e.g. motor vehicle accident. If an ILS **response vehicle** is dispatched to the scene of the emergency and the patient is in need of intermediate life support and such support is rendered by the ILS Personnel e.g. AEA, the response vehicle service provider shall be entitled to bill item 125 for such service. However, the same or any other ambulance service provider which is then **transporting** the patient shall not be able to levy a bill as the cost of transportation is included in the ILS fee under item 125. Furthermore, the ILS response vehicle personnel must accompany the patient to the hospital to entitle the original response vehicle service provider to bill for the ILS services rendered.
2. In the event of an response vehicle service provider rendering ILS and not having its own ambulance available in which to transport the patient to a medical facility, and makes use of another ambulance service provider, only the bill for the response vehicle service may be levied as the ILS bill under item 125. Since the ILS tariff already includes transportation, the response

vehicle service provider is responsible for the bill for the other ambulance service provider, which will be levied at a BLS rate. This ensures that there is **only one bill levied per patient**.

3. Should a response vehicle go to a scene and not render any ILS treatment then a bill may not be levied for the said response vehicle.
4. **NATIONALLY APPROVED MEDICATION WHICH MAY BE ADMINISTERED BY HPCSA-REGISTERED AMBULANCE PERSONNEL ACCORDING TO HPCSA-APPROVED PROTOCOLS**

Registered Basic Ambulance Assistant Qualification

- Oxygen
- Entonox
- Oral Glucose
- Activated charcoal

Registered Ambulance Emergency Assistant Qualification

As above, plus

- Intravenous fluid therapy
- Intravenous dextrose 50%
- B2 stimulant nebuliser inhalant solutions (Hexoprenaline, Fenoterol, Sulbutamol)
- Ipratropium bromide inhalant solution
- Soluble Aspirin

Registered Paramedic Qualification

As above, plus

- Oral Glyceryl Trinitrate
- Clopidogrel
- Endotracheal Adrenaline and Atropine
- Intravenous Adrenaline, Atropine, Calcium, Corticosteroids, Hydrocortisone, Lignocaine, Naloxone, Sodium Bicarbonate 8,5%, Metaclopramide
- Intravenous Diazepam, Flumazenil, Furosemide, Glucagon, Lorazepam, Magnesium, Midazolam, Thiamine, Morphine, Promethazine
- Pacing and synchronised cardioversion

****PLEASE NOTE: VAT cannot be added on the following codes: 102, 103, 111, 125, 127, 129, 131, 133 and 141.***

VAT will only be paid with confirmation of a VAT registration number on the account.

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
AMOUNT PAYABLE				
1	<u>BASIC LIFE SUPPORT</u> <i>(Rule 001: Metropolitan area and long distance codes may not be claimed simultaneously)</i> Metropolitan area (less than 100 kilometres) <i>No account may be levied for the distance back to the base in the metropolitan area</i> *102 Up to 60 minutes *103 Every 15 minutes (or part thereof) thereafter, where specially motivated Long distance (more than 100 km) *111 Per km DISTANCE TRAVELLED WITH PATIENT 112 Per km NON PATIENT CARRYING KILOMETRES (With maximum of 400 km)	2106.78 527.32 26.25 11.80	2106.78 527.32 26.25 11.80	2106.78 527.32 26.25 11.80
2	<u>INTERMEDIATE LIFE SUPPORT</u> <i>(Rule 001: metropolitan area and long distance codes may not be claimed simultaneously)</i> Metropolitan area (less than 100 kilometres) <i>No account may be billed for the distance back to the base in the metropolitan area</i> *125 Up to 60 minutes *127 Every 15 minutes (or part thereof) thereafter, where specially motivated Long distance (more than 100 km) *129 Per km DISTANCE TRAVELLED WITH PATIENT 130 Per km NON PATIENT CARRYING KILOMETRES (With maximum of 400 km) * VAT Exempted codes	-- -- -- --	2784.23 711.68 35.55 11.80	2784.23 711.68 35.55 11.80

3. ADVANCED LIFE SUPPORT / INTENSIVE CARE UNIT
(Rule 001: Metropolitan area and long distance codes may not be claimed simultaneously)

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
AMOUNT PAYABLE				
	Metropolitan area (less than 100 kilometres) <i>No account may be billed for the distance back to the base in the metropolitan area</i>			
*131	Up to 60 minutes	--	--	4418.66
*133	Every 15 minutes (or part thereof) thereafter, where specially motivated	--	--	1442.44
	Long distance (more than 100 km)			
*141	Per km DISTANCE TRAVELLED WITH PATIENT	--	--	63.95
142	Per km NON PATIENT CARRYING KILOMETRES With maximum of 400 km)	--	--	11.80
4	<u>ADDITIONAL VEHICLE OR STAFF FOR INTERMEDIATE LIFE SUPPORT, ADVANCED LIFE SUPPORT AND INTENSIVE CARE UNIT</u>			
151	Resuscitation fee, per incident, for a second vehicle with paramedic and / or other staff (all materials and skills included) Note: A resuscitation fee may only be billed for when a second vehicle (response vehicle or ambulance) with staff (including a paramedic) attempt to resuscitate the patient using full ALS interventions. These interventions must include one or more of the following: • Administration of advanced cardiac life support drugs • Cardioversion -synchronised or unsynchronised (defibrillation) • External cardiac pacing • Endotracheal intubation (oral or nasal) with assisted ventilation	--		4848.81
153	Doctor per hour Note: Where a doctor callout fee is charged the name, HPCSA registration number and BHF practice number of the doctor must appear on the bill. Medical motivation for the callout must be supplied. <i>* VAT Exempted codes</i>	--		1393.43

AEROMEDICAL TRANSFERS**ROTOR WING RATES****DEFINITIONS:**

1. Helicopter rates are determined according to the aircraft type.
2. Daylight operations are defined from sunrise to sunset (and night operations from sunset to sunrise).
3. If flying time is mostly in night time (as per definition above), then night time operation rates (type C) should be billed.
4. The call out charge includes the basic call cost plus other flying time incurred. Staff and consumables cost can only be charged if a patient were treated.
5. Should a response aircraft respond to a scene (at own risk) and not render any treatment, a bill may not be levied for the said response.
6. Flying time is billed per minute but a minimum of 30 minutes applies to the payment.
7. A second patient is transferred at 50% reduction of the basic call and flight costs, but staff and consumables costs remain billed per patient, only if the aircraft capability allows for multiple patients. Rule 005 must be quoted on the account.
8. Rates are calculated according to time; from throttle open, to throttle closed.
9. Group A – C must fall within the Cat 138 Ops as determined by the Civil Aviation Authority.
10. Hot loads are restricted to 8 minutes ground time and must be indicated and billed for separately with the indicated code (time NOT to be included in actual flying time).
11. **All published tariffs exclude VAT. VAT can be charged on air ambulances if a VAT registration number is supplied.**

AIRCRAFT TYPE A: (typically a single engine aircraft)

HB206L, HB204 / 205, HB407, AS360, EC120, MD600, AS350, A119

AIRCRAFT TYPE B & Ca (DAY OPERATIONS): (typically a twin engine aircraft)

BO105, 206CT, AS355, A109

AIRCRAFT TYPE Cb (NIGHT OPERATIONS): (typically a specially equipped craft for night flying)

HB222, HB212 / 412, AS365, S76, HB427, MD900, BK117, EC135, BO105

AIRCRAFT TYPE D (RESCUE)

H500, HB206B, AS350, AS315, FH1100, EC 130, S316

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FIXED WING TARIFFS:

DEFINITIONS:

1. Group A must fall within the Cat 138 Ops as determined by the Civil Aviation Authority.
2. Please note that no fee structure has been provided for Group B, as emergency charters could include any form of aircraft. It would be impossible to specify costs over such a broad range. As these would only be used during emergencies when no Group A aircraft are available, no staff or equipment fee should be charged.
3. **All published tariffs exclude VAT. VAT can be charged on air ambulances only if a VAT registration number is supplied on the account.**
4. Staff and consumables cost can only be charged if a patient were treated.
5. A second patient is transferred at 50% reduction of the basic call and flight cost, but staff and consumables costs remain billed per patient, only if the aircraft capability allows for multiple patients. Rule 005 must be quoted on the account.

GROUP B – EMERGENCY CHARTERS

1. No staff and equipment fee are allowed.
2. Cost will be reviewed per case.
3. Payment of emergency transport will only be allowed if a Group A aircraft is not available within an optimal time period for transportation and stabilisation of the patient.

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
		AMOUNT PAYABLE		
5	<u>AIR AMBULANCE: ROTORWING</u>			
	<u>Rotorwing Type A: Transport</u>			
300	Basic call cost	--	--	10083.95
PLUS	<u>Flying time</u>			
301	Cost per minute up to 120 minutes	--	--	160.45
	Minimum cost for 30 minutes (R4813.48) applicable			
302	> 120 minutes	--	--	160.45
	Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes			
303	Hot load (per minute) – maximum 8 minutes (R1283.59)	--	--	160.45
	<u>Rotorwing Type B and C (day operations): Transport</u>			
310	Basic call cost	--	--	17723.13
PLUS	<u>Flying time</u>			
311	Cost per minute up to 120 minutes	--	--	276.86
	Minimum cost for 30 minutes (R8305.89) applicable			
312	> 120 minutes	--	--	276.86
	Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes			
313	Hot load (per minute) – maximum 8 minutes (R2214.9)	--	--	276.86
	<u>Rotorwing Type C (night operations): Transport</u>			
315	Basic call cost	--	--	25209.34
PLUS	<u>Flying time</u>			
316	Cost per minute up to 120 minutes	--	--	276.86
	Minimum cost for 30 minutes (R8305.89) applicable			
317	> 120 minutes	--	--	276.86
	Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes			
318	Hot load (per minute) – maximum 8 minutes (R2081.68)	--	--	276.86

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
		AMOUNT PAYABLE		
	<u>Rotorwing Type A, B and C: Staff and consumables</u>			
320	0 - 30 minutes	--	--	1563.60
321	30 - 60 minutes	--	--	3127.18
322	60 - 90 minutes	--	--	4690.92
323	90 minutes or more	--	--	6254.34
	<u>Rotorwing Type D: Transport</u>			
330	Basic call cost	--	--	21267.53
PLUS	<u>Flying time</u>			
331	Cost per minute up to 120 minutes	--	--	330.18
	Minimum cost for 30 minutes (R9905.42) applicable			
332	> 120 minutes	--	--	330.18
	Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes			
333	Hot load (per minute) – maximum 8 minutes (R2641.44)	--	--	330.18
	<u>OTHER COSTS</u>			
340	Winching (per lift)	--	--	2726.79
6	<u>AIR AMBULANCE: FIXED WING</u>			
	<u>Fixed wing Group A</u> (Tariff is composed of flying cost per kilometre and staff and equipment cost per minute).			
	<u>Fixed wing Group A: Aircraft cost</u>			
400	Beechcraft Duke	--	--	55.22
401	Lear 24F	--	--	62.68
402	Lear 35	--	--	62.68
403	Falcon 10	--	--	72.5
404	King Air 200	--	--	57.44
405	Mitsubishi MU2	--	--	62.68
406	Cessna 402	--	--	34.87
407	Beechcraft Baron	--	--	30.11
408	Citation 2	--	--	47.62
409	Pilatus PC12	--	--	47.62
	<u>Fixed wing Group A: Staff cost</u>			
420	Doctor – cost per minute spent with the patient	--	--	75.27
	Minimum cost for 30 minutes (R2596.7) applicable			
421	ICU Sister – cost per minute spent with the patient	--	--	27.49
	Minimum cost for 30 minutes (R948.57) applicable			

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
AMOUNT PAYABLE				
422	Paramedic – cost per minute spent with the patient Minimum cost for 30 minutes (R948.57) applicable <u>Fixed wing Group A: Equipment cost</u>	--	--	27.49
430	Per patient – cost per minute Minimum cost for 30 minutes (R773.42) applicable <u>Fixed wing Group B: Emergency charters</u>	--	--	22.42
450	Services rendered should be clearly specified with cost included. Each case will be reviewed and assessed on merit.			

COMPENSATION FUND**SCALE OF FEES FOR PRIVATE HOSPITALS (57/58) (PER DIEM TARIFF)
WITH EFFECT FROM 1 APRIL 2018****SCALE OF FEES FOR PSYCHIATRIC AND PRIVATE REHABILITATION HOSPITALS (55/59)
(PER DIEM TARIFF)
WITH EFFECT FROM 1 APRIL 2018****ACCOMMODATION**

The day admission fee shall be charged in respect of all patients admitted as day patients and discharged before 23:00 on the same date.

Ward fees shall be charged at the full day rate if admission takes place before 12:00 and at the half daily rate if admission takes place after 12:00. At discharge, ward fees shall be charged at half the daily rate if the discharge takes place before 12:00 and the full daily rate if the discharge takes place after 12:00.

Ward fees are inclusive of all pharmaceuticals and equipment that are provided in the accommodation, theatre, emergency room and procedure rooms.

Note: Fees include VAT

	DESCRIPTION	PRACTICE CODE 57/58
1.1	General Wards	
H001	Surgical cases: per day	3196.88
H002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	3196.88
H004	Medical and neurological cases: per day	3196.88
H007	Day admission which includes all patients discharged by 23:00 on date of admission	1368.23
		PRACTICE CODE 55
H008	General Ward for Psychiatric Hospitals (Inclusive fee: Ward fee, Pharmaceuticals, Occupational Therapy)	2490.51
1.2	General ward for Rehabilitation Hospitals	
H010	General Rehabilitation ward (Inclusive fee: ward fee, general rehabilitaion management (Physiotherapy, Doctors, Nursing, Occupational Therapy)	5340.51

SCALE OF FEES FOR SUB-ACUTE REHABILITATION (49) (PER DIEM TARIFF)**General Rules for Rehabilitation Hospitals**

1. Maximum period for a patient stay at acute rehabilitation ward is 3 months (12 weeks), then to be discharged or referred to Subacute rehabilitation (practice 49)
2. All patients transferred from Acute Rehabilitation (practice 59) to Subacute Rehabilitation (practice 49), notification letter is required by the Compensation Fund for proper case management.
3. All practice 49 institutions must have a Rehabilitation plan for all patients admitted. This Rehabilitation plan must be submitted to Compensation Fund When requested.

H020	Sub-Acute Rehabilitation ward (Daily) Professionals are charged separately i.e. Physiotherapy, Rehabilitation Doctors, Nursing, Occupational Therapy, speech Therapist, Clinical Psychologist, social workers)	3196.88
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	DESCRIPTION	PRACTICE CODE 57/58
1.3	Special Care Units Hospitals shall obtain a doctor's report stating the reason for accommodation in an intensive care unit or a high care ward from the attending medical practitioner, and such report including the date and time of admission and discharge from the unit shall be forwarded to the Commissioner together with the account. Pre-drafted and standard certificates of authorisation will not be acceptable.	
H201	Intensive Care Unit: per day	21429.24
H215	High Care Ward: per day	11058.48
2.	Theatres and Emergency Unit	
2.1	Theatre and Emergency fees are inclusive of all consumables and equipment. The after hours fee are included in the normal theatre fee. Emergency fee Rule: Emergency fee - excluding follow-up visits.	
H301	For all emergencies including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	767.39
H302	For all emergencies which require the use of a procedure room, e.g. for application of plaster, stitching of wounds.	1556.88
H303	Follow-up visits: The Compensation Fund. will imburse hospitals for all materials used during follow-up visits. No consultation or facility fee is chargeable. The account is to be billed as for fee for service.	
H105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by the Board of Healthcare Funders.	6092.35
2.2	Minor Theatre Fee A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and local anaesthetic procedures are carried out. No sophisticated monitoring is required but resuscitation equipment must be available.	
	DESCRIPTION	PRACTICE CODE 57/58
	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows:	
H071	Charge per minute	92.45
2.3	Major Theatre	
	The exact time of admission to and discharge from the theatre shall	
H081	Charge per minute	273.59

5.9	Prosthesis	
	Prosthesis Pricing: Note: A ceiling price of R1496.93 per prosthesis is included in the theatre tariff. The combined value of all the components including cement in excess of R1496.93 should be charged separately. A prosthesis is a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral part of the device so implanted, and shall be charged as a single unit. Reimbursement will be at the lowest available manufacturer's price (inclusive of VAT).	
H286	Internal Fixators (surgically implanted) Reimbursement will be at the lowest available manufacturer's price inclusive of VAT. Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, should be attached to the account and the components specified on the account should appear on the invoice. External Fixators Reimbursement will be at 33% of the lowest available manufacturer's price inclusive of VAT.	
	DESCRIPTION	PRACTICE CODE 57/58
	Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, should be attached to the account and the components specified on the account should appear on the invoice.	
5.10	Medical artificial items (non-prosthesis)	
H287	Examples of items included hereunder shall be artificial limbs, wheelchairs, crutches and excretion bags. Copies of invoices shall be supplied to the Commissioner. Reimbursement will be at the lowest available manufacturer's price inclusive of VAT. Further Non-Prosthetic Medical Artificial items: - Sheepskins - Abdominal Binders - Orthopaedic Braces (ankle, knee, wrist, arm) - Anti-Embolism Stockings - Futuro Supports - Corsets - Crutches - Clavicle Braces - Toilet Seat Raisers - Walking Aids - Walking Sticks - Back Supports - Elbow / Hand Cradles	

5.11	Serious Burns Billed at normal fee for service. The following items are applicable and must be accompanied by a written motivation from the treating doctor.	
H289	Serious Burns: Fee for service (Inclusive of all services e.g. accommodation, theatre, etc.) except medication whilst hospitalised.	
H290	Serious Burns: Item for medication used during hospitalisation excluding the TTO's. <i>Note: TTO's should be charged according to item H288</i>	
5.12	TTO	
H288	TTO scripts will be reimbursed by the Commissioner for a period of two (2) weeks. A script that covers a period of more than two (2) weeks must have a doctor's motivation attached.	

COMPENSATION FUND GUIDE TO FEES FOR BLOOD SERVICES 2018

N.B: The account for blood services must be accompanied
by blood requisition form reflecting clinical
indications, clinical conditions, number of units
required and haemoglobin level.

Item Code	Description	COIDA 2018 Tariffs
10345	Bioplasma FDP - 50ml	357.43
10349	Bioplasma FDP - 200ml	1 009.98
10351	Haemosolvate Factor VIII 300 IU - 10ml	1 027.63
10352	Haemosolvate Factor VIII 500 IU - 10ml	1 663.01
10341	Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml	3 233.13
10390	Haemosolvex Factor IX (500 IU) - 10ml	1 999.23
10300	Albusol 4 % - 200ml	387.89
10311	Ibusol 20 % - 50ml	436.04
10310	Albusol 20 % - 100ml	748.67
10347	Polygam 1g - 50ml	601.12
10343	Polygam 3g - 100ml	1 519.04
10332	Polygam 6g - 200ml	2 614.70
10338	Polygam 12g - 400ml	4 550.30
10321	Intragam 2ml	129.69
10320	Intragam 5ml	251.09
10337	Tetagam IM 500 IU - 1ml	349.66
10335	Tetagam IM 250 IU - 2ml	159.84
10340	Hebagam IM - 2ml	673.13
10346	Rabigam IM - 2ml	676.56
10348	Vazigam IM - 2ml	612.95
10330	Rhesugam IM - 2ml	644.25
Red Cells		
78040	Red Cell Concentrate	2 186.65
78051	Red Cell Conc. Leucocyte Depleted	3 572.97
78043	Red Cell Conc. Paed. Leucodepleted	2 022.42
Platelets		
78124	Platelet Conc. Single Donor Apherisis	11 425.94
78125	Platelet Conc. Leucocyte Depleted, Pooled	10 189.49
78127	Platelet Concentrate (Paediatric)	2 781.58
78122	Platelet Concentrate Pooled	9 212.86
Whole Blood		
78001	Whole Blood	2 421.69
78059	Whole Blood Leucocyte Depleted	3 807.93
78011	Whole Blood Paediatric	2 021.71
Plasma		
78103	Cryoprecipitate (Fibrinogen Rich)	1 235.93
78174	Frozen Plasma - Cryo Poor Donor	1 411.43
78002	Quarantine FFP Infant	1 454.14
78176	Fresh Frozen Plasma - Donor Retested	1 698.48

Item Code	Description	COIDA 2018 Tariffs
Diagnostic		
78450	Anti-A Monoclonal 5ml	89.79
78452	Anti-B Monoclonal 5ml	89.79
78454	Anti-A,B Monoclonal 5ml	89.79
78461	Anti-D saline tube & slide monoclonal 5ml	143.16
78467	Anti-D IgM+IgG blend Monoclonal 5ml	150.05
78471	Anti-Human Globulin Polyspecific 5ml	121.28
78478	AB serum 5ml	90.81
78479	Human Complement 2ml	78.38
78482	Lyoph. Bromelin tube & microwell 5ml	73.78
78484	Antibody positive control serum 5ml	79.07
78487	AB serum 20ml	324.22
78488	Group A1 5ml	74.76
78490	Group A2 5ml	74.76
Phathology Services		
78137	Bone Marrow Typing (Serology)	391.86
4763	Blood DNA Extraction	485.89
4428	HLA High res.Class I/II DNA allele	838.34
4427	HLA low res.Class II PCR/DNA Locus DQB/DRB1	1 071.45
78492	Group B 5ml	74.76
78494	Group O R1R2 5ml	81.92
78496	Group O r 5ml	81.92
78502	Sensitized cells 5ml	100.32
78508	Screen cell set (1 & 2) - 2 X 5ml	197.50
78510	Pooled screen cells - 5ml 60.42	99.05
78516	Panel cell set 9 x 2ml	522.23
78517	Panel cell set 9 x 1ml	260.99
78015	Anti-Human Globulin Polyspecific 15ml	325.03
78018	Group A1 15ml	192.04
78019	Group A2 15ml	192.04
78020	Group B 15ml	192.04
78519	Group O Rh Positive (R1 R2) 15 ml	213.51
78521	Group O r 15ml	213.51
78529	Anti-A Monoclonal 15ml	241.19
78530	Anti-B Monoclonal 15ml	241.19
78531	Anti A,B Monoclonal 15ml	241.19
78536	Screening Cells Pooled	241.81
78522	Group O Screen 1 Cells 15ml	270.53
78523	Group O Screen 2 Cells 15ml	270.53
78524	Panel cell set 9 x 15ml	1 874.97
78525	Sensitized cells 15ml	268.83
78518	Panel cell set 9 x 5 ml	1 320.36
10580	Packaging	82.23
78004	Whole Blood Reagent	945.16
78012	Buffy Coats	472.58
Blood and Administration		
78199	Blood Filters : 1 Units	1 028.50
78200	Blood Filters : 2 Units	1 971.81
78197	Platelet Filter 3 - 6 Unit PL2VAE	1 903.91
78201	Set, Blood and plasma Recipient Set	39.74
78202	Set, Platelet Recipient	79.19

Item Code	Description	COIDA 2018 Tariffs
Additional Services and Surcharges		
78050	Irradiation Fee	455.45
10210	Transfusion Crossmatch	973.01
10333	Type and Screen	422.97
78400	Routine Collection Fee	192.63
78401	Routine Delivery Fee	192.60
78402	Emergency Round Trip	1 310.96
78403	Emergency One Way Fee	917.68
78989	Telephone Consultation 18-0130	270.68
78177	FFP Autologous/Directed Fee	191.86
78049	Directed Donation	234.22
78404	<5 Day Rcc	258.06
78405	<5 Day Whole Blood	184.35
78406	After Hours	491.62
78408	Autologous/Directed WB	242.19
78407	Autologous/Directed RCC	218.64
78409	Blood Return Basis	194.80
78410	Emergency Cross-Match	148.32
78411	Foreign	788.51
78412	HLA Match	1 428.30
78413	Rare Donation	1 678.67
78415	Washed RCC/WB	1 398.83
78414	Offsite Charge	1 971.27
78417	Emergency Blood Surcharge	218.67
Transplant Services		
78078	HLA low res.ClassI DNA/Locus A/B/C	1 551.01
4424	HLA Specific Allele DNA-PCR	457.20
4603	HLA Specific locus/Antigen	284.75
4604	HLA Class I	548.36
78024	Panel Typing Antibody Class I	2 100.81
78046	T & B Cell Crossmatch	1 344.63
78213	Tissue Rapid HBsAg Screen	323.42
78231	Bone Marrow Engraftment Monitoring	1 424.04
78214	Tissue Rapid HIV Screen	441.89
Laboratory Services		
4425	CHE Test	132.95
4757	Additional analysis, Mosaicism/ Staining Procedure	755.89
4522	Alpha Feto Protein(AFP): Amnio Fluid	130.98
	Karyotyping, amniotic Fluid/Chorionic villus	
4755	sample/prod of conception	2 915.35
3932	Anti - HIV	148.69
3712	Antibody Identification	89.18
78013	Antibody identification QC	71.10
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	38.53
3710	Antibody Titration	75.90
4531	HBsAg/Anti-HCV	152.78
4752	Cell Cult. Chorionic Villus Sample	647.85
4750	Cell Culture, blood/cord blood	195.08
4751	Cell Culture, Products of conception/ Amniotic Fluid	485.89
3729	Cold Agglutinins	38.03
3739	Erythrocyte count	23.78
3764	Grouping : A B O Antigen	38.03
3765	Grouping : Rh antigen	38.03
3791	Haematocrit	19.01

Item Code	Description	COIDA 2018 Tariffs
3762	Haemoglobin	19.01
3953	Haemolysin/Test Tube Agglutination	43.77
4430	HIV p24 antigen	263.61
78921	Human Platelet AG Genotyping	1 990.73
78014	Aneuploidy Detection	1 824.15
4754	Karyotyping, Blood/Cord Blood	1 457.67
3785	Leucocyte Count	19.01
78221	Perinatal Cord	190.11
78225	Perinatal Post-Natal Mother	190.11
4117	Protein : Total	36.06
78922	Rapid CMV Screen	197.38
3834	Red Cell Rh Phenotype	104.43
78230	Human Platelet Antibody Screen	2 877.44
Clinical Services		
78003	Additional Disposal Kit	4 554.98
78054	Autologous Serum Eye Drops	4 248.69
78030	Designated Serum Eye Drops	4 248.69
78005	Chronic wound treatment kit	1 664.03
78007	Platelet growth Factor macular hole repair	1 651.98
78008	Platelet growth factor wound treatment	733.41
78006	Topical Haemostatic Agent	1 981.45
78920	Cord Blood Cryopreservation	10 449.48
78090	Medical Examination & Consultation 18-0141	343.61
78204	Red Cell Exchange	7 685.27
78923	Re-Infusion Of Cryo Preserve Stem Cells	795.11
78926	Stem Cell Collection/Leucopheresis	12 973.75
78928	Stem Cell Cryopreservation	10 449.48
78106	Therapeutic Plasma Exchange	8 050.79
78129	Therapeutic Venesection	83.70
78416	Therapeutic Exchange (DALI)	14 310.77
78211	Thrombocytapheresis	7 762.09
Miscellaneous		
10298	Stabilised Human Serum 5% 250ml	743.65
10299	Stabilised Human Serum 5% 50ml	142.85
78100	Paternity Investigation - 1 Client	1 537.92
78950	Paternity Investigation - 3 Client	4 613.85
78535	Blood Pack For therapeutic Venesection	263.99
78203	Blood Pack with Anticoagulant	115.93
78206	Blood Pack, No Anticoagulant	158.78

**DEPARTMENT OF LABOUR
NOTICE 214 OF 2018**

PROPOSED ANNUAL IN MEDICAL SERVICE PROVIDERS, FOR 2018/2019 FINANCIAL YEAR

COMPENSATION FOR OCCUPATIONAL INJURIES ACT, 1993 (ACT NO. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2018**.
2. Medical Tariffs increase for **2018 is 6.4%** with exception of assistive medical devices.
3. The current **2017/ 2018** rate for assistive medical devices will prevail for 2018/2019 financial year.
4. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2018** and **Exclude Vat**.


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MN OLIPHANT, MP

MINISTER OF LABOUR

DATE: 10/04/2018
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GENERAL INFORMATION / ALGEMENE INLIGTING

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het ‘n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris ‘n beseerde werknemer na ‘n ander geneesheer deur homself aangewys verwys vir ‘n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

*In die geval van ‘n verandering in geneesheer wat ‘n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na ‘n spesialis verwys is, as die lasgewer beskou word. **Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om ‘n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig.** Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

*Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag ‘n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat ‘n werknemer geneeskundige behandeling op sy eie risiko aanvra. As ‘n werknemer dus aan ‘n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir ‘n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Neem asseblief kennis dat 'n gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER**

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die werkgever en die Vergoedingsfonds en die **werkgever**. Die eisnommer is op die web beskikbaar. Navrae aangaande eisnommers moet aan die werkgever gerig word en nie aan die Vergoedingskommissaris nie. Die werkgever kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds **aanvaar** is, sal **redelike mediese koste** betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (**gerepudieer**) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien **geen besluit** oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an Operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 If there's any referrals to another medical service provider, it should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*
3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. The service

provider should complete an enquiry form, W.Cl 20, and submit it **ONCE** to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word. Die diensverskaffer moet 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*
 6. Service providers **should not generate the following** • *Diensverskaffers moet nie die volgende lewer nie:*
 - a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*
- * **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za** •
- * *Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of **faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

GENERAL GUIDELINES / ALGEMENE RIGLYNE**COIDA FEES FOR DENTAL SERVICES FROM 1 APRIL 2018 / COIDA TARIEWE VIR TANDHEELKUNDIGE DIENSTE VANAF 1 APRIL 2018****RULES / REËLS**

1. The following Rules apply to all practitioners /

Die volgende reëls is van toepassing op alle praktisyns:

- 001 Code 8101 refers to a Full Mouth Examination, charting and treatment planning and no further examination fees shall be chargeable until the treatment plan resulting from this consultation is completed with the exception of code 8102. This includes the issuing of a prescription where only medication is prescribed / *Kode 8101 verwys na 'n volmond-onderzoek, kartering en behandelingsbeplanning en geen bykomende fooie sal hefbaar wees totdat die behandelingsplan voortspruitend uit hierdie konsultasie voltooi is nie met die uitsondering van kode 8102. Dit sluit in die uitreiking van 'n voorskrif, waar slegs medikasie voorgeskryf is.*
- Item code 8104 refers to a consultation for a specific problem and not to a full mouth examination, charting and treatment planning. This includes the issuing of a prescription where only medication is prescribed / *Itemkode 8104 verwys na 'n konsultasie vir 'n spesifieke probleem en nie na 'n volmond-onderzoek, kartering en behandelingsbeplanning nie. Dit sluit in die uitreiking van 'n voorskrif, waar slegs medikasie voorgeskryf is.*
- 002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this schedule shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff code /
- Met uitsondering van dié gevalle waar die bedrag vasgestel word "volgens ooreenkoms" moet die bedrag vir die lewering van 'n diens wat nie in hierdie skedule vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat daarin vermeld word en reël 002 moet tesame met die tariefkode aangedui word.*
- 003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether financial responsibility in respect of such treatment will be accepted /
- In die geval van 'n langdurige of duur tandheelkundige diens of prosedure, moet die tandarts vooraf by die Kommissaris vasstel of hy geldige aanspreeklikheid vir sodanige behandeling sal aanvaar.*
- 004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the Commissioner may be charged and Rule 004 must be indicated together with the tariff code /
- In uitsonderlike gevalle waar die tariefgelde buite verhouding laag is in vergelyking met die dienste werklik deur 'n praktisyn gelewer, kan sodanige hoër fooi waarop die tandarts en die Kommissaris onderling ooreenkom gehef word en reël 004 moet tesame met die tariefkode aangedui word.*
- 005 Except in exceptional cases the service of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated in terms of the Compensation for Occupational Injuries and Diseases Act /
- Behalwe in uitsonderlike gevalle moet die dienste van 'n spesialis slegs op die aanbeveling van die tandarts of mediese praktisyn wat die geval hanteer, beskikbaar wees. Praktisyns wat gevalle verwys, moet die spesialis inlig dat die pasient kragtens die Wet op Vergoeding vir Beroepsbeserings en -siektes behandel word.*
- 007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays /
- "Gewone spreekure" is tussen 08:00 en 17:00 op weekdae en tussen 08:00 en 13:00 op Saterdag.*
- 008 A dental practitioner shall submit his account for treatment to the employer of the employee

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- concerned /
'n Tandarts moet sy rekening ten opsigte van behandeling aan die betrokke werknemer se werkgewer stuur.
- (M/W) 009 Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item code /
Tandartse in algemene praktyk is daarop geregtig om twee-derdes van die gelde van spesialiste te hef slegs vir behandeling wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige itemkode getoon word.
- Benefits in respect of specialists charging treatment procedures not listed in the schedule for that specialty, shall be allocated as follows/
Voordele ten opsigte van spesialiste wat gelde hef vir behandelingsprosedures wat nie gelys is in die skedule van die betrokke spesialiteit nie, sal as volg toegeken word:
- General Dental Practitioners Schedule / Algemene Tandheeskunde
Praktisyns Skedule 100%
- Other Dental Specialists Schedules / Ander Tandheeskunde Spesialis
Skedules 2/3
- 010 Fees charged by dental technicians for their services (PLUS L) shall be indicated on the dentist's invoice against the code 8099. Such dentist's invoice shall be accompanied by the actual invoice of the dental technician (or a copy thereof) and the invoice of the dental technician shall bear the signature of the dentist (or the person authorised by him) as proof that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of gold and of teeth. For example, code 8231 is specified as follows (gold only applicable with prior authorization)
Die fooi wat 'n tandtegnikus hef (PLUS L), moet op die tandarts se rekening aangedui word teenoor die kode 8099. Sodanige rekening van die tandarts moet vergesel wees van die werklike rekening van die tandtegnikus (of 'n afskrif daarvan), en die rekening van die tandtegnikus moet die handtekening van die tandarts (of sy gevolmagtigde) dra as bewys dat dit korrek saamgestel is. "L" sluit die fooi wat die tandtegnikus vir sy dienste hef, asook die koste van goud en van tande in. Byvoorbeeld, kode 8231 word soos volg gespesifiseer: (goud slegs van toepassing met vooraf goedkeuring)
- | | | |
|----------------|-------|---------------|
| | | Rc |
| 8231 | | X |
| 8099 (8231) | | Y |
| Total / Totaal | | <u>R(X+Y)</u> |
- 011 Modifiers may only be used where (M/W) appears against the item code in the schedule /
Wysigers mag slegs gebruik word waar (W/M) teenoor die itemkode in die skedule verskyn.
- 8001 33 1/3% of the appropriate scheduled fee (see Note 4 - preamble to maxillo-facial and oral surgery schedule) /
33 1/3% van die toepaslike skedule fooie (sien Nota 4 - inleiding tot die kaak-gesigs- en mondchirurgie skedule)
- 8002 The appropriate scheduled fee + 50% (see Note 1 - preamble to maxillo-facial and oral surgery schedule) /
Die toepaslike skedule fooie plus 50% (sien Nota 1 - inleiding tot die kaak-gesigs- en mondchirurgie skedule)
- 8003 The appropriate scheduled fee + 10% (see Note 5 - preamble to periodontal schedule) /
Die toepaslike skedule fooie plus 10% (sien Nota 5 - inleiding tot periodontale skedule)
- 8004 Two-thirds of appropriate scheduled fee (see Rule 009) /
Twee-derdes van die toepaslike skedule fooie (Sien Reël 009)

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- 8005** The appropriate scheduled fee up to a maximum of **R518.04** (see Note 2 - preamble to maxillo-facial and oral surgery schedule) /
Die toepaslike skedule fooie tot 'n maksimum van (sien Nota 2 – inleiding tot die kaak-gesigs- en mondchirurgie skedule)
- 8006** 50% of the appropriate scheduled fee (see Note 3 – preamble to maxillo-facial and oral surgery schedule)/
50% van die toepaslike skedule fooie (sien Nota 3 – inleiding tot die kaak-gesigs- en mondchirurgie skedule)
- 8007** 15% of the appropriate scheduled fee with a minimum of **R263.43** (See preamble(s) under "oral surgery" in the schedule for GPs and the schedule for specialists in maxillo-facial and oral surgery /
15% van die toepaslike skedule fooie met 'n minimum van (Sien inleiding(s) onder "mondchirurgie" in die skedule vir APs en die skedule vir spesialiste in kaak-gesigs- en mondchirurgie)
- 8008** The appropriate scheduled fee + 25% (see Note 5 – preamble to maxillo-facial and oral surgery schedule, GPs' schedule) /
Die toepaslike skedule fooie plus 25% (sien Nota 5 – inleiding tot kaak-gesigs- en mondchirurgie, AP skedule)
- 8009** 75% of the appropriate scheduled fee (see Note 3 under the preamble of the maxillo-facial and oral surgery schedule /
75% van die toepaslike skedule fooie (sien Nota 3 onder die inleiding van die kaak-gesigs- en mondchirurgie skedule)
- 8010** The appropriate shedule fee plus 75%/
Die toepaslike skedule fooie plus 75%
- 012** In cases where treatment is not listed in the schedule for dentists in general practice or specialists, the appropriate fee listed in the medical schedules shall be charged and the relevant code in the medical schedules indicated /
In gevalle waar behandeling nie in die skedule vir tandartse in algemene praktyk of spesialiste gelys is nie, word die toepaslike fooie soos gelys in die mediese skedule gehef, en die betrokke kode in die mediese skedules aangedui
- 013** Cost of material (VAT inclusive): This item provides for the charging of material costs where indicated against the relative item codes by the words "(See Rule 013)". Material should be charged for at cost plus a handling fee not exceeding 35%, up to **R4340.28** A maximum handling fee of 10% shall apply above a cost of A maximum handling fee of **R6498.10** will apply /
Koste van materiaal (BTW ingesluit): Hierdie item maak voorsiening vir die hef van fooie vir materiaal waar spesifiek aangedui deur die woorde "(Sien Reël 013)". Kosprys plus 'n maksimum van 35% kan gehef word vir materiaal, waar die koste of minder is. 'n Maksimum hanteringsfooie van 10% sal van toepassing wees vir koste bo. Die maksimum hanteringsfooie sal beloop
Note/Nota: Item 8220 (suture) is applicable to all registered practitioners / Item 8220 (hegting) is toepaslik op alle geregistreerde praktisyns

EXPLANATIONS / VERDUIDELIKINGS**2. Additions, deletions and revisions / Toevoegings, weglatings en wysigings**

A summary listing all additions, deletions and revisions applicable to this Schedule is found in Appendix A / 'n Opsomming van toevoegings, weglatings en wysigings tot die Skedule is gelys in Bylae A

New codes added to the Schedule are identified with the symbol • placed before the code / Nuwe kodes wat tot die Skedule bygevoeg is word deur die • simbool voor die kode aangedui

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In instances where a code has been revised, the symbol * is placed before the code / *In gevalle waar 'n kode gewysig is, word die simbool * voor die kode geplaas.*

3. **Tooth identification / Tandidentifikasie**

Tooth identification is compulsory for all invoices rendered. Tooth identification is only applicable to procedures identified with the letter "(T)" in the mouth part (MP) column. The designated system for teeth and areas of the oral cavity of the International Standards Organisation (ISO) in collaboration with the FDI, should be used /

Tandidentifikasie is verpligtend vir alle rekeninge wat gelewer word. Tandidentifikasie is slegs van toepassing op prosedures wat met die letter "(T)" in die monddeel-kolom (MD) aangedui word. Die "International Standards Organisation" (ISO), in samewerking met die FDI, se aanwysingstelsel vir tande en areas van die mondholte moet gebruik word.

4. **Abbreviations used in the Schedule / Afkortings gebruik in die Skedule**

+D	Add fee for denture	+D	Voeg fooie van kunsgebit by
+L	Add laboratory fee	+L	Voeg laboratoriumfooie by
GP	General practitioner	AP	Algemene praktisyn
M/W	Modifier	M/W	Wysiger
MP	Mouth part	MD	Monddeel
na	not applicable	Nvt	nie van toepassing
T	Tooth	T	Tand

5. **VAT / BTW**

Fees are VAT exclusive / Tariewe sluit BTW uit

	I. GENERAL DENTAL PRACTITIONERS / ALGEMENE TANDHEELKUNDIGE PRAKTISYNS
	PREAMBLE / INLEIDING (1) The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped according to the category with which the procedures are most frequently identified. The categories are created solely for convenience in using the Schedule and should not be interpreted as excluding certain types of Oral Care Providers from performing or reporting such procedures. These categories are similar to that in the "Current Dental Terminology" Third Edition (CDT-3) <i>Die tandheelkunde prosedurekodes vir algemene tandheelkundige praktisyns is in twaalf (12) kategorieë verdeel. Elke prosedure is in die kategorie waar dit die algemeenste voorkom gegroepeer. Die kategorieë is uitsluitlik vir doeleindes van gerief in die gebruik van die Skedule geskep en moet nie geïnterpreteer word as synde sekere groepe van Mondgesondheidswerkers in die uitvoer of vermelding van sekere prosedures te weerhou nie. Hierdie kategorieë is soortgelyk aan die in die "Current Dental Terminology" Third Edition (CDT-3)</i> (2) Procedures not described in the general practitioner's schedule should be reported by referring to the relevant specialist's schedule. Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment codes that are not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item code (See Rules 009 and 011). There are no specific codes for orthodontic treatment in the current general practitioner's schedule, and the general practitioner must refer to the specialist orthodontist's schedule. <i>Prosedures wat nie in die algemene praktisyn se skedule beskryf word nie, moet vermeld word deur na die toepaslike spesialisskedule te verwys. Tandartse in algemene praktyk is daarop geregtig om twee-derdes van die fooie van spesialiste te hef slegs vir behandelingkodes wat nie in die skedule vir tandartse in algemene praktyk aangegee word nie en Wysiger 8004 moet teenoor sodanige itemkode getoon word (Sien Reëls 009, 011). Daar is geen spesifieke ortodontiese kodes in die huidige algemene praktisynskedule nie, en die algemene praktisyn moet na die spesialis ortodontisskedule verwys.</i> (3) Oral and maxillofacial surgery (Section J of the Schedule): The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (see Modifier 8007). The Compensation Fund must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the Compensation Fund. <i>Kaak-, gesig- en mondchirurgie (Seksie J van die Skedule): Die fooie aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die fooie van die praktisyn wat die operasie uitvoer, met die aangeduide minimum (sien Wysiger 8007). Die Vergoedingsfonds moet vooraf in kennis gestel word dat 'n tweede tandarts by die operasie teenwoordig sal wees en dat fooie aan die tandarts betaalbaar sal wees. Die naam van die assistent moet op die rekening wat aan die Vergoedingsfonds gelewer word, verskyn.</i>

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
	A. DIAGNOSTIC / DIAGNOSTIES			
	Clinical oral evaluation / Kliniese evaluering van die mond			
8101	Full mouth examination, charting and treatment planning (see Rule 001) / <i>Volmond-ondersoek, kartering en behandelingsbeplanning (sien Reël 001)</i>	270.64		
8102	Comprehensive consultation / <i>Omvattende konsultasie</i>	353.27		
	A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include the following: • Soft tissue examination • Hard tissue examination • Screening / probing of periodontal pockets • Mucogingival examination • Plaque index • Bleeding index • Occlusal Analysis • TMJ examination • Vitality screening of complete dentition <i>'n Omvattende konsultasie behels behandelingsbeplanning tydens 'n afsonderlike afspraak, waar 'n diagnose gemaak word met behulp van studiemodelle, volmond X-strale en ander toepaslike diagnostiese hulpmiddels. So 'n omvattende konsultasie sluit in dat die pasiënt voorsien word van 'n geskrewe behandelingsplan waarin al die volgende vermeld word, en ook op die pasiënt se kaart aangedui word:</i> • <i>Sagteweefselondersoek</i> • <i>Hardeweefselondersoek</i> • <i>Siftingsondersoek van periodontale sakkies</i> • <i>Mukogingivale ondersoek</i> • <i>Plaakindeks</i> • <i>Bloedingsindeks</i> • <i>Okklusale ontleding</i> • <i>TMG ondersoek</i> • <i>Vitaliteitsondersoek van alle tande</i>			
8104	Examination or consultation for a specific problem not requiring a full mouth examination, charting and treatment planning / <i>Ondersoek of konsultasie vir 'n spesifieke probleem wat nie 'n volmond-ondersoek, kartering en behandelingsbeplanning benodig nie</i>	106.86		
	Radiographs / Diagnostic imaging / Röntgenfoto's / Diagnostiese afbeelding			
8107	Intra-oral radiographs, per film / <i>Binnemondse röntgen-foto's, per film</i>	103.42		
8108	Maximum for 8107 / <i>Maksimum vir 8107</i>	776.57		
8113	Occlusal radiographs / <i>Okklusale röntgenfoto's</i>	160.86		
8115	Extra-oral radiograph, per film / <i>Buitemondse röntgenfoto, per film</i> (i.e. panoramic, cephalometric, PA / i.e. panoramies, kefalometries, PA)	425.10		

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
		The fee is chargeable to a maximum of two films per treatment plan / Die tarief mag tot 'n maksimum van twee films per behandelingsplan gehef word.		
		Tests and laboratory examinations / Toetse en laboratoriumondersoeke		
	8117	Study model – unmounted or mounted on a hinge articulator / <i>Studiemodel ongemonteer of gemonteer op 'n skarnier artikulatort</i>	116.02	+L
	8119	Study model – mounted on a movable condyle articulator / <i>Studiemodel gemonteer op artikulatort met verstelbare kondiele</i>	298.30	+L
	8121	Photograph (for diagnostic, treatment or dento-legal purposes) per photograph / <i>Foto (vir diagnostiese-, behandelings- of geregtelike doeleindes) per foto</i>	116.02	
	8122	Bacteriological studies for determination of pathologic agents/ <i>Bakteriologies studies vir die bepaling van patologies agense</i> May include, but is not limited to tests for susceptibility to periodontal disease / Sluit in maar is nie beperk tot die toets van vatbaarheid vir periodontale siektes nie If requested, a periodontal risk assessment must be made available at no charge / 'n Periodontale risiko-bepaling moet op versoek gratis beskikbaar gestel word (The use of this code is limited to general dental practitioners and specialist in community dentistry / Die gebruik van hierdie kode is beperk tot algemene tandheelkundige praktisyns en spesialiste in gemeenskapstandheelkunde)	109.47	
		B. PREVENTIVE / VOORKOMEND This schedule, applicable to occupational injuries and diseases, excludes preventive services / Hierdie skedule, van toepassing op beroepsbeserings en – siektes, sluit nie voorkomende dienste in nie.		
		C. RESTORATIVE / HERSTELLEND Amalgam restorations (including polishing) / Amalgaam herstellings (polering ingesluit) All adhesives, liners and bases are included as part of the restoration. If pins are used, they should be reported separately / <i>Alle bindingsmateriale, onderlae en basislae word as deel van die herstelling ingesluit. Indien penne gebruik word, moet dit afsonderlik vermeld word.</i> See Codes 8345, 8347 and 8348 for post and / or pin retention / <i>Sien Kodes 8345, 8347 en 8348 vir stif en / of penretensie</i>		
	8346	Restorative material factor/ <i>Herstellingsmateriaal faktor</i> Note / Nota: Restorative material factor - an additional 10% can be added to codes 8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354, 8355, 8367, 8368, 8369 and 8370 by general dental practitioners only / <i>Herstellingsmateriaal faktor - 'n bykomende 10% kan by kodes 8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354, 8355, 8367, 8368, 8369, en 8370 deur slegs algemene tandheelkundige praktisyns bygevoeg word.</i>	M/W800 3 + 10%	
	8341	Amalgam - one surface / <i>Amalgaam - een vlak</i>	276.20	T
	8342	Amalgam - two surfaces / <i>Amalgaam - twee vlakke</i>	345.75	T
	8343	Amalgam - three surfaces / <i>Amalgaam - drie vlakke</i>	415.45	T
	8344	Amalgam - four or more surfaces / <i>Amalgaam - vier of meer vlakke</i>	414.30	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
		Resin restorations / Harsherstellings		
		Resin refers to a broad category of materials including but not limited to composites and may include bonded composite, light-cured composite, etc. Light-curing, acid etching and adhesives (including resin bonding agents) are included as part of the restoration. Glass ionomers / compomers, when used as restorations should be reported with these codes. If pins are used, they should be reported separately.		
		<i>Harse verwys na 'n wye kategorie van materiaal wat komposiete insluit en mag gebonde, ligverhardende komposiete, ens. insluit. Ligverharding, suur-ets en bindingsmateriale (insluitend hars bindingsagente) is deel van die herstelling. Wanneer glasionomere / kompomere as herstellings gebruik word, moet hierdie kodes gebruik word. Indien penne gebruik word, moet dit afsonderlik vermeld word.</i>		
		See codes 8345, 8347 and 8348 for post and / or pin retention / Sien kodes 8345, 8347 en 8348 vir stif en / of penretensie		
		The fees are inclusive of direct pulp capping (code 8301) and rubber dam application (code 8304) / Die tariewe sluit direkte pulpa-oorkapping (kode 8301) en die aanwending van 'n kofferdam (kode 8304) in		
8351		Resin - one surface, anterior / Hars - een vlak, anterior	270.15	T
8352		Resin - two surfaces, anterior / Hars - twee vlakke, anterior	345.09	T
8353		Resin - three surfaces, anterior / Hars - drie vlakke, anterior	456.36	T
8354		Resin - four or more surfaces, anterior / Hars - vier of meer vlakke, anterior	506.74	T
8367		Resin - one surface, posterior / Hars - een vlak, posterior	326.60	T
8368		Resin - two surfaces, posterior / Hars - twee vlakke, posterior	447.52	T
8369			488.10	T
8370		Resin - four or more surfaces, posterior / Hars - vier of meer vlakke, posterior	517.71	T
		Inlay / Onlay restorations / Inlegsels / Oplegsele herstellings		
		METAL INLAYS / METAALINLEGSELS		
		The fee for metal inlays on anterior teeth (incisors and canines) are determined 'by arrangement' with the Compensation Commissioner / Die fooie vir metaalinlegsels op anterior tande (snytande en hoektande) word 'volgens ooreenkoms' met die Voergoedingskommissaris bepaal		
8358		Inlay, metallic - one surface, anterior / Inlegsels, metaal - een vlak, anterior	na / nvt	+L T
8359		Inlay, metallic - two surfaces, anterior / Inlegsels, metaal - twee vlakke, anterior	na / nvt	+L T
8360		Inlay, metallic - three surfaces, anterior / Inlegsels, metaal - drie vlakke, anterior	na / nvt	+L T
8365		Inlay, metallic - four or more surfaces, anterior / Inlegsels, metaal - vier of meer vlakke, anterior	na / nvt	+L T
8361		Inlay, metallic - one surface, posterior / Inlegsels, metaal - een vlak, posterior	553.87	+L T
8362		Inlay, metallic - two surfaces, posterior / Inlegsels, metaal - twee vlakke, posterior	716.52	+L T
8363		Inlay, metallic - three surfaces, posterior / Inlegsels, metaal - drie vlakke, posterior	1477.69	+L T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8364	Inlay, metallic - four or more surfaces, posterior / <i>Inlegsels, metaal - vier of meer vlakke, posterior</i> CERAMIC AND / OR RESIN INLAYS / KERAMIEK EN / OF HARS INLEGSELS Porcelain / ceramic inlays include either all ceramic or porcelain inlays. Composite / resin inlays must be laboratory processed / <i>Porselein / keramiek inlegsels sluit alle keramiek of porselein inlegsels in. Komposiet / hars inlegsels moet in 'n laboratorium verwerk word</i> NOTE: The fees exclude the application of a rubber dam (code 8304) / <i>NOTA: Die tariewe sluit die aanwending van 'n kofferdam (kode 8304) uit.</i>	1477.85	+L	T
8371	Inlay, ceramic / resin - one surface / <i>Inlegsels, keramiek / hars - een vlak</i>	501.51	+L	T
8372	Inlay, ceramic / resin - two surfaces / <i>Inlegsels, keramiek/hars - twee vlakke</i>	732.71	+L	T
8373	Inlay, ceramic / resin - three surfaces / <i>Inlegsels, keramiek / hars - drie vlakke</i>	1222.77	+L	T
8374	Inlay, ceramic / resin - four or more surfaces / <i>Inlegsels, keramiek / hars - vier of meer vlakke</i>	1477.85	+L	T
(M/W)	NOTES / NOTAS 1. In some of the above cases (e.g. direct hybrid inlays) +L may not necessarily apply <i>In sommige van bg gevalle (bv. direkte gemengde hars inlegsels) mag +L nie noodwendig van toepassing wees nie.</i> 2. In cases where direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used <i>In gevalle waar direkte gemengde hars inlegsels gebruik word en +L nie van toepassing is nie, mag Wysiger 8008 gebruik word.</i> 3. See the General Practitioner's Guideline to the correct use of treatment codes for computer generated inlays. <i>Sien die Algemene Praktisyn se Riglyne vir die korrekte gebruik van behandelingskodes tov rekenaar gegenereerde inlegsels</i> Crowns – single restorations / Krone – enkel herstellings The fees include the cost of temporary and / or intermediate crowns. See code 8193 (osseo integrated abutment restoration) in the 'fixed prosthodontic' category for crowns on osseo-integrated implants <i>Die fooie sluit die koste van voorlopige en / of tussentydse krone in. Sien kode 8193 (been-geïntegreerde ankertand herstelling) in die kategorie 'vaste prostodontiese' vir krone op been-geïntegreerde implantate.</i>			
8401	Cast full crown / <i>Gegote volle kroon</i>	1755.19	+L	T
8403	Cast three-quarter crown / <i>Gegote driekwartkroon</i>	1755.19	+L	T
8405	Acrylic jacket crown / <i>Akrieldopkroon</i>	Com Fee	+L	T
8407	Acrylic veneered crown / <i>Akrielfineerde kroon</i>	1873.65	+L	T
8409	Porcelain jacket crown / <i>Porseleindopkroon</i>	1873.65	+L	T
8411	Porcelain veneered crown/ <i>Porseleingefineerde kroon</i>	1873.65	+L	T
	Other restorative services / Ander herstellende dienste			
8133	Re-cementing of inlays, crowns or bridges - per abutment / <i>Hersementering van inlegsels, krone of brûe - per ankertand</i> In some cases where item code 8133 is used +L may not apply / <i>In sommige gevalle waar itemkode 8133 gebruik word mag +L nie van toepassing wees nie.</i>	160.86	+L	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
	8135	Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown following the failure of a bridge / <i>Verwydering van inlegsels en krone (per eenheid) en brûe (per ankertand) of per seksie van 'n brug, waarvan 'n deel behou moet word as 'n kroon as gevolg van die faling van 'n brug</i>	315.96	+L T
	8137	Temporary crown placed as an emergency procedure / <i>Tydlike kroon, geplaas as 'n noodprosedure</i> Not applicable to temporary crowns placed during routine crown and bridge preparations i.e. where the impression for the final crown is taken at the same visit / <i>Nie van toepassing op tydelike krone wat tydens roetine kroon- en brugwerk geplaas word nie, waar die afdruk vir die finale kroon tydens dieselfde besoek geneem word nie</i>	540.46	+L T
	8330	Removal of fractured post or instrument and / or bypassing fractured endodontic instrument / <i>Verwydering van gefrakteurde stif of instrument en / of omleiding om 'n gefrakteurde endodontiese instrument</i> NOTE: The fee excludes the application of a rubber dam (code 8304) / <i>NOTA: Die tarief sluit die aanwending van 'n kofferdam (kode 8304) uit.</i>	211.58	T
	8345	Preformed post retention, per post / <i>Vooraf-vervaardigde stifversterking, per stif</i>	233.66	T
	8347	Pin retention for restoration, first pin / <i>Penversterking vir herstelling, eerste pen</i>	160.86	T
	8348	Pin retention for restoration, each additional pin / <i>Penversterking vir herstelling, elke bykomende pen</i> A maximum of two additional pins may be charged / <i>'n Maksimum van twee bykomende penne mag gehef word</i>	138.93	T
	8355	Composite veneers (direct) / <i>Harsfinere (direkte)</i>	512.31	T
	8357	Preformed metal crown / <i>Voorafgevormde metaalkroon</i>	340.18	T
	8366	Pin retention as part of cast restoration, irrespective of number of pins / <i>Penretensie as deel van gegote herstelling, ongeag aantal penne</i>	248.39	T
	8376	Prefabricated post and core in addition to crown / <i>Vooraf vervaardigde stif en kern bykomend tot kroon</i> The core is built around a prefabricated post(s) / <i>Die kern word rondom 'n voorafvervaardigde stif (we) opgebou</i>	829.08	T
	8391	Cast post and core - single / <i>Gegote stif en kern - enkel</i>	376.50	+L T
	8393	Cast post and core - double / <i>Gegote stif en kern - tweeledig</i>	602.64	+L T
	8395	Cast post and core - triple / <i>Gegote stif en kern - drieledig</i>	868.69	+L T
	8396	Cast coping / <i>Gegote vingerhoed</i>	245.56	+L T
	8397	Cast core with pins / <i>Gegote kern met penne</i> This service is usually provided on grossly broken down vital teeth, and may not be charged when a post has been inserted in the tooth in question / <i>Hierdie prosedure word gewoonlik toegepas op erg vernietigde vitale tande, en mag nie gehef word wanneer 'n stif in die betrokke tand geplaas is nie.</i>	602.64	+L T
	8398	Core build-up, including any pins / <i>Opbou van kern, alle penne ingesluit</i> Refers to the building up of an anatomical crown when a restorative crown will be placed, irrespective of the number of pins used / <i>Verwys na die opbou van 'n anatomiese kroon as 'n herstellende kroon geplaas gaan word, met of sonder die gebruik van penne</i>	602.64	T
	8413	Facing replacement / <i>Vervanging van gesigstuk</i>	367.94	+L T
	8414	Additional fee for provision of a crown within an existing clasp or rest / <i>Bykomende gelde vir voorsiening van 'n kroon binne 'n bestaande klammer of rus</i>	115.38	+L T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
		D. ENDODONTICS / ENDODONSIE		
*		Preamble / Inleiding: - The Health Professions Council of SA has ruled that, with the exception of diagnostic intra-oral radiographs, fees for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth / <i>Die HPCSA het beslis dat, met uitsondering van diagnostiese binnemond röntgenfoto's, fooie vir slegs drie verdere binnemond röntgenfoto's gehef mag word vir elke voltooide wortelkanaalterapie op 'n enkelkanaal tand en 'n verdere vyf röntgenfoto's vir elke voltooide wortelkanaalterapie op 'n veelkanaaltand.</i> - The fee for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrent with the following procedures / <i>Die tarief vir die aanwending van 'n kofferdam (Sien kode 8304 in die kategorie "Bygevoegde Algemene Dienste") mag slegs tesame met die volgende prosedures gehef word:</i> - Gross pulpal debridement, primary and permanent teeth, for the relief of pain (code 8132) / <i>Verwydering van die pupaholte inhoud, primêre en permanente tande, vir die verligting van pyn (kode 8132);</i> - Apexification of a root canal (code 8305) / <i>Apeksifikasie van 'n wortelkanaal (kode 8305);</i> - Pulpotomy (code 8307) / <i>Pulpotomie (kode 8307);</i> - Complete root canal therapy (codes 8328, 8329 and 8332 to 8340) / <i>Voltooide wortelkanaalbehandeling (kodes 8328, 8329 en 8332 tot 8340);</i> - Removal or bypass of a fractured post or instrument (code 8330) / <i>Verwydering of omleiding van 'n gefrakteurde stif of instrument (kode 8330);</i> - Bleaching of non vital teeth (codes 8325 and 8327) and / <i>Bleiking van nie-vitale tande (kodes 8325 en 8327) en</i> - Ceramic and or resin inlays (codes 8371 to 8374) / <i>Keramiek en of hars inlegsels (kodes 8371 tot 8374)</i> - After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, fees for endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied / <i>Nadat endodontiese voorbereidingsbesoeke (kodes 8332, 8333 en 8334) toegepas is, mag geen fooie vir endodontiese behandeling wat tydens 'n enkel besoek voltooi word (kodes 8329, 8338, 8339 en 8340) gehef word nie</i> Pulp capping / Pulpa-oorkapping		

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
	8301	Direct pulp capping / Direkte pulpa oorkapping	Com Fee	T
	8303	Indirect pulp capping / Indirekte pulpa-oorkapping The permanent filling is not completed at the same visit / Die permanente herstelling word nie gedurende dieselfde besoek voltooi nie	195.28	T
		Pulpotomy / Pulpotomie		
	8307	Amputation of pulp (pulpotomy) / Amputasie van pulpa (pulpotomie) No other endodontic procedure may, in respect of the same tooth, be charged concurrent to code 8307 and a completed root canal therapy should not be envisaged (code 8304 excluded) / Geen ander endodontiese prosedure mag tesame met kode 8307 gehef word nie en 'n volledige wortelkanaalbehandeling behoort nie beoog te word nie (kode 8304 uitgesluit)	125.67	T
		Endodontic therapy (including the treatment plan, clinical procedures and follow-up care) / Endodontiese behandeling (behandelingsbeplanning, kliniese prosedures en nasorg ingesluit)		
		PREPARATORY VISITS (OBTURATION NOT DONE AT SAME VISIT) / VOORBEREIDINGSBESOEKE (VULLING NIE TYDENS DIESELFDE BESOEK GEDOEN NIE)		
	8332	Single-canal tooth, per visit / Enkelkanaal tand, per besoek A maximum of four visits per tooth may be charged / 'n Maksimum van vier besoeke mag per tand gehef word	160.86	T
	8333	Multi-canal tooth, per visit / Meerkanaal tand, per besoek A maximum of four visits per tooth may be charged / 'n Maksimum van vier besoeke mag per tand gehef word	392.21	T
		OBTURATION OF ROOT CANALS AT A SUBSEQUENT VISIT / VULLING VAN WORTELKANALE TYDENS 'N DAAROPVOLGENDE BESOEK		
	8335	First canal - anteriors and premolars / Eerste kanaal - anterior en premolare tande	732.88	T
	8328	Each additional canal - anteriors and premolars / Elke bykomende kanaal - anterior en premolare tande	282.09	T
	8336	First canal - molars / Eerste kanaal - molare tande	1006.94	T
	8337	Each additional canal - molars / Elke bykomende kanaal - molare tande	298.30	T
		PREPARATION AND OBTURATION OF ROOT CANALS COMPLETED AT A SINGLE VISIT / VOORBEREIDING EN VULLING VAN WORTELKANALE GEDURENDE EEN BESOEK VOLTOOI		
	8338	First canal - anteriors and premolars / Eerste kanaal - anterior en premolare tande	1118.20	T
	8329	Each additional canal - anteriors and premolars / Elke bykomende kanaal - anterior en premolare tande	355.40	T
	8339	First canal - molars / Eerste kanaal - molare tande	1535.92	T
	8340	Each additional canal - molars / Elke bykomende kanaal - molare tande	374.54	T
		Endodontic retreatment / Endodontiese herbehandeling		
	8334	Re-preparation of previously obturated canal, per canal / Hervoorbereiding van kanaal wat voorheen gevul was	237.91	T

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
		Apexification / recalcification procedures / Apeksifikasie / herkalsifikasie prosedures		
	8305	Apexification of root canal, per visit / Apeksifikasie van wortelkanaal, per besoek No other endodontic procedures may, in respect of the same tooth, be charged concurrent with code 8305 at the same visit (code 8304 excluded) / Geen ander endodontiese prosedure mag tesame met kode 8305 tydens dieselfde besoek ten opsigte van dieselfde tand gehef word nie (kode 8304 uitgesluit)	201.76	T
		Apicoectomy / Periradicular services / Apisektomie / Periradikulêre dienste		
	8229	Apicoectomy including retrograde filling where necessary – incisors and canines / Apisektomie insluitend retrograde herstelling waar nodig – snytande en oogtande	800.45	T
		Other endodontic procedures / Ander endodontiese prosedures		
	8132	Gross pulpal debridement, primary and permanent teeth / Verwydering van die pulpaholte inhoud, primêre en permanent tande * Where code 8132 is charged, no other endodontic procedures may be charged at the same visit on the same tooth. Codes 8338, 8329, 8339 and 8340 (single visit) may be charged at the subsequent visit, even if code 8132 was used for the initial relief of pain / Wanneer kode 8132 gehef word, mag geen ander endodontiese prosedure tydens dieselfde besoek vir dieselfde tand gehef word nie. Kodes 8338, 8329, 8339 en 8340 (enkel besoek) mag tydens die daaropvolgende besoek gehef word, selfs wanneer kode 8132 tydens die aanvanklike besoek vir die verligting van pyn gehef was (See note 2 in the preamble above / Sien nota 2 in die inleiding hierbo)	259.84	T
	8136	Access through a prosthetic crown or inlay to facilitate root canal treatment / Toegang deur 'n prostetiese kroon of inlegsel om wortelkanaalbehandeling te vergemaklik	125.35	T
	8306	Cost of Mineral Trioxide Aggregate / Koste van Mineraal Trioksied Aggregaat	Reël 013	
	8325	Bleaching of non-vital teeth, per tooth as a separate procedure / Bleiking van nie-vitale tande, per tand as 'n afsonderlike prosedure	362.60	T
	8327	Each additional visit for bleaching of non-vital tooth as a separate procedure / Elke bykomende besoek vir bleiking van nie-vitale tande as 'n afsonderlike prosedure A maximum of two additional visits may be charged / 'n Maksimum van twee bykomende besoeke mag gehef word	172.31	T
	E. PERIODONTICS / PERIODONSIE This schedule, applicable to occupational injuries and diseases, do not include periodontic services / Hierdie skedule, van toepassing op beroepsbeserings en – siektes, sluit nie periodontiese dienste in nie.			

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
		F. PROSTHODONTICS (REMOVABLE) / PROSTODONSIE (VERWYDERBAAR)		
		Complete dentures (including routine post-delivery care) / Volledige kunsgebit (roetine nasorg ingesluit)		
8231		Full upper and lower dentures inclusive of soft base or metal base, where applicable / <i>Volledige bo- en onderkunsgebit, insluitend sagte basis of metaal basis, waar van toepassing</i>	2559.40	+L
8232		Full upper or lower dentures inclusive of soft base or metal base, where applicable / <i>Volledige bo- of onderkunsgebit, insluitend sagte basis of metaalbasis, waar van toepassing</i>	1577.50	+L
		Partial dentures (including routine post-delivery care) / Gedeeltelike kunsgebitte (roetine nasorg ingesluit)		
8233		Partial denture, one tooth / <i>Gedeeltelike kunsgebit met een tand</i>	732.71	+L
8234		Partial denture, two teeth / <i>Gedeeltelike kunsgebit met twee tande</i>	732.71	+L
8235		Partial denture, three teeth / <i>Gedeeltelike kunsgebit met drie tande</i>	1095.30	+L
8236		Partial denture, four teeth / <i>Gedeeltelike kunsgebit met vier tande</i>	1179.23	+L
8237		Partial denture, five teeth / <i>Gedeeltelike kunsgebit met vyf tande</i>	1095.30	+L
8238		Partial denture, six teeth / <i>Gedeeltelike kunsgebit met ses tande</i>	1460.02	+L
8239		Partial denture, seven teeth / <i>Gedeeltelike kunsgebit met sewe tande</i>	1460.02	+L
8240		Partial denture, eight teeth / <i>Gedeeltelike kunsgebit met agt tande</i>		+L
8241		Partial denture, nine or more teeth / <i>Gedeeltelike kunsgebit met nege of meer tande</i>	1460.02	+L
8281		Metal (e.g. chrome cobalt, etc.) base to partial denture, per denture / <i>Metaal (bv. chroomkobalt) basis vir gedeeltelike kunsgebit, per gebit</i> The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrent to 8281 / <i>Die prosedure verwys alleenlik na die metaalraam, en sluit alle klammers, ruste en stange (i.e. 8251, 8253, 8255 en 8257) in. Sien kodes 8233 to 8241 vir akriel kunsgebit basis wat tesame met 8281 benodig word</i>	1949.26	+L
		Adjustments to dentures / Verstellings aan kunsgebitte		
8275		Adjustment of denture / <i>Verstelling van kunsgebit</i> (After six months or for patient of another practitioner / <i>Na ses maande of vir 'n pasiënt van 'n ander tandarts</i>)	110.62	+L
		Repairs to complete or partial dentures / Herstel van vol- of gedeeltelike kunsgebitte		
8269		Repair of denture or other intra-oral appliance / <i>Herstel van kunsgebit of ander binnemond toestel</i> A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered / <i>'n Tandarts mag nie professionele fooie vir die herstel van kunsgebitte hef indien die pasiënt nie persoonlik ondersoek was nie; laboratoriumfooie mag egter gevorder word.</i>	209.87	+L
8270		Add clasp to existing partial denture / <i>Byvoeging van 'n klammer tot bestaande gedeeltelike gebit</i> (One or more clasps/ <i>Een of meer klammers</i>) Code 8270 is in addition to code 8269 / <i>Kode 8270 is bykomend tot kode 8269.</i>	138.93	+L

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8271	Add tooth to existing partial denture / <i>Byvoeging van 'n tand tot bestaande gedeeltelike gebit</i> (One or more teeth / Een of meer tande) Code 8271 is in addition to code 8269 / <i>Kode 8271 is bykomend tot kode 8269.</i>	138.93	+L	
8273	Additional fee where one or more impressions are required for 8269, 8270 and 8271 / <i>Bykomende fooi waar een of meer afdrucke nodig is vir kodes 8269, 8270 en 8271</i>	110.59	+L	
	Denture rebase procedures / Herbaseringprosedures vir kunsgebitte			
8259	Re-base of denture (laboratory) / <i>Herbasering van kunsgebit (laboratorium)</i>	602.64	+L	
8261	Re-model of denture / <i>Hermodelering van kunsgebit</i>	989.60	+L	
	Denture reline procedures / Opvullingprosedures vir kunsgebitte			
8263	Reline of denture in selfcuring acrylic (intra-oral) / <i>Opvulling van kunsgebit met selfverhardende akriel (intra-oraal)</i>	376.50		
8267	Soft base re-line per denture (heat cured) / <i>Sagte basis opvulling, per kunsgebit (met hitte verhardende hars)</i> Code 8267 may not be charged concurrent with codes 8231 to 8241 / <i>Kode 8267 mag nie gelyktydig met kodes 8231 tot 8241 gehef word nie.</i>	868.69	+L	
	Other removable prosthetic services / Ander verwyderbare protetiese dienste			
8243	Soft base to new denture / <i>Sagte basis vir nuwe gebit</i>	Com Fee	+L	
8255	Stainless steel clasp or rest, per clasp or rest / <i>Klammer of rus van vlekvrystaal, per klammer of rus</i>	151.19	+L	
8257	Lingual bar or palatal bar / <i>Linguale stang of palatale stang</i> Code 8257 may not be charged concurrent with codes 8269 (repair of denture) or 8281 (metal framework) / <i>Kodes 8257 mag nie tesame met kodes 8269 (herstel van gebit) of 8281 (metaalraamwerk) gehef word nie.</i>	182.94	+L	
8265	Tissue conditioner and soft self-cure interim re-line, per denture / <i>Weefselopknapper en sagte selfverhardende interim opvulling, per kunsgebit</i>	250.02		
	G. MAXILLOFACIAL PROSTHETICS / GESIGSPROSTESSES This schedule, applicable to occupational injuries and diseases, excludes maxillofacial prosthetic services / <i>Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie gesigsprosteses in nie.</i>			

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
I	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
		H. IMPLANT SERVICES / INPLANTAAT DIENSTE Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes / <i>Vermeld chirurgiese prosedures deur van kodes in hierdie afdeling gebruik te maak; prostetiese toestelle word vermeld deur van bestaande vaste- of verwyderbare prostetiese kodes gebruik te maak.</i> Endosteal implants / Endosteale implantate Endosteal dental implants are placed into the alveolar and / or basal bone of the mandible or maxilla and transecting only one cortical plate / <i>Endosteale tandheelkundige implantate word in die alveolêre en / of basale been van die mandibula of maksilla geplaas en strek slegs deur een kortikale beenplaat.</i> 8194 Placement of a single osseo-integrated implant per jaw / <i>Plasing van een osseo-integrerende implantaat per kaak</i> 1597.13 T 8195 Placement of a second osseo-integrated implant in the same jaw / <i>Plasing van 'n tweede osseo-integrerende implantaat in dieselfde kaak</i> 1194.62 T 8196 Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Plasing van 'n derde en daaropvolgende osseo-integrerende implantaat in dieselfde kaak, per implantaat</i> 782.94 T 8197 Cost of implants / <i>Koste van implantaat</i> Reël 013 8198 Exposure of a single osseo-integrated implant and placement of a transmucosal element / <i>Blootlegging van een osseo-integrerende implantaat en plasing van 'n transmukosale element</i> 591.83 T 8199 Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / <i>Blootlegging van 'n tweede osseo-integrerende implantaat en plasing van 'n transmukosale element in dieselfde kaak</i> 443.92 T 8200 Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Blootlegging van 'n derde en daaropvolgende osseo-integrerende implantaat in dieselfde kaak, per implantaat</i> 296.01 T Eposteal implants / Eposteale implantate Eposteal (subperiosteal) dental implants receive its primary bone support by means of resting on the alveolar bone / <i>Eposteale (subperiosteale) tandheelkundige implantate rus op die alveolêre been vir primêre ondersteuning.</i> Refer to the specialist maxillo-facial and oral surgeons schedule / <i>Verwys asb na die spesialis kaak-, gesigs- en mondchirurg skedule</i> Transosteal implants / Transosteale implantate Transosteal dental implants penetrate both cortical plates and pass through the full thickness of the alveolar bone / <i>Transosteale tandheelkundige implantate penetreer beide die kortikale beenplate en strek deur die volledige dikte van die alveolêre been.</i> Refer to the specialist maxillo-facial and oral surgeons schedule / <i>Verwys asb na die spesialis kaak-, gesigs- en mondchirurg skedule</i>		

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
	I. PROSTHODONTICS, FIXED / PROSTODONSIE, VAS The words 'bridge' and 'bridgework' have been replaced by the term 'fixed partial denture' / Die woorde 'brug' en 'brugwerk' word deur die term 'vaste gedeeltelike gebit' vervang Each abutment and pontic constitute a unit in a fixed partial denture / Elke anker en foptand vorm 'n eenheid in 'n vaste gedeeltelike kunsgebit. Fixed partial denture pontics / Vaste gedeeltelike kunsgebit foptande 8420 Sanitary pontic / Sanitêre foptand 914.99 +L T 8422 Posterior pontic / Posterior foptand 1222.77 +L T 8424 Anterior pontic (including premolars) / Anterior foptand (sluit premolare tande in) 1530.87 +L T Fixed partial denture retainers – inlays / onlays / Ankers vir vaste gedeeltelike gebitte – inlegsels / oplegsels Refer to inlay / onlay restorations for inlay / onlay retainers / erwys asb na inlegsel / oorlegsel herstellings vir inlegsels / oorlegsels as ankers 8356 Bridge per abutment - only applicable to Maryland type bridges / Brug anker, per anker - slegs van toepassing op Maryland tipe brûe 678.72 +L T Only applicable to Maryland type bridges. Report per abutment. Report pontics separately (see codes 8420, 8422 and 8424) / Slegs op Maryland tipe brûe van toepassing Rapporteer per anker. Rapporteer foptande afsonderlik (sien kodes 8420, 8422 en 8424) Fixed partial denture retainers – crowns / Ankers vir vaste gedeeltelike gebitte – krone Refer to crowns, single restorations for crown retainers / Verwys na krone, enkel herstelling vir krone as ankers 8193 Osseo-integrated abutment restoration, per abutment / Been-geïntegreerde ankertand herstelling, per ankertand 2482.99 +L T Refer to the DASA's 'General Practitioner's Guidelines to the correct use of treatment codes' for the application(s) of this code / Verwys na die TVSA se "Algemene Praktisyn se Riglyne vir die korrekte gebruik van behandelingskodes" vir die aanwending(s) van die kode.			
	J. ORAL AND MAXILLOFACIAL SURGERY / KAAK-, GESIG- EN MONDCHIRURGIE Refer to the specialist maxillo-facial and oral surgeon schedule for surgical services not listed in this schedule / Verwys asb na die spesialis kaa-, gesigs- en mondchirurg skedule vir chirurgiese dienste wat nie in die skedule voorkom nie. Extractions / Ekstraksies 8201 Single tooth / Enkel tand 160.86 T Code 8201 is charged for the first extraction in a quadrant / Kode 8201 word vir die eerste ekstraksie in 'n kwadrant gehef. 8202 Each additional tooth in the same quadrant / Elke bykomende tand in dieselfde kwadrant 225.65 T Code 8202 is charged for each additional extraction in the same quadrat / Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrant gehef.			

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
		Surgical extractions (includes routine postoperative care) / Chirurgiese ekstraksies (roetine nabehandelingsorg ingesluit)		
8209		Surgical removal of a tooth requiring elevation of mucoperiosteal flap, removal of bone and / or section of tooth / <i>Chirurgiese verwydering van geërupteerde tand wat die lig van 'n mukoperiosteale flap, verwydering van been en / of gedeelte van tand benodig</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	494.48	T
8210		Removal of unerupted or impacted tooth – first tooth / <i>Verwydering van ongeërupteerde of bekleemde tand – eerste tand</i>	1157.15	T
8211		Removal of unerupted or impacted tooth – second tooth / <i>Verwydering van ongeërupteerde of bekleemde tand – tweede tand</i>	621.13	T
8212		Removal of unerupted or impacted tooth – each additional tooth / <i>Verwydering van ongeërupteerde of bekleemde tand – elke bykomende tand</i>	353.59	T
8213		Surgical removal of residual tooth roots (cutting procedure) / <i>Chirurgiese verwydering van wortelreste (snyprosedure)</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	713.40	T
8214		Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth / <i>Chirurgiese verwydering van wortelreste (snyprosedure), elke daaropvolgende tand</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	505.60	T
		Other surgical procedures / Ander chirurgiese prosedures		
8188		Biopsy - intra-oral / <i>Biopsie – binne mond</i> This item does <u>not</u> include the cost of the essential pathological evaluations / <i>Hierdie item sluit <u>nie</u> die koste van die noodsaaklike patologiese evaluasies in nie.</i>	389.10	
		Repair of traumatic wounds / Herstel van traumatiese wonde		
8192		Appositioning (i.e., suturing) of soft tissue injuries / <i>Hegting van sagte weefselbeserings</i>	806.02	
		K. ORTHODONTICS / ORTODONSIE This schedule, applicable to occupational injuries and diseases, excludes orthodontic services / <i>Hierdie skedule, van toepassing op beroepsbeserings en – siektes, sluit nie ortodontiese dienste in nie.</i>		

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
	L. ADJUNCTIVE GENERAL SERVICES / BYGEVOEGDE ALGEMENE DIENSTE			
	Unclassified treatment / Ongeklassifiseerde behandeling			
8131	Palliative [emergency] treatment for dental pain / <i>Noodbehandeling vir tandheelkundige pyn</i> This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth / <i>Hierdie word tipies vermeld op 'n "per besoek" grondslag vir die noodbehandeling van tandheelkundige pyn waar geen ander tarief item van toepassing is, of toegepas word ten opsigte van dieselfde tand nie</i>	160.86		T
8221	Local treatment of post-extraction haemorrhage – initial visit / <i>Lokale behandeling van post-ekstraksie bloeding – aanvanklike besoek</i> (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia / <i>Sluit die behandeling van bloeding in die geval van stollingsiektas bv. hemofilie uit</i>)	112.90		
8223	Local treatment of post-extraction haemorrhage – each additional visit / <i>Lokale behandeling van post-ekstraksie bloeding – elke bykomende besoek</i>	72.50		
8225	Treatment of septic socket – initial visit / <i>Behandeling van septiese tandkas – aanvanklike besoek</i>	112.90		
8227	Treatment of septic socket – each additional visit / <i>Behandeling van septiese tandkas – elke bykomende besoek</i>	72.50		
	Anaesthesia / Verdowing			
8141	Inhalation sedation - first quarter-hour or part thereof / <i>Inhaleringsedasie - eerste kwartier of gedeelte daarvan</i>	142.52		
8143	Inhalation sedation - each additional quarter-hour or part thereof / <i>Inhaleringsedasie - elke bykomende kwartier of gedeelte daarvan</i> No additional fee can be charged for gases used in the case of items 8141 and 8143 / <i>Geen addisionele fooie mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143 nie</i>	77.07		
8144	Intravenous sedation / <i>Intraveneuse sedasie</i>	74.95		
8145	Local anaesthetic, per visit / <i>Plaaslike verdowing, per besoek</i>	35.19		
*	Code 8145 includes the use of the wand / <i>Kode 8145 sluit die gebruik van die stafie in</i>			
8499	The relevant codes published in the Government Gazette for Medical Practitioners shall apply to general anaesthetics for dental procedures / <i>Die toepaslike kodes gepubliseer in die Staatskoerant vir Mediese Praktisyne is op algemene narkose vir tandheelkundige prosedures van toepassing</i>			

I	GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
		Professional visits / Professionele besoeke		
8129		Additional fee for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers extended service hours as the norm / <i>Bykomende fooi vir noodgevalle, wanneer die behandeling buite die normale spreekure uitgevoer is (insluitende noodbehandeling wat by 'n hospitaal uitgevoer is). Nie van toepassing waar 'n praktyk uitgebreide diensure as die reel aanbied nie</i>	389.10	
8140		Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic and home visits; per visit / <i>Fooi vir behandeling op 'n plek anders as die spreekkamer, met inbegrip van hospitaalbesoeke, behandeling onder algemene narkose en tuisbesoeke; per besoek</i> Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001 / <i>Kode 8140 kan gelyktydig met kodes 8101 of 8104 geëis word, maar ooreenkomstig reël 001</i>	248.22	
		Drugs, medication and materials / Geneesmiddels, medikasie en materiale		
8183		Intra-muscular or sub-cutaneous injection therapy, per injection / <i>Intramuskulêre of subkutane inspuitingsterapie, per inspuiting</i> (Not applicable to local anaesthetic / <i>Nie van toepassing op plaaslike verdowing nie</i>)	67.09	
8220		Use of suture material provided by practitioner / <i>Gebruik van hegtingmateriaal wat deur praktisyn verskaf is</i>	Reël 013	
		Miscellaneous services / Diverse dienste		
8109		Infection control, per dentist, per hygienist, per dental assistant, per visit / <i>Infeksiebeheer, per tandarts, per mondhygienis, per assistent, per besoek</i> Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient / <i>Kode 8109 sluit die verskaffing, deur die tandarts, van nuwe rubberhandskoene, maskers ens. in</i>	23.73	
8110		Provision of sterilized and wrapped instrumentation in consulting rooms / <i>Verskaffing van gesteriliseerde en verpakte instrumentasie in die spreekkamer</i> The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments / <i>Die gebruik van hierdie kode is beperk tot hitte-, vogtige hitte- en stoom gesteriliseerde instrumente</i>	66.93	
8168		Behaviour management, by report / <i>Gedragbeheer, deur verslagdoening</i> May be reported in addition to treatment provided. Should be reported in 15 minute increments / <i>Mag bykomend tot behandeling geëf word. Behoort in tydintervalle van 15 minute gerapporteer te word</i> Notes/ <i>Notas:</i> If requested, the report must be made available at no charge / <i>Die verslag moet op versoek gratis beskikbaar gestel word</i> The use of this code is limited to general dental practitioners and specialists in community dentistry / <i>Die gebruik van hierdie kode is beperk tot algemene tandheelkundige praktisyns en spesialiste in gemeenskapstandheelkunde</i>	153.16	

GENERAL DENTAL PRACTITIONERS ALGEMENE TANDHEELKUNDIGE PRAKTISYNS				
Code Kode	Procedure description Prosedure beskrywing	Rc		MP MD
		FEE TARIEF		
8304	Limitation / Beperking May be reported in addition to treatment provided, when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff utilising additional time, skill and / or assistance to render treatment. The code can only be billed where treatment requires extraordinary effort and is the only alternative to general anaesthesia. The fee includes all pharmacological, psychological and physical management adjuncts required or utilized. Notation and justification must be recorded in the patient record identifying the specific behavior problem and the technique used to manage it. Billed in 15-minute units. (maximum 4 units per visit and allowed once per patient per day). Limited to 12 units per year. Rubber dam, per arch / <i>Kofferdam, per tandboog</i> (Refer to the guidelines for the application of a rubber dam in the preamble to the category "Endodontics" / <i>Verwys asb na die riglyne vir die aanwending van 'n kofferdam in die inleiding tot die kategorie "Endodonsie"</i>)	118.15		

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP M D
		A. DIAGNOSTIC PROCEDURES / DIAGNOSTIESE PROSEDURES		
	8501	Consultation / <i>Konsultasie</i>	298.30	
	8503	Occlusal analysis on adjustable articulator / <i>Okklusale analise op verstelbare artikulator</i>	610.16	
	8505	Pantographic recording / <i>Pantograafopnames</i>	890.11	
	8506	Detailed clinical examination, recording, radiographic interpretation, diagnosis, treatment planning and case presentation / <i>Gedetailleerde kliniese ondersoek, rekordhouding, radiografiese interpretasie, diagnose, beplanning van behandeling en uiteensetting van geval.</i> Note: Code 8506 is a separate procedure from 8507 and is applicable to craniomandibular disorders, implant placement or orthognathic surgery where extensive restorative procedures will be required / <i>Kode 8506 is 'n afsonderlike prosedure van kode 8507 en is van toepassing op kranio-mandibulêre afwykings, plasing van implantate en ortognatiese chirurgie waar uitgebreide herstelprosedures benodig word</i>	989.77	
	8507	Examination, diagnosis and treatment planning / <i>Ondersoek, diagnose en behandelingsbeplanning</i>	610.16	
	8508	Electrognathographic recording / <i>Elektrognatografiese opname</i>	990.26	
	8509	Electrognathographic recording with computer analysis / <i>Elektrognatografiese opname met rekenaaranalise.</i>	1587.48	
		B. Preventive procedures / Voorkomende prosedures This schedule, applicable to occupational injuries and diseases, excludes preventive services / <i>Hierdie skedule, van toepassing op beroepsbeserings en -siektes, sluit nie voorkomende dienste in nie.</i>		
		C. Treatment procedures / Behandelingsprosedures		
		Emergency treatment / <i>Noodbehandeling</i>		
	8511	Emergency treatment for relief of pain (where no other tariff code is applicable) / <i>Noodbehandeling vir pyn-verligting (as geen ander tariefkode van toepassing is nie)</i>	368.00	
	8513	Emergency crown / <i>Noodkroon</i> (Not applicable to temporary crowns placed during routine crown and bridge preparation / <i>Nie van toepassing op die plasing van tydelike krone gedurende roetine kroon en brug voorbereiding nie)</i>	602.64	+L T
	8515	Re-cementing of inlay, crown or bridge, per abutment / <i>Hersementering van inlegsels, kroon of brug, per ankertand</i>	233.66	T
	8517	RE-IMPLANTATION OF AN AVULSED TOOTH, INCLUDING FIXATION AS REQUIRED / HERINPLANTERING VAN 'N UITGESTAMPTE TAND, INSLUITENDE FIKSASIE SOOS BENODIG	623.74	+L T
		Provisional treatment / <i>Tydlike behandeling</i>		
	8521	PROVISIONAL SPLINTING – EXTRACORONAL WIRE, PER SEXTANT / TYDELIKE SPALKING – EKSTRAKORONALE DRAAD, PER SEKSTANT.	501.51	
	8523	Provisional splinting – extracoronaral wire plus resin, per sextant / <i>Tydlike spalking - ekstrakoronale draad plus hars, per sekstant</i>	734.35	

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP M D
	8527	Provisional splinting – intercoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint / Tydelike spalking - interkoronale draad of penne of gegote stang plus amalgaam of hars, per tandeenheid in die spalk ingesluit	233.66	+L
	8529	Provisional crown/ Voorlopige kroon Crown utilized as an interim restoration for at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This code should not be utilised for a temporary crown in a routine prosthetic restoration / Kroon gebruik as 'n voorlopige herstelling vir ten minste ses weke gedurende herstellende behandeling om voorsiening te maak vir voldoende tydsverloop vir genesing, of die voltooiing van ander prosedures. Dit sluit in maar is nie beperk tot die verandering van die vertikale dimensie, voltooiing van periodontale behandeling of gefrakteurde tandsindroom nie. Die prosedurekode word nie gebruik vir 'n tydelike kroon in 'n alledaagse prostetiese herstelling nie.	602.64	+L
	8530	Preformed metal crown / Voorafvervaardigde metaalkroon	511.65	T
	8551	Occlusal adjustment / Okklusale verstelling Major occlusal adjustment / Volledige okklusale verstelling This procedure can not be carried out without study models mounted on an adjustable articulator / Hierdie prosedure mag nie uitgevoer word sonder studiemodelle op verstelbare artikulatuur gemonteer nie.	697.37	
	8553	Minor occlusal adjustment / Geringe okklusale verstelling	540.46	
		Ceramic and / or resin bonded inlays and veneers / Keramiek en / of harsgebonde inlegsels en fineersels: In some of the procedures below (e.g. Direct hybrid inlays) +L may not apply / In sommige van die ondergenoemde prosedures (bv. Direkte gemengde harsinlegsels) mag +L nie van toepassing wees nie.		
	8554	Bonded veneers / Gebonde fineersels	1757.65	+L
	8555	One surface / Een vlak	2265.54	+L
	8556	Two surfaces / Twee vlakke	3271.00	+L
	8557	Three surfaces / Drie vlakke	5271.30	+L
	8558	Four or more surfaces / Vier of meer vlakke	5271.30	+L
		Gold restorations (only applicable with prior authorization) / Goudherstellings (vooraf goedkeuring benodig)		
	8571	One surface / Een vlak	1087.94	+L
	8572	Two surfaces / Twee vlakke	1572.92	+L
	8573	Three surfaces / Drie vlakke	2434.88	+L
	8574	Four or more surfaces / Vier of meer vlakke	2434.88	+L
	8577	Pin retention / Penretensie	363.41	T
	8581	Posts and copings / Stiwwe en vingerhoede Single post / Enkelstif	603.91	+L
	8582	Double post / Tweeledige stif	868.69	+L
	8583	Triple post / Drieledige stif	1088.92	+L
	8587	Copings / Vingerhoede	520.00	+L
	8589	Cast core with pins / Gegote kern met penne	858.04	+L

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP M D
	8591	Preformed posts and cores / Voorafvervaardigde stiwwe en kern Core build-up, including all pins / Opbou van kern, alle penne ingesluit Refers to the building up of an anatomical crown when a restorative crown will be placed, whether or not pins are used / Verwys na die opbou van 'n anatomiese kroon wanneer 'n herstellende kroon geplaas gaan word, met of sonder die gebruik van penne	602.64	T
	8593	Prefabricated post and core in addition to crown / Vooraf vervaardigde stif en kern bykomend tot kroon Core is built around a prefabricated post(s). Die kern word rondom 'n voorafvervaardigde pen(ne) opgebou	1117.23	T
	8592	Implants / Inplantate Osseo-integrated abutment restoration, per abutment / Been-geïntegreerde ankertand herstelling, per ankertand	3721.62	+L T
	8600	Cost of implant components / Koste van implantaat komponente	Reël 013	
	9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element / Blootlegging van een osseo-geïntegreerde implantaat en plasing van 'n transmukosale element	884.22	
	9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / Blootlegging van 'n tweede osseo-geïntegreerde implantaat en plasing van 'n transmukosale element in dieselfde kaak	663.01	
	9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / Blootlegging van 'n derde en daaropvolgende osseo-geïntegreerde implantaat in dieselfde kaak, per implantaat.	441.46	
	8597	Connectors / Verbinders Locks and milled rests / Slotte en gemasjineerde ruste	246.58	+L T
	8599	Precision attachments / Slotheftings	602.64	+L T
	8601	Crowns / Krone Cast three-quarter crown / Gegote driekwartkroon	2434.88	+L T
	8603	Cast gold crown (authorization needed) / Gegote goue kroon (goedkeuring benodig)	2434.88	+L T
	8605	Acrylic veneered gold crown / Akrielgefineerde goue kroon	2710.26	+L T
	8607	Porcelain jacket crown / Porseleindopkroon	2434.88	+L T
	8609	Porcelain veneered metal crown / Porseleingefineerde metaalkroon	3040.29	+L T
		Bridges / Brugwerk (Retainers as above / Ankers soos bo)		
	8611	Sanitary pontic / Sanitêre foptand	1837.00	+L T
	8613	Posterior pontic / Posterior foptand	2263.90	+L T
	8615	Anterior pontic / Anterior foptand	2434.88	+L T
	8617	Resin bonded retainers / Harsgebonde ankers Per abutment / Per ankertand Per pontic (see 8611, 8613, 8615) / Per foptand (sien 8611, 8613, 8615)	750.05	+L T

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP M D
	8625	Conservative treatment for temporo-mandibular joint dysfunction / Konservatiewe behandeling vir temporo-mandibulêre gewrig disfunksie	929.61	+L
	8621	Bite plate for TMJ dysfunction / <i>Bytplaat vir TMG-disfunksie</i>	211.90	
	8623	First visit for treatment of TMJ dysfunction / <i>Eerste besoek vir behandeling van TMG-disfunksie</i>	158.07	
		Follow-up visit for TMJ dysfunction / <i>Opvolgbesoek vir TMG-disfunksie</i>		
		The number of visits and fees therefore depend on the relationship between the practitioner and the patient, and the problems involved in the case / <i>Die aantal besoeke en koste daaraan verbode is afhanklik van die ooreenkoms tussen die pasiënt en die tandarts sowel as die aard en omvang van die geval.</i>		
		Endodontic procedures / Endodontiese prosedures		
		Root canal therapy / Wortelkanaalbehandeling		
		Procedure codes 8631, 8633 and 8636 include all X-rays and repeat visits / <i>Prosedurekodes 8631, 8633 en 8636 sluit alle X-straalfoto's en opvolgbesoeke in</i>		
	8631	Root canal therapy, first canal / <i>Wortelkanaalterapie, eerste kanaal</i>	2130.88	T T T
	8633	Each additional canal / <i>Elke bykomende kanaal</i>	532.43	
	8636	Re-preparation of previously obturated canal, per canal / <i>Hervoorbereiding van kanaal wat voorheen geobtureer was</i>	355.72	
		Other endodontic procedureS / <i>Ander endodontiese prosedures</i>		
	8635	Apexification of root canal, per visit / <i>Apeksifikasie van wortelkanaal, per besoek</i>	355.89	T
	8637	HEMISECTION OF A TOOTH, RESECTION OF A ROOT OR TUNNEL PREPARATION (AS AN ISOLATED PROCEDURE) / <i>HEMISEKSIE VAN 'N TAND, WORTELRESEKSIE OF TONNELVOORBEREIDING (AS 'N GEÏSOLEERDE PROSEDURE)</i>	993.85	T
	9015	Apicectomy including retrograde root filling where necessary - anterior tooth / <i>Apisektomie insluitend retrograde wortel herstel indien aangedui - anterior tand</i>	1179.23	T
	9016	Apicectomy including retrograde root filling where necessary - posterior tooth / <i>Apisektomie insluitend retrograde wortel herstel indien aangedui - posterior tand</i>	1761.58	T
	8640	Removal of fractured post or instrument from root canal / <i>Verwydering van gebreekte stif of instrument vanuit die wortelkanaal</i>	623.40	T
		Prosthetics (Removable) / <i>Prostetika (Verwyderbaar)</i>		
	8641	COMPLETE UPPER AND LOWER DENTURES WITHOUT PRIMARY COMPLICATIONS / <i>VOLLE KUNSGEBIT - BO EN ONDER SONDER PRIMÊRE KOMPLIKASIES</i>	6085.97	+L
	8643	Complete upper and lower dentures without major complications / <i>Volle kunsgebit - bo en onder sonder groot komplikasies</i>	7899.08	+L
	8645	Complete upper and lower dentures with major complications / <i>Volle kunsgebit - bo en onder met groot komplikasies</i>	9715.45	+L
	8647	Complete upper or lower denture without primary complications / <i>Volle kunsgebit - bo of onder sonder primêre komplikasies</i>	4257.64	+L
	8649	Complete upper or lower denture without major complications / <i>Volle kunsgebit bo of onder sonder groot komplikasies</i>	4864.20	+L

II	SPECIALIST PROSTHODONTISTS / SPESIALIS PROSTODONTISTE (M) See Rule 009 / (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP M D
	8651	Complete upper or lower denture with major complications / <i>Volle kunsgebit - bo of onder met groot komplikasies</i>	5470.43	+L
	8661	Diagnostic dentures (inclusive of tissue conditioning treatment) / <i>Diagnostiese kunsgebit (met inbegrip van weefselopknappingsbehandeling)</i>	4864.20	+L
	8662	Remounting and occlusal adjustment of dentures / <i>Hermontering en okklusale verstelling van kunsgebit</i>	700.15	+L
	8663	Chrome cobalt base base for full denture (extra charge) / <i>Chroom- kobalt basis vir volle kunsgebit (ekstra koste)</i>	1465.57	+L
	8664	Remount of crown or bridge for extensive prosthetics / <i>Hermontering van kroon of brug vir omvattende prostetika</i>	713.40	
	8665	Re-base, per denture / <i>Herbasering, per kunsgebit</i>	981.74	+L
	8667	Soft base, per denture (heat cured) / <i>Sagte basis, per kunsgebit (hitte verhardend)</i>	1464.43	+L
	8668	Tissue conditioner, per denture / <i>Weefselopknapper, per kunsgebit</i>	363.24	
	8669	Intra-oral reline of complete or partial denture / <i>Binne-mondse opvulling van volle- of gedeeltelike kunsgebit.</i>	540.46	
	8671	Metal (e.g. Chrome cobalt or gold) partial denture / <i>Metaal (bv Chroom-kobalt of goud) gedeeltelike kunsgebit</i>	4864.20	+L
	8672	Additional fee for altered cast technique for partial denture / <i>Bykomende fooi vir veranderde gietegniek, gedeeltelike kunsgebit</i>	190.46	+L
	8674	Additive partial denture / <i>Aanlasbare gedeeltelike kunsgebit</i>	2204.17	+L
	8679	Repairs / <i>Herstelwerk</i>	246.58	+L
	8273	Additional fee where impression is required for 8679 / <i>Bykomende fooi waar 'n afdruk vir 8679 benodig word</i>	112.90	+L
	8275	Adjustment of denture / <i>Verstelling van kunsgebit</i> (After six months or for a patient of another practitioner / <i>Na ses maande of vir 'n pasiënt van 'n ander tandarts</i>)	112.90	+L

	III. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE
	PREAMBLE / INLEIDING (See Rule 011 / <i>Sien Reël 011</i>) 1. (M/W) If extractions (codes 8201 and 8202) are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (See Modifier 8002) / <i>Indien ekstraksies (kodes 8201 en 8202) deur spesialiste in kaak-, gesigs- en mondchirurgie uitgevoer word, is die fooie gelyk aan die toepaslike tarief plus 50 persent (Sien Wysiger 8002).</i> 2. (M/W) The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff fee for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (See Modifier 8005) / <i>Die fooi vir meer as een operasie of prosedure via dieselfde insnyding uitgevoer, word bereken as die fooi vir die hoofoperasie plus die tariefgelde van die bykomende operasie tot die aangeduide maksimum vir elke sodanige operasie of prosedure (Sien Wysiger 8005).</i> 3. (M/W) The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus: 75% for the second procedure / operation (Modifier 8009) 50% for the third and subsequent procedures / operations (Modifier 8006) / <i>Die fooi vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander insnyding uitgevoer, word bereken as die fooi vir die hoofoperasie plus: 75% vir die tweede procedure / operasie (Wysiger 8009) 50% vir die derde en daaropvolgende prosedures / operasies (Wysiger 8006).</i> This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operation / <i>Hierdie reël is nie van toepassing waar twee of meer onverwante operasies deur praktisyns van verskillende spesialiteite uitgevoer word nie, in welke geval elke praktisyn geregtig is op die volle fooi vir sy operasie.</i> If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation / <i>Indien daar binne vier maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die fooi vir die tweede operasie die helfte van die vir die eerste.</i> The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the Compensation Fund may be charged / <i>Die fooi vir 'n operasie sluit in, tensy daar anders vermeld word, die normale na-operatiewe versorging vir 'n tydperk van hoogstens vier maande. Indien 'n praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reël dat dit voltooi word sonder bykomende heffing: met dien verstande dat, in die geval van na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard, sodanige fooi gehef kan word as waarop die praktisyn en die Vergoedingsfonds ooreengekom het.</i> 4. (M/W) The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007). The assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the invoice rendered to the Compensation Fund / <i>Die bedrag aan 'n algemene praktisyn assistent betaalbaar word bereken op 15% van die fooi van die praktisyn wat die operasie uitvoer, met die aangeduide minimum (Sien Wysiger 8007). Die bedrag aan 'n kaak-, gesigs- en mondchirurg assistent betaalbaar word bereken op 33,33% van die toepaslike fooie (Wysiger 8001). Die assistent se naam moet op die rekening wat aan die Vergoedingsfonds gelewer word verskyn.</i> 5. (M/W) The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (8008) / <i>Die bykomende fooie vir alle lede van die snykundige span vir na-ure noodoperasies sal bereken word deur 25% by die fooi vir die prosedure of prosedures uitgevoer by te voeg (8008).</i> 6. In cases where treatment is not listed in this schedule for general practitioners or specialists, the appropriate fee listed in the medical schedule(s) shall be charged, and the relevant medical tariff code must be indicated (See Rule 012) / <i>In gevalle waar behandeling nie in hierdie skedule vir algemene praktisyns of spesialiste gelys is nie, sal die toepaslike fooi, gelys in die mediese skedule(s) gevra word, en die betrokke mediese tariefkode moet aangedui word (Sien Reël 012).</i>

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
		CONSULTATIONS AND VISITS / KONSULTASIES EN BESOEKE		
	8901	Consultation at consulting rooms / <i>Konsultasie by spreekkamers</i>	295.18	
	8902	Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation / <i>Gedetailleerde kliniese ondersoek, radiografiese interpretasie, diagnose, behandelings-beplanning en uiteensetting van geval</i> Code 8902 is a separate procedure from code 8901 and is applicable to craniomandibular disorders, implant placement and orthognathic and maxillofacial reconstruction / <i>Kode 8902 is 'n afsonderlike prosedure van kode 8901 en is van toepassing op kranio-mandibulêre afwykings, plasing van implantate en ortognatiese- en kaak-en-gesig herkonstruksie</i>	827.61	
	8903	Consultation at hospital, nursing home or house / <i>Konsultasie by hospitaal, verpleeginrigting of tuis</i>	329.54	
	8904	Subsequent consultation at consulting rooms, hospital, nursing home or house / <i>Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis</i>	160.86	
	8905	Weekend visits and night visits between 18h00 - 07h00 the following day / <i>Naweek- en nagbesoeke tussen 18h00 en 07h00 die volgende dag</i>	474.51	
	8907	Subsequent consultations, per week, to a maximum of / <i>Daaropvolgende konsultasies per week, tot 'n maksimum van</i> "Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation / " <i>Daaropvolgende konsultasie</i> " beteken, in terme van items 8904 en 8907, 'n konsultasie vir dieselfde siektetoestand mits sodanige konsultasie plaasvind binne ses maande vanaf die eerste konsultasie."	544.87	
		INVESTIGATIONS AND RECORDS / ONDERSOEKE EN REKORDS		
	8107	Intra-oral radiographs, per film / <i>Binnemond röntgen-foto's, per film</i>	103.25	
	8108	Maximum for 8107 / <i>Maksimum vir 8107</i>	823.53	
	8113	Occlusal radiographs / <i>Okklusale röntgenfoto's</i>	160.86	
	8115	Extra-oral radiograph, per film / <i>Buitemond röntgenfoto, per film</i> (i.e. panoramic, cephalometric, PA / i.e. panoramies, kefalometries, PA) A maximum of two films per treatment plan may be charged for / <i>'n Maksimum van twee films per behandelingsplan mag geëis word.</i>	425.10	
	8117	Study models - unmounted / <i>Studiemodelle - ongemonteer</i>	116.17	+L
	8119	Study models - mounted on adjustable articulator / <i>Studiemodelle - op verstelbare artikulator gemonteer</i>	298.30	+L
	8121	Diagnostic photographs - per photograph / <i>Diagnostiese foto's - per foto</i>	116.17	
	8917	Biopsies - intra-oral / <i>Biopsies - binnemond</i>	569.41	
	8919	Biopsy of bone - needle / <i>Beenbiopsie - naald</i>	1047.04	
	8921	Biopsy of bone - open / <i>Beenbiopsie - oop</i>	1114.44	
		ORTHOGNATHIC SURGERY AND TREATMENT PLANNING / ORTOGNATIESE CHIRURGIE EN BEHANDELINGSBEPLANNING		

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
(M/W)		In the case of treatment planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist / <i>In die geval van behandelingsbeplanning waar die gesamentlike dienste van 'n Ortodontis en 'n Kaak-, Gesigs- en Mondchirurg benodig word, mag Wysiger 8009 (75%) toegepas word by die fooie geëis deur elke spesialis.</i>		
8840		Treatment planning for orthognathic surgery / <i>Behandelingsbeplanning vir ortognatiese chirurgie</i>	1295.90	+L
		REMOVAL OF TEETH / VERWYDERING VAN TANDE Modifier 8002 is applicable to codes 8201 and 8202 / <i>Wysiger 8002 is van toepassing op tariefkodes 8201 en 8202</i>		
		Extractions during a single visit / Ekstraksies ten tyde van enkele besoek		
8201		Single tooth / <i>Enkel tand</i> Code 8201 is charged for the first extraction in a quadrant / <i>Kode 8201 word vir die eerste ekstraksie in 'n kwadrant gehef.</i>	160.86	T
8202		Each additional tooth in the same quadrant / <i>Elke bykomende tand in dieselfde kwadrant</i> Code 8202 is charged for each additional extraction in the same quadrant / <i>Kode 8202 word vir elke bykomende ekstraksie in dieselfde kwadrant gehef.</i>	73.80	T
8957		Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw) / <i>Alveolotomie of alveolektomie - tesame met of onafhanklik van ekstraksie (per kaak)</i>	1437.61	
8961 (M/W)		Auto-transplantation of tooth/ <i>Auto-transplantasie van tand</i> (See Rule 011 and Notes 2 and 3 / <i>Sien Reël 011 en Notas 2 en 3</i>)	2356.51	+L
8931		Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) / <i>Lokale behandeling van post-ekstraksiebloeding (met uitsluiting van bloeding in die geval van stollingsiekties, bv. hemofilie)</i>	789.00	
8933		Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week / <i>Behandeling van bloeding in die geval van bloedsiekties, bv. hemofilie, per week</i>	2799.27	
8935		Treatment of post-extraction septic socket where patient is referred by another registered practitioner / <i>Behandeling van post-ekstraksie septiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde praktisyn</i>	208.95	
8937		Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap, removal of bone and / or other section of tooth / <i>Chirurgiese verwydering van geërupteerde tand wat die lig van 'n mukoperiosteale flap, verwydering van been en / of gedeelte van tand benodig.</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en thegting van wond in.</i> Code 8220 is applicable when suture material is provided by the practitioner (Rule 013) / <i>Kode 8220 is van toepassing wanneer hegtingsmateriaal deur die praktisyn verskaf word (Reël 013)</i>	728.46	
		Removal of roots / Verwydering van wortels Code 8220 is applicable when suture material is provided by the practitioner (Rule 013) / <i>Kode 8220 is van toepassing wanneer hegtingsmateriaal deur die praktisyn verskaf word (Reël 013)</i>		

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
	8953	Surgical removal of residual roots roots (cutting procedure) / <i>Chirurgiese verwydering van wortelreste (snyprosedure)</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i>	1047.52	T
	8955 (M/W)	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth / <i>Chirurgiese verwydering van wortelreste (snyprosedure), elke daaropvolgende tand</i> Includes cutting of gingiva and bone, removal of tooth structure and closure / <i>Sluit die sny van gingiva, been, verwydering van tandstruktuur en hegting van wond in.</i> (See Rule 011 and Notes 2 and 3 / <i>Sien Reël 011 en Notas 2 en 3</i>)	na/nvt	T
		Unerrupted or impacted teeth / Ongeërupteerde of bekleemde tande		
	8941	First tooth / <i>Eerste tand</i>	1735.23	T
	8943	Second tooth / <i>Tweede tand</i>	932.01	T
	8945	Third tooth / <i>Derde tand</i>	532.43	T
	8947	Fourth and subsequent tooth / <i>Vierde en daaropvolgende tand</i>	532.43	T
		DIVERSE PROCEDURES / DIVERSE PROSEDURES		
	8908	Removal of roots from maxillary antrum involving Caldwell-Luc procedure and closure of oral-antral communication / <i>Verwydering van tandwortels van die maksilêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel</i>	3577.31	
	8909	Closure of oral-antral fistula - acute or chronic / <i>Sluiting van antro-orale fistel - akuut of chronies</i>	2747.57	
	8911	Caldwell-Luc procedure / <i>Caldwell-Luc prosedure</i>	1077.96	
	8965	Peripheral neurectomy / <i>Perifere neurektomie</i>	2356.51	
	8966	Functional repair of oronasal fistula (local flaps) / <i>Funksionele herstel van oronasale fistula (lokale flappe)</i>	3336.78	
	8977	Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) / <i>Major herstelwerk aan bo- of onderkaak (bv. deur middel van beenoorplanting of protese, met kaakspalking)</i> (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure / <i>Wysigers 8005 en 8006 is nie van toepassing in hierdie geval nie. Die volle fooi kan gehef word ongeag of hierdie prosedure gelyktydig met prosedure 8975 of as 'n afsonderlike prosedure uitgevoer word</i>)	5602.30	
	8962	Harvest iliac crest graft / <i>Insameling van heupbeen</i>	2375.81	
	8963	Harvest rib graft / <i>Insameling van ribbebeen</i>	2733.33	
	8964	Harvest cranium graft / <i>Insameling van skedelbeen</i>	2136.77	
	8979	Harvesting of autogenous grafts (intra-oral) / <i>Insameling van outogene been (binnemond)</i>	385.51	
	9048	Removal of internal fixation devices, per site / <i>Verwydering van interne fiksasietoestelle, per area</i>	1237.99	
		SURGICAL PREPARATION OF JAWS FOR PROSTHETICS / CHIRURGIESE VOORBEREIDING VAN KAKEBEEN VIR PROSTETIEK		

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
8987		Reduction of mylohyoid ridges, per side / <i>Reduksie van tongriwwe, per kant</i>	2412.31	+L
8989		Torus mandibularis reduction, per side / <i>Reduksie van torus mandibularis, per kant</i>	2412.31	+L
8991		Torus palatinus reduction / <i>Reduksie van torus palatinus</i>	2412.31	+L
8993		Reduction of hypertrophic tuberosity, per side / <i>Reduksie van hipertrofiese tuberositeite, per kant</i> See procedure code 8971 for excision of denture granuloma / Sien prosedure kode 8971 vir die verwydering van kunsgebitgranuloom	1072.39	+L
8995		Gingivectomy, per jaw / <i>Gingivektomie, per kaak</i>	2139.55	+L
8997		Sulcoplasty / Vestibuloplasty / <i>Sulkoplastiek / Vestibulo-plastiek</i>	5401.54	+L
9003		Repositioning mental foramen and nerve, per side / <i>Herplasing van formen mentale en senuwee, per kant</i>	3274.10	+L
9004		Lateralization of inferior dental nerve (including bone grafting) / <i>Lateralisasie van inferior alveolêre senuwee (insluitend beenoorplanting)</i>	6491.59	
9005		Total alveolar ridge augmentation by bone graft / <i>Versterking van totale alveolêre rif deur beenoorplanting</i>	5496.76	+L
9007		Total alveolar ridge augmentation by alloplastic material / <i>Versterking van totale alveolêre rif met alloplastiese materiaal</i>	3544.41	+L
9008		Alveolar ridge augmentation across 1 to 2 adjacent tooth sites / <i>Versterking van alveolêre rif wat strek oor 1 tot 2 naasliggende tand areas.</i>	2265.54	+L
9009		Alveolar ridge augmentation across 3 or more tooth sites / <i>Versterking van alveolêre rif wat strek oor 3 of meer naasliggende tand areas</i>	2526.88	+L
9010		Sinus lift procedure / Sinus lig prosedure	3577.31	+L
		SEPSIS / SEPSIS		
9011		Incision and drainage of pyogenic abscesses (intra-oral approach) / <i>Insnyding en dreinerings van piogene absesse (intra-orale toegang)</i>	672.49	
9013		Extra-oral approach, e.g. Ludwig's angina / <i>Ekstra-orale toegang, bv. Ludwigangina</i>	90.13	
9015		Apicectomy including retrograde filling where necessary - anterior teeth / <i>Apisektomie insluitend retrograde herstel waar nodig - anterior tande</i>	1179.23	T
9016		Apicectomy including retrograde filling where necessary, posterior teeth / <i>Apisektomie insluitend retrograde herstel waar nodig, posterior tande</i>	2361.08	T
9017		Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible / <i>Dekortikasie, uitholling en sekwestrektomie vir osteomiëlitis van die mandibula</i>	4855.20	
9019		Sequestrectomy - intra-oral, per sextant and / or per ramus / <i>Sekwestrektomie – intra-orale toegang, per sekstant en / of per ramus</i>	1046.21	
		TRAUMA / TROUMA		
		Treatment of associated soft tissue injuries / Behandeling van gepaardgaande sagteweefselbeserings		
9021		Minor / <i>Gering</i>	1179.23	
9023		Major / <i>Uitgebreid</i>	2489.70	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
	9024	Dento-alveolar fracture, per sextant / <i>Dento-alveolêre fraktuur, per sekstant</i>	1179.23	+L
		Mandibular fractures / Frakture van die mandibula		
	9025	Treatment by closed reduction, with intermaxillary fixation / <i>Behandeling deur middel van toe reduksie, met intermaksilêre fiksering</i>	2616.67	
	9027	Treatment of compound fracture, involving eyelet wiring / <i>Behandeling van oop fraktuur deur middel van ogies en kruisbedrading</i>	3672.70	
	9029	Treatment by metal cap splintage or Gunning's splints / <i>Behandeling deur middel van metaaldopspalke of Gunningspalke</i>	4071.60	+L
	9031	Treatment by open reduction with restoration of occlusion by splintage / <i>Behandeling deur middel van oop reduksie en herstel van okklusie met spalke</i>	6029.51	+L
		Maxillary fractures with special attention to occlusion / Frakture van die maksilla met spesiale aandag aan okklusie		
		When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied / <i>Wanneer oop reduksie vir Items 9035 en 9037 benodig is, mag Wysiger 8010 geëis word</i>		
	9035	Le Fort I or Guerin fracture / <i>Le Fort I-fraktuur of Guerin-fraktuur</i>	3681.52	+L
	9037	Le Fort II or middle third of face fracture / <i>Le Fort II-fraktuur of middelste derde van gesig fraktuur</i>	6029.36	+L
	9039	Le Fort III or craniofacial dislocation or comminuted mid-facial fractures requiring open reduction and splintage / <i>Le Fort III-fraktuur of kraniofasiale ontwinging of verbroke fraktuur van mid-gesig wat oop reduksie en spalping vereis</i>	8643.72	+L
		Zygoma / Orbit / Antral - complex fractures / Wangbeen / Oogkas / Antrum - oop frakture		
	9041	Gillies or temporal elevation / <i>Gillies of temporale elevasie</i>	2616.33	
	9043	Unstable and / or comminuted zygoma fractures, treatment by open reduction or Caldwell-Luc operation / <i>Onstabiele en / of verbroke wangbeen frakture, behandeling deur middel van oop reduksie of Caldwell-Luc operasie</i>	5240.70	
	9045	Requiring multiple osteosynthesis and / or grafting / <i>Vereis veelvuldige osteosintese en / of beenoorplanting</i>	7856.70	
		FUNCTIONAL CORRECTION OF MALOCCLUSIONS / FUNKSIONELE HERSTEL VAN WANOKKLUSIES		
		For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply / <i>Die volle fooi kan gehef word vir prosedures 9047 tot 9072 d.w.s. notas 2 en 3 (i.s. Reël 011) is nie van toepassing nie.</i>		
	9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) / <i>Operasie ter verbetering of herstel van okklusie- en koutfunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering)</i>	11000.23	+L
	9049	Anterior segmental osteotomy of mandible (Köle) / <i>Anterior segmentele osteotomie van die mandibel (Köle)</i>	9164.87	+L
	9050	Total subapical osteotomy / <i>Totale subapikale osteotomie</i>	18507.42	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
	9051	Genioplasty / <i>Kenplastiek</i>	5240.70	
	9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy) / <i>Midfasiale ontbloting (vir maksillêre en nasale augmentasie of piramidale Le Fort II-osteotomie)</i>	8478.63	
	9055	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure / <i>Posterior segmentele osteotomie van die maksilla (Schukardt) - 1-stadium of 2-stadium prosedure</i>	9164.87	+L
	9057	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure / <i>Anterior segmentele osteotomie van die maksilla (Wassmund) - 1-stadium of 2-stadium prosedure</i>	9164.87	+L
	9059	Le Fort I osteotomy - one piece / <i>Le Fort I-osteotomie - een stuk</i>	17282.05	+L
	9062	Le Fort I osteotomy - multiple segments / <i>Le Fort I-osteotomie - veelvuldige segmente</i>	22455.81	+L
	9060	Le Fort I osteotomy with inferior repositioning and inter-positional grafting / <i>Le Fort I-osteotomie met inferior herposisionering en inter-posisionele transplantaat</i>	20097.68	
	9061	Palatal osteotomy / <i>Palatale osteotomie</i>	6029.51	
	9063	Le Fort II osteotomy for the correction of facial deformities or faciosostenosis and post-traumatic deformities / <i>Le Fort II-osteotomie ter korreksie van gesigsdeformiteite of fasiostenose en post traumatise deformiteite</i>	21861.54	+L
	9069	Functional tongue reduction (partial glossectomy) / <i>Funksionele tongreduksie (gedeeltelike glossektomie)</i>	3933.67	
	9071	Geniohyoidotomy / <i>Geniohioïedotomie</i>	2356.51	
	9072	Functional closure of a secondary oro-nasal fistula and associated structures with bone grafting (complete procedure) / <i>Funksionele herstel van sekondêre oro-nasale fistel en verwante strukture met been transplantaat (volledige prosedure)</i>	17282.05	+L
	TEMPORO-MANDIBULAR JOINT PROCEDURES / PROSEDURES VIR TEMPORO-MANDIBULÊRE GEWRIGTE			
	For Items 9081, 9083 and 9092 the full fee may be charged per side / <i>Vir Items 9081, 9083 en 9092 mag volledige fooi per kant gehef word</i>			
	9073	Bite plate for TMJ dysfunction / <i>Bytplaat vir TMG-disfunksie</i>	926.44	+L
	9074	Diagnostic arthroscopy / <i>Diagnostiese artroskopie</i>	2651.35	
	9075	Condylectomy or coronoidectomy or both (extra-oral approach) / <i>Kondilektomie of koronoïdektomie of beide (ekstra-orale toegang)</i>	5412.50	
	9076	Arthrocentesis TMJ / <i>Artrosintese TMG</i>	1585.84	
	9053	Coronoidectomy (intra-oral approach) / <i>Koronoïdektomie (intra-orale toegang)</i>	3274.10	
	9077	Intra-articular injection, per injection / <i>Intra-artikulêre inspuiting, per inspuiting</i>	394.01	
	9079	Trigger point injection, per injection / <i>Sneller-punt inspuiting, per inspuiting</i>	310.24	
	9081	Condyle neck osteotomy (Ward / Kostecka) / <i>Kondielnek osteotomie (Ward / Kostecka)</i>	2616.67	
	9083	Temporo-mandibular joint arthroplasty / <i>Temporo-mandibulêre gewrigsartroplastie</i>	6549.35	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc FEE TARIEF	MP MD
	9085	Reduction of temporomandibular joint dislocation without anaesthetic / <i>Reduksie van temporo-mandibulêre ontwrigting sonder narkose</i>	520.49	
	9087	Reduction of temporo-mandibular joint dislocation, with anaesthetic / <i>Reduksie van temporo-mandibulêre ontwrigting, onder narkose</i>	1047.04	
	9089	Reduction of temporo-mandibular joint dislocation, with anaesthetic and immobilisation / <i>Reduksie van temporo-mandibulêre ontwrigting, onder narkose en met immobilisasie</i>	2616.67	
	9091	Reduction of temporo-mandibular joint dislocation requiring open reduction / <i>Reduksie van temporo-mandibulêre ontwrigting wat oop reduksie vereis</i>	5501.18	
	9092	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) / <i>Totale gewrigsrekonstruksie met alloplastiese materiaal of been (insluitend kondilektomie en koronoïdektomie)</i>	17786.18	+L
	SALIVARY GLANDS / SPEEKSELKLIERE			
	9095	Removal of sublingual salivary gland / <i>Verwydering van sublinguale speekselklier</i>	3146.47	
	9096	Removal of salivary gland (extra-oral) / <i>Verwydering van speekselklier (ekstra-oraal)</i>	4595.20	
	IMPLANTS / INPLANTATE			
	For codes 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply / <i>Vir kodes 9180 tot 9192 mag die volle fooie gehef word, d.w.s. nota 2 van Reël 011 is nie van toepassing nie</i>			
	9180	Placement of sub-periosteal implant - Preparatory procedure / operation / <i>Plasing van sub-periosteale implantaat - voorbereidingsprosedure / operasie</i>	3616.73	
	9181	Placement of sub-periosteal implant prosthesis / operation / <i>Plasing van sub-periosteale implantaat protese / operasie</i>	3616.73	
	9182	Placement of endosteal implant, per implant / <i>Plasing van endosteale implantaat, per implantaat</i>	1815.30	+L
	9183	Placement of a single osseo-integrated implant, per jaw / <i>Plasing van een osseo-geïntegreerde implantaat, per kaak</i>	2393.16	
	9184	Placement of a second osseo-integrated implant in the same jaw / <i>Plasing van 'n tweede osseo-geïntegreerde implantaat in dieselfde kaak</i>	1793.31	
	9185	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant / <i>Plasing van 'n derde en daaropvolgende osseo-geïntegreerde implantaat in dieselfde kaak, per implantaat</i>	1196.25	
	9189	Cost of implants / <i>Koste van inplantate</i>	Reël 013	
	9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element / <i>Blootlegging van een osseo-geïntegreerde implantaat en plasing van 'n transmukosale element</i>	884.07	
	9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw / <i>Blootlegging van 'n tweede osseo-geïntegreerde implantaat en plasing van 'n transmukosale element in dieselfde kaak</i>	663.01	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS / SPESIALIS KAAK-, GESIGS- EN MONDCHIRURGE (M) See Rule 009/ (W) Sien Reël 009			
	Code Kode	Procedure description Prosedure beskrywing	Rc	
			FEE TARIEF	MP MD
9192		Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant / Blootlegging van 'n derde en daaropvolgende osseo-geïntegreerde implantaat in dieselfde kaak, per implantaat	441.46	
9046		Placement of zygomaticus fixture, per fixture / Plasing van wangbeen hegstuk, per hegstuk	6571.11	
9198		Implant removal / Implantaat verwydering This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure / Hierdie prosedure behels die sjirurgiese verwydering van 'n implantaat, i.e. die sny van sagte weefsel en been, verwydering van implantaat en thegting van die snit	1469.92	
8761		Masticatory mucosal autograft extending across not more than four teeth (isolated procedure) / Autoransplantaat van kou-mukosa en subepiteel bindweefsel wat oor nie meer as vier tande strek nie (enkel prosedure)	1598.93	
8772		Submucosal connective tissue autograft (isolated procedure) / Submukosale bindweefsel autotransplantaat (enkel prosedure)	1820.15	
8767		Bone regenerative / repair procedure at a single site / Been regeneratiewe / herstelprosedure by 'n enkele area Excluding cost of regenerative material - see code 8770 / Koste van regeneratiewe material uitgesluit - sien kode 8770	1949.26	
8769		Subsequent removal of membrane used for guided tissue regeneration procedure / Daaropvolgende verwydering van membraan gebruik vir 'n gerigte weefselregenerasie prosedure Codes 8761, 8767 and 8769 should be claimed only as part of implant surgery / Kodes 8761, 8767 en 8769 mag net tesame met implantaat chirurgie geëis word	776.57	

**DEPARTMENT OF LABOUR
NOTICE 215 OF 2018**

PROPOSED ANNUAL IN MEDICAL SERVICE PROVIDERS, FOR 2018/2019 FINANCIAL YEAR

COMPENSATION FOR OCCUPATIONAL INJURIES ACT, 1993 (ACT NO. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2018**.
2. Medical Tariffs increase for **2018** is **6.4%** with exception of assistive medical devices.
3. The current **2017/ 2018** rate for assistive medical devices will prevail for 2018/2019 financial year.
4. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2018** and **Exclude Vat**.


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MN OLIPHANT, MP

MINISTER OF LABOUR

DATE: *10/04/2018*
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GENERAL INFORMATION / ALGEMENE INLIGTING

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het ‘n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgever met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris ‘n beseerde werknemer na ‘n ander geneesheer deur homself aangewys verwys vir ‘n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

In die geval van ‘n verandering in geneesheer wat ‘n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na ‘n spesialis verwys is, as die lasgewer beskou word. Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om ‘n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig. Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag ‘n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.

Dit moet in gedagte gehou word dat ‘n werknemer geneeskundige behandeling op sy eie risiko aanvra. As ‘n werknemer dus aan ‘n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgever in te lig oor enige moontlike gronde vir ‘n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Neem asseblief kennis dat 'n gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER**

1. New claims are registered by the Employers and the Compensation Fund and the employer views the claim number allocated online. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die werkgewer en die Vergoedingsfonds en die werkgewer. Die eisnommer is op die web beskikbaar. Navrae aangaande eisnommers moet aan die werkgewer gerig word en nie aan die Vergoedingskommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is accepted as a COIDA claim, reasonable medical expenses will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is rejected (repudiated), accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If no decision can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an Operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 If there's any referrals to another medical service provider, it should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*
3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. The service

provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word. Die diensverskaffer moet 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*
 6. Service providers **should not generate the following** • *Diensverskaffers moet nie die volgende lewer nie:*
 - a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*
- * **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za** •
- * *Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of **faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

	Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
RULES GOVERNING THE TARIFF REÛLS VAN TOEPASSING OP DIE TARIEF PLEASE NOTE: The interpretations/comments as published in the SAMA Medical Doctors' Coding Manual (MDCM) must also be adhered to when rendering health care services under the Compensation for Occupational Injuries and Diseases Act, 1993. Neem asb kennis: Die interpretasie en algemene inligting soos gepubliseer in die Medical Doctors' Coding Manual (MDCM) moet ook nagekom word indien gesondheidsdienste verskaf word aan pasiënte gedek deur die Compensation for Occupational and Diseases Act, 1993							
A. Consultations: Definitione Konsultasies: Definiesies (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receives additional remuneration. Nuwe en bestaande pasiënte: 'n Konsultasie/besoek verwys na 'n kliniese situasie waar 'n mediese praktisyn persoonlik 'n pasiënt se siektegeskiedenis afneem, 'n toepaslike kliniese ondersoek uitvoer en indien aangedui behandeling toedien of voorskryf, of die pasiënt van raad bedien. Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geë kan word, uit (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. Opvolgbesoëke: Verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste konsultasie uitgevoer word. Dit kan die afneem van 'n siektegeskiedenis en/of kliniese ondersoek en/of die voorskryf of toedien van behandeling en/of raadgeewing behels (c) Hospital visits: Where a procedure or operation was performed, hospital visits are regarded as part of the normal aftercare and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code. Hospitaalbesoëke: In gevalle waar 'n prosedure of operasie deur 'n geneesheer uitgevoer is, word hospitaalbesoëke beskou as deel van die normale nasorg en mag geen gelde gehef word nie (behalwe waar anders aangedui). In gevalle waar daar nie 'n prosedure of operasie uitgevoer is nie, mag gelde volgens die toepaslike hospitaalopvolgbesoek item gehef word							

	Specialist Spesialis		General practitioner Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
B. Normal hours and after hours: Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after hours. Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. Please note: Items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period)●							
C. Comparable services: The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees or in the SAMA guideline, shall be based on the fee in respect of a comparable service. For procedures/services not in this tariff of fees but in the SAMA guideline, item 6999 (unlisted procedure or service code), should be used with the SAMA code. Motivation for the use of a comparable item must be provided. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23)● Vergelykbare dienste: Die bedrag wat gehef kan word ten opsigte van die lewering van 'n diens wat nie in hierdie tariefhandleiding of in die SAMA riglyn ingesluit is nie, moet gebaseer wees op die bedrag vir 'n vergelykbare diens. Vir prosedures en dienste nie in hierdie tarief maar wel in die SAMA riglyn, moet item 6999: (ongespesifiseerde procedure/diens), gebruik word saam met die SAMA item om hierdie diens aan te dui. Motivering vir die gebruik van 'n vergelykbare item moet verskaf word. Let Wel: Reël C en item 6999 is nie van toepassing op vergelykbare patologiese dienste (afdeling 21, 22 en 23) nie							
D. Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. In the case of an injured employee, the relevant consultation fee is payable by the employee.) In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be● Kansellering van afsprake: Tensy stappe vroegtydig gedoen word om 'n afspraak vir 'n konsultasie te kanselleer, kan die betrokke konsultasiegelde gehef word. In geval van 'n beseerde werknemer, is die werknemer aanspreeklik vir die konsultasiegelde. In die geval van 'n algemene praktisyn beteken "vroegtydig" twee ure en in die geval van spesialis 24 ure voor die afspraak. Elke geval word egter op meriete hanteer en, indien omstandighede dit regverdig, word geen gelde gehef nie. Indien 'n pasiënt nie opgedaag het vir 'n prosedure nie, is elke lid van die chirurgiese span geregtig om gelde te hef vir 'n besoek by of weg van die dokter se spreekkamers na gelang van die geval							

		Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital, as that routine pre-operative visit is included in the global surgical fee for the procedure. Pre-operatiewe besoeke: Die toepaslike gelde mag gehef word vir alle pre-operatiewe besoeke met die uitsondering van 'n roetine pre-operatiewe besoek by die hospitaal, aangesien daardie roetine pre-operatiewe besoek by die globale chirurgiese gelde vir die prosedure ingesluit is.							
F.	Administering of injections and/or Infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself. Toediening van inspuitings en/of infusies: Waar toepaslik, mag gelde vir die toediening van inspuitings en/of infusies alleenlik gehef word indien deur die praktisyn self toegedien							
G.	Post-operative care • Post-operatiewe sorg: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal aftercare for a period not exceeding FOUR months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). Tensy anders vermeld, sluit die gelde ten opsigte van 'n operasie of prosedure normale nasorg in oor 'n tydperk wat nie VIER maande oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie) (b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon it shall be his/her own responsibility to arrange for the service to be rendered without extra charge • Indien die normale nasorg aan 'n ander geregistreerde gesondheidswerker gedelegeer word en nie deur die chirurg voltooi word nie, sal dit sy/haar verantwoordelikheid wees om te reël dat die diens gelewer word sonder enige bykomende betaling (c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charge. • Wanneer na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard benodig word, mag gelde waaroor die chirurg en die Vergoedingsfonds ooreengekom het, gehef word (d) Normal aftercare refers to uncomplicated post-operative period not requiring any further surgical incision. • Normale nasorg verwys na ongekompliseerde na-operatiewe periode waar verdere insnydings nie nodig is nie. (e) Abnormal aftercare refers to post-operative complications and treatment not requiring any further incisions and will be considered for payment • Nie-normale nasorg verwys na na-operatiewe komplikasies en behandeling wat nie verdere insnydings verg nie. Hierdie dienste sal oorweeg word vir betaling							
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for four months. Verwydering van letsels: Waar 'n letsel verwyder word, sluit die vergoeding ook vier maande opvolg in							

		Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
I.	Pathological investigations performed by clinicians: Fees for all pathological investigations performed by members of other disciplines (where permissible) - refer to modifier 0097: Items that resort under Clinical and Anatomical Pathology: See section for Pathology. Patologiese ondersoeke uitgevoer deur klinici: Gelde vir alle patologiese ondersoeke wat uitgevoer word deur lede van ander dissiplines (waar toelaatbaar) - verwys na wysiger 0097: Items wat onder Kliniese en Anatomiese Patologie resorteer: Raadpleeg afdeling Patologie							
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered a lower fee than that in the tariff should be charged. Buite verhouding lae gelde: In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste deur 'n geneesheer gelewer, is hoër gelde onderhandelbaar. Aan die anderkant as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tariefkode aangegee word, gehef word							
K.	Services of a specialist, upon referral: Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists. Dienste van 'n spesialis, na verwysing: Behalwe in buitengewone gevalle is die dienste van 'n spesialis beskikbaar slegs op aanbeveling van die algemene praktisyn wat die geval hanteer. Geneesheer wat pasiënte na ander geneesheer verwys, moet, indien hulle daarvan bewus is dat die pasiënt in 'n "ongeval" beseer is, dit in die verwysingsbrief meld en dieselfde geld ten opsigte van monsters wat na patoloog gestuur word							
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged. Prosedures uitgevoer tydens besoeke: Indien 'n prosedure uitgevoer word tydens 'n konsultasie/ besoek, word die bedrag vir die besoek SOWEL as die bedrag vir die prosedure gehef							
M.	Surgical procedure planned to be performed later: In cases where, during a consultation/visit, a surgical procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion. Chirurgiese prosedure beplan om later uit te voer: In gevalle waar 'n chirurgiese prosedure tydens 'n konsultasie/ besoek beplan word om by 'n latere geleentheid uitgevoer word, mag by sodanige latere uitvoering van die prosedure nie weer gelde gehef word vir 'n besoek nie							
N.	Rendering of accounts for occupational injuries and diseases: Lewering van rekeninge vir beroepsbeserings en -siektes							

	Specialist Spesiale		General practitioner or Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
(a) "Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention. "Per konsultasie": Geen bykomende gelde kan vir dienste waarvoor die tarief aangedui word as "per konsultasie", gehef word nie. Sulke dienste word gereken as deel van die konsultasie/besoek waartydens die toestand onder die geneesheer se aandag gebring word (b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded. Waar gelde ten opsigte van enige diens in hierdie handleiding voorgeskryf is, is die geneesheer nie op betaling, bereken op die aantal besoeke afgeleë of die aantal ondersoek gedoen, geregtig as so 'n berekening die voorgeskryfde tarief oorskry nie (c) The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation. Die aantal konsultasies/besoeke moet in direkte verhouding staan tot die ernst van die beseering en indien meer as 20 besoeke benodig word, moet volledige motivering aan die Vergoedingsfonds voorgelê word (d) A single fee for a consultation/visit shall be paid to a medical practitioner for the once-off treatment of an injured employee who thereafter passes into the permanent care of another medical practitioner, not a partner or assistant of the first. The responsibility of furnishing the First Medical Report in such a case rests with the second practitioner. Gelde ten opsigte van een konsultasie/besoek word aan geneesheer betaal vir die eenmalige behandeling van 'n beseerde werknemer wat daarna na die permanente sorg van 'n ander geneesheer wat nie 'n vennoot of assistent van eersgenoemde geneesheer is nie, oorgeplaas word. In so 'n geval berus die verantwoordelijkheid om die Eerste Mediese Verslag te verstrek op die tweede praktisin							
O. Costly or prolonged medical services or procedures • Duur of langdurige mediese dienste of prosedures (a) An employee should be hospitalised only when and for the length of period that his condition justifies fulltime medical assistance • Hospitalisasie van 'n werknemer moet slegs geskied indien en vir so lank as wat sy toestand voltydse geneeskundige hulp vereis (b) Occupational therapy/Physiotherapy: The same principals as set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when an employee is referred to a therapist • Arbeidsterapie/Fisioterapie: Indien 'n werknemer verwys word na 'n terapeut sal dieselfde beginsels geld soos in wysiger 0077: Twee afsonderlike areas wat tegelykertyd behandel word vir heeltemal verskillende toestande (c) In case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Compensation Fund if liability is accepted for such treatment • In geval van duur of langdurige mediese dienste of prosedures, moet die geneesheer skriftelik vooraf by die Vergoedingsfonds vasstel of verantwoordelijkheid vir die betaling aanvaar word vir die spesifieke behandeling							

	Specialist Spesialis		General practitioner er Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
P. Travelling fees ● Reisgelde: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if the practitioner had to travel more than 16 kilometres in total ● Waar 'n praktisyn in noodgevalle vanaf sy huis of kamers na 'n pasiënt se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) indien die praktisyn meer as 16 kilometers in totaal moes aflê (b) If more than one patient is attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. Indien meer as een pasiënt tydens 'n reis aandag geniet, moet die volle reisgeld pro rata tussen die pasiënte verdeel word (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms ● 'n Praktisyn is nie geregtig om gelde te hef vir enige reiskoste of reistyd na sy kamers nie (d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such a hospital, except in cases of emergency (services not voluntarily scheduled) ● Waar 'n praktisyn se woning meer as 8 kilometer vanaf 'n hospitaal geleë is, mag geen reisgelde gehef word vir dienste gelewer in sodanige hospitaal nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste) (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled) ● As 'n praktisyn 'n rondreisende praktyk bedryf, is hy nie geregtig om reisgelde te hef nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste) INTENSIVE CARE ● INTENSIEWE SORG RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE ● REÛLS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE Q. Intensive care/High care: Units in respect of item codes 1204 to 1210 (Categories 1 to 3) EXCLUDE the following ● Intensiewe sorg/Hoë sorg: Eenhede vir itemkodes 1204 tot 1210 (Kategorieë 1 tot 3) SLUIT die volgende UIT: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit fee for the initial assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive care/high care unit ● Narkose en/of chirurgiesegelde vir enige toestand of prosedure, sowel as 'n eerste konsultasie/besoekgelde wat die eerste evaluasie van die pasiënt dek terwyl die intensiewe sorg/hoë sorg tarief die daaglikse sorg in die intensiewe sorgeenheid insluit (b) Cost of any drugs and/or materials ● Koste van medisyne en/of materiaal (c) Any other cost that may be incurred before, during or after the consultation/visit and/or the therapy ● Enige ander koste wat ontstaan voor, tydens of na die konsultasie/besoek en/of terapie (d) Blood gases and chemistry tests, including arterial puncture to obtain specimens ● Bloedgasondersoeke of chemiese bloedtoetse, insluitend arteriële punksie om bloedmonsters te verkry							

		Specialist Spesialis		General practitioner Algemene		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(e) Procedural item codes 1202 and 1212 to 1221 • Prosedure itemkodes 1202 en 1212 tot 1221 but INCLUDE the following • maar SLUIT die volgende IN: (f) Performing and interpreting of a resting ECG • Uitvoering en vertolking van 'n rustende EKG (g) Interpretation of blood gases, chemistry tests and x-rays • Vertolking van bloedgasse, biochemiese toetse en x-strale (h) Intravenous treatment (item codes 0206 and 0207) • Intraveneuse behandeling (itemkodes 0206 en 0207) R. Multiple organ failure: Units for item codes 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include cardio-respiratory resuscitation (item 1211) • Veelvuldige orgaan versaking: Eenhede vir itemkodes 1208, 1209 en 1210 (Kategorie 3: Gevalle met veelvuldige orgaan versaking) sluit kardio-respiratoriese resussitasie (item 1211) in S. Ventilation: Units for item codes 1212, 1213 and 1214 (ventilation) include the following • Ventilasie: Eenhede vir itemkodes 1212, 1213 en 1214 (ventilasie) sluit die volgende in: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies • Bepaling van minuutvolume, vitale kapasiteit, tyd- en vitale kapasiteitstudies (b) Testing and connecting the machine • Toets en verbinding van masjien (c) Setting up and coupling patient to machine: setting machine, synchronising patient with machine • Pasiënt aan die masjien verbind: stel van masjien en sinchronisasie van pasiënt met masjien (d) Instruction to nursing staff • Opdragte aan verpleegpersoneel (e) All subsequent visits for the first 24 hours • Alle daaropvolgende besoeke gedurende die eerste 24 uur T. Ventilation (item codes 1212 to 1214) does not form part of normal post operative care, but may not be added to item code 1204: Category 1: Cases requiring intensive monitoring • Ventilasie (itemkodes 1212 tot 1214) maak nie deel uit van normale na-operatiewe sorg nie, maar kan nie by itemkode 1204: Kategorie 1: Gevalle wat intensiewe monitoring vereis gevoeg word nie RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING • REÛLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE: MAGNETIESE RESONANSIE BEELDING NOTE In the event of Complex medical cases (Poly-trauma, Traumatic Brain injury, Spinal injuries, etc.), the first Radiological Investigations (e.g MR CT scan, Ultrasound and Angiography), Authorisation will not be required provided there was a valid indication. All second and Subsequent specialised Radiological Investigations for Complex medical cases, will need a pre-authorisation. Non-Complex medical cases/elective cases will need pre-authorisation for all specialised radiological investigations. W. (a) Complete Annexure A and Annexure B, submit report of the investigation and an invoice • Voltooi Bylaag A en Bylaag B voorsien verslag van die ondersoek en 'n rekening							

		Specialist Spesialis		General practitioner Algemene	Anaesthetic Narkose		
		U/E	R		U/E	R	T/M
	(b) Item code 6270 - Proper motivation must be submitted upon which the Compensation Fund will consider approval for payment. Itemkode 6270 - Mediese motivering moet voorgelê word waarna goedkeuring vir betaling deur die Vergoedingsfonds oorweeg sal word RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY ● REËLS VAN TOEPASSING OP DIE AFDELING MEDISE PSIGOTERAPIE Note ● Opmerking: (a) Prior approval must be obtained from the Compensation Fund before any treatment resorting under this section is carried out. Enige behandeling ingevolge hierdie afdeling moet vooraf deur die Vergoedingsfonds goedgekeur word (b) Where approval has been obtained, treatment must be limited to 1 sessions only, after which the patient must be referred back to the referring doctor for an evaluation and report to the Compensation Fund ● Waar goedkeuring verleen is moet die behandeling beperk word tot sessies waarna die pasient na die verwysende geneesheer terugverwys moet word vir evaluasie en verslag aan die Vergoedingsfonds						
Va.	Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. Elektro-konvulsiewe behandeling: Besoeke by 'n hospitaal of verpleeginrigting tydens 'n kursus elektro-konvulsiewe behandeling is geregtigdig en gelde kan daarvoor gehef word, bo en behalwe die gelde vir die prosedure						
Vb.	When adding psychotherapy items to a first or follow-up consultation item, the clinician must ensure that the time stipulated in the psychotherapy items are adhered to (i.e. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes) ● Indien psigoterapie items by 'n eerste of opvolgkonsultasie gevoeg word, moet die klinikus verseker dat die tyd soos gestipuleer in die psigoterapie items toegepas word (i.e. item 2957 - minimum 10 minute, item 2974 - minimum 30 minute en item 2975 - minimum 50 minute)						
	RULES GOVERNING THE SECTION RADIOLOGY ● REËLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE						
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used ● Behalwe waar anders aangedui, mag radioloë eis vir die koste van kontras materiaal wat gebruik is						
Z.	No fee to is subject to more than one reduction ● Geen gelde is onderworpe aan meer as een vermindering nie						
	RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES ● REËL VAN TOEPASSING OP DIAGNOSTIESE PROSEDURES WAT DIE GEBRUIK VAN RADIO-ISOTOPE VEREIS						
AA.	Procedures exclude the cost of isotope used ● Prosedures sluit die koste van die isotoop gebruik uit						
	RULE GOVERNING THE SECTION RADIATION ONCOLOGY ● REËL VAN TOEPASSING OP DIE AFDELING STRALINGS ONKOLOGIE						

		Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes. Die tariewe in hierdie afdeling (stralingsonkologie) sluit NIE die koste van radium of isotope in NIE							
	RULE GOVERNING ULTRASOUND EXAMINATIONS • REËL VAN TOEPASSING OP ULTRASONIESE ONDERSOEKE							
EE.	(a) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner performing the scan. A copy of the letter of motivation must be attached to the first account rendered to the Compensation Fund by the radiologist. In geval van 'n verwysing, moet die verwysende geneesheer 'n skriftelike motivering verskaf aan die radioloog of ander geneesheer wat die ondersoek doen. 'n Afskrif van die motivering moet aangeheg word aan die eerste rekening wat aan die Vergoedingsfonds voorgelê word deur die radioloog							
	(b) In case of a referral to a radiologist, no motivation is required from the radiologist himself. In geval van 'n verwysing na 'n radioloog, word geen motivering van die radioloog self vereis nie							
	RULES GOVERNING THE SECTION URINARY SYSTEM • REËLS VAN TOEPASSING OP DIE AFDELING URIENSTELSEL							
FF.	(a) When a cystoscopy precedes a related operation, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (T U R) prostatectomy. Wanneer 'n sistoskopiese 'n verwante operasie voorafgaan, geld wysiger 0013: Endoskopiese ondersoek uitgevoer tydens 'n operasie, byvoorbeeld sistoskopiese gevolg deur transurebrale prostatektomie							
	(b) When a cystoscopy precedes an unrelated operation, modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. Wanneer 'n sistoskopiese 'n onverwante operasie voorafgaan, geld wysiger 0005: Meer as een procedure/operasie onder dieselfde narkose, byvoorbeeld sistoskopiese vir urinêre infeksie gevolg deur liesbreukherstel							
	(c) No modifier applies to item code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973. Geen wysiger is van toepassing op itemkode 1949: Sistoskopiese, wanneer dit saam met enige van itemkodes 1951 tot 1973 uitgevoer word nie							
	RULE GOVERNING THE SECTION RADIOLOGY • REËL VAN TOEPASSING OP DIE AFDELING RADIOLOGIE							
GG.	Capturing and recording of examinations/images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years.							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
MODIFIERS GOVERNING THE TARIFF CODES ● WYSIGERS VAN TOEPASSING OP DIE TARIEFKODES								
MODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF CODES ● WYSIGER VAN TOEPASSING OP DIE RADIOLOGIE- EN STRALINGSONKOLOGIE-AFDELINGS VAN DIE TARIEFKODES								
0001	Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable ●	100	2 504.00					
MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO PROVIDE A REPORT ON X-RAYS ● WYSIGER VAN TOEPASSING OP 'N RADIOLOOG WAT VERSOEK IS OM 'N VERSLAG OOR X-STRALE TE VOORSIEN								
0002	Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere ● Geskrewe verslag oor X-strale: Die laagste vlak itemkode vir 'n nuwe pasiënt (spreekkamer) besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te voorsien aangaande X-strale wat elders geneem is en aan hom voorgelê word. Die bogenelde item en die laagste vlak itemkode vir 'n aanvanklike hospitaal besoek, moet nie gebruik word vir die roetine verslaggewing aangaande X-strale wat elders geneem is nie							
0005	Multiple therapeutic procedures/operations under the same anaesthetic ● Meer as een terapeutiese procedure/operasie onder dieselfde narkose: (a) Unless otherwise identified in the tariff, when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identifiable and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures ● (b) In case of multiple fractures and/or dislocations the above values also prevail ● (c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedure are performed under the same general anaesthetic, modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedures and provide a diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other therapeutic procedures performed under the same anaesthetic ● (d) Please note: When more than one small procedure is performed and the tariff makes provision for item codes for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) modifier 0005 is not applicable as the fee is already a reduced fee ● (e) Plus ("+") means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to modifier 0005 (see also modifier 0082) ●							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
APPLICATION OF MODIFIER 0005 IN CASES WHERE BONE GRAFT PROCEDURES AND INSTRUMENTATION ARE PERFORMED IN COMBINATION WITH ARTHRODESIS (FUSION) ● TOEPASSING VAN WYSIGER 0005 IN GEVALLE WAAR BEENOORPLANTINGS-PROSEDURES EN INSTRUMENTASIE IN KOMBINASIE MET ARTRODESE (FUSIE) UITGEVOER WORD (f) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together ● Wysiger 0005 (veelvuldige prosedures/operasies onder dieselfde narkose), is nie van toepassing wanneer die volgende prosedures saam uitgevoer word nie: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis ● Beenoorplantingsprosedures en instrumentasie word bykomend tot artrodese gehef 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for additionally ● Indien vertebrale prosedures uitgevoer word deur artrodese, mag beenoorplantings en instrumentasie addisioneel voor gehef word (g) Modifier 0005 (Multiple procedures/operations under the same anaesthetic) would be applicable when an arthrodesis is performed in addition to another procedure, e.g. osteotomy or laminectomy ● Wysiger 0005 (veelvuldige prosedures onder dieselfde narkose), sal van toepassing wees waar 'n artrodese saam met 'n ander prosedure bv. osteotomie of laminektomie uitgevoer word							
0006	A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable ● 'n 25% vermindering in die gelde van 'n daaropvolgende operasie, binne een maand, vir dieselfde siektetoestand, is van toepassing indien die operasies deur dieselfde chirurg uitgevoer word ('n operasie wat volg op 'n diagnostiese prosedure is uitgesluit). Indien 'n daaropvolgende operasie na meer as een maand uitgevoer word, is die volle gelde betaalbaar						
0007	15	359.10	15	359.10			
(a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation – 15.00 clinical procedure units irrespective of the number of items of equipment provided ● Gebruik van eie monitoring toerusting in die kamers: Vergoeding vir die gebruik van enige tipe eie monitoring toerusting in kamers vir prosedures wat onder intraveneuse sedasie uitgevoer word – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word (b) Use of own equipment in hospital or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital – 15.00 clinical procedure units irrespective of the number of items of equipment provided ● Gebruik van eie toerusting in hospitaalteater of losstaande teaterseenheid: Vergoeding vir die gebruik van enige tipe eie toerusting vir prosedures wat in 'n hospitaalteater of losstaande teaterseenheid uitgevoer word, indien sodanige toerusting nie deur die hospitaal verskaf word nie – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word (c) Use of own equipment by Audiologists in the rooms: Basic sound booth. - Used once per claim for compensation purposes. - To be added to the consultation fee, with a descriptor.							
	4.76	113.95	4.76	113.95			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0008	Specialist surgeon assistant: Where a procedure REQUIRES a registered specialist surgeon assistant, the tariff is 33,33% (1/3) of the fee for the specialist surgeon • Spesialis chirurgiese assistent : Waar 'n prosedure 'n geregistreerde spesialis chirurgiese assistent VEREIS , is die tarief 33,33% (1/3) van die spesialis chirurg se gelde							
0009	Assistant: The fee for an assistant is 20% of the fee for a specialist surgeon, with a minimum of 36.00 clinical procedure units - the minimum fee payable may not be less than 36,00 clinical procedures units • Assistent : Die gelde vir 'n assistent is 20% van 'n spesialis chirurg se gelde met 'n minimum van 36.00 kliniese prosedure eenhede - die minimum gelde betaalbaar mag nie minder as 36,00 kliniese prosedure eenhede beloop nie.	36	861.84	36	861.84			
0010	Local anaesthetic • Lokale verdowing : (a) A fee for a local anaesthetic administered by the practitioner may only be charged for (1) an operation or a procedure with a value of greater than 30.00 clinical procedure units (i.e. 31.00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value of greater than 50.00 clinical procedure units • Gelde mag gehef word vir plaaslike verdowing toegedien deur die praktisyn wat die operasie uitvoer, slegs vir 'n operasie of prosedure met 'n waarde van meer as 30.00 kliniese prosedure eenhede (d.i. 31.00 of meer kliniese prosedure eenhede) toegeken aan 'n enkele item) of (2) waar meer as een operasie of prosedure wat terselfder tyd uitgevoer word, 'n gekombineerde waarde van meer as 50.00 kliniese prosedure eenhede dra (b) The fee for a local anaesthetic administered shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0035: Anaesthetic administered by an anaesthesiologist/ anaesthetist, shall be applicable in such a case • Die gelde vir plaaslike verdowing toegedien word bereken volgens die basiese narkose-eenhede van die spesifieke operasie, met weglating van die narkose tydsfaktor, maar die minimum tarief soos per wysiger 0035: Narkose toegedien deur 'n anestesiooloog/narkotiseur, sal van toepassing wees in sodanige geval (c) The fee for a local anaesthetic administered is not applicable to radiological procedures such as angiography and myelography • Die gelde vir plaaslike verdowing toegedien is nie van toepassing op radiologiese prosedures soos angiografie en mielografie nie (d) No fee may be levied for the topical application of local anaesthetic • Geen gelde mag gehef word vir die topikale aanwending van lokale verdowing nie (e) Please note: Modifier 0010: Local anaesthetic administered by the operator may not be added onto the surgeon's account for procedures that were performed under general anaesthetic • Let wel: Wysiger 0010: Plaaslike verdowing toegedien deur die praktisyn wat die operasie uitvoer, mag nie saam met prosedures wat onder algemene narkose uitgevoer is op die chirurg se rekening gehef word nie	31	742.14	31	742.14			
		50	1 197.00	50	1 197.00			

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

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0011	Theatre procedures for emergency surgery: Any bona fide, justifiable emergency procedure, only applicable during after-hour periods – see general rule B, undertaken in an operating theatre, will justify the charging of an additional 12.00 clinical procedure units per half-hour or part thereof, of the operating time for all members of the surgical team. Modifier 0011 does not apply to patients on scheduled lists (PLEASE INDICATE TIME IN MINUTES) ● Teaterprosedures vir noodchirurgie: Vir enige bona fide, regverdigbare noodprosedure – slegs van toepassing gedurende na-ure periodes (vergelyk algemene reël B) – wat in 'n operasietheater uitgevoer word, kan 'n bykomende 12.00 kliniese prosedure eenhede gehef word per halfuur of deel daarvan wat die operasie duur, deur alle lede van die chirurgiese span. Wysiger 0011 is nie van toepassing op pasiënte op geskeduleerde lysie nie. (DUI ASSEBLIEF DIE TYDSDUUR IN MINUTE AAN)	12	287.28	12	287.28			
0013	Endoscopic examinations done at operations : Where a related endoscopic examination is performed at an operation by the surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged ● Endoskopiese ondersoek tydens prosedures : Waar 'n verwante endoskopiese ondersoek uitgevoer word by 'n operasie deur die chirurg of die anestesiooloog, mag slegs 50% van die gelde vir die endoskopiese ondersoek gehef word							
0014	Operations previously performed by other surgeons ● Operasies voorheen uitgevoer deur ander chirurgie (a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon ● Wysiger 0014(a) is slegs vir inligtingsdoeleindes en dui aan dat die prosedure voorheen deur 'n ander chirurg uitgevoer is. (b) Where an operation is performed which has previously been performed by another surgeon, e.g. a revision or repeat operation, the fee maybe calculated according to the tariff for the full operation plus an additional fee to be negotiated under general rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff ● Wanneer 'n operasie uitgevoer word wat vantevore deur 'n ander chirurg uitgevoer is, byvoorbeeld 'n hersteloperasie of herhaling van 'n operasie, kan die gelde bereken word volgens die volle operasietarief plus addisionele gelde onderhandelbaar ingevolge algemene reël J: In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste gelewer, behalwe in gevalle waar dit alreeds gespesifiseer is in die tarief INJECTIONS, INFUSIONS AND INHALATION SEDATION● INSPUITINGS, INFUSIES EN INHALASIE SEDASIE MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE ● WYSIGERS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0015	Intravenous infusions : Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after an operation, no extra fees shall be charged as the after-treatment is included in the global fee for the procedure. Should the practitioner performing the operation prefer to request another practitioner to perform post-operative intravenous infusions, the practitioner himself (and not the Compensation Fund) shall be responsible for remunerating such practitioner for the infusions • Binne-aarse infusies : Waar binne-aarse infusie (bloed en bloedseprodukte ingesluit) as deel van die nabehandeling van 'n operasie toegedien word, word geen ekstra gelde daarvoor gehef nie, omdat die nabehandeling by die globale operasiegeelde ingesluit is. Indien die geneesheer wat die operasie hanteer, verkies om 'n ander geneesheer te vra om binne-aarse infusie na die operasie toe te dien, is hyself (en nie die Vergoedingsfonds nie) teenoor sodanige geneesheer vir die vergoeding vir die infusies verantwoordelik.							
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged according to item 0131 (not chargeable together with a consultation item) • Inspuitings deur praktisyns toegedien: Wanneer desensitiserings-, binne-aarse, binnespiërse of onderhuidse inspuitings deur die praktisyn self aan pasiënte toegedien word wat die spreekkamers besoek, vorm toediening van 'n eerste inspuiting deel van die konsultasie/ besoek en slegs vir alle daaropvolgende inspuitings vir dieselfde toestand word gelde volgens item 0131 gehef (nie hefbaar saam met 'n konsultasie kode nie)							
0018	MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35 • WYSIGER VAN TOEPASSING OP CHIRURGIE OP PERSONE MET 'N LIGGAAMSMASSAINDEKS (LMI) VAN MEER AS 35 Surgical modifier for persons with a BMI of higher than 35 (calculated according to kg/m² = weight in kilograms divided by height in metres squared): Fee for the procedure +50% of the fee for surgeons; 50% increase in anaesthetic time units for anaesthesiologists • Chirurgiese wysiger vir persone met 'n LMI van meer as 35 (berekend volgens kg/m²): Gelde vir die prosedure +50% van die gelde vir chirurgie; verhoging van 50% in narkose tydseenhede vir anesthesioloog. MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHESIA FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS GUIDE TO TARIFFS • WYSIGERS VAN TOEPASSING OP DIE TOEDIENING VAN NARKOSE VIR ALLE PROSEDURES EN OPERASIES WAT IN HIERDIE TARIEF HANDLEIDING OPGENEEM IS							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by adding the basic anaesthetic units (allocated to each procedure that can be performed under anaesthesia indicated in the anaesthetic column) and the time units (calculated according to the formula in modifier 0023) and the appropriate modifiers (see modifiers 0037-0044). In case of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations, add units as laid down by modifiers 5441 to 5448. • Bepaling van narkosegelde: Narkosegelde word bereken deur die som te verkry van die basiese narkose-eenhede (toegeken aan elke prosedure wat onder narkose uitgevoer kan word en aangedui in die narkose kolom) en die tydeenhede (bereken volgens die formule in wysiger 0023) en die toepaslike wysigers (verwys na wysigers 0037-0044). In geval van operatiewe prosedures aan die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings, tel eenhede by soos uitgelê in wysigers 5441 tot 5448.							
0023	The basic anaesthetic units are laid down in the guide to tariffs and are reflected in the anaesthetic column. These basic anaesthetic units reflect the anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: • Die basiese narkose-eenhede word in die riglyn tot tariewe voorgeskryf en word in die narkose kolom aangedui. Hierdie basiese narkose-eenhede is 'n weergawe van die narkoserisiko, die tegniese vaardigheid benodig deur die anestesiooloog/narkotiseur en die omvang van die chirurgiese prosedure, maar sluit nie die waarde van die tyd in wat deur die toediening van narkose in beslag geneem word nie. Tydeenhede (aangedui deur "T") sal in alle gevalle by die voorgeskrywde basiese narkose-eenhede gevoeg word, en wel op die volgende wyse: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthesia, at 2.00 anaesthetic units is per 15 minute period or part thereof for the first hour. Should the duration of the anaesthesia be longer than one (1) hour the number of units shall be increased to 3.00 anaesthetic units per 15 minute period or part thereof after the first hour. • Narkosetyd: Vergoeding vir narkosetyd word bepaal per 15-minuutperiode of deel daarvan, bereken vanaf die aanvang van die narkose teen 2.00 narkose-eenhede is per 15-minuutperiode of deel daarvan vir die eerste uur. Indien die narkose langer as een (1) uur duur word die aantal eenhede verhoog na 3.00 narkose-eenhede per 15 minute of deel daarvan na die eerste uur.	2	223.72	2	223.72			
0024	Pre-operative assessment not followed by a procedure: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, the assessment will be regarded as a consultation at a hospital or nursing home and the appropriate hospital consultation fee should be charged. • Voor-narkose evaluasie wat nie deur 'n operasie gevolg word nie: Indien 'n voor-narkose evaluasie van 'n pasiënt deur die anestesiooloog/narkotiseur nie gevolg word deur 'n operasie nie, word die evaluasie as 'n besoek by die hospitaal of verpleeginrigting beskou en die toepaslike hospitaalbesoek gelde behoort gehef te word.	3	335.58	3	335.58			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0025	Calculation of anaesthesia time: Anaesthesia time is calculated from the time that the anaesthesiologist/ anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative nursing supervision. Where prolonged personal professional attention is necessary for the well-being and safety of a patient, the additional time spent can be charged for at the same rate as indicated above for anaesthesia time. The anaesthesiologist/anaesthetist must record the exact anaesthesia time and the additional time spent supervising the patient on the account submitted ● Berekening van narkosetyd: Narkosetyd word bereken vanaf die tydstop waarop die anesthesioloog/narkotiseur die pasiënt begin voorberei vir die induksie van narkose in die operasietheater of in 'n soortgelyke area en eindig wanneer die persoonlike professionele aandag van die anesthesioloog/narkotiseur nie meer deur die pasiënt benodig word nie; wanneer die pasiënt binne redelike perke van veiligheid aan die gewone na-operatiewe verpleegsorg toevertrou kan word. Waar persoonlike, professionele aandag vir die beswil en veiligheid van die pasiënt vir 'n langer tydperk benodig word, word die gelde daarvoor bereken op dieselfde wyse soos hierbo uiteengesit ten opsigte van narkosetyd. Die anesthesioloog/narkotiseur moet op die rekening die presiese narkosetyd asook die bykomende versorgingstyd wat die pasiënt benodig het aandui							
0027	More than one procedure under the same anaesthesia: Where more than one operation is performed under the same anaesthesia, the basic anaesthetic units will be that of the operation with the highest number of units. ● Meer as een operasie onder dieselfde narkose: Wanneer meer as een operasie onder dieselfde narkose uitgevoer word, sal die basiese narkose-eenhede gelykstaan aan dié van die operasie wat die hoogste aantal eenhede dra							
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthesia, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case of a general practitioner administering the anaesthesia. ● Assistent anesthesioloog: Wanneer die omvang van 'n narkose dit vereis, kan gebruik gemaak word van die dienste van 'n assistent anesthesioloog. Die assistent anesthesioloog se vergoeding sal op dieselfde basis bereken word as in die geval van 'n algemene praktisyn wat narkose toedien							
0031	Intravenous infusion and transfusions: Administering intravenous infusions and transfusions are considered to be a normal part of administering anaesthesia. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time. ● Intraveneuse infusies en transfusies: Intraveneuse infusies en transfusies word beskou as deel van die normale toediening van 'n narkose. Geen bykomende gelde mag vir sodanige dienste gehef word wanneer dit voor, of gedurende werklike teater- of operasietyd gelewer word nie							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0032	Patients in the prone position: Anaesthesia administered to patients in the prone position shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one additional anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no additional units should be added ● Pasiënte in buikliggende posisie: Narkose toegedien aan pasiënte in die buikliggende posisie sal 'n minimum van 4.00 basiese narkose-eenhede dra. Wanneer die basiese narkose-eenhede vir 'n prosedure 3.00 is, word een addisionele narkose-eenheid bygevoeg. Indien die basiese narkose-eenhede wat toegeken is aan die prosedure 4.00 of meer beloop, word geen bykomende eenhede bygevoeg nie							
		4	447.44	4	447.44			
0033	Participating in the general care of patients : When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthesia, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035: Anaesthetic administered by a specialist anaesthesiologist/ anaesthetist and modifier 0036: Anaesthetic administered by a general practitioner ● Deelname aan die algemene sorg van pasiënte : Wanneer dit van 'n anestesiooloog/narkotiseur verlang word om deel te hê aan die algemene sorg van 'n pasiënt gedurende 'n chirurgiese prosedure, maar hy dien nie die narkose toe nie, mag sodanige dienste vergoed word teen die volle narkose tarief, onderworpe aan die bepalings van wysiger 0035: Narkose toegedien deur 'n spesialis-anestesiooloog/narkotiseur en wysiger 0036: Narkose toegedien deur 'n algemene praktisyn							
0034	Head and neck procedures: All anaesthesia administered for diagnostic, surgical or X-ray procedures on the head and neck shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no extra units should be added ● Kop- en nekprosedures: Alle narkose wat toegedien word vir diagnostiese, chirurgiese of X-straal prosedures aan die kop en nek, sal 'n minimum van 4.00 basiese narkose eenhede dra. Wanneer die basiese narkose eenhede vir die prosedure 3.00 is, word een addisionele narkose eenheid bygevoeg. Indien die basiese narkose eenhede wat toegeken is aan die prosedure 4.00 of meer beloop, word geen bykomende eenhede bygevoeg nie	1	111.86	1	111.86			
		4	447.44	4	447.44			
0035	Anaesthesia administered by an anaesthesiologist/ anaesthetist: No anaesthesia administered by an anaesthesiologist/anaesthetist shall carry a total value of less than 7.00 anaesthetic units comprising basic units, time units and the appropriate modifiers ● Narkose toegedien deur 'n anestesiooloog/narkotiseur: Geen narkose toegedien deur 'n anestesiooloog/narkotiseur sal 'n totale waarde van minder as 7.00 narkose eenhede beloop nie insluitend basiese eenhede, tydseenhede en toepaslike wysigers	7	783.02	7	783.02			

		Specialist Spesials		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0036	Anaesthesia administered by general practitioners: The anaesthetic units (basic units plus time units plus the appropriate modifiers) used to calculate the fee for anaesthesia administered by a general practitioner lasting one hour or less shall be the same as that for an anaesthesiologist. For anaesthesia lasting more than one hour, the units used to calculate the fee for anaesthesia administered by a general practitioner will be 4/5 (80%) of that applicable to a specialist anaesthesiologist, provided that no anaesthesia lasting longer than one hour shall carry a total value of less than 7.00 anaesthetic unit. Please note that the 4/5 (80%) principle will be applied to all anaesthesia administered by general practitioners with the provision that no anaesthesia totalling more than 11.00 units would be reduced to less than 11.00 units in total. The monetary value of the unit is the same for both anaesthesiologists/anaesthetists ● Narkose toegedien deur algemene praktisyns: Gelde vir narkose deur 'n algemene praktisyn toegedien wat een uur of korter duur sal bereken word op dieselfde wyse (basiese eenhede plus tyd eenhede plus die toepaslike wysigers) as van toepassing op die anesthesioloog. Vir narkose wat langer as een uur duur sal die gelde van die algemene praktisyn bereken word teen 4/5 (80%) van die totale tarief van toepassing op die anesthesioloog met die voorbehoud dat geen narkose wat langer as een uur duur 'n totale waarde van minder as 7.00 narkose-eenhede sal beloop nie. Let asseblief op dat die 4/5 (80%) beginsel toegepas sal word op alle narkose toegedien deur algemene praktisyns met die voorwaarde dat geen narkose met 'n totale waarde van meer as 11.00 eenhede verlaag sal word na minder as 11.00 eenhede in totaal nie. Die geldwaarde van 'n eenheid bly dieselfde vir beide anesthesioloë/narkotiseurs Note: Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448) ● Opmerking: Wysigerseenhede mag tot die basiese narkose-eenhede bygevoeg word volgens die volgende wysigers (0037-0044, 5441-5448)	7	783.02	7	783.02			
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3.00 anaesthetic units ● Liggaamshipotermie: Aanwending van totale liggaams-hipotermie: Voeg 3.00 narkose-eenhede by					3	335.58	
0038	Peri-operative blood salvage: Add 4.00 anaesthetic units for intra-operative blood salvage and 4.00 anaesthetic units for post-operative blood salvage ● Peri-operatiewe bloedherwinning: Voeg 4.00 narkose-eenhede by vir intra-operatiewe bloedherwinning en 4.00 narkose-eenhede vir post-operatiewe bloedherwinning					4	447.44	
0039	Deliberate control of blood pressure: All cases up to one hour: Add 3.00 anaesthetic units, thereafter add 1 (one) additional anaesthetic unit per quarter hour or part thereof (PLEASE INDICATE THE TIME IN MINUTES) ● Doelbewuste beheer van bloeddruk: Alle gevalle tot en met een uur: Voeg 3.00 narkose-eenhede by, daarna word 1(een) bykomende narkose-eenheid bygevoeg per kwartier of gedeelte daarvan. (DUI ASSEBLIEF DIE TYD IN MINUTE AAN)					3	335.58	
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3.00 anaesthetic units ● Hiperbariese druk: Gebruik van hiperbariese druk: Voeg 3.00 narkose-eenhede by					1 3	111.86 335.58	
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3.00 anaesthetic units ● Buiteliggamlike sirkulasie: Gebruik van buiteliggamlike sirkulasie: Voeg 3.00 narkose-eenhede by					3	335.58	

	Specialist Spesialis	General practitioner Algemene Praktisyn	Anaesthetic	Narkose	
	U/E	R	U/E	R	T/M
MUSCULO-SKELETAL SYSTEM • SPIER-SKELET STELSEL					
MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS • WYSIGERS VAN TOEPASSING OP NARKOSEGELDE VIR ORTOPEDIESE OPERASIES					
Modifiers 5441 to 5448 • Wysigers 5441 tot 5448 Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items) • Wysiging van die narkosetarief in gevalle van operatiewe prosedures op die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings word gereël deur die byvoeging van eenhede soos deur wysigers 5441 tot 5448 aangedui. (Die letter "M" is aangeteken by die eenhede van die toepaslike items, ten einde identifikasie van die betrokke items te vergemaklik)					
5441	Add one (1.00) anaesthetic unit, except where the procedure refers to the skeletal bones named in modifiers 5442 to 5448 • Voeg een (1.00) narkose-eenheid by, behalwe waar die prosedure betrekking het op die skeletbene wat genoem word in wysigers 5442 tot 5448			1	111.86
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2.00) anaesthetic units • Skouer, skapula, klavikula, humerus, elmbooggewrig, boonste 1/3 van tibia, kniegewrig, patella, mandibula en temporo- mandibulêre gewrig: Voeg twee (2.00) narkose-eenhede by			2	223.72
5443	Maxillary and orbital bones: Add three (3.00) anaesthetic units • Maksillêre en orbitale bene: Voeg drie (3.00) narkose-eenhede by			3	335.58
5444	Shaft of femur: Add four (4.00) anaesthetic units • Skag van femur: Voeg vier (4.00) narkose-eenhede by			4	447.44
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5.00) anaesthetic units • Werwelkolom (behalwe koksieks), pelvis, heup, nek van femur: Voeg vyf (5.00) narkose-eenhede by.			5	559.30
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8.00) anaesthetic units • Sternum en/of ribbe en spier-skeletprosedures wat 'n intra-torakale toegang behels: Voeg agt (8.00) narkose-eenhede by			8	894.88
0045	Post-operative alleviation of pain • Na-operatiewe pynverligting (a) When a regional or nerve block is performed in theatre for post-operative pain relief, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique • Wanneer 'n streeksblok of senuweeblok in die teater uitgevoer word vir post-operatiewe pynverligting, kan die toepaslike itemkode (items 2799-2804) gehef word, solank genoemde blok nie die primêre narkosetegniek is nie (b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique • Wanneer 'n streeksblok of senuweeblok in die saal of verpleeginrigting uitgevoer word vir post-operatiewe pynverligting, kan die toepaslike itemkode (items 2799-2804) gehef word, solank genoemde blok nie die primêre narkosetegniek is nie				

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(c) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain in the ward or nursing facility, it will be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility ● Wanneer 'n tweede mediese praktisyn die streeksblok of senuweeblok vir na-operatiewe pynverligting in die saal of verpleeginrigting toedien, sal gelde gehef word volgens die betrokke prosedure vir die toedien van die terapie. Herbesoek word volgens die toepaslike opvolgbesoek vir 'n pasiënt by 'n saal of verpleeginrigting gehef (d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID's (non-steroidal anti-inflammatory drugs) ● Geen een van die bogenelde is van toepassing op roetine na-operatiewe behandeling vir pyn, bv. binnespiero, binne-aarse of subkutane toediening van opiate, of NSAIDS (non-steroid anti-inflammatoriese middels) nie MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST UTILISING AN INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) ● WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG WAT GEBRUIK MAAK VAN 'N INTRA-AORTIESE BALLONPOMP (KARDIO-VASKULÊRESTESEL)							
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable ● Intra-aortiese ballonpomp: Waar 'n anestesiooloog verantwoordelik is vir die beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75.00 kliniese prosedure eenhede van toepassing MUSCULO-SKELETAL SYSTEM ● SPIER-SKELETSTESEL MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF ● WYSIGERS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEF					75	795.50	
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, the full fee for the initial treatment is applicable ● Waar gedurende die behandeling van 'n spesifieke fraktuur of ontwrigting (oop of geslote) 'n aanvanklike prosedure binne een maand gevolg word deur 'n oop reduksie of interne fiksasie, buite-skeletfiksasie of beenoorplanting aan dieselfde been, word die gelde vir die aanvanklike behandeling van die spesifieke fraktuur of ontwrigting met 50% verminder. Let wel: Hierdie vermindering sluit nie die assistentse gelde in waar van toepassing nie. Na verloop van 'n maand is die volle gelde vir die aanvanklike behandeling betaalbaar							
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis PROVIDED that the cumulative amount does NOT exceed the fee for a reduction ● Vir 'n fraktuur wat NIE reduksie vereis nie word 'n bedrag bereken volgens die gelde per diens gelewer MITS die kumulatiewe bedrag NIE die gelde vir 'n reduksie oorskry nie							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0048	Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27.00 clinical procedure units (not including after-care) ● Indien die aanvanklike geslote behandeling van 'n fraktuur of ontwrigting binne een maand opgevolg word deur verdere geslote reduksies onder algemene narkose, sal die gelde vir sodanige reduksies 27.00 kliniese prosedure eenhede beloop (nasorg nie ingesluit nie)	27	646.38	27	646.38			
0049	Except where otherwise specified, in cases of compound [open] fractures, 77.00 clinical procedure units (specialists and general practitioners) are to be added to the units for the fractures including debridement [a fee for the debridement may not be charged for separately] ● In gevalle van oop frakture word 77.00 kliniese prosedure eenhede (spesialiste en algemene praktisyns) bygetel by die eenhede vir die fraktuur, behalwe waar elders anders gespesifiseer, debridement ingesluit [gelde vir die debridement mag nie addisioneel voor gehel word nie]	77	1 843.38	77	1 843.38			
0050	In cases of a compound [open] fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either modifier 0049: Cases of compound [open] fractures, or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either modifier 0049: Cases of compound [open] fractures or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable) ● In geval van 'n oop fraktuur waar 'n debridement gevolg word deur interne fiksasie (uitgesluit fiksasie met Kirschner drade, sowel as frakture van hande en voete), mag die volle bedrag volgens wysiger 0049: Gevalle van oop frakture, of wysiger 0051: Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis, by die gelde vir die betrokke prosedure gevoeg word, plus die helfte van die bedrag volgens die tweede wysiger (of wysiger 0049: Gevalle van oop frakture, of wysiger 0051: Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis, soos toepaslik)	115.5	2 765.07	115.5	2 765.07			
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists and general practitioners add 77.00 clinical procedure units ● Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis: Spesialiste en algemene praktisyns voeg 77.00 kliniese prosedure eenhede by	77	1 843.38	77	1 843.38			
0052	Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixation and/or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and general practitioners for HAND or FOOT fracture/osteotomy: Add to the appropriate procedure code ●	81.1	1 941.53	81.1	1 941.53			
0053	Fractures requiring percutaneous internal fixation (insertion and removal of fixatives (wires) into of fingers and toes): Specialists and general practitioners add 32.00 clinical procedure units ● Frakture wat perkutane interne fiksasie vereis (inplasing en verwydering van fikseermiddels (drade) ten opsigte van vingers en tone): Spesialiste en algemene praktisyns voeg by 32.00 kliniese prosedure eenhede	32	766.08	32	766.08			
0055	Dislocation requiring open reduction: Units for the specific joint plus 77.00 clinical procedure units for specialists and general practitioners ● Ontwrigting wat oop reduksie vereis: Eenhede vir die spesifieke gewrig plus 77.00 kliniese prosedure eenhede vir spesialiste en algemene praktisyns	77	1 843.38	77	1 843.38			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total by 50% and add to the total for the first foot • Veelvuldige prosedures op voete: Met veelvuldige prosedures op voete word die gelde vir die eerste voet volgens wysiger 0005: Meer as een procedure/operasie onder dieselfde narkose uitgewerk. Gelde vir die tweede voet word op dieselfde manier uitgewerk, die tweede totaal word na 50% verminder en by die totaal vir die eerste voet getel							
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100% of the fee • Hersieningsoperasie vir totale gewrigsvervanging en onmiddellike herinplanting (met of sonder infeksie): gelde soos vir totale gewrigsvervanging + 100% van die gelde							
MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE • WYSIGER VAN TOEPASSING OP GEKOMBINEERDE PROSEDURES OP DIE WERWELKOLOM								
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed • Gekombineerde prosedures op die werwelkolom: In gevalle van gekombineerde prosedures op die werwelkolom, is beide die ortopediese chirurg en die neurochirurg geregtig op die volle gelde vir die deel van die operasie deur elkeen verrig							
MODIFIERS GOVERNING THE SUBSECTION REPLANTATION SURGEY • WYSIGERS VAN TOEPASSING OP DIE ONDERAFDELING REPLANTASIE CHIRURGIE								
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure • Indien twee spesialiste saam aan 'n replantasie prosedure werk, is elkeen geregtig op twee derdes van die gelde vir die prosedure							
0064	Where a replantation procedure (or toe to thumb transfer) is unsuccessful no further surgical fee is payable for amputation of the non-viable parts • Indien 'n replantasie prosedure (of toon na duim verplanting) onsuksesvol is, is geen verdere gelde betaalbaar vir amputasie van die nie-lewensvatbare dele nie							
MODIFIER GOVERNING THE SECTION LARYNX • WYSIGER VAN TOEPASSING OP DIE AFDELING LARINKS								
0067	Microsurgery of the larynx: Add 25% to the fee for the procedure performed. (For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified in the Tariff Guide) • Mikrochirurgie aan die larinks: Die bedrag soos vir die prosedure uitgevoer plus 25 % van die gelde (Die gelde vir ander operasies waar 'n operasie-mikroskoop gebruik moet word, sluit die gebruik van 'n operasie-mikroskoop in behalwe waar anders in die Tariefreglyn gespesifiseer)							
MODIFIERS GOVERNING NASAL SURGERY • WYSIGERS VAN TOEPASSING OP CHIRURGIE VAN DIE NEUS								

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee for the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083 ● Wanneer endoskopiese instrumente tydens intranasale chirurgie gebruik word: Voeg 10% van die gelde vir die prosedure wat uitgevoer is by. Slegs van toepassing op items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 en 1083							
	MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORACOSCOPE ● WYSIGER VAN TOEPASSING OP OOP PROSEDURE(S) WANNEER TORAKOSKOPIES UITGEVOER WORD							
0070	Add 45.00 clinical procedure units to procedure(s) performed through a thoracoscope ● Voeg 45.00 kliniese prosedure-eenhede by oop prosedure(s) wat torakoskopies uitgevoer word	45	1 077.30	45	1 077.30			
	MODIFIER GOVERNING FEES FOR ENDOSCOPIC PROCEDURES ● WYSIGER VAN TOEPASSING OP GELDE VIR ENDOSKOPIESE PROSEDURES							
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33,33% (1/3) of that fee (plus "+" codes excluded) will apply where endoscopic procedures are performed with own equipment ● Die basiese gelde vir die prosedure plus 33,33% (1/3) van die gelde (plus "+" kodes uitgesluit) sal van toepassing wees op alle endoskopiese prosedures wat met eie toerusting uitgevoer word							
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in own procedure rooms. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff guide ● Die gelde, plus 21.00 kliniese prosedure eenhede, sal van toepassing wees waar endoskopiese prosedures in eie prosedure kamers uitgevoer word. Let wel: Wysiger 0075 is nie van toepassing op enige items vir diagnostiese prosedures in die otorinolaringologie-afdelings van die tariefriglyn nie	21	502.74	21	502.74			
	MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT ● WYSIGER VAN TOEPASSING OP DIE AFDELING FISIESE BEHANDELING							
0077	(a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatment modalities for which separate fees may be charged (Only applicable if services are provided by a specialist in physical medicine) ● Wanneer twee afsonderlike areas tegelykertyd vir heeltemal verskillende toestande behandel word, word sodanige behandeling beskou as twee behandelingsmodaliteite waarvoor afsonderlike gelde gehef kan word (Slegs van toepassing indien dienste deur 'n spesialis in fisiese geneeskunde gelewer word)							
	(b) The number of treatment sessions for a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatment sessions are necessary liability for payment must be arranged in advance with the Compensation Fund ● Die aantal behandelingsessies vir 'n pasiënt waarvoor die Vergoedingsfonds aanspreeklikheid aanvaar word tot 20 beperk. Indien verdere behandelingsessies benodig is, moet aanspreeklikheid vir betaling daarvoor vooraf met die Vergoedingsfonds onderhandel word							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
Note: Physiotherapy administered by a non-specialist medical practitioner who is already in charge of the general treatment of the employee concerned, or by any partner, assistant or employee of such practitioner, or any other practitioner or radiologist should be embarked upon only with the express approval of the Commissioner. Such approval should be requested in advance. ● Opmerking: Fisioterapie wat toegedien word deur 'n geneesheer wat nie 'n spesialis is nie en wat reeds vir die algemene behandeling van die betrokke werknemer verantwoordelik is, of wat toegedien word deur 'n vennoot, assistent of werknemer van so 'n geneesheer of enige ander algemene praktisyn of radioloog behoort slegs te geskied met die uitdruklike goedkeuring van die Vergoedingsfonds. Daar behoort vooraf goedkeuring gedoen te word MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY ● WYSIGER VAN TOEPASSING OP DIE AFDELING MEDIESE PSIGOTERAPIE								
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (Items 2957, 2974 or 2975): Individual psychotherapy (specify type) ● Indien 'n eerste konsultasie/besoek onmiddellik gevolg word deur, of oorgaan in 'n mediese psigoterapeutiese prosedure, sal die gelde vir die prosedure bereken word volgens die toepaslike individuele psigoterapie kode (Items 2957, 2974 of 2975)							
MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING DIAGNOSTIESE RADIOLOGIE								
0001	Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable ●	100	2 504.00					
0002	Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere ● Geskrewe verslag oor X-strale: Die laagste vlak itemkode vir 'n nuwe pasiënt (spreekkamer) besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te voorsien aangaande X-strale wat elders geneem is en aan hom voorgelê word. Die bogemelde item en die laagste vlak itemkode vir 'n aanvanklike hospitaal besoek, moet nie gebruik word vir die roetine verslaggewing aangaande X-strale wat elders geneem is nie							
0080	Multiple examinations: Full Fee ● Veelvuldige ondersoeke: Volle tarief							
0081	Repeat examinations: No reduction ● Her-ondersoeke: Geen vermindering							
0082	Plus ("+") means that this item code is complementary to a preceding item code and is therefore not subject to reduction. The amount for plus ("+") procedures must not be added to the amount for the definitive item and must appear on a separate line on the account ● Plus ("+") beteken dat hierdie itemkode saam met 'n vorige itemkode gebruik word en daarom nie aan vermindering onderworpe is nie. Hierdie plus ("+") item word nie ingereken in die gelde vir die prosedure nie en moet op 'n aparte reël op die rekening aangedui word.							

		Specialist Specials		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used ● 'n Vermindering van 33,33% (1/3) van die gelde sal van toepassing wees op radiologiese ondersoek, soos aangedui in afdeling 19: Radiologie wat met hospitaaltoerusting uitgevoer word Note in respect of fees payable when X-rays are taken by general practitioners ● Opmerking met betrekking tot betaling van gelde waar X-stale deur algemene praktisyns geneem word: If the services of a radiologist were normally available, it is expected that these should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take the initial X-ray photograph himself provided he submitted a report to the effect that it was in the best interest of the employee for him to have done so. Subsequent X-ray photographs of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner ● As die dienste van 'n radioloog normaalweg beskikbaar is word verwag dat daarvan gebruik gemaak sal word. As omstandighede ten tyde van die eerste konsultasie ongunstig is om sodanige dienste te bekom, kan die algemene praktisyn self die eerste X-stralfoto's neem mits hy 'n verslag indien te dien effekte dat dit in die beste belang van die werknemer was dat die foto's deur hom geneem is. Daaropvolgende X-stralfoto's van dieselfde besering moet egter deur 'n radioloog geneem word wat die toepaslike verslag op die gebruiklike wyse moet indien 1. When a general practitioner takes X-ray photographs with his own equipment, if the services of a specialist radiologist were not available, he may claim at the prescribed fee ● Indien 'n algemene praktisyn X-stralfoto's met sy eie apparaat neem waar die dienste van 'n spesialis radioloog onverkrygbaar is, mag hy die voorgeskrewe gelde vir die neem van die foto's eis 2. (i) If a general practitioner ordered an X-ray examination at a provincial hospital where the services of a specialist radiologist are available, it is expected that the radiologist shall read the photographs for which he is entitled to one third of the prescribed fee ● Indien 'n algemene praktisyn 'n X-stralondersoek by 'n provinsiale hospitaal aanvra waar die dienste van 'n spesialis radioloog beskikbaar is word verwag dat die radioloog die X-stralfoto's sal lees waarvoor hy een derde van die voorgeskrewe gelde mag eis (ii) If the radiographer of the hospital was not available and the general practitioner had to take the X-ray photographs himself, he may claim 50% of the prescribed fee for the service. In that case, however, he should get written confirmation of his X-ray findings from the radiologist as soon as possible. The radiologist may then claim one third of the prescribed fee for such service ● Indien die hospitaal se radiografis nie beskikbaar is nie en die algemene praktisyn moet self die X-stralfoto's neem, kan hy 50% van die voorgeskrewe tarief vir daardie diens eis. In so 'n geval egter moet die radioloog so gou doenlik die algemene praktisyn se X-straalbevindings in 'n geskrewe verslag bevestig waarvoor die radioloog dan een derde van die voorgeskrewe tarief mag eis							

	Specialist Spesials		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
3. If a general practitioner ordered an X-ray examination at a provincial hospital where no specialist radiological services are available, the general practitioner will not be paid for reading the X-ray photographs as such a service is considered to be an integral part of routine diagnosis, but if he was requested by the Compensation Fund to submit a written report on the X-ray findings, he may claim two thirds of the prescribed fee in respect thereof ● Indien die algemene praktisyn 'n X-straalondersoek by 'n provinsiale hospitaal aanvra waar daar geen dienste deur 'n spesialis radioloog gelewer word nie sal hy nie vir die lees van die foto's vergoed word nie aangesien dit as 'n integrale deel van die diagnose beskou word, maar indien hy deur die Vergoedingsfonds versoek word om 'n skriftelike verslag oor die X-straal bevindinge in te dien, kan hy twee derdes van die voorgeskrewe tarief daarvoor eis 4. If a general practitioner had to take and read X-ray photographs at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service ● Indien 'n algemene praktisyn self X-straalfoto's moet neem en lees by 'n provinsiale hospitaal waar die dienste van 'n radiografe en 'n spesialis radioloog nie beskikbaar is nie kan hy/sy 50% van die voorgeskrewe tarief vir daardie diens eis							
0084 Charging for films and thermal paper by non-radiologists: In the case of radiological services rendered by non-radiologists where films, thermal paper or magnetic media are used, these media is charged for according to the film price of 2007, as compiled by the Radiological Society of South Africa (this list is available on request at radsoc@iafrica.com) ● Filmkoste: In die geval van radiologiese items waar van films gebruik gemaak word, moet praktisyns die gelde opwaarts of afwaarts regstel in ooreenstemming met veranderinge in die prys van films in vergelyking met November 1979: die berekening moet gedoen word op die basis dat 10% van die geldwaarde van die eenhede uit filmkoste bestaan (Hierdie inligting is verkrygbaar van die Radiologiese Vereniging van SA)							
0085 Left side: Add to items 6500-6519 as appropriate when the left side is examined. The absence of the modifier indicates that the right side is examined ● Linkerkant: Voeg by items 6500-6519 soos toepaslik wanneer die linkerkant ondersoek is. Afwesigheid van die wysiger dui aan dat die regterkant ondersoek is							
MODIFIER GOVERNING VASCULAR STUDIES ● WYSIGER VAN TOEPASSING OP VASKULÊRE STUDIES 0086 Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to an increase in terms of modifier 0080: Multiple examinations ● Vaskulêre groepe: "Filmreeks" en "Inplaas van Kontrasmedia" vul mekaar aan en vorm saam 'n enkele ondersoek: die gelde betaalbaar vir hierdie items is gevolglik nie onderworpe aan verhoging ooreenkomstig die bepallings van wysiger 0080: Veelvuldige ondersoeke, nie PLEASE NOTE Modifier 0083 is not applicable to Section 19.8 of the tariff ● LET WEL: Wysiger 0083 is nie van toepassing op Afdeling 19.8 van die tarief nie Rules applicable to vascular studies ● Reëls van toepassing op vaskulêre studies (a) The machine fee (items 3536 to 3550) includes the cost of the following ● Die gelde vir toerusting gebruik (items 3536 tot 3550) sluit die koste van die volgende in: All runs (runs may not be billed for separately) ● Alle lopies (daar mag nie afsonderlik vir lopies gelde gehêf word nie)							

	Specialist Specials		General practitioner Algemene Praktisyn		Anaesthetic		Narkose	
	U/E	R	U/E	R	U/E	R	T/M	
All film costs (modifier 0084 is not applicable) ● Alle filmkoste (wysger 0084 is nie van toepassing nie) All fluoroscopies (item 3601 does not apply) ● Alle fluoroskopieë (item 3601 is nie van toepassing nie) All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, anti-embolic agents, drugs and contrast media) ● Alle minor wegdoenbare materiaal (gedefinieer as enige item anders as kateters, gidsdrade, inplasingstoestelle, gespesialiseerde kateters, ballonkateters, stente, anti-emboliese middels, verdowingsmiddels en kontrasmedia) (b) The machine fee (item codes 3536 to 3550) may only be charged for once per case per day by the owner of the equipment and is only applicable to radiology practices ● Die toerustingstarief (itemkodes 3536 tot 3550) mag slegs een keer per geval per dag deur die eiensar van die apparaat gehef word en is slegs van toepassing vir radiologiese praktyke (c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team should charge at their respective full rates as per modifiers and the applicable codes ● Indien 'n prosedure deur 'n nie-radioloog en 'n radioloog as 'n span uitgevoer is in 'n fasiliteit wat deur die radioloog besit word, kan elke spanlid die respektiewe volle gelde hef volgens wysigers en die toepaslike kodes (d) If a procedure is performed by a non-radiologist and a radiologist as a team, in a facility not owned by the radiologist, modifier 6301 and modifier 6302 applies ● Indien 'n prosedure uitgevoer word deur 'n nie-radioloog en 'n radioloog as 'n span in 'n fasiliteit wat nie deur die radioloog besit word nie, is wysiger 6301 en wysiger 6302 van toepassing MODIFIERS GOVERNING VASCULAR STUDIES AND INTERVENTIONAL RADIOLOGY PROCEDURES ● WYSIGERS VAN TOEPASSING OP VASKULÊRE STUDIES EN INTERVENTSIONELE RADIOLOGIE PROSEDURES								
6300	If a procedure lasts less than 30 minutes only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account) ● Indien 'n prosedure minder as 30 minute duur word slegs 50% van die toerusting gelde vir items 3536-3550 toegelaat (spesifiseer duur van prosedure op rekening)							
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) ● Indien 'n prosedure uitgevoer word deur 'n radioloog in 'n fasiliteit wat nie deur hom/haar besit word nie, word gelde met 40% verminder (d.w.s. 60% van die tarief word gehef)							
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) ● Wanneer 'n prosedure deur 'n nie-radioloog uitgevoer word, word die gelde met 40% verminder (d.w.s. 60% van die tarief word gehef)							
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure ● Wanneer 'n prosedure in sy geheel deur 'n nie-radioloog uitgevoer word in 'n fasiliteit wat deur 'n radioloog besit word, hef die radioloog wat die fasiliteit besit 55% van die prosedure eenhede wat gebruik word. Wysiger 6302 is van toepassing op die nie-radioloog wat die prosedure uitvoer							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
6305	When multiple catheterisation procedures are performed (item codes 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20.00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value • Wanneer veelvuldige kateterisasie prosedures uitgevoer word (itemkodes 3557, 3559, 3560, 3562) en 'n angiogramondersoek op elke vlak gedoen word, word die aantal eenhede van elke sodanige prosedure met 20.00 radiologiese eenhede verminder na die aanvanklike kateterisasie. Die volle gelde (100%) word vir die eerste kateterisasie gehef							
	MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS • WYSIGERS VAN TOEPASSING OP DIE AFDELING ULTRAKLANK ONDERSOEKE							
0160	Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Real time): Fee for body part examined plus 30% of the units • Aspirasie van biopsie prosedure uitgevoer onder direkte ultrasoniese kontrole d.m.v. 'n ultrasoniese aspirasie biopsie klankkop (Statiese Reële tyd): Gelde vir die liggaamsdeel wat ondersoek word plus 30% van die eenhede							
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units • Gebruik van kontras gedurende ultraklank studie: voeg 6.00 ultraklankeenhede by	6	141.90					
	MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES • WYSIGER VAN TOEPASSING OP INTERVENSIONELE RADIOLOGIESE PROSEDURES							
0090	Radiologist's fee for participation in a team: 30.00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is personally involved, and not for interpretation of images only) • Radioloog se gelde vir deelname in 'n span: 30.00 radiologiese eenhede per ½ uur of gedeelte daarvan vir alle intervensionele radiologiese prosedures. Voor- of na-operatiewe angiografie, kateterisasie, rekenaarctografie, ultraklank- of x-stralondersoek is uitgesluit. (Mag slegs gehef word indien die radioloog persoonlik deelneem, en kan nie gehef word slegs vir die vertolkling van beelde alleen nie)	30	751.20	30	751.20			
	MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING • WYSIGERS VAN TOEPASSING OP MAGNETIESE RESONANSIE BEELDING							
6100	In order to charge the full fee (600.00 magnetic resonance units for an examination of a specific single anatomical region, the investigation should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes • Om die volle gelde (600.00 magnetiese resonansie-eenhede vir 'n ondersoek van 'n bepaalde enkele anatomiese liggaamsdeel te hef, moet die ondersoek uitgevoer word met die toepaslike radiofrekwensielus wat T1 en T2 opnames insluit op ten minste twee vlakke	600	15 024.00					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged - also applicable to all radiotherapy planning studies, per region • Waar 'n beperkte reeks van 'n spesifieke anatomiese liggaamsdeel uitgevoer word (been tumor uitgesluit) bv. vir 'n okkulte stres fraktuur, mag nie meer as twee-derdes (2/3) van die gelde gehef word nie - ook van toepassing op alle radioterapie beplanningstudies, per streek							
6102	All post-contrast studies (except bone tumour) including perfusion studies should be charged at 50% of the fee • Alle na-kontras studies (behalwe been tumor) perfusiestudies ingesluit moet teen 50% van die tarief gehef word Note: In cases where a Magnetic Resonance Imaging of any anatomical region is deemed necessary, written motivation must be submitted by the practitioner who requested the examination and attached to the account upon which the Compensation Fund will consider approval of payment • Opmerking: Indien 'n Magnetiese Resonansie Beelding van enige liggaamsdeel aangevra word, moet skriftelike motivering deur die praktisyn wat die ondersoek aangevra het saam met die rekening voorgelê word waarna goedkeuring vir betaling deur die Vergoedingsfonds oorweeg sal word							
0083	MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY • WYSIGERS VAN TOEPASSING OP DIE AFDELING BESTRALINGSONKOLOGIE The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus • Die gelde vir bestralingsonkologie geld net waar die spesialis in bestralingsonkologie sy eie apparaat gebruik							
0097	MODIFIERS GOVERNING THE SECTION PATHOLOGY • WYSIGERS VAN TOEPASSING OP DIE AFDELING PATOLOGIE Pathology tests performed by non-pathologists: Where item codes resorting under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee should be charged at two-thirds of the pathologists tariff • Patologiese toetse uitgevoer deur nie-patoloë: Wanneer itemkodes wat onder Kliniese Patologie (afdeling 21) en Anatomiese Patologie (afdeling 22) ressorteer, ook deur ander spesialiste of algemene praktisyns uitgevoer word, moet die gelde teen twee derdes van die patoloog se tarief gehef word							
0099	Stat basis tests: For tests performed on a stat basis, an additional fee of 50% of the fee for the particular pathology service shall apply, with the following provisos • Statbasistoetse: Vir toetse uitgevoer op 'n stat basis, sal 'n bykomende gelde van 50% van die tarief vir die betrokke patologiese diens van toepassing wees, met die volgende voorwaardes: (a) Stat tests may only be requested by the referring practitioner and not by the pathologist • Versoeke vir toetse op 'n stat basis mag slegs deur die verwysende praktisyn gerig word en nie deur die patoloog nie (b) Specimens must be collected on a stat basis where applicable • Monsters moet, waar van toepassing, op 'n stat basis bekom word (c) Test must be performed on a stat basis • Toetse moet op 'n stat basis uitgevoer word							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
(d) Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained • Dokumentasie (of 'n kopie daarvan) met betrekking tot die versoek van die verwysende praktisyn, moet bewaar word (e) This modifier will only apply during normal working hours and will never be used in combination with item code 4547: After-hours service • Hierdie wysiger sal slegs van toepassing wees gedurende normale werkure en sal nooit saam met itemkode 4547: Diens buite normale werkure, gebruik word nie.							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
I. CONSULTATIONS • KONSULTASIES							
The amounts in this section are calculated according to the Consultation Services unit values, 0181, 0182, 0183, 0184, 0186 and 0151							
GENERAL PRACTITIONERS AND ALL SPECIALISTS • ALGEMENE PRAKTISYNS EN ALLE SPESIALISTE							
a. Only one of items 0181-0186 as appropriate may be charged for a single service and not combinations thereof. Stegse een van items 0181-0186 wat toepaslik is mag gehel word vir 'n diens en nie kombinasies daarvan nie b. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoek te voer, waarvoor bykomende vergoeding geëis kan word, uit. c. Only item 0146 may be charged as appropriate thereof. Stegse items 0146 soos toepaslik mag gehel word. d. A subsequent visit refers to a voluntarily scheduled visit performed for the same condition within four (4) months after the first visit (although the symptoms or complaints may differ from those presented during the first visit). 'n Opvolgbesoek verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste besoek in verband met dieselfde siektetoestand uitgevoer word e. Items 0181, 0182, 0183, 0184 and 0186 include remuneration for the completion of the first, progress and final medical reports. Item 0186 may be charged for a visit to complete a final medical report. Items 0181, 0182, 0183, 0184 en 0186 sluit vergoeding in vir die voltooiing van die eerste, vorderings en finale mediese verslae. Item 0186 mag geëis word vir 'n besoek om 'n finale mediese verslag te voltooi.							
NEW PATIENT (NB: Indicate time in minutes) • NUWE PASIËNT							
0181	Visit for a new problem / new patient with problem focused history, examination and management up to 20 minutes • Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	16.5	402.44	15	365.85		
0182	Visit for a new problem / new patient with problem focused history, examination and management up to 30 minutes • Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	31.5	768.29	30	731.70		
0183	Visit for a new problem / new patient with problem focused history, examination and management up to 45 minutes • Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	36	878.04	33	804.87		
FOLLOW-UP VISIT • OPVOLGBESOEK							
0184	Follow-up visit for the evaluation and management of a patient • Opvolgbesoek vir die evaluering en hantering van 'n pasiënt.	16.5	402.44	15	365.85		
FINAL VISIT • FINAALBESOEK							
0186	Follow-up visit for the evaluation and management of a patient with Final Medical Report (Rule G not applicable) • Opvolgbesoek vir die evaluering en hantering van 'n pasiënt met 'n Finaal mediese verslag	31.5	768.29	30	731.70		
CONSULTATIONS: SPECIALISTS AND GENERAL PRACTITIONERS •							
0145	For consultation / visit away from the doctor's home or rooms: ADD to item 0181. Confirm where visit took place. Please note that item 0145 is not applicable for pre-anaesthetic assessments and may not be added to items 0151	6	143.64	6	143.64		
0146	Emergency or unscheduled consultation/visit at the doctor's home or rooms: ADD to items 0181, 0182 and 0183 as appropriate. (General Rule B refers) • Vir 'n na-ure noodgeval of ongeskeduleerde konsultasie/besoek by die dokter se huis of kamers: VOEG BY items 0181 of 0182 en 0183 soos toepaslik (Algemene Reël B verwys)	8	191.52	8	191.52		

		Specialist Specials		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0147	For after hours emergency or unscheduled consultation/ visit away from the doctor's home or rooms: ADD to items 0181, 0182 and 0183 as appropriate (General Rule B refers) • 'n Na-ure nood-of ongeskeduleerde konsultasie/besoek weg van die dokter se spreekkamer: Voeg by items 0181, 0182 of 0183, soos toepaslik. (Verwys na Reël B)	+	14	335.16	14	335.16		
0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0146 or ICU items 1204-1214) • Opvolgbesoek aan pasiënt by hospitaal of verpleeginrigting - Verwys na Algemene reël G(a) vir na-operatiewe sorg) (mag slegs eenmaal per dag gehef word (nie vir gebruik saam met items 0146 of intensiewe sorg items 1204-1214)		15	359.10	15	359.10		
	PRE-ANAESTHETIC ASSESSMENT/ VOORNARKOSE EVALUERING a. Pre-anaesthetic consultations for all major vascular, cardio-thoracic and orthopaedic cases will attract a unit value of at least 32.00 units • Vir voornarkose konsultasies van alle groot vaskulêre, kardiotorakale en ortopediese gevalle sal ten minste 'n eenheidswaarde van 15,00 eenhede gehef word b. Only item 0146 may be charged • Slegs items 0146 mag gehef word.							
0151	Pre-anaesthetic assessment of patient (all hours), Problem focused history, clinical examination and decision making • Voor-narkose evaluering van pasiënt (alle ure). Probleemtoegespitste pasiëntgeskiedenis, kliniese ondersoek en besluitneming		32	780.48	32	780.48		
	AUDIOLOGY & SPEECH THERAPY CONSULTATIONS							
1011	Consultation 5 - 30 min		22.5	234.23				
1012	Consultation 31 - 45 min		37.5	390.38				
1013	Consultation 46 - 60 min		52.5	546.53				
	GENERAL • ALGEMEEN							
0136	Special medical examination requested by the Compensation Commissioner • Spesiale mediese ondersoek versoek deur die Vergoedingskommissaris: - Amount applicable from 2003/03/03 until 2005/01/27 (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2003/3/3 tot 2005/01/27 (BTW Ingesluit) - Amount applicable from 2005/01/28 until further notice (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2005/01/28 tot verdere kennisgewing (BTW Ingesluit) - Amount applicable from 2014/04/01 until further notice (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2014/04/01 tot verdere kennisgewing (BTW Ingesluit)			1 100.00				
				1 860.00				
				3 500.00				
2918	Non-operative supervision of a patient in a rehabilitation unit. Urologists excluded. • Nie-operatiewe toesig van n pasiënte in n rehabilitasie eenheid, behalwe Uroloë.		15	359.10	15	359.10		
2058	Urologist: Non-surgical supervision of head/brain injuries, spinal injuries (including paraplegics) or burns. All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991 and 1992 of the Tariff • Uroloë: Nie-operatiewe toesig van kop/brein beserings, spinale beserings (insluitend paraplegie) of brandwonde. Alle urodinamiese ondersoeke uitgesluit en kan afsonderlik voor gevra word onder items 1979, 1981, 1991 en 1992 in Tarief		117	2 800.98	93.6	2 240.78		
	Note: these codes are applicable to non-operational supervision of head/brain injuries, spinal injuries or burns for all disciplines if patient is in a hospital or step-down facility. This code must be claimed where the occurrence of code 0109 exceeds 20 within a period of 4 calendar months. (General Rule G and N(c) refers) • Neem kennis: hierdie kodes is van toepassing by nie operatiewe toesig van kop/brein beserings, spinale beserings of brandwonde as die pasiënt in 'n hospitaal "step-down" fasiliteit is. Die kode word geëis waar die gebruik van kode 0109 meer as 20 is binne 'n periode van 4 kalender maande. (Algemene Reël G en N(c) verwys)							

		Specialist Spesialis		General Practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
II. MEDICINE, MATERIAL, AND SUPPLIES • MEDIKASIE, MATERIAAL EN VOORRAAD								
0196	Chronic medicine and/or material indicator: Use this item to indicate medicine and/or material that are dispensed for chronic conditions • Kroniese medikasie en/of materiaal indikator: Gebruik hierdie item om kroniese medikasie en/of materiaal verskaf vir kroniese toestande aan te dui							
0200	Cost of prostheses and/or internal fixation cost price + 20% with a maximum markup of R8640.73 • Koste van prosteses en/of interne fikasie apparaat. Kosprys + 20% met 'n maksimum winsgrens van R8640.73							
0201	(a) Cost of material: This item provides for a charge for material and special medicine used in treatment. Material to be charged for at cost price plus 35%. Charges for medicine used in treatment not to exceed the retail Ethical Price List • Koste van materiaal: Hierdie item maak voorsiening vir die hef van gelde vir materiaal en spesial medisyne wat gedurende behandeling gebruik word. Kosprys plus 35% kan gehef word vir materiaal. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Pryslis se kleinhandelsprys oorskry nie. (b) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used • Eksteme fiksasie-apparaat (wegdoenbaar): 'n Bedrag gelyk aan 25% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word. (c) External fixation apparatus (non-disposable): An amount equivalent to 20% of the purchase price of the apparatus may be charged where such apparatus is used • Eksteme fiksasie apparaat (nie-wegdoenbaar): 'n Bedrag gelyk aan 20% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word. (d) In case of minor injuries requiring additional material (e.g. suturing material) payment shall be considered provided the claim is motivated • In gevalle van geringe beserings wat bykomstige materiaal (bv. heftingsmateriaal) benodig sal betaling oorweeg word mits die eis van 'n motivering vergesel word. (e) Medicine, bandages and other essential material for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from his own stock provided a relevant prescription is attached to his account. Charges for medicine used in treatment not to exceed the retail Ethical Price List • Medisyne, verbande en noodsaaklike materiaal vir tuisgebruik deur die pasiënt, word op voorskrif van 'n apteek bekom en as 'n apteek nie gereedlik beskikbaar is nie, kan die geneesheer dit uit sy eie voorraad voorsien, mits hy 'n toepaslike voorskrif vir die medisyne aan sy rekening heg. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Pryslis se kleinhandelsprys oorskry nie. (f) Unless otherwise stated (attach invoice), for hospitalised patients, medication is included in per diem hospital tariff. Medical practitioners cannot claim for medication for such patients • Behalwe indien anders aangedui, (heg staat aan), vir gehospitaliseerde pasiënt: Medikasie is ingesluit in die per diem hospitaalfot. Dokters mag nie medikasie vir sulke pasiënte hef nie.							
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201 • Stel van 'n steriele blad: 'n Tarief van 10,00 kliniese prosedure eenhede kan gehef word vir die stel van 'n steriele blad waar 'n steriele prosedure in die spreekkamers uitgevoer word. Koste van heftingsmateriaal, indien van toepassing, word volgens item 0201 gehef	10	239.40	10	239.40			
0194	Procurement cost for human donor material. No mark up is allowed. Only applicable to Ophthalmologist, invoice to be attached • Verkryging van menslike weefsel. Geen wins mag op hierdie items gehef word nie. Siegs van toepassing op oftalmoloog, faktuur moet aangeheg word							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
III.	PROCEDURES • PROSEDURES The amounts in this section are calculated according to the Clinical Procedure unit values. Die bedrae in hierdie afdeling word volgens die Kliniese Prosedure eenheidswaardes bereken.							
6999	UNLISTED PROCEDURE/SERVICE • ONGESPESIFISEERDE PROSEDURE/DIENS Unlisted procedure/service code: A procedure/service may be provided that is not listed in the Compensation Fund tariffs. Please quote the correct SAMA code with item 6999. Ongespesifiseerde prosedure/diens item: 'n Prosedure/diens mag gelewer word wat nie in die Vergoedingsfonds tarief gelys word nie. Dui asseblief die korrekte SAMA kode aan saam met item 6999.							
1.	INTRAVENOUS TREATMENT • BINNEAARSE-BEHANDELING							
0206	Intravenous Infusions (push-in): Insertion of cannula - chargeable once per 24 hours. Intravenouse infuus (instoot): Inplaa van kannule - foel hefbaar vir een uitvoering per 24 uur.	0	143.64	0	143.64			
0207	Intravenous Infusions (cut-down): Cut-down and insertion of cannula - chargeable once per 24 hours. Intravenouse infuus (innyding): Inny en inplaa van kannule - foel hefbaar vir een uitvoering per 24 uur.	0	191.52	0	191.52			
0208	Therapeutic Venesection (Not to be used when blood is drawn for the purpose of laboratory investigations). Terapeutiese veneseksie (Kan nie gebruik word wanneer bloed getrek word met die oog op laboratorium ondersoek nie).	0	143.64	0	143.64			
	Note: How to charge for Intravenous Infusions Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations. Opmerking: Hoe om gelde te hef vir intravenouse infusies Praktisyn is geregtig om gelde volgens die toepasselike item te hef elke keer wanneer hulle persoonlik die kannule inplaa (maar mag nie meer dikwels as een maal per 24 uur vir hierdie diens hef nie). Geen gelde mag gehel word vir slegs die instandhouding van die infuus nie, byvoorbeeld kontrolering van die vloei of voorskryf van die inhoud, aangesien dit gereken word as deel van die diens wat tydens konsultasie gelewer word.							
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists). Verkryging van bloed monster(s) deur mediese praktisyn vir patologiese ondersoek, per veneseksie (uitgesluit patoloog).	3.25	77.81	3.25	77.81			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/R
2.	INTEGUMENTARY SYSTEM ● HUIDSTELSEL							
2.1	Allergy ● Allergie							
0217	Allergy: Patch tests: First patch ● Allergie: Plaktoets: Eerste plaktoets	4	95.76	4	95.76			
0219	Allergy: Patch tests: Each additional patch ● Allergie: Plaktoets: Elke bykomende toets	2	47.88	2	47.88			
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs ● Allergie: Velpriktoets: Velpriktoetsing: Insekif, latex en geneesmiddels	2.8	67.03	2.8	67.03			
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergen ● Allergie: Velpriktoets: Velpriktoetsing: Onmiddellike hipersensitiwiteitstoetsing (Type I reaksie): per antigeen, inasemring en voedsel allergeen	1.9	45.49	1.9	45.49			
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): per antigen ● Allergie: Velpriktoets: Velpriktoetsing: Vertragde hipersensitiwiteitstoetsing (Type IV reaksie): per antigeen	2.8	67.03	2.8	67.03			
2.2	Skin (general) ● Vel (algemeen)							
0255	Drainage of subcutaneous abscess, onychia, paronychia, pulp space abscess of nail ● Drainering van onderhuidse abses, onkile, paronikie absessie van nael	20	478.80	20	478.80	3	335.58	+7
0257	Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus ● Drainering van groot hand- of voetinfeksie; drainering van groot abses met nekrose van weefsel, wat diep fascia betrok of wat debridement benodig; algehele uitsnyding van pilonidale sist of sinus	87	2 082.78	87	2 082.78	3	335.58	+T
0259	Removal of foreign body superficial to deep fascia (except hand) ● Verwydering van vreemde voorwerp oppervlakkig tot diep-fascia (buiten hande)	20	478.80	20	478.80	3	335.58	+T
0261	Removal of foreign body deep to deep fascia (except hands) ● Verwydering van vreemde voorwerp diep-tot-diep-fascia (buiten hande)	31	742.14	31	742.14	3	335.58	+T
	Note: See item 0922 and 0923 for removal of foreign bodies in hands. Let wel: Sien item 0922 en 0923 vir verwydering van vreemde voorwerpe uit hand							
2.3	Major plastic repair ● Groot plastiese herstel							
	Note: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment. Opmerking: Hierdie tarfellys voorsien nie vir elektiewe of kosmetiese operasies nie aangesien sodanige prosedures nie altyd 'n vermindering in die graad van blywende arbeidsongeskiktheid, soos in die Tweede Bylae tot die Wet beoog, tot gevolg mag hê nie. Die geneesheer is verplig om vooraf die Kommissaris se goedkeuring te verkry, alvorens met sulke behandeling begin word							
0289	Large skin graft, composite skin graft, large full thickness free skin graft ● Groot veltransplantaat, saamgestelde vel-transplantaat, groot volle dikte vry veltransplantaat	234	5 601.96	187.2	4 481.57	4	447.44	+T
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap ● Rekonstruktiewe prosedures (alle stadiums ingesluit) en vekoöplanting met behulp van miokutane- of fassiokutane flap	410	9 815.40	328	7 852.32	4	447.44	+T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis ● Rekonstruktiewe prosedures (insluitende alle stadiums) waafseloordraging met behulp van mikrovaskulêre heraanastomoses	800	19 152.00	640	15 321.80	4	447.44	+T
0292	Distant flaps: First stage ● Velflappe uit afgeleë posisie: Eerste stadium	206	4 931.64	164.8	3 945.31	4	447.44	+T
0293	Contour grafts (excluding cost of material) ● Kontoertransplantasie (uitgesonderd koste van materiaal)	206	4 931.64	164.8	3 945.31	4	447.44	+T
0294	Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses ● Gevaskulariseerde beenoordrag met of sonder sagteweefsel met een of meer stelle mikro-vaskulêre anastomoses	1200	28 728.00	960	22 982.40	6	671.16	+T
0295	Local skin flaps (large, complicated) ● Plaaslike velflappe (groot, gekompliceerd)	206	4 931.64	164.8	3 945.31	4	447.44	+T
0296	Other procedures of major technical nature ● Ander groot tegniese prosedures	206	4 931.64	164.8	3 945.31	4	447.44	+T
0297	Subsequent major procedures for repair of same lesion (Modifier 0006 not applicable) ● Daaropvolgende groot prosedures vir herstel van dieselfde letsel (Wysiger 0006 nie van toepassing nie)	104	2 489.76	104	2 489.76	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4862	Full thickness graft of the trunk, free grafting including direct closure of donor site <=20cm² • Voldikte vel-oorplanting van die toraks, free grafting en hegting van die skenker area <=20cm²	136.50	3 267.91	120.00	2 872.80	5	559.30	+T
4863	Full thickness graft of the trunk, free grafting including closure of donor site, each additional 20cm² (modifier 0005 not applicable) • Voldikte vel-oorplanting van die toraks: Free grafting en hegting van die skenker area; elke addisionele <=20cm² (wysiger 0005 nie van toepassing nie)	25.00	612.86	25.00	612.86	5	559.30	+T
4864	Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site <=20cm² • Voldikte vel-oorplanting van die kopvel, arms en bene: Free grafting en hegting van die skenker area <=20cm²	140.30	3 368.78	120.00	2 872.80	5	559.30	+T
4865	Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site, each additional 20cm² (modifier 0005 not applicable) • Voldikte vel-oorplanting van die kopvel, arms en bene: Free grafting en hegting van die skenker area; elke addisionele <=20cm² (wysiger 0005 nie van toepassing nie)	23.00	550.62	23.00	550.62	5	559.30	+T
4866	Full thickness graft of the face, neck, axilla, genitalia, hands and/or feet, free grafting including direct closure of donor site <=20cm² • Voldikte vel-oorplanting van die gesig, nek, oksels, genetalie, hande en voete: Free grafting en hegting van die skenker area <=20cm²	163.40	3 911.80	130	3 112.20	5	559.30	+T
4867	Full thickness graft of the face, neck, axilla, genitalia, hands and/or feet, free grafting including direct closure of donor site, each additional 20cm² (modifier 0005 not applicable) • Voldikte vel-oorplanting van die gesig, nek, oksels, genetalie, hande, voete: Free grafting en hegting van die skenker area; elke addisionele <=20cm² (wysiger 0005 nie van toepassing nie)	36.20	866.63	36.20	866.63	5	559.30	+T
4868	Full thickness graft of the nose, ears, eyelids, and/or lips free grafting including direct closure of donor site <=20cm² • Voldikte vel-oorplanting van die neus, ore, oogleden en lippe: Free grafting en hegting van die skenker area <=20cm²	163.50	4 392.99	146.80	3 514.38	5	559.30	+T
4869	Full thickness graft of the nose, ears, eyelids, and/or lips free grafting including direct closure of donor site; each additional 20cm² (modifier 0005 not applicable) • Voldikte vel-oorplanting van die neus, ore, oogleden en lippe: Free grafting en hegting van die skenker area; elke addisionele <=20cm² (wysiger 0005 nie van toepassing nie)	43.10	1 031.81	43.10	1 031.81	5	559.30	+T
2.4	Lacerations, scars, cysts and other skin lesions • Laserasies, littekens, sistes en ander velafsettings							
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia); including normal after-care • Hegting van sagnoteefselbeserings: Hegting van wond (met of sonder lokale verdoving): Normale navoring ingesluit	14	335.16	14	335.16	3	335.58	+T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each) • Hegting van sagnoteefselbeserings: Bykomende wondse geheg tydens dieselfde geleentheid (elk)	7	167.58	7	167.58	3	335.58	+T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage • Hegting van sagnoteefselbeserings: Diep laserasie met beperkte spierskade	64	1 532.16	64	1 532.16	4	447.44	+T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage • Hegting van sagnoteefselbeserings: Diep laserasie met uitgebreide spierskade	128	3 064.32	120	2 872.80	4	447.44	+T
0304	Major debridement of wound, sloughectomy or secondary suture • Uitgebreide debridement van wond, nekroektomie of sekondêre hegting	50	1 197.00	50	1 197.00	3	335.58	+T
4830	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis <= 20 square cm • Debridement van subkutane weefsel: Sluit epidermis en dermis in: <= 20 cm²	13.9	332.77	13.9	332.77	3	335.58	+T
4831	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis + ADD for every additional 20 square cm or part thereof • Debridement van subkutane weefsel: sluit epidermis en dermis in: Voeg by vir elke addisionele 20 cm² of gedeelte daarvan	5.3	126.88	5.3	126.88	3	335.58	+T
4832	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm • Debridement van spier en/of fascia: sluit epidermis en dermis en subkutane weefsel in: <= 20 cm²	36	861.84	36	861.84	5	559.30	+T
4833	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof • Debridement van spier en/of fascia: sluit epidermis, dermis en subkutane weefsel in: Voeg by vir elke addisionele 20 cm² of gedeelte daarvan	11.2	268.13	11.2	268.13	5	559.30	+T
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue and/or fascia; <= 20 square cm • Debridement beenweefsel: sluit epidermis, dermis, subkutane weefsel, spier en/of fascia in: <= 20 cm²	62.5	1 498.25	62.5	1 498.25	6	671.16	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue muscle and/or fascia; ADD for every additional 20 square cm or part thereof • Dobrderment van been weefsel: sluit epidermis en dermis in: Voeg by vir elke addisionele 20 cm² of gedeelte daarvan	19.5	488.83	19.5	468.83	0	871.16	+T-M
0305	Needle biopsy - soft tissue • Naaldbiopsie - sagte weefsel	25	598.50	25	598.50	3	335.58	+T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude • Uitnyding en herstel deur middel van direkte hegting; eksisie naelvou of ander kleiner prosedures van dieselfde omvang	27	646.38	27	646.38	3	335.58	+T
0308	Each additional small procedure done at the same time • Elke bykomende klein prosedure wat gelyktydig gedoen word	14	335.16	14	335.16	3	335.58	+T
0310	Radical excision of nailbed • Radikale verwydering van naelbed	38	909.72	38	909.72	3	335.58	+T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude • Waar herstel deur middel van groot veltransplantaat of groot plaaslike vel flap benodig word, of ander prosedures van soortgelyke omvang	104	2 489.76	104	2 489.76	4	447.44	+T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude • Waar herstel deur middel van klein veltransplantaat of klein plaaslike vel flap benodig word, of ander prosedures van soortgelyke omvang	55	1 316.70	55	1 316.70	3	335.58	+T
4856	Split thickness autograft of the trunk, arms and/or legs <=100 cm² • Split dikte autotransplantaat van die toraks, arms en/of bene <=100 cm²	153.0	3 677.18	122.88	2 941.75	5	559.30	+T
4857	Split thickness autograft of the trunk, arms and/or legs; each additional 100 cm² or part thereof (modifier 0005 not applicable) • Split dikte autotransplantaat van die toraks, arms en/of bene: elke addisionele 100 cm² (wysiger 0005 nie van toepassing nie)	31.5	754.11	31.5	754.11	5	559.30	+T
4858	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits <=100 cm² (1% of body area for infants and children) • Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone <=100 cm² (1% Liggaamsarea vir babas en kinders)	172	4 117.68	137.0	3 294.14	5	559.30	+T
4859	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits; each additional 100 cm² or part thereof (1% body area for infants and children) (modifier 0005 not applicable) • Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 cm² (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	51.8	1 235.30	51.8	1 235.30	5	559.30	+T
4872	Acellular dermal allograft of the trunk, arms and/or legs <=100 cm² (1% of body area for infants and children) • Aseellulêre veltransplantaat van die toraks, arms en/of bene <=100 cm² (1% Liggaamsarea vir babas en kinders)	66.3	1 587.22	66.3	1 587.22	5	559.30	+T
4873	Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 cm² or part thereof (1% of body area for infants and children) (modifier 0005 not applicable) • Aseellulêre veltransplantaat van die toraks, arms en/of bene: elke addisionele 100 cm² (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	15.3	366.28	15.3	366.28	5	559.30	+T
4874	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits <=100 cm²	74	1 771.56	74	1 771.56	5	559.30	+T
4875	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits; each additional 100 cm² or part thereof (modifier 0005 not applicable) • Aseellulêre veltransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 cm² (wysiger 0005 nie van toepassing nie)	21.8	521.89	21.8	521.89	5	559.30	+T
2.6	Burns • Brandwonde							
0345	Minor burns • Klein brandwonde							
0347	Moderate burns • Matige brandwonde							
0351	Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours) • Ernstige brandwonde: Resusitasie (met inbegrip van toesig en binne-aarse terapie - eerste 48 uur)	270	6 607.44	220.8	5 285.96	5	559.30	+T
0353	Tangential excision and grafting: Small • Tangensiale eksisie en oorsplanting: Klein	100	2 394.00	100	2 394.00	5	559.30	+T
0354	Tangential excision and grafting: Large • Tangensiale eksisie en oorsplanting: Groot	200	4 788.00	160	3 830.40	5	559.30	+T
2.7	Hands (skin) • Hande (vel)							
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler • Velflap in akute handbeserings waar die flap geneem word van 'n liggaamsdeel verwyderd van die beseerde vinger of in gevalle van verplasingvelflap bv. Cutler	147.40	3 528.76	120	2 872.80	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0357	Small skin graft in acute hand injury Klein veloorplanting by akute handbesering	45	1 077.30	45	1 077.30	3	335.58	+T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing • Loemaak van groot velkontraaktuur en/of uitsnyding van littekenweefsel met bedekking deur veloorplanting	192	4 596.48	153.0	3 677.18	3	335.58	+T
0361	Z-plasty • Z-plastie	220.1	5 269.19	176.08	4 215.36	3	335.58	+T
0363	Local flap and skin graft Lokale flap en veloorplanting	150	3 591.90	120	2 872.80	3	335.58	+T
0365	Cross finger flap (all stages) • Kruisvingerflap (alle stadia)	192	4 596.48	153.0	3 677.18	3	335.58	+T
0367	Palmar flap (all stages) • Palmarsflap (alle stadia)	192	4 596.48	153.0	3 677.18	3	335.58	+T
0369	Distant flap: First stage Afgeleë flap: Eerste stadium	158	3 782.62	126.4	3 026.02	3	335.58	+T
0371	Distant flap: Subsequent stage (not subject to General Modifier 0008) Afgeleë flap: Opvolgende stadia (nie onderwerp aan Algemene Wysiger 0008 nie)	77	1 843.38	77	1 843.38	3	335.58	+T
0373	Transfer neurovascular island flap Verplasing van neuro-vaskulêre eilandflap	230.5	5 518.17	184.4	4 414.54	3	335.58	+T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) • Sindaktilie: Loemaak van, insluitende veltransplantasie vir een web (met velflap en verplanting)	242.4	5 603.06	193.92	4 642.44	3	335.58	+T
0375	Dupuytren's contracture: Fasciotomy • Dupuytren se kontraaktuur: Fasiotomie	51	1 220.94	51	1 220.94	3	335.58	+T
0376	Dupuytren's contracture: Fasciotomy • Dupuytren se kontraaktuur: Fasiotomie	218	5 216.92	174.4	4 175.14	3	335.58	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3. MUSCULO-SKELETAL SYSTEM* SPIER-SKELETSTELSEL								
3.1	Bones * Bane							
3.1.1	Fractures * Frakture							
0383	Fracture (reduction under general anaesthetic): Scapula* Fraktuur (reduksie onder algemene narkose): Skapula		*		*	3	335.58	+T+M
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Binsbeen: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	284.2	6 803.75	227.36	5 443.08	3	335.58	+T+M
0388	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Skouelbeen: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	208.4	5 013.04	167.52	4 010.43	3	335.58	+T+M
0387	Fracture (reduction under general anaesthetic): Clavicle* Fraktuur (reduksie onder algemene narkose): Klavikel	77	1 843.38	77	1 843.38	3	335.58	+T+M
0388	Percutaneous pinning supracondylar fracture elbow - stand alone procedure * Perkutane fikseering van suprakondulêre fraktuur - elmboog alleenstaande prosedure	175.70	4 206.26	140.50	3 365.01	3	335.58	+T+M
0388	Fracture (reduction under general anaesthetic): Humerus* Fraktuur (reduksie onder algemene narkose): Humerus	111.00	2 671.70	111.00	2 671.70	3	335.58	+T+M
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Humerus: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	255.3	6 111.88	204.24	4 889.51	3	335.58	+T+M
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna* Fraktuur (reduksie onder algemene narkose): Radius en/of Ulna	77	1 843.38	77	1 843.38	3	335.58	+T+M
0392	Open reduction of both radius and ulna (Modifier 0051 not applicable) Oop reduksie beide radius en ulna (Wysiger 0051 nie van toepassing nie)	210	5 027.40	168	4 021.92	3	335.58	+T+M
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Karpale bene: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	208.7	4 906.28	168.00	3 987.02	3	335.58	+T+M
0402	Fracture (reduction under general anaesthetic): Carpal bone* Fraktuur (reduksie onder algemene narkose): Karpale been	84	1 632.18	84	1 532.18	3	335.58	+T+M
0403	Bennett's fracture-dislocation* Bennett se fraktuur-ontwrigting	51	1 220.94	51	1 220.94	3	335.58	+T+M
0405	Fracture reduction under general anaesthetic: Open treatment of Metacarpal: Simple* Fraktuur reduksie onder algemene narkose: Oop behandeling van Metakarpal: Eenvoudig	118.3	2 832.18	118.3	2 832.10	3	335.58	+T+M
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Eenvoudig		5		5	3	335.58	+T+M
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound (open)* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Oop	52	1 244.88	52	1 244.88	3	335.58	+T+M
0413	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Simple* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Eenvoudig	48	1 149.12	48	1 149.12	3	335.58	+T
0415	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Compound (open)* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Oop	102	2 441.88	102	2 441.88	3	335.58	+T+M
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed (modifier 0051 is applicable)* Fraktuur (reduksie onder algemene narkose): Pelvis fraktuur: Geslote (wysiger 0051 is van toepassing)		5		5	3	335.58	+T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation* Fraktuur (reduksie onder algemene narkose): Pelvis: Operatiewe reduksie en fiksaasie	320	7 680.80	256	6 428.64	3	335.58	+T+M
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Asetabulum: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	580	13 405.40	448	10 725.12	3	335.58	+T+M
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft* Fraktuur (reduksie onder algemene narkose): Femur: Nek of Skag	237	5 673.78	189.6	4 539.02	3	335.58	+T+M
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Femur nek of skag: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	392.3	9 301.66	313.84	7 613.33	3	335.58	+T+M
0425	Fracture (reduction under general anaesthetic) Patella* Fraktuur (reduksie onder algemene narkose): Patella	51	1 220.94	51	1 220.94	3	335.58	+T+M
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Patella: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	210.5	5 254.83	175.6	4 203.86	3	335.58	+T+M
0429	Fracture (reduction under general anaesthetic) Tibia with or without Fibula* Fraktuur (reduksie onder algemene narkose): Tibia met of sonder Fibula	128	3 064.32	120	2 872.80	3	335.58	+T+M
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Tibia, met of sonder fibula: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	203.2	7 019.21	234.56	5 616.37	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0433	Fracture (reduction under general anaesthetic) Fibula shaft: Fraktuur; Fibulaeskag (reduksie onder algemene narkose)		β		β	3	335.58	+T+M
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) Fraktuur: Fibulaeskag: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207	4 955.68	185.6	3 984.48	3	335.58	+T+M
0435	Fracture (reduction under general anaesthetic) Malleolus of ankle Fraktuur (reduksie onder algemene narkose): Malleolus van enkelgewrig	58	1 388.52	58	1 388.52	3	335.58	+T+M
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) Fraktuur: Malleolus, enkel: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207.1	4 957.97	185.68	3 986.38	3	335.58	+T+M
0437	Fracture-dislocation of ankle Fraktuurontbinding van enkelgewrig	128	3 084.32	120	2 872.80	3	335.58	+T+M
0438	Open reduction Talus fracture (Modifier 0051 not applicable) Oop reduksie Talus fraktuur (Wysiger 0051 nie van toepassing nie)	186.7	4 766.88	158.08	3 885.50	3	335.58	+T+M
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus) Fraktuur (reduksie onder algemene narkose): Tarsale bene (uitgesluit talus en kalkaneum)	64	1 532.16	64	1 532.16	3	335.58	+T+M
0440	Open reduction Calcaneus fracture (Modifier 0051 not applicable) Oop reduksie Kalkaneus fraktuur (Wysiger 0051 nie van toepassing nie)	403.50	8 650.79	322.5	7 720.65	3	335.58	+T+M
0441	Fracture (reduction under general anaesthetic): Metatarsals Fraktuur (reduksie onder algemene narkose): Metatarsaai	41.8	1 000.69	41.8	1 000.69	3	335.58	+T+M
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) Fraktuur: Metatarsale bene: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	154.7	3 703.82	123.76	2 982.81	3	335.58	+T+M
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal: Simple Fraktuur (reduksie onder algemene narkose): Toonfalanks: Distal: Eenvoudig		β		β	3	335.58	+T
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) Fraktuur: Toon, distale falanka: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	144.5	3 459.33	120	2 872.80	3	335.58	+T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound Fraktuur (reduksie onder algemene narkose): Toonfalanks: Oop	32	766.08	32	766.08	3	335.58	+T+M
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable) Fraktuur: Tarsale bene (talus en kalkaneus uitgesluit): Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	178.2	4 266.11	142.58	3 412.89	3	335.58	+T+M
0447	Fracture (reduction under general anaesthetic): Other: Simple Fraktuur (reduksie onder algemene narkose): Ander: Eenvoudig	28	622.44	28	622.44	3	335.58	+T
0448	Fracture: Calcaneus (reduction under general anaesthetic) Fraktuur: Kalkaneus (reduksie onder algemene narkose)	103.3	2 473.00	103.3	2 473.00	3	335.58	+T+M
0449	Fracture (reduction under general anaesthetic): Other: Compound Fraktuur (reduksie onder algemene narkose): Ander: Oop	52	1 244.88	52	1 244.88	3	335.58	+T+M
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Geslote		β		β	3	335.58	+T

		Specialist Specialist		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0452	Fracture (reduction under general anaesthetic); Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Oop reduksie en fiksasie van veelvuldige ribfrakture vir vleël borskas	230	5 506.20	184	4 404.96	3	335.58	+T+M
0455	Fracture (reduction under general anaesthetic); Spine: With or without paralysis: Cervical Fraktuur (reduksie onder algemene narkose): Wenwielkolom: Met of sonder verlamming: Nek		8		8	3	335.58	+T+M
0456	Fracture (reduction under general anaesthetic); Spine: With or without paralysis: Thoracic Fraktuur (reduksie onder algemene narkose): Wenwielkolom: Met of sonder verlamming: Res		8		8	3	335.58	+T+M
0459	DELETED 2009: Open reduction and internal fixation for fracture and/or dislocation of spine GESKRAP 2009: Oop reduksie en interne fiksasie vir fraktuur en/of dislokasie van wenwielkolom							
0461	Fracture (reduction under general anaesthetic); Compression fracture: Cervical Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Nek		*		*	3	335.58	+T+M
0462	Fracture (reduction under general anaesthetic); Compression fracture: Thoracic Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Res		*		*	3	335.58	+T+M
0463	Fracture (reduction under general anaesthetic); Spinous or transverse processes: Cervical Fraktuur (reduksie onder algemene narkose): Spinoos of transverse prosesse: Nek		*		*	3	335.58	+T+M
0464	Fracture (reduction under general anaesthetic); Spinous or transverse processes: Thoracic Fraktuur (reduksie onder algemene narkose): Spinoos of transverse prosesse: Res		*		*	3	335.58	+T+M
3.1.1.1	Operations for fractures • Operasies vir frakture							
0465	Fractures involving large joints (includes the item for the relative bone). This item may not be used as a modifier Frakture wat groot gewigte aantrek (sluit die item vir die betrokke been in). Hierdie item mag nie as wysiger gebruik word nie	288	6 894.72	230.4	6 515.78	3	335.58	+T+M
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pin (Not subject to rule G) (Modifier 0005 not applicable) Perkutane inplanting en daaropvolgende verwydering van Kirschner draad of Steinmann penne (Nie onderhevig aan reël G nie) (Wysiger 0005 nie van toepassing)	43	1 029.42	43	1 029.42	3	335.58	+T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia Beenoorplanting of interne fiksasie vir wanhegting of nie-hegting: Femur, Tibia, Humerus, Radius en Ulna	262	6 751.08	225.0	6 406.86	3	335.58	+T+M
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones (not applicable to fingers and toes) Beenoorplanting of interne fiksasie vir wanhegting of nie-hegting: Ander bene (nie van toepassing op vingers en tone nie)	154	3 686.76	123.2	2 949.41	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.1.2	Bony operations • Benige operasies							
3.1.2.1	Bone grafting • Beenoorplanting							
0497	Resection of bone with or without grafting (benign) • Reseksie van been met of sonder oorplanting (benigne)	282	6 751.08	225.6	5 400.86	3		335.58 +T+M
0498	Resection of bone or tumour (malignant) with or without grafting (does not include digits) • Reseksie van been of tumor met of sonder beenoorplanting (maligne) - vingers uitgesluit	340	8 139.80	272	6 511.68	3		335.58 +T+M
0499	Grafts to cysts: Large bones • Corplanting by slets: Groot bone	102	4 698.48	153.0	3 677.18	3		335.58 +T+M
0501	Grafts to cysts: Small bones • Corplanting by slets: Klein beentjies	128	3 064.32	120	2 872.80	3		335.58 +T+M
0503	Grafts to cysts: Cartilage graft • Corplanting by slets: Kraakbeenoorplanting	206	4 931.64	164.8	3 945.31	3		335.58 +T+M
0505	Grafts to cysts: Inter-metacarpal bone graft • Corplanting by slets: Inter-metaskarpale beenoorplanting	147	3 519.18	120	2 872.80	3		335.58 +T+M
0506	Harvesting of graft: Cartilage graft, costochondral • Herwinning van oorplantings weefsel: Kraakbeen oorplanting, ribkraakbeen	01.1	2 180.93	01.1	2 180.93	0		671.16 +T
0507	Removal of autogenous bone for grafting (not subject to modifier 0005) • Verwydering van outogene been vir oorplanting (nie onderhevig aan wysiger 0005)	50	1 197.00	50	1 197.00	3		335.58 +T+M
3.1.2.2	Acute/chronic osteomyelitis • Akute/chroniese osteomielitis							
0509	Conservative treatment • Konserwatiewe behandeling		*		*			
0511	Operation: Tariff which would be applicable for compound (open) fracture of the bone involved, including six weeks post-operative care • Operasie: Gelde van toepassing op 'n saamgestelde (oop) fraktuur van die betrokke been, insluitend ses weke na-operatiewe behandeling							
0512	Stemum sequestrectomy and drainage: Including six weeks after-care • Stemum sekwestrektomie en dreinerig: Ses weke nasorg ingesluit	128	3 064.32	120	2 872.80	3		335.58 +T+M
3.1.2.3	Osteotomy • Osteotomie							
0514	Osteotomy: Sternum: Repair of pectus excavatum • Osteotomie: Sternum: Herstel van pectus excavatum	330	7 900.20	264	6 320.16	3		335.58 +T+M
0515	Osteotomy: Sternum: Repair of pectus carinatum • Osteotomie: Sternum: Herstel van pectus carinatum	330	7 900.20	264	6 320.16	3		335.58 +T+M
0516	Osteotomy: Pelvis • Osteotomie van die Pelvis	320	7 800.80	256	6 126.84	3		335.58 +T+M
0521	Osteotomy: Femoral: Proximal (Modifier 0051 is applicable) • Osteotomie: Femoraal: Proksimaal (Wysiger 0051 is van toepassing)	320	7 680.80	256	6 126.84	3		335.58 +T+M
0527	Osteotomy: Knee region (Modifier 0051 is applicable) • Osteotomie: Kniestreek (Wysiger 0051 is van toepassing)	320	7 680.80	256	6 126.84	3		335.58 +T+M
0528	Osteotomy: Os Calcis (Dwyer operation) (Modifier 0051 is applicable) • Osteotomie: Kalkaneum (Dwyer operasie) (Wysiger 0051 is van toepassing)	115	2 753.10	115	2 753.10	3		335.58 +T+M
0530	Osteotomy: Metacarpal and phalanx: Corrective for mal-union or rotatic (Modifier 0051 is applicable) • Osteotomie: Metakarpal en falanks: Korrektief vir wanhegting of rotasie (Wysiger 0051 is van toepassing)	120	2 872.80	120	2 872.80	3		335.58 +T+M
0531	Rotational osteotomy tibia and fibula - stand alone procedure • Rotasie osteotomie - tibia en fibula - alleenstaande procedure	278.00	6 676.87	223.12	5 341.49	3		335.58 +T+M
0532	Rotation osteotomy of the Radius, Ulna or Humerus (modifier 0051 is applicable) • Rotasie osteotomie van Radius, Ulna of Humerus (Wysiger 0051 is van toepassing)	160	3 830.40	128	3 064.32	3		335.58 +T+M
0533	Osteotomy single metatarsal (modifier 0051 is applicable) • Osteotomie, enkele metatarsaal (wysiger 0051 is van toepassing)	80	1 436.40	80	1 436.40	3		335.58 +T+M
0534	Multiple metatarsal osteotomies (modifier 0051 is applicable) • Veelvuldige metatarsale osteotomieë (wysiger 0051 is van toepassing)	150	3 591.00	120	2 872.80	3		335.58 +T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.1.2.4	Exostosis • Eksooste							
0535	Exostosis: Excision: Readily accessible site • Eksooste: Ekseisie: Toeganklike areas	00	1 436.40	00	1 436.40	3	335.58	+T+M
0537	Exostosis: Excision: Less accessible site • Eksooste: Ekseisie: Minder toeganklike areas	00	2 298.24	00	2 298.24	3	335.58	+T+M
3.1.2.5	Biopsy • Biopsie							
0538	Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable • Naaldbiopsie: Wenwielkolom (geen nasorg), Wysiger 0005 nie van toepassing nie	50	1 197.00	50	1 197.00	4	447.44	+T
0541	Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable • Naaldbiopsie: Ander areas (geen na-sorg), Wysiger 0005 nie van toepassing nie	32	766.08	32	766.08	4	447.44	+T
0543	Biopsy: Open (modifier 0005 is not applicable): Readily accessible site • Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Maklik bereikbaar	04	1 532.16	04	1 532.16		As per bone/ Soos per been	
0545	Biopsy: Open (modifier 0005 is not applicable): Less accessible site • Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Moelik bereikbaar	06	2 298.24	06	2 298.24		As per bone/ Soos per been	
3.2	Joints • Gewrigte							
3.2.1	Dislocations • Ontwrigtings							
0547	Joint: Dislocation: Clavicle: either end • Gewrig: Ontwrigting: Klavikel: enige punt	38	909.72	38	909.72	3	335.58	+T+M
0549	Joint: Dislocation: Shoulder • Gewrig: Ontwrigting: Skouer	51	1 220.94	51	1 220.94	3	335.58	+T+M
0551	Joint: Dislocation: Elbow • Gewrig: Ontwrigting: Elmboog	51	1 220.94	51	1 220.94	3	335.58	+T+M
0552	Joint: Dislocation: Wrist • Gewrig: Ontwrigting: Polgewrig	77	1 843.38	77	1 843.38	3	335.58	+T+M
0553	Joint: Dislocation: Perilunar transscaphoid fracture dislocation • Gewrig: Ontwrigting: Perilunêre transskafoïde fraktuurontwrigting	130	3 112.20	120	2 872.80	3	335.58	+T+M
0555	Joint: Dislocation: Lunet • Lunatum	77	1 843.38	77	1 843.38	3	335.58	+T+M
0556	Joint: Dislocation: Carpo-metacarpal dislocation • Gewrig: Ontwrigting: Karpometakarpale ontwrigting	51	1 220.94	51	1 220.94	3	335.58	+T+M
0557	Joint: Dislocation: Metacarpophalangeal or interphalangeal joints (hand) • Gewrig: Ontwrigting: Metakarpofalangeale of interfalangeale gewrigte (hand)	26	822.44	26	822.44	3	335.58	+T+M
0559	Joint: Dislocation: Hip • Gewrig: Ontwrigting: Heup	100	2 609.46	100	2 609.46	3	335.58	+T+M
0561	Joint: Dislocation: Knee • Gewrig: Ontwrigting: Knie	00	2 298.24	00	2 298.24	3	335.58	+T+M
0563	Joint: Dislocation: Patella • Gewrig: Ontwrigting: Patella	32	766.08	32	766.08	3	335.58	+T+M
0565	Joint: Dislocation: Ankle • Gewrig: Ontwrigting: Enkel	00	2 154.80	00	2 154.80	3	335.58	+T+M
0567	Joint: Dislocation: Sub-Talar dislocation • Gewrig: Ontwrigting: Sub-Talêre ontwrigting	00	2 154.80	00	2 154.80	3	335.58	+T+M
0568	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal • Gewrig: Ontwrigting: Interarsaal of Tarsometatarsaal of Midarsaal	77	1 843.38	77	1 843.38	3	335.58	+T+M
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot) • Metatarsofalangeale of interfalangeale gewrigte (voet)	14	335.16	14	335.16	3	335.58	+T+M
3.2.2	Operations for dislocations • Operasies vir ontwrigtings							
0576	Recurrent dislocation of shoulder • Herhaalde skouer-ontwrigting	200	4 788.00	100	3 830.40	3	335.58	+T+M
0578	Recurrent dislocation of large joints • Herhalende ontwrigting van groot gewrigte	101	3 854.34	120.8	3 083.47	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.2.3	Capsular operations • Kapsulêre operasies							
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) • Kapsulotomie of artrotomie of biopsie of dreinasië van gewrig: Klein gewrig (drie weke nasorg ingesluit)	51	1 220.94	51	1 220.94	3	335.58	+T+M
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) • Kapsulotomie of artrotomie of biopsie of dreinasië van gewrig: Groot gewrig (drie weke nasorg ingesluit)	90	2 298.24	90	2 298.24	3	335.58	+T+M
0585	Capsulotomy or arthrotomy or biopsy or drainage of joint: Capsulectomy digital joint • Kapsulotomie of artrotomie of biopsie of dreinasië van gewrig: Kapsulektomie digitale gewrig	64	1 532.16	64	1 532.16	3	335.58	+T+M
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints • Veevuldige perkutane kapsulotomieë van metakarpofalangeale gewrig	90	2 154.60	90	2 154.60	3	335.58	+T+M
0587	Release of digital joint contracture • Loemaak van falgangeale-gewrigskontraktuur	128	3 064.32	120	2 872.80	3	335.58	+T+M
3.2.4	Synovectomy • Sinovektomie							
0589	Synovectomy: Digital joint • Sinovektomie: Digitale gewrig	77	1 843.38	77	1 843.38	3	335.58	+T+M
0590	Synovectomy: Large joint • Sinovektomie: Grootgewrig	100	3 830.40	128	3 064.32	3	335.58	+T+M
0593	Tendon synovectomy • Tendon sinovektomie	203.7	4 876.58	182.96	3 901.26	3	335.58	+T+M
3.2.5	Arthrodesis • Artrodese							
0597	Arthrodesis: Shoulder • Artrodese: Skouer	224	5 382.56	179.2	4 290.96	3	335.58	+T+M
0598	Arthrodesis: Elbow • Artrodese: Elmoog	180	4 309.20	144	3 447.36	3	335.58	+T+M
0599	Arthrodesis: Wrist • Artrodese: Polsgewrig	180	4 309.20	144	3 447.36	3	335.58	+T+M
0600	Arthrodesis: Digital joint • Artrodese: Digitale gewrig	128	3 064.32	120	2 872.80	3	335.58	+T+M
0601	Arthrodesis: Hip • Artrodese: Heup	320	7 860.80	256	6 128.64	3	335.58	+T+M
0602	Arthrodesis: Knee • Artrodese: Knie	180	4 309.20	144	3 447.36	3	335.58	+T+M
0603	Arthrodesis: Ankle • Artrodese: Enkel	180	4 309.20	144	3 447.36	3	335.58	+T+M
0604	Arthrodesis: Sub-talar • Artrodese: Sub-taleer	130	3 112.20	120	2 872.80	3	335.58	+T+M
0605	Arthrodesis: Stabilization of foot (triple-arthrodeses) • Artrodese: Stabilisering van voet (drievoudige artrodese)	180	4 309.20	144	3 447.36	3	335.58	+T+M
0607	Arthrodesis: Mid-tarsal wedge resection • Artrodese: Mid-tarsale wigreseksie	180	4 309.20	144	3 447.36	3	335.58	+T+M
3.2.6	Arthroplasty • Artroplastie							
0614	Arthroplasty: Debridement large joint • Artroplastie: Debridement groot gewrigte	100	3 830.40	128	3 064.32	3	335.58	+T+M
0615	Arthroplasty: Excision medial or lateral end of clavicle • Artroplastie: Eksisie mediale of laterale punt van klavikel	116	2 777.04	116	2 777.04	3	335.58	+T+M
0617	Shoulder: Acromioplasty • Skouer: Akromioplastie	192	4 596.48	153.6	3 877.16	3	335.58	+T+M
0619	Shoulder: Partial replacement • Skouer: Gedeeltelike vervanging	277	6 831.38	221.6	5 306.10	5	569.30	+T+M
0620	Shoulder: Total replacement • Skouer: Totale vervanging	416	9 959.04	332.8	7 967.23	5	569.30	+T+M
0621	Elbow: Excision head of radius • Elmoog: Eksisie kop van radius	96	2 298.24	96	2 298.24	3	335.58	+T+M
0622	Elbow: Excision • Elmoog: Eksisie	192	4 596.48	153.6	3 877.16	3	335.58	+T+M
0623	Elbow: Partial replacement • Elmoog: Gedeeltelike vervanging	188	4 800.72	150.4	3 800.58	3	335.58	+T+M
0624	Elbow: Total replacement • Elmoog: Totale vervanging	282	6 751.08	225.6	5 400.86	3	335.58	+T+M
0625	Wrist: Excision distal end of ulna • Polsgewrig: Eksisie distale end van ulna	96	2 298.24	96	2 298.24	3	335.58	+T+M
0626	Wrist: Excision single bone • Polsgewrig: Eksisie een beentjie	110	2 833.40	110	2 833.40	3	335.58	+T+M
0627	Wrist: Excision proximal row • Polsgewrig: Eksisie proksimale ry	166	3 974.04	132.8	3 179.23	3	335.58	+T+M
0631	Wrist: Total replacement • Polsgewrig: Totale vervanging	249	5 961.06	199.2	4 788.85	3	335.58	+T+M
0635	Digital joint: Total replacement • Digitale gewrig: Totale vervanging	192	4 596.48	153.6	3 877.16	3	335.58	+T+M
0637	Hip: Total replacement • Heup: Totale vervanging	416	9 959.04	332.8	7 967.23	3	335.58	+T+M
0641	Hip: Prosthetic replacement of femoral head • Heup: Vervanging van kop van femur met protees	288	6 894.72	230.4	5 615.78	3	335.58	+T+M
0643	Hip: Girdlestone • Heup: Girdlestone	320	7 860.80	256	6 128.64	3	335.58	+T+M
0645	Knee: Partial replacement • Knie: Gedeeltelike vervanging	277	6 831.38	221.6	5 306.10	3	335.58	+T+M
0646	Knee: Total replacement • Knie: Totale vervanging	416	9 959.04	332.8	7 967.23	3	335.58	+T+M
0649	Ankle: Total replacement • Enkel: Totale vervanging	200.4	6 952.18	162.32	5 581.74	3	335.58	+T+M
0650	Ankle: Astraglectomy • Enkel: Astragalektomie	164	3 886.76	123.2	2 949.41	3	335.58	+T+M
3.2.7	Miscellaneous (Joints) • Diverse (gewrigte)							
0661	Aspiration of joint or intra-articular injection (not subject to rule G) (Modifier 0005 not applicable) • Aspirasie van gewrig of intra-artikulêre inspuiting (nie onderhawig aan reël G nie) (Wysiger 0005 nie van toepassing)	0	215.46	0	215.46	3	335.58	+T
0667	Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable • Artroskopies (nasorg uitgesluit), wysigers 0005 en 0013 nie van toepassing nie	60	1 436.40	60	1 436.40	3	335.58	+T
0669	Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable) • Manipulasie van groot gewrig onder algemene narkose (nie onderhawig aan reël G nie) (Wysiger 0005 nie van toepassing)	14	335.16	14	335.16	4	447.44	Hip+T
						3	335.58	Knee / Shoulder + T
0670	Only the consultation fee should be charged when manipulation of a	0		0		4	447.44	Hip+T

		Specialist Spesials		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	large joint is performed with or without local anaesthetic. Slegs konsultasiegelede mag gehel word wanneer 'n groot gewrig gemanipuleer word met of sonder lokale narkose					3	335.58	Knee / Shoulder + T
0673	Menisectomy or operation for other internal derangement of knee Menisektomie of operasie vir ander interne versteuring van knie	100	2 609.46	100	2 609.46	3	335.58	+T+M
3.2.6	Joint ligament reconstruction or suture • Rekonstruksie of hegting van ligamente							
0675	Joint ligament reconstruction or suture: Ankle: Collateral/Rekonstruksie of hegting van ligamente: Enkel: Kollateraal	180	3 830.40	128	3 064.32	3	335.58	+T+M
0677	Joint ligament reconstruction or suture: Knee: Collateral/Rekonstruksie of hegting van ligamente: Knie: Kollateraal	180	3 830.40	128	3 064.32	3	335.58	+T+M
0678	Joint ligament reconstruction or suture: Knee: Cruciate/Rekonstruksie of hegting van ligamente: Knie: Kruisligament	100	3 830.40	128	3 064.32	3	335.58	+T+M
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee • Rekonstruksie of hegting van ligamente: Versterkte knie ligament herstel	280	6 703.20	224	5 382.56	3	335.58	+T+M
0680	Joint ligament reconstruction or suture: Digital joint ligament Rekonstruksie of hegting van ligamente: Digitale gewrig ligament	165	3 950.10	132	3 160.98	3	335.58	+T+M
3.3	Amputations • Amputasies							
3.3.1	Specific amputations • Spesifieke amputasies							
0681	Amputation: Humerus, includes primary closure/Amputasie: Humerus, ingesluit die primêre hegting van die wond	211.6	5 065.70	168.28	4 052.56	4	447.44	+T+M
0682	Amputation: Fore-quarter amputation/Amputasie: Voorkwartamputasie	204	7 038.36	235.2	5 830.66	0	1006.74	+T+M
0683	Amputation: Through shoulder/Amputasie: Deur skouer	148	3 543.12	120	2 872.80	5	569.30	+T+M
0684	Amputation: Forearm/Amputasie: Voerarm	213.5	5 111.19	170.48	4 081.29	3	335.58	+T+M
0685	DELETED 2015: Amputation: Upper arm or forearm/GEKRAP 2015:Amputasie: Bo-arm of voorarm							
0686	Amputation: Ankle (eg., Syme, Pirogoff type)/Amputasie: Enkel (bv. Syme, Pirogoff tipe)	204.1	4 886.16	163.28	3 988.92	4	447.44	+T+M
0687	Partial amputation of the hand: One ray/Amputasie: Amputasie van gedeelte van hand: Een straal	102	2 441.88	102	2 441.88	3	335.58	+T+M
0688	Amputation: Foot, midtarsal (Chopart type)/Amputasie: Voet, midtarsaal (Chopart tipe)	105.7	3 968.88	132	3 160.08	3	335.58	+T+M
0689	Amputation: Whole or part of finger (skin flap included)/Amputasie: Gedeelte van, of totale vinger (skulflap in)	116.8	2 796.19	116.80	2 796.19	3	335.58	+T+M
0692	Scar revision/secondary closure: amputated thigh, through femur, any level/Letseel herstelling met sekondêre hegting: Bo-been amputasie, deur femur, enige vlak	150.7	3 687.76	120.56	2 888.21	3	335.58	+T+M
0693	Hindquarter amputation/Agterkwart amputasie	420	10 054.80	336	8 043.84	6	671.16	+T+M
0694	Scar revision/secondary closure: amputated leg, through tibia and fibula any level	173.9	4 163.17	138.12	3 338.53	3	335.58	+T+M
0695	Amputation: Through hip joint region/Amputasie: Deur heupgewigstreek	192	4 596.48	153.6	3 677.18	6	671.16	+T+M
0696	Re-amputation: Thigh, through femur, any level/Her-amputasie: Bo-been deur die femur op enige vlak	217.3	5 202.18	173.84	4 161.73	3	335.58	+T+M
0697	Amputation: Through thigh/Amputasie: Deur dikeen	205	4 907.70	164	3 926.16	8	671.16	+T+M
0698	Re-amputation: Leg, through tibia and fibula/Her-amputasie: Onderbeen deur die tibia en fibula	190.2	4 744.91	158.56	3 786.93	3	335.58	+T+M
0699	Amputation: Below knee, through knee/Syme/Amputasie: Onder knie, deur knie of Syme	194	4 644.36	155.2	3 716.49	5	569.30	+T+M
0701	Amputation: Trans-metatarsal or trans-tarsal/Amputasie: Transmetatarsaal of transfarsaal	142	3 389.48	120	2 872.80	3	335.58	+T+M
0703	DELETED 2015 Refer to item 0688 and item 0701: Amputation: Foot: Chopart • GEKRAP 2015 Verwys na item 0688 en 0701: Amputasie: Voet: Chopart							
0705	Amputation: Toe (skin flap included)/Amputasie: Toon (veelflap ingesluit)	66	1 680.04	66	1 680.04	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.3.2	Post-amputation reconstruction • Rekonstruksie na amputasie							
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler Rekonstruksie na amputasie: Weer velflap geneem word van 'n liggaamsdeel verwyder van die beseerde vinger of in gevalle van verplasingeflap bv. Cutler Note: If not performed on thumb or index finger it must be motivated Opmerking: Indien nie uitgevoer op duim of wysvinger nie moet dit gemotiveer word	75	1 795.50	75	1 795.50	3	335.58	+T+M
0709	DELETED 2015 :Post-amputation reconstruction: Metacarpal transfer GESKRAP 2015 :Rekonstruksie na amputasie: Metakarpale verplanting							
0707	Post-amputation reconstruction: Krukenberg reconstruction Rekonstruksie na amputasie: Krukenbergrekonstruksie	206	4 931.64	164.8	3 945.31	3	335.58	+T+M
0711	Post-amputation reconstruction: Pollicization of the finger (Prior permission must be obtained from the Commissioner at all times) Rekonstruksie na amputasie: Polleisasie van vinger (Vooref goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	282	6 751.08	225.0	5 490.86	3	335.58	+T+M
0712	Post-amputation reconstruction: Toe to thumb transfer (Prior permission must be obtained from the Commissioner at all times) Rekonstruksie na amputasie: Toon na duim verplanting (Vooref goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	600	19 162.00	640	15 321.60	3	335.58	+T+M
0700	Scar revision/secondary closure: Amputated shoulder Letseel herstelling met sekondêre hegting: Skouer amputasie	128.1	3 068.71	120	2 872.80	3	335.58	+T
0702	Scar revision/secondary closure: Amputated humerus Letseel herstelling met sekondêre hegting: Bo-arm amputasie, enige vlak	103.1	3 004.61	130.48	3 123.69	3	335.58	+T
0704	Scar revision/secondary closure: Amputated forearm Letseel herstelling met sekondêre hegting: Voorarm amputasie	184.1	4 407.35	147.28	3 625.86	3	335.58	+T
0708	Re-amputation: Humerus Her-amputasie: Humerus	223.1	5 341.01	178.48	4 272.81	8	671.16	+T+M
0710	Re-amputation: Through forearm Her-amputasie deur die voorarm	206	4 931.64	184.8	3 945.31	3	335.58	+T+M
3.4	Muscles, tendons and fasciae • Spiere, tendons en fasciae							
3.4.1	Investigations • Ondersoeks							
0713	Electromyography Elektromiografie	75	1 795.50	75	1 795.50	3	335.58	+T
0714	Electro-myographic neuro-muscular junctional study, including edrophonium respons (not to be used with item 2730) Elektromiografiese neuro-muskulêre verbindingstudie, ingeslote edrophonium respons (moet nie saam met item 2730 gebruik word nie)	57	1 364.68	57	1 364.58	3	335.58	+T
0716	Strength duration curve per session Kragduur-kromme per sessie	10.5	251.37	10.5	251.37	3	335.58	+T
0717	Electrical examination of single nerve or muscle Elektriese ondersoek van enkele senuwee of spier	0	215.46	0	215.46	3	335.58	+T
0721	Voltage integration during isometric contraction Stroomspanningsintegrasie tydens isometriese kontrakasie	12	287.28	12	287.28	3	335.58	+T
0723	Tonometry with edrophonium Tonometrie met edrophonium	8	191.52	8	191.52	3	335.58	+T
0725	Isometric tension studies with edrophonium Isometriese spanningstudies met edrophonium	10	239.40	10	239.40	3	335.58	+T
0727	Cranial reflex study (both early and late responses) supra-oculofacial, corneofacial or flabellofacial: Unilateral Kraniale refleksstudie (vroeg en laat reaksies) supra-oculofasialis, corneo-fasialis of flabello-fasialis: Unilateraal	8	191.52	8	191.52	3	335.58	+T
0728	Cranial reflex study (both early and late responses) supra-oculofacial, corneofacial or flabellofacial: Bilateral Kraniale refleksstudie (vroeg en laat reaksies) supra-oculofasialis, corneo-fasialis of flabello-fasialis: Bilateraal	14	335.16	14	335.16	3	335.58	+T
0729	Tendon reflex time Tendon refleks-tyd	7	167.58	7	167.58	3	335.58	+T
0730	Limb-brain somatosensory studies (per limb) Ledemaat-brein somatoesensoriese studies (per ledemaat)	40	1 173.06	40	1 173.06	3	335.58	+T
0731	Vision and audiosensory studies Visuele en oudioesensoriese toetse	40	1 173.06	40	1 173.06			
0733	Motor nerve conduction studies (single nerve) Bestudering van geleiding deur motoriese senuwee (enkele senuwee)	20	622.44	20	622.44			
0735	Examinations of sensory nerve conduction by sweep averages (single nerve) Ondersoek van sensoriese senuwee-geleiding met golwingegemiddeldes (enkele senuwee)	31	742.14	31	742.14	3	335.58	+T
0737	Biopsy for motor nerve terminals and end plate Biopsie vir motorsenuwee eindpunt en eindplate	20	478.80	20	478.80	3	335.58	+T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy Gekombineerde spierbiopsie met eindplate en senuwee-eindpunt biopsie	34	813.96	34	813.96	8	894.88	+T
0740	Muscle fatigue studies Spieruitputtingsondersoeks	20	478.80	20	478.80	3	335.58	+T
0741	Muscle biopsy Spierbiopsie	20	478.80	20	478.80	8	894.88	+T
0742	Global fee for all muscle studies, including histochemical studies Globale tarief vir alle spierstudies, insluitende histochemiese studies	262	6 272.28					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase Biochemiese toetse op spierbiopsie-monsters: Kreatien kinase	20.25	484.79					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase Biochemiese toetse op spierbiopsie-monsters: Adenylate kinase	33.3	797.20					
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase Biochemiese toetse op spierbiopsie-monsters: Pyruvate kinase	5.7	136.46					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase Biochemiese toetse op spierbiopsie-monsters: Laktaat dehidrogenase	1.6	38.30					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase Biochemiese toetse op spierbiopsie-monsters: Adenylate deaminase	9.0	237.01					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase Biochemiese toetse op spierbiopsie-monsters: Fosfoglykeraat kinase	13.7	327.98					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase Biochemiese toetse op spierbiopsie-monsters: Fosfoglykeraat mutase	25.0	620.93					
4715	Biochemical estimations on muscle biopsy specimens: Enolase Biochemiese toetse op spierbiopsie-monsters: Enolase	32.7	782.84					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase Biochemiese toetse op spierbiopsie-monsters: Fosfofruktokinase	37.7	902.54					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase Biochemiese toetse op spierbiopsie-monsters: Aldolase	15.75	377.06					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde Phosphate Dehydrogenase Biochemiese toetse op spierbiopsie-monsters: Glykeraldehide 3 Fosfaat Dehidrogenase	11.06	264.78					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase Biochemiese toetse op spierbiopsie-monsters: Fosforilase	34.7	830.72					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucosylase Biochemiese toetse op spierbiopsie-monsters: Fosfoglukosilase	40.3	964.78					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose isomerase Biochemiese toetse op spierbiopsie-monsters: Fosfoheksose isomerase	28.8	689.47					
3.4.2	Decompression Operations • Dekompressie Operasies							
0743	DELETED 2015 Refer to items 5550-5563: Major Compartmental Decompression GESKRAP 2015 :Verwys na item 5550 - 5563 :Ekstensiewe Kompartementale Dekompressie							
0744	DELETED 2015 Refer to items 5550-5563: Decompression operation: Fasciotomy only GESKRAP 2015 :Verwys na item 5550 - 5563 :Dekompressie operasie: Fasciotomie alleenlik							
5550	Decompression fasciotomy: Buttock compartment(s): Unilateral Dekompressie fasciotomie: Glutale ana(e): Unilateraal	243	5 817.42	194.4	4 653.94	5	559.30	+T+M
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve • Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	151.0	3 836.49	121.52	2 909.19	3	335.58	+T+M
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve • Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	253.1	6 069.21	202.48	4 847.37	3	335.58	+T+M
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve • Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	123.7	2 961.38	120	2 872.80	3	335.58	+T+M
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve • Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	102.1	3 680.67	120.09	3 104.54	3	335.58	+T+M
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve • Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	130.8	3 131.35	120	2 872.80	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		L/E	R	L/E	R	L/E	R	T/M
5566	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve. Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	171.5	4 105.71	137.2	3 284.57	3	335.58	+T+M
5567	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial. Dekompressie fasciotomie: Fasciotomie/tenotomie, iliotibial	137.3	3 286.96	120	2 872.80	4	447.44	+T+M
5568	Decompression fasciotomy: Fasciotomy: Foot and/or toe. Dekompressie fasciotomie: Voet en/of teen	86.6	2 073.20	86.6	2 073.20	3	335.58	+T+M
5569	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	226.3	5 417.82	181.04	4 334.10	3	335.58	+T+M
5569	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	354.5	8 486.73	283.6	6 789.38	3	335.58	+T+M
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	166.8	3 993.19	133.44	3 194.55	3	335.58	+T+M
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	321.1	7 687.13	256.88	6 149.71	3	335.58	+T+M
5563	Decompression fasciotomy: Fingers and/or hand. Dekompressie fasciotomie: Vingers en/of hand	165.6	3 984.46	132.48	3 171.57	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.3	Muscle and tendon repair • Spier- en pees-herstel							
0745	Muscle and tendon repair: Biceps humeri Spier en tendon herstel: Biceps humeri	100	2 609.46	100	2 609.46	3	335.58	+T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff Spier en tendon herstel: Verwydering van verkalking in Rotatorkraag	98	2 298.24	98	2 298.24	3	335.58	+T+M
0747	Muscle and tendon repair: Rotator cuff Spier en tendon herstel: Rotatorkraag	134	3 207.98	120	2 872.80	4	447.44	+T
0748	Muscle and tendon repair: Debridement rotator cuff Spier en tendon herstel: Debridement rotatorkraag	139.7	3 344.42	120	2 872.80	4	447.44	+T
0749	Muscle and tendon repair: Scapulothoracic stand alone procedure Spier en tendon herstel: Skapulopeksie - alleenstaande procedure	271.00	6 806.28	217.52	5 207.43	4	447.44	+T
0755	Muscle and tendon repair: Infrapatellar or quadriceps tendon Spier en tendon herstel: Infrapatellêre of kwadrisepe pees	128	3 064.32	120	2 872.80	3	335.58	+T
0757	Muscle and tendon repair: Achilles tendon repair Spier en tendon herstel: Achilles pees herstel	187.0	4 730.54	158.08	3 784.44	4	447.44	+T
0759	Muscle and tendon repair: Other ankle tendon Spier en tendon herstel: Ander enkele pees	77	1 843.38	77	1 843.38	3	335.58	+T
0767	Muscle and tendon repair: Tendon or ligament injection Spier en tendon herstel: Pees- of ligamentinspuiting	128	3 064.32	120	2 872.80	3	335.58	+T
0769	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable) • Hand: Flexor pees hegting: Primêr, zone 1 (elk) (wysiger 0005 toepaslik)	220.3	5 273.98	176.24	4 219.19	3	335.58	+T
0781	Hand: Flexor tendon repair: Primary, zone 2 (no man's land) (each) (modifier 0005 applicable) • Hand: Flexor pees hegting: Primêr, zone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.0	6 075.42	199.08	4 780.34	3	335.58	+T
0789	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable) • Hand: Flexor pees herstel: Primêr, zone 3 en 4 (pol en voorarm) (elk) (wysiger 0005 toepaslik)	180	3 830.40	128	3 064.32	3	335.58	+T
0784	Hand: Flexor tendon repair: Secondary, zone 1 (each) (modifier 0005 applicable) • Hand: Flexor pees herstel: Sekondêr, zone 1 (elk) (wysiger 0005 toepaslik)	243.0	5 838.97	195.12	4 671.17	3	335.58	+T
0785	Hand: Flexor tendon repair: Secondary, zone 2 (no man's land) (each) (modifier 0005 applicable) • Hand: Flexor pees herstel: Sekondêr, zone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.0	5 975.42	199.08	4 780.34	3	335.58	+T
0786	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm) • Hand: Flexor pees hegting: Sekondêr, zone 3 en 4 (pol en voorarm) (elk) (wysiger 0005 toepaslik)	190.0	4 662.96	152.48	3 650.37	3	335.58	+T
0788	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable) • Herstel: Intrinsieke spier van hand (elk) (wysiger 0005 toepaslik)	125.3	2 999.68	100.24	2 399.75	3	335.58	+T
0771	Extensor tendon suture: Primary (per tendon, Modifier 0005 not applicable) • Ekstensor-tendon hegting: Primêr (per pees, Wysiger 0005 nie van toepassing)	129.7	3 105.02	120	2 872.80	3	335.58	+T
0773	Extensor tendon suture: Secondary (per tendon, Modifier 0005 not applicable) • Ekstensor-tendon hegting: Sekondêr (per pees, Wysiger 0005 nie van toepassing)	80	1 915.20	80	1 915.20	3	335.58	+T
0774	Repair of Boutonnière deformity or Mallet Finger with graft • Herstel van Boutonnière-deformiteit of Mallet-vinger met peesverplanting	163.7	4 397.78	148.96	3 518.22	3	335.58	+T
3.4.4	Tendon graft • Pees oorplanting							
0775	Free tendon graft • Vrye peesoorplanting	180	3 830.40	128	3 064.32	3	335.58	+T
0776	Reconstruction of pulley for flexor tendons • Rekonstruksie van katrol van 'n fleksorpees	50	1 197.00	50	1 197.00	3	335.58	+T
0777	Tendon graft: Finger: Flexor • Tendon-oorplanting: Vinger: Flexor	102	4 596.48	153.6	3 677.18	3	335.58	+T
0779	Tendon graft: Finger: Extensor • Tendon-oorplanting: Vinger: Ekstensor	122	2 920.88	120	2 872.80	3	335.58	+T
0780	Two stage flexor tendon graft using elastic rod • Flexor pees oorplanting elastiese stafies in twee stadia	240	5 745.60	192	4 696.48	3	335.58	+T
3.4.5	Tenolysis • Tenolise							
0781	Tendon freeing operation, except where specified elsewhere • Tenolise indien nie elders gespesifiseer nie	84	1 532.16	84	1 532.16	3	335.58	+T
0782	Carpal tunnel syndrome • Karpale tonnel-sindroom	98.7	2 362.88	98.7	2 362.88	3	335.58	+T
0783	Tenolysis: De Quervain • Tenolise: De Quervain	38	909.72	38	909.72	3	335.58	+T
0784	Trigger finger • Snellervinger	38	909.72	38	909.72	3	335.58	+T
0785	Flexor tendon freeing operation following free tendon graft or suture • Flexorpees bevryding na vrye pees oorplanting of hegting	180.8	4 471.99	148.44	3 677.59	3	335.58	+T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm • Loslating van ekstensorpees na oorplanting of hegting in vinger, hand of voorarm	180.9	4 330.75	144.72	3 484.60	3	335.58	+T
0788	Intrinsic tendon release per finger • Intrinsieke tenolise per vinger	84	1 532.16	84	1 532.16	3	335.58	+T
0789	Central tendon tenotomy for Boutonnière deformity • Sentrale tendon tenotomie vir Boutonnière deformiteit	84	1 532.16	84	1 532.16	3	335.58	+T
3.4.6	Tenodesis • Tenodese							
0790	Tenodesis: Digital joint • Tenodese: Digitale gewrig	90	2 154.80	90	2 154.80	3	335.58	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.7	Muscle, tendon and fascia transfer • Spier-, pees- en fascia-verplanting							
0791	Single tendon transfer • Enkele peesverplanting	00	2 298.24	00	2 298.24	3	335.58 +T	
0792	Multiple tendon transfers • Veelvuldige peesverplanting	128	3 064.32	120	2 872.80	3	335.58 +T	
0793	Hamstring to quadriceps transfer • Hampees na kwadrisepe-verplanting	141	3 375.54	120	2 872.80	3	335.58 +T	
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon • Pectoralis major of Latissimus dorsi verplanting na biepstendon	320	7 680.80	256	6 128.64	5	559.30 +T	
0795	Tendon transfer at elbow • Peesverplanting by elmboog	116	2 777.04	116	2 777.04	3	335.58 +T	
0803	Hand tendons: Single tendon transfer • Hand tendons: Een peesverplanting	00	2 298.24	00	2 298.24	3	335.58 +T	
0809	Hand tendons: Substitution for intrinsic paralysis of hand • Hand tendons: Vervanging vir intrinsieke spierverlamming van hand	224	5 362.56	176.2	4 290.05	3	335.58 +T	
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft) • Hand tendons: Opponens tendonverplanting (sluit verkryging van verplanting in)	220.6	5 281.16	176.48	4 224.93	3	335.58 +T	
3.4.8	Muscle slide operations and tendon lengthening • Spierstropingsoperasies en peesverlenging							
0812	Percutaneous Tenotomy: All sites • Perkutane Tenotomie: Alle areas	38	900.72	38	900.72	3	335.58 +T	
0813	Torticollis • Tortikollis	00	2 298.24	00	2 298.24	5	559.30 +T	
0815	Scalenotomy • Skalenotomie	132	3 180.86	120	2 872.80	5	559.30 +T	
0817	Scalenotomy with excision of first rib • Skalenotomie met eksisie van eerste rib	190	4 548.80	162	3 638.88	3	335.58 +T+M	
0822	Open release elbow (Mittels) - stand alone procedure • Elmboog loslating - oop prosedure (Mittels) - alleenstaande prosedure	278.20	6 660.11	222.60	5 328.09	3	335.58 +T+M	
0823	Excision or slide for Volkmann's contracture • Eksisie of prosedure vir Volkmann se Kontraktuur	102	4 596.48	153.6	3 677.18	3	335.58 +T	
0825	Hip: Open muscle release • Heup: Ope spierloslating	116	2 777.04	116	2 777.04	7	783.02 +T	
0829	Knee: Quadriceps plasty • Knie: Kwadriseeplastiek	100	3 830.40	128	3 064.32	3	335.58 +T	
0831	Knee: Open tenotomy • Knie: Oop tenotomie	141	3 375.54	120	2 872.80	3	335.58 +T	
0835	Calf • Kuit	00	2 298.24	00	2 298.24	4	447.44 +T	
0837	Open Elongation Tendon Achilles • Ope Verlenging Achillespees	00	2 298.24	00	2 298.24	4	447.44 +T	
0838	Percutaneous "Hoke" elongation tendoschilles - stand alone procedure • Perkutane verlenging tendo achilles ("Hoke") - alleenstaande prosedure	70.30	1 898.44	70.30	1 898.44	4	447.44 +T	
0845	Foot: Plantar fasciotomy • Voet: Plantare fasciotomie	70	1 675.80	70	1 675.80	3	335.58 +T	
3.5	Bursae and ganglia • Bursae en ganglione							
0847	Excision: Semi-membranosus • Uitsnyding: Semi-membranosus	00	2 154.80	00	2 154.80	4	447.44 +T	
0849	Excision: Prepatellar • Uitsnyding: Prepatellêr	45	1 077.30	45	1 077.30	3	335.58 +T	
0851	Excision: Olecranon • Uitsnyding: Olekranon	81.6	1 958.29	81.6	1 958.29	3	335.58 +T	
0853	Excision: Small bursa or ganglion • Uitsnyding: Klein bursa of ganglion	80.0	1 936.75	80.0	1 936.75	3	335.58 +T	
0855	Excision: Compound palmar ganglion or synovectomy • Uitsnyding: Saamgestelde ganglion in handpalm of sinovektomie	128	3 064.32	120	2 872.80	3	335.58 +T	
0857	Bursae and ganglia: Aspiration or injection (not subject to rule G) (Modifier 0005 not applicable) • Bursae en ganglione: Aspirasie of inspuiting (nie onderhevig aan reël G) (Wyselger 0005 nie van toepassing)	0	215.46	0	215.46	3	335.58 +T	

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.6	Musculo-skeletal system: Miscellaneous • Spier-skeletstelsel: Divers							
3.6.1	Leg lengthening • Beenverlenging							
0861	Leg lengthening • Beenverlenging	410	9 959.04	332.8	7 967.23	3	335.58	+T+M
3.6.2	Removal of internal fixatives or prostheses • Verwydering van Readily accessible • Maklik bekombaar	36.0	876.20	36.0	876.20		As per bone specify	
0864	Less accessible • Moelik bekombaar	75.5	1 807.47	75.5	1 807.47		+ M	
0865	Removal of prostheses for infection soon after operation • Verwydering van protese vir infeksie kort na operasie	128	3 064.32	120	2 872.80		Scos per been +M	
0866	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint • Laat verwydering van geïnfecteerde of nie-geïnfecteerde totale gewrigsprotese (insluitende ses weke nasorg): VOEG BY Gekke vir totale vervanging van betrokke gewrig	04	1 532.16	04	1 532.16	6	671.16	+T+M
3.7	Plasters (not subject to rule G) • Gips (nie onderwerp aan reël G) Note: The initial application of a plaster cast is included in the schedule fee • Opmerking: Die eerste aanwending van gips is by die oorspronklike gelede ingesluit Note: The Commissioner will only consider payment i.r.o. splinting material (Scotchcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used): Where extremity splints are applied for at least five weeks: A maximum of one application for an upper extremity injury A maximum of two applications for a lower extremity injury Opmerking: Die Kommissaris sal slegs betaling oorweeg t.o.v. splintingsmateriaal (Scotchcast, Dynacast, ens.) in die volgende gevalle (nie van toepassing wanneer gips gebruik word nie): Waar ledemaatsgips vir ten minste 5 weke aanly: Maksimum van een aanwending vir boonste ledemaatsbesering In Maksimum van twee aanwendings vir 'n onderste ledemaatsbesering							
0867	Long limb cast (excluding after-care) (modifier 0005 not applicable) • Lang ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	13	311.22	13	311.22	3	335.58	+T
0868	Short limb cast (excluding after-care) (modifier 0005 not applicable) • Kort ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	0.6	158.00	0.6	158.00	3	335.58	+T
0869	Spica, plaster jacket or hinged cast brace (excluding after-care) • Spika, gipsbeaadjie of geklampte stut (nasorg uitgesluit)	32	766.08	32	766.08	4	447.44	+T
3.8	Specific areas • Spesifieke areas							
3.8.1	Foot and ankle • Voet en Enkel							
0900	Excision tarsal coalition - stand alone procedure • Verwydering van tarsale koallisie - alleenstaande prosedure	141.5	3 387.51	120.00	2 872.80	3	335.58	+T+M
0901	Tenotomy single tendon • Tenotomie een pees	63.3	1 615.40	63.3	1 615.40	3	335.58	+T+M
0903	Hammer toe: one toe • Hammertoon: een teen	99.5	2 382.03	99.5	2 382.03	3	335.58	+T+M
0904	Fillet of toe or Ruiz-More procedure • Toonontbening of Ruiz-More prosedure	99.5	2 382.03	99.5	2 382.03	3	335.58	+T+M
0906	Arthrodesis Hallux • Artrodese Hallux	148	3 843.12	120	2 872.80	3	335.58	+T+M
0909	Excision arthroplasty • Eksisie artroplastie	145.2	3 476.08	120	2 872.80	3	335.58	+T+M
0910	Chellectomy or metatarsophangeal Implant Hallux • Chellektomie of metatarsa-falangale vervang Hallux	183	4 381.02	145.4	3 604.82	3	335.58	+T+M
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure • Metatarsale osteotomie of Lapidus of dergelyke prosedure of Chevron - alleenstaande prosedure	189.2	4 529.45	151.36	3 623.56	3	335.58	+T+M
5730	Hallux valgus double osteotomy etc • Hallux valgus dubbele osteotomie ens.	162.00	4 371.44	140.08	3 497.16	3	335.58	+T+M
5731	Distal soft tissue procedure for Hallux Valgus • Distale sagteweefsel prosedure vir Hallux Valgus	173.0	4 155.88	138.88	3 324.79	3	335.58	+T+M
5732	Aitkin procedure or similar • Aitkin operasie of dergelyke ingreep	168.8	3 993.19	133.44	3 194.55	3	335.58	+T+M
5734	Removal bony prominence foot (bunionette not applicable to COD) • Verwyder bony prominensie aan voet (bunionette nie van toepassing op COD)	01	2 178.54	01	2 178.54	3	335.58	+T+M
5735	Repair angular deformity toe (ladder toe) • Herstel wanbelyning teen (kleiner teen)	07.2	2 326.97	07.2	2 326.97	3	335.58	+T+M
5736	Sesamoidectomy • Eksisie sesamoid been	07.8	2 341.33	07.8	2 341.33	3	335.58	+T+M
5737	Repair major foot tendons e.g. Tib Post • Herstel groot pees in voet b.v. Tib post	147.30	3 526.36	120	2 872.80	3	335.58	+T
5738	Repair of dislocating peroneal tendon • Herstel ontwrigting peronius pees	173.2	4 146.41	138.56	3 317.13	3	335.58	+T
5740	Steindler strip - plantar fascia • Steindler stropping - plantare fascia	07.2	2 326.97	07.2	2 326.97	3	335.58	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
5742	Tendon transfer foot • Pees verplanting voet	172	4 117.68	137.6	3 294.14	3	335.58	+T
6743	Capsulotomy metatarsophalangeal joints – voet Kapsulotomie metatarsofalangeale gewigte – voet	86.8	2 077.99	86.8	2 077.99	3	335.58	+T
3.3.3	Replantation • Herimplantings							
0912	Replantation of amputated upper limb proximal to wrist joint Replantasie van geamputeerde boonste ledemaat proximaal tot polsgewrig	730	17 476.20	584	13 980.96	3	335.58	+T+M
0913	Replantation of thumb • Replantasie van duim	670	16 039.60	536	12 631.84	3	335.58	+T+M
0914	Replantation of a single digit (to be motivated), for multiple digits, modification 0005 applicable • Replantasie van 'n enkel vinger (moet gemotiveer word), vir veelvuldige vingers is wysiger 0005 toepaslik	580	13 885.20	464	11 108.16	3	335.58	+T+M
0915	Replantation operation through the palm • Replantasie-operasie deur die handpalm	1270	30 403.80	1016	24 323.04	3	335.58	+T+M
3.3.4	Hands: (Note: Skin: See Integumentary system) • Hande: (Let wel: Vel: Sien Huidstelsel)							
0919	Tumours: Epidermoid cysts • Tumore: Epidermoïde siste	35	837.90	35	837.90	3	335.58	+T+M
0922	Removal of foreign bodies requiring incision: Under local anaesthetic Verwydering van vreemde liggaampies wat insnyding vereis: Onder lokale verdoving	19	454.86	19	454.86	3	335.58	+T+M
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic • Verwydering van vreemde liggaampies wat insnyding vereis: Onder algemene of streeknarkose	32	786.08	32	786.08	3	335.58	+T+M
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (afkling skale) • Vergruisde handbeserings: Eerste ekstensiewe sagteweefsel toilet onder algemene narkose (afkling skale)	37 to/tot 110	885.78 2 633.40	37 to/tot 110	885.78 2 633.40	3	335.58	+T+M
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic • Vergruisde handbeserings: Daaropvolgende verbandveranderings onder algemene narkose	16	383.04	16	383.04	3	335.58	+T+M
0926	Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care • Aanvanklike behandeling van frakture, peese, senuwees, verlies van bloedvate, insluitende verwydering van doele weefsel onder algemene narkose en ses weke se nasorg	269	6 439.86	215.2	5 151.89	3	335.58	+T+M
3.3.5	Spine • Wenwielkolom							
0927	Excision of one vertebral body, for a lesion within the body (no decompression) • Eksisie van een wenwielgaaam vir 'n letsel in die wenwiel (geen dekompressie nie)	207	4 955.58	165.6	3 964.48	3	335.58	+T+M
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression) • Vir elke bykomende wenwiel vir 'n letsel in die wenwiel (geen dekompressie nie)	42	1 005.48	42	1 005.48	3	335.58	+T+M
0929	Manipulation of spine with anaesthetic (no after-care), modifier 0005 not applicable • Manipulasie van wenwielkolom met narkose (nasorg uitgesluit) wysiger 0005 nie van toepassing nie	14	335.16	14	335.16	3	569.30	+T+M
0930	Posterior osteotomy of spine: One vertebral segment • Posterior spinale osteotomie: Een vertebrale segment	339	8 115.66	271.2	6 492.63	3	335.58	+T+M
0931	Posterior spinal fusion: One level • Posterior spinale fusie: Een vlak	385	9 216.90	308	7 373.52	3	335.58	+T+M
0932	Posterior osteotomy of spine: Each additional vertebral segment • Posterior spinale osteotomie: Elke bykomende segment	103	2 465.82	103	2 465.82	3	335.58	+T+M
0933	Anterior spinal osteotomy with disc removal: One vertebral segment • Anterior spinale osteotomie met diskus verwydering: Een bewegings segment	315	7 541.10	252	6 032.88	3	335.58	+T+M
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment • Anterior spinale osteotomie met diskus verwydering: Elke bykomende bewegings segment	+103	2 465.82	+103	2 465.82	3	335.58	+T+M
0938	Anterior fusion base of skull to C2 • Anterior fusie skedelbasis tot C2	449	10 749.06	359.2	8 589.25	3	447.44	+T+M
0939	Trans-abdominal anterior exposure of the spine for spinal-fusion only if done by a second surgeon • Transabdominale anterior blootlegging van die wenwielkolom vir spinale fusie slegs indien dit deur 'n tweede chirurg gedoen word	160	3 830.40	128	3 064.32	3	335.58	+T+M
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon • Trans-torakale anterior blootlegging van die wenwielkolom indien dit deur 'n tweede chirurg gedoen word	160	3 830.40	128	3 064.32	3	335.58	+T+M
0941	Anterior interbody fusion: One level • Anterior tussenwenwiel fusie: Een vlak	360	8 818.40	288	6 894.72	3	335.58	+T+M
0942	Anterior interbody fusion: Each additional level • Anterior tussenwenwiel fusie: Elke bykomende vlak	+102	2 441.88	+102	2 441.88	3	335.58	+T+M
0943	Laminectomy with decompression of nerve roots and disc removal: One level • Laminektomie met dekompressie van senuweewortels of diskus verwydering: Een vlak	240	5 745.60	192	4 596.48	3	335.58	+T+M
0944	Posterior fusion: Occiput to C2 • Posterior fusie: Occiput tot C2	390	9 336.60	312	7 469.28	3	447.44	+T+M
0946	Posterior spinal fusion: Each additional level • Posterior spinale fusie: Elke bykomende vlak	+111	2 657.34	+111	2 657.34	3	335.58	+T+M
0948	Posterior interbody lumbar fusion: One level • Posterior tussenwenwiel lumbale fusie: Een vlak	364	8 714.16	291.2	6 971.33	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0950	Posterior interbody lumbar fusion: Each additional interspace between vertebrae: Elke bykomende interspasie	+ 95	2 274.30	+ 95	2 274.30	3	335.58	+T+M
0959	Excision of coccyx: Uitsnyding van koksika	96	2 298.24	96	2 298.24	3	335.58	+T+M
0960	Posterior non-segmental instrumentation: Posterior non-segment instrumentation	167	3 097.98	133.6	3 108.38	5	559.30	+T+M
0961	Costo-transversectomy: Kosto-transversektomie	198	4 740.12	158.4	3 792.10	3	335.58	+T+M
0962	Posterior segmental instrumentation: 2 to 6 vertebrae: Posterior segmentale instrumentasie: 2 tot 6 wervels	176	4 213.44	140.8	3 370.75	5	559.30	+T+M
0963	Antero-lateral decompression of spinal cord or anterior debridement: Antero-laterale dekompressie van rugmurg of anterior debridement	326	7 804.44	260.8	6 243.55	3	335.58	+T+M
0964	Posterior segmental instrumentation: 7 to 12 vertebrae: Posterior segmentale instrumentasie: 7 tot 12 wervels	201	4 811.94	161.8	3 849.65	5	559.30	+T+M
0966	Posterior segmental instrumentation: 13 or more vertebrae: Posterior segmentale instrumentasie: 13 of meer wervels	245	5 695.30	190	4 692.24	5	559.30	+T+M
0968	Anterior instrumentation: 2 to 3 vertebrae: Anterior instrumentasie: 2 tot 3 wervels	150	3 808.46	127.2	3 045.17	5	559.30	+T+M
0969	Skull or skull-femoral traction including two weeks after-care: Skelet of skedel-femorale traksie plus twee weke nasorg	84	1 532.16	84	1 532.16	~		
0970	Anterior instrumentation: 4 to 7 vertebrae: Anterior instrumentasie: 4 tot 7 wervels	185	4 428.90	148	3 543.12	5	559.30	+T+M
0972	Anterior instrumentation: 8 or more vertebrae: Anterior instrumentasie: 8 of meer wervels	206	4 931.04	164.8	3 945.31	5	559.30	+T+M
0974	Additional pelvic fixation of instrumentation other than sacrum: Bykomende pelviese fiksasie, sakrum uitgesluit	108	2 585.52	108	2 585.52	5	559.30	+T+M
5760	Reinsertion of instrumentation: Herposisionering van instrumentasie	278	6 607.44	220.8	5 265.95	6	671.16	+T+M
5751	Removal of posterior non-segmental instrumentation: Verwydering van posterior non-segmentale instrumentasie	173	4 141.82	138.4	3 313.30	6	671.16	+T+M
5752	Removal of posterior segmental instrumentation: Verwydering van posterior segmentale instrumentasie	175	4 189.50	140	3 351.80	6	671.16	+T+M
5753	Removal of anterior instrumentation: Verwydering van anterior instrumentasie	204	4 693.78	163.2	3 907.61	6	671.16	+T+M
5755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy or spondylolisthesis): One or two levels: Laminektomie vir spinale stenose (uitgesluit diskektomie, foraminotomie en spondylolistese): Een of twee vlakke	295	7 062.30	230	5 646.84	3	335.58	+T+M
5766	Laminectomy with full decompression for spondylolisthesis (Gill procedure): Laminektomie met volle dekompressie vir spondylolistese (Gill procedure)	304	7 277.76	243.2	5 622.21	3	335.58	+T+M
5757	Laminectomy for decompression without foraminotomy or discectomy more than two levels: Laminektomie vir dekompressie sonder foraminotomie of diskektomie meer as twee vlakke	321	7 684.74	256.8	6 147.79	3	335.58	+T+M
5768	Laminectomy with decompression of nerve roots and disc removal: Een additional level: Laminektomie met dekompressie van senuweewortels en diskus verwydering: Elke bykomende vlak	63	1 506.22	63	1 506.22	3	335.58	+T+M
5769	Laminectomy for decompression discectomy etc., revision operation: Laminektomie vir dekompressie diskektomie ens., herhalingse operasie	352	8 426.88	281.6	6 741.50	4	447.44	+T+M
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level: Laminektomie, fasetektomie, dekompressie van laterale reses stenose plus spinale stenose: Een vlak	301	7 205.84	240.8	5 764.75	3	335.58	+T+M
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level: Laminektomie, fasetektomie, dekompressie van laterale reses stenose plus spinale stenose: Elke bykomende vlak	68	1 627.92	68	1 627.92	3	335.58	+T+M
5763	Anterior disc removal and spinal decompression cervical: One level: Anterior diskus verwydering en spinale dekompressie servikaal: Een vlak	344	8 235.36	275.2	6 588.29	3	335.58	+T+M
5764	Anterior disc removal and spinal decompression cervical: Each additional level: Anterior diskus verwydering en spinale dekompressie servikaal: Elke bykomende vlak	81	1 939.14	81	1 939.14	3	335.58	+T+M
5765	Vertebral corpectomy for spinal decompression: One level: Vertebrale korpektomie vir spinale dekompressie: Een vlak	406	11 156.04	372.8	6 924.83	3	335.58	+T+M
5766	Vertebral corpectomy for spinal decompression: Each additional level: Vertebrale korpektomie vir spinale dekompressie: Elke bykomende vlak	88	2 106.72	88	2 106.72	3	335.58	+T+M
5770	Use of microscope in spinal and intercranial procedures (modifier 0005 not applicable): Gebruik van mikroskoop vir spinale of interkraniale prosedures (wysiger 0005 is nie toepaslik nie)	71	1 699.74	71	1 699.74			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.9	Facial bone procedures • Gesigsgeweenprosedures Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff • Let wel: Wysigers 0046 tot 0058 is nie van toepassing op afdeling 3.9 van die tarief nie							
0987	Repair of orbital floor (blowout fracture) • Herstel van orbitale vloer (uitbars fraktuur)	184.6	4 419.32	147.68	3 535.48	4	447.44	+T+M
0988	Genioplasty • Genioplastie	263	6 296.22	210.4	5 036.98	4	447.44	+T+M
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort I	262.2	4 840.67	161.76	3 872.53	4	447.44	+T-M
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort II	302	7 229.88	241.6	5 783.90	4	447.44	+T+M
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort III	493	10 366.02	346.4	8 292.82	4	447.44	+T+M
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort I Osteotomie	970	23 221.80	776	18 577.44	4	447.44	+T+M
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Verhemelte Osteotomie	302	7 229.88	241.6	5 783.90	4	447.44	+T+M
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee) • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort II Osteotomie (gelde vir span)	1103	26 405.82	882.4	21 124.68	4	447.44	+T+M
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee) • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort III Osteotomie (gelde vir span)	1654	39 596.76	1323.2	31 677.41	4	447.44	+T+M
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Fraktuur van maksilla sonder verplasing		0		0			
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation • Mandibula: Frakture van neus en algom: Oop reduksie en fikseering	302	7 229.88	241.6	5 783.90	3	335.58	+T+M
0998	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation • Mandibula: Frakture van neus en algom: Geslote reduksie d.m.v. intermaksillere fikseering	184	4 404.96	147.2	3 523.97	3	335.58	+T+M
1001	Temporo-mandibular joint: Reconstruction for dysfunction • Temporo-mandibulêre gewrig: Rekonstruksie weens abnormale funksie	206	4 931.84	164.8	3 945.31	4	447.44	+T+M
1003	Manipulation: Immobilisation and follow-up of fractured nose • Manipulasie: Immobilisering en nabehandeling van gebreekte neus	35	837.90	35	837.90	3	335.58	+T+M
1005	Nasal fracture without manipulation • Neusfraktuur sonder manipulasie		0		0			
1006	Fracture: Nose and septum, open reduction	177.4	4 246.96	141.92	3 397.56	5	559.30	+T+M
1007	Mandibulotomy • Mandibulektomie	320	7 680.80	256	6 128.64	5	559.30	+T+M
1009	Maxillectomy • Maksillektomie	382.5	9 157.05	300	7 325.04	4	447.44	+T+M
1011	Bone graft to mandible • Beenreplantasie aan onderkaak	206	4 931.84	164.8	3 945.31	4	447.44	+T+M
1012	Adjustment of occlusion by ramisection • Regtel van afsluiting d.m.v. ramiseksie	227	5 434.38	181.6	4 347.50	4	447.44	+T+M
1013	Fracture of arch of zygoma without displacement • Fraktuur van sigoma sonder verplasing							
1015	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) • Ontangse fraktuur van sigoma (binne vier weke) met verplasing wat operatiewe manipulasie benodig, gepaardgaande fraktuur uitgesluit	131	3 136.14	120	2 872.80	3	335.58	+T+M
1017	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures) (after four weeks) • Fraktuur van sigoma met verplasing wat operatiewe manipulasie benodig (gepaardgaande frakture uitgesluit) (na vier weke)	262	6 272.28	200.6	5 017.82	3	335.58	+T+M
4.	RESPIRATORY SYSTEM • ASEMHALINGSTELSEL							
4.1	Nose and sinuses • Neus en sinusse							
1018	Flexible nasopharyngolaryngoscope examination • Nasofaringale en larinks ondersoek met buigbare teleskoop	51.94	1 243.44					
1019	ENT endoscopy in rooms with rigid endoscope • ONK endoskopies in kamers met onbuigbare endoskoop	12	287.28					
1020	Repair of perforated septum: Any method • Herstel van septum perforasie: enige metode	141.9	3 397.09	120	2 872.80	4	447.44	+T
1022	Functional reconstruction of nasal septum • Funksionele rekonstruksie van neuseptum	121.2	2 901.63	120	2 872.80	4	447.44	+T
1023	Harvesting of graft: Cartilage graft of nasal septum • Herwinning van oerplantings weefsel: Kraakbeen oerplanting, neuseptum	124.6	2 987.71	120	2 872.80	5	559.30	+T
1024	Insertion of alastic obturator into nasal septum perforation (excluding material) • Inpass van 'n silastiese obturator in 'n perforasie van die neuseptum (materiaal uitgesluit)	30	718.20	30	718.20	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose) Intranasale antrostomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	64.0	1 546.52	64.0	1 546.52	4	447.44	+T
1027	Deconostorhinostomy Dekonostorhinostomie	210	5 027.40	168	4 021.92	5	559.30	+T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose) Turbinektomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	62.0	1 498.64	62.0	1 498.64	4	447.44	+T
1030	Endoscopic turbinatectomy: laser or microdebrider Endoskopiese turbinektomie: laser of mikrodebrider	90	2 154.60	90	2 154.60	5	559.30	+T
1034	Autogenous nasal bone transplant: Bone removal included Outgene beentransplantasie van die neus: Verwydering van been ingeslote	100	2 394.00	100	2 394.00	4	447.44	+T
1035	Unilateral functional endoscopic sinus surgery (unilateral) Funkisionele endoskopiese sinus chirurgie (unilateraal)	140	3 351.60	120	2 872.80	4	447.44	+T
1036	Bilateral functional endoscopic sinus surgery Bilaterale funksionele endoskopiese sinus chirurgie	245	5 865.30	196	4 692.24	4	447.44	+T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met plaaslike verdowing	8	191.52	8	191.52			
1038	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met algemene verdowing	35	837.90	35	837.90	4	447.44	+T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) Erge epistaksie kontrole wat hospitalisasie vereis: Anterior tamponade (unilateraal)	40	957.60	40	957.60	6	671.16	+T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral) Erge epistaksie kontrole wat hospitalisasie vereis: Anterior en posterior tamponade (unilateraal)	80	1 436.40	60	1 436.40	6	671.16	+T
1045	Ligation anterior ethmoidal artery Afbind van anterior etmoidale arterie	135.4	3 241.48	120	2 872.80	6	671.16	+T
1047	Caldwell-Luc operation (unilateral) Caldwell-Luc operasie (unilateraal)	137.3	3 286.96	120	2 872.80	4	447.44	+T
1049	Ligation internal maxillary artery Afbind van interne maksillêre arterie	100	4 692.24	156.8	3 753.70	6	671.16	+T
1050	Vidian neurectomy (transantral or transnasal) Neurektomie van nervus vidii (transantraal of transnasaal)	113	2 705.22	113	2 705.22	4	447.44	+T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose) Antroskopiese deur die caninus fossa (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	37.3	892.96	—	—	—	—	—
1055	External frontal ethmoidectomy Eksterne fronto-etmoidektomie	190.7	4 565.36	152.50	3 652.29	4	447.44	+T
1057	External ethmoidectomy and/or sphenoidectomy (unilateral) Eksterne etmoidektomie en/of sfenoïdektomie (unilateraal)	190.4	4 773.64	150.52	3 818.91	4	447.44	+T
1059	Frontal osteomyelitis Frontale osteomielitis	164	4 844.36	155.2	3 715.49	4	447.44	+T
1061	Lateral rhinotomy Laterale rhinotomie	104	3 926.16	137.2	3 140.93	4	447.44	+T
1063	Removal of foreign bodies from nose at room Verwydering van vreemde voorwerpe uit neus by spreekkamer	10	239.40	10	239.40			
1065	Removal of foreign body from nose under general anaesthetic Verwydering van vreemde voorwerp uit die neus onder algemene narkose	38.6	924.08	38.6	924.08	4	447.44	+T
1067	Probe puncture, unilateral at room Sinuspunsing, unilateraal by spreekkamer	10	239.40	10	239.40	4	447.44	+T
1069	Probe puncture, uni- or bilateral under general anaesthetic Sinuspunsing, uni- of bilateraal onder algemene narkose	35	837.90	35	837.90	4	447.44	+T
1075	Multiple intranasal procedures: Not to exceed (see Modifier 0005) Veelvuldige intranasale prosedures: Maksimum bedrag (sien Wysiger 0005)	104	4 644.36	155.2	3 715.49	4	447.44	+T
1077	Septum abscess, at room, including after-care Septumabees, by spreekkamer, nabehandeling ingesluit	8	191.52	8	191.52			
1079	Septum abscess, under general anaesthetic Septumabees, onder algemene verdowing	35	837.90	35	837.90	4	447.44	+T
1081	Oro-antral fistula (without Caldwell-Luc) Oro-antrale fistel (sonder Caldwell-Luc)	111.8	2 676.49	111.8	2 676.49	4	447.44	+T
1083	Choanal atresia: Intranasal approach Atriesie van agterste neusopening: Intranasale metode	113	2 705.22	113	2 705.22	5	559.30	+T
1084	Choanal atresia: Transpalatal approach Atriesie van agterste neusopening: Transpalatiale metode	104	4 644.36	155.2	3 715.49	7	783.02	+T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomy) and nasal tip Rekonstruksie van die neus: Insluitende rekonstruksie van die septum (septumplasty), die piramide (osteotomie) en neuspunt	350	8 379.00	280	6 703.20	5	559.30	+T
1087	Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomy, nasal tip reconstruction Subtotale rekonstruksie, bestaande uit enige twee van die volgende: Septumplasty, osteotomie, neuspunt-rekonstruksie	210	5 027.40	168	4 021.92	5	559.30	+T
1089	Forehead rhinoplasty (all stages): Total Voorhoof-rinoplastie (alle stadiums): Volledig	552	13 214.88	441.6	10 571.90	5	559.30	+T
1091	Forehead rhinoplasty (all stages): Partial Voorhoof-rinoplastie (alle stadiums): Gedeeltelik	414	9 811.16	331.2	7 926.93	5	559.30	+T
4.3	Larynx Larinks							
1117	Laryngeal intubation Laringeale intubasie	10	239.40	10	239.40			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1118	Laryngeal stroboscopy with video capture • Laringeale stroboskopies met video vastlegging.	30	933.66	30	933.66	0	871.16	+T
1119	Laryngectomy without block dissection of the neck • Laringektomie sonder blokdisseksie van die nek	430	10 294.20	344	8 235.36	7	783.82	+T
1127	Tracheostomy • Trageostomie	90	2 154.60	90	2 154.60	0	1006.74	+T
1129	External laryngeal operation, e.g. laryngeal stenosis, laryngocoele, abductor, paralysis, laryngofissure • Eksterne laringeale operasie, bv. vir laringeale stenose, laringeocoele, abduktor-paraliese, laringo-fissuur	204.4	7 047.94	235.52	5 838.35	8	894.88	+T
1130	Diagnostic laryngoscopy including biopsy • Diagnostiese laringoskopies insluitende biopsie	41.4	991.12	41.4	991.12	0	871.16	+T
1131	Direct laryngoscopy plus foreign body removal • Direkte laringoskopies plus vreemde voorwerp verwydering	64.6	1 546.52	64.6	1 546.52	0	871.16	+T
4.4	Bronchial procedure • Bronchiale prosedure							
1132	Bronchoscopy: Diagnostic bronchoscopy without removal of foreign object • Brongoskopies: Diagnostiese brongoskopies sonder verwydering van vreemde voorwerp	65	1 556.10	65	1 556.10	0	871.16	+T
1133	Bronchoscopy: With removal of foreign body • Brongoskopies: Met verwydering van vreemde voorwerp	80	1 915.20	80	1 915.20	8	894.88	+T
1134	Bronchoscopy: Bronchoscopy with laser • Brongoskopies: Brongoskopie met laser	75	1 795.50	—		8	894.88	+T
1136	Nebulisation (In rooms) • Nebuliserings (In kamers)	12	287.28	12	287.28		Fees as for	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1137	Bronchial lavage ● Bronglale spoeling	--	--	--	--	8	894.88	+T
1138	Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause) ● Torakotomie: vir brongopleurale fistel (ruptuur van die bronkus, alle oorsake, ingeslote)	350	8 379.00	280	6 703.20	12	1342.32	+T
4.5	Pleura ● Pleura							
1139	Pleural needle biopsy (not including aftercare): modifier 0005 not applicable ● Naaldbiopsie van pleura (nasorg uitgeleut): wysiger 0005 nie van toepassing nie	50	1 197.00	50	1 197.00	3	335.58	+T
1141	Insertion of intercostal catheter (under water drainage) ● Inplasing van tussenribse kateter (met onderwater-dreinasie)	50	1 197.00	50	1 197.00	6	671.16	+T
1143	Paracentesis chest: Diagnostic ● Parasetese borskas: Diagnosties	8	191.52	8	191.52	3	335.58	+T
1145	Paracentesis chest: Therapeutic ● Parasetese borskas: Terapeuties	13	311.22	13	311.22	3	335.58	+T
1147	Pneumothorax: Induction (diagnostic) ● Pneumotoraks: induksie (diagnosties)	25	598.50	25	598.50			
1149	Pleuroctomy ● Pleuraktomie	250	5 965.00	200	4 788.00	11	1230.46	+T
1151	Decortication of lung ● Dekortikasie van long	350	8 379.00	280	6 703.20	11	1230.46	+T
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) ● Chemiese pleurodesis (instillering silwer nitraat, tetrasiikien, talk, ens)	56	1 316.70	55	1 316.70	3	335.58	+T
4.6	Pulmonary procedures I Longprosedures							
4.6.1	Surgical ● Chirurgies							
1155	Needle biopsy lung (not including after-care): modifier 0005 not applicable ● Naaldbiopsie long (nasorg uitgeleut): wysiger 0005 nie van toepassing nie	32	786.08	32	786.08	5	559.30	+T
1157	Pneumectomy ● Pneumektomie	350	8 379.00	280	6 703.20	11	1230.46	+T
1159	Pulmonary lobectomy ● Pulmonêre lobektomie	380.5	9 324.63	311.6	7 459.70	11	1230.46	+T
1161	Segmental lobectomy ● Segmentale lobektomie	365	8 738.10	292	6 900.48	11	1230.46	+T
1163	Excision tracheal stenosis: Cervical ● Eksisie van stenose van trachea: Servikaal	375	8 677.50	300	7 182.00	8	894.88	+T
1164	Excision tracheal stenosis: Intra-thoracic ● Eksisie van stenose van trachea: Intratorakale	350	8 379.00	280	6 703.20	12	1342.32	+T
1171	Drainage empyema (including six weeks after-treatment) ● Dreinerings van empiëem (insluitende ses weke nabehandeling)	170	4 069.80	136	3 255.84	11	1230.46	+T
1173	Drainage of lung abscess (including six weeks after-treatment) ● Dreinerings van longabses (insluitende ses weke nabehandeling)	170	4 069.80	136	3 255.84	11	1230.46	+T
1175	Thoracotomy (limited): Limited: For lung or pleural biopsy ● Torakotomie (beperk): Beperk: Vir biopsie van long of pleura	115	2 753.10	115	2 753.10	11	1230.46	+T
1177	Thoracotomy: Major: Diagnostic ● Torakotomie: Groot: Diagnosties	215	5 147.10	172	4 117.68	11	1230.46	+T
1179	Thoracoscopy ● Torakoskopie	80	2 130.66	80	2 130.66	11	1230.46	+T
4.6.2	Pulmonary function tests ● Longfunksietoetses							
1186	Flow volume test: Inspiration/expiration ● Vloeiolumetoets: Inspirasie/ekspirasie	30	718.20	30	718.20			Fees as for specialist/Gelde
1188	Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies) ● Vloeiolumetoets: Inspirasie/ekspirasie voor- en na-brongodilator (te betaal slegs tydens eerste konsultasie - daarna is item 1186 toepaslik)	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde soos vir spesialis
1189	Forced expirogram only ● Forseerde ekspirogram alleenlik	10	239.40	10	239.40			
1191	N2 single breath distribution ● N2 enkel asem verspreiding	10	239.40	10	239.40			
1197	Compliance and resistance, using oesophageal balloon ● Rekbaarheid en weerstand d.m.v. esofageale ballon	24	574.56	24	574.56			Fees as for specialist/Gelde
1198	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent or after exercise, with subsequent spirometry ● Verlengde na-blootstelling bepaling van brongospasme met spirometrie voor en na antigeen, koue lug, meta choline of ander chemiese agent, of na oefening met opvolg spirometrie	55.80	1 338.01	55.80	1 338.01			
1199	Pulmonary stress testing: For determination of VO2 max ● Pulmonale inspanningstoets: vir bepaling van maksimum VO2	60.5	2 310.21	60.5	2 310.21			
1201	Maximum inspiratory/expiratory pressure ● Maksimum inspiretoets/ekspiretoets druk	5	119.70	5	119.70			Fees as for specialist/Gelde

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Pulmonologists and Practitioners accredited to SATS Pulmonoloë en praktisyns geakrediteer deur SATS		Other Specialists and General practitioner Ander Spesialiste en Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1193	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method. Funksionele residuele kapasiteit of residuele volume: helium, stikstof opebaan of ander metode	37.76	993.97					
1195	Thoracic gas volume. Intra thoracic gas volume	37.03	908.04					
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods. Bepaling van lugweg weerstand osillatories of met plethysmograaf	45.31	1 084.72					
1200	Carbon monoxide diffusing capacity, any method. Kool monoksied diffusie, enige metode	38.06	911.16					
		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4.7	Intensive care (in intensive care or high care unit): Respiratory, cardiac, general. Intensiewe sorg (in Intensiewe of hoë sorgseenheid): Respiratories, kardiaal, algemeen.							
4.7.1	Tariff items for intensive care. • Tarief items vir intensiewe sorg Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc). Please note that item 1201 may not be charged by the responsible surgeon for monitoring a patient post-operatively in ICU or in the high-care unit since post-operative monitoring is included in the fee for the procedure. Kategorie 1: Gevalle wat intensiewe monitoring vereis (sluit spesifieke gevalle in waar fisiologiese onstabielheid vermoed word, bv. diabetiese pre-koma, asma, gastro-intestinale bloeding, ens). Let asseblief daarna op dat item 1204 nie deur die verantwoordelike chirurg gehef mag word vir monitoring van die pasiënt na-operatief in die intensiewe sorgseenheid of in die hoë sorg aangesien na-operatiewe monitoring ingesluit is in die gelde vir die prosedure.							
1204	Category 1: Per day. Kategorie 1: Per dag Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction; diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc.) Ventilation may or may not be part of the active system support. Kategorie 2: Gevalle wat aktiewe sisteem bystand vereis (waar aktiewe gespesialiseerde intervensie vereis word, byvoorbeeld akute miokardiale infarkte, diabetiese koma, hoofbeseering, ernstige asma, akute pankreatitis, eklampsie, veel borskas, ens.) Ventilasië mag deel uitmaak of nie deel uitmaak van die aktiewe sisteem bystand nie	30	718.20	30	718.20			Fees as for specialist/Gelde soos vir spesialiste
1205	Category 2: First day. Kategorie 2: Eerste dag	100	2 394.00	100	2 394.00			Fees as for specialist/Gelde
1206	Category 2: Subsequent days, per day. Kategorie 2: Daaropvolgende dae, per dag	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde
1207	Category 2: After two weeks, per day. • Kategorie 2: Na twee weke, per dag Category 3: Cases with multiple organ failure or Category 2 patients that may require multidisciplinary intervention. Kategorie 3: Gevalle met veelvuldige orgaan ineenstorting of Kategorie 2 pasiënte wat multidisiplinêre intervensie mag vereis	30	718.20	30	718.20			Fees as for specialist/Gelde
1208	Category 3: First day (principal practitioner). Kategorie 3: Eerste dag (hoof praktisyn)	137	3 279.78	120	2 872.80			Fees as for specialist/Gelde
1209	Category 3: First day (per involved practitioner). Kategorie 3: Eerste dag (per betrokke praktisyn)	58	1 388.52	58	1 388.52			Fees as for specialist/Gelde
1210	Category 3: Subsequent days (per involved practitioner). Kategorie 3: Opvolgende dae (per betrokke praktisyn)	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes/ noodwendig in intensiewe sorg eenheid nê 50,00 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur per praktisyn, daarna 25,00 kliniese prosedure eenhede per halfuur met 'n maksimum van 150,00 kliniese prosedure eenhede per praktisyn. Resusitasiegeelde sluit alle nodige bykomende prosedures in byvoorbeeld Intuue, Intubasie, ens.	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde soos vir spesialis
		25	598.50	25	598.50			
		150	3 591.00	150	3 591.00			
1212	Ventilation: First day Ventilasië: Eerste dag	75	1 795.50	75	1 795.50			Fees as for specialist/Gelde
1213	Ventilation: Subsequent days Ventilasië: Oprolgende dae	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde
1214	Ventilation: After two weeks, per day Ventilasië: Na twee weke, per dag	25	598.50	25	598.50			Fees as for specialist/Gelde
1215	Insertion of arterial pressure cannulae Inplasing van arteriële druk kaniule	25	598.50	25	598.50			Fees as for specialist/Gelde
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring Inplasing van Swan Ganz kateter vir hemodinamiese monitering	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde soos vir spesialis
1217	Insertion of central venous line via peripheral vein Inplasing van sentrale veneuse lyn via perifere vena	10	239.40	10	239.40			Fees as for specialist/Gelde

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1218	Insertion of central venous line via subclavian or jugular veins Inplasing van sentrale venouse lyn via subklaviese of jugulêre venas	25	698.50	25	598.50			Fees as for specialist/Gelde soos vir spesialis
1219	Hyperalimentation (daily fee) Hiperalimentasie (dagtarief)	15	359.10	15	359.10			Fees as for specialist/Gelde soos vir spesialis
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient) Patiënt-beheerde verdowingspomp: Verhuringegelde: Per 24 uur (Gelde vir Kasset word gehef volgens item 0201 per pasiënt)	30	718.20	30	718.20			Fees as for specialist/Gelde soos vir spesialis
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charge appropriate hospital follow-up consultation) Professionele gelde vir bestuur van pasiënt-beheerde verdowingspomp: Eerste 24 uur (vir daaropvolgende dae word hospitaal opvolgkonsultasie gehef)	30	718.20	30	718.20			Fees as for specialist/Gelde soos vir spesialis
4.8	Hyperbaric Oxygen Treatment • Hiperbariese Suurstofbehandeling							
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Low pressure table (1.5-1.8 ATA x 45-60 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in) Lae druk tabel (1.5-1.8 ATA x 45-60 min): PROFESSIONELE KOMPONENT	30	718.20	30	718.20			
4820	Low pressure table (1.5-1.8 ATA x 45-60 min): TECHNICAL COMPONENT Lae druk tabel (1.5-1.8 ATA x 45-60 min): TEGNIESE KOMPONENT	101.13	2 421.05	101.13	2 421.05			
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Routine HBO table (2-2.5 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in) Routine HST tabel (2-2.5 ATA x 90-120 min) PROFESSIONELE KOMPONENT	60	1 436.40	60	1 436.40			
4821	Routine HBO table (2-2.5 ATA x 90-120 min): TECHNICAL COMPONENT • Routine HST tabel (2-2.5 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 142.36	131.26	3 142.36			
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment monitoring during treatment and post treatment evaluation) Emergency HBO table (2.5-3 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in) Nood HST tabel (2.5-3 ATA x 90-120 min) PROFESSIONELE KOMPONENT	60	1 915.20	60	1 915.20			
4822	Emergency HBO table (2.5-3 ATA x 90-120 min): TECHNICAL COMPONENT Nood HST tabel (2.5-3 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 142.36	131.26	3 142.36			
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT5 (2.8 ATA x 135 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT5 (2.8 ATA x 135 min) PROFESSIONELE KOMPONENT	90	2 154.60	90	2 154.60			
4825	USN TT5 (2.8 ATA x 135 min): TECHNICAL COMPONENT USN TT5 (2.8 ATA x 135 min): TEGNIESE KOMPONENT	214.18	5 127.47	214.18	5 127.47			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6 (2.8 ATA x 285 min): PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6 (2.8 ATA x 285 min): PROFESSIONELE KOMPONENT	190	4 548.80	190	4 548.80			
4826	USN TT6 (2.8 ATA x 285 min): TECHNICAL COMPONENT USN TT6 (2.8 ATA x 285 min): TEGNIESE KOMPONENT	380.42	9 250.89	380.42	9 250.89			
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6ext/6A or Cx 30 (2.8 ATA x 305-490 min): PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6ext/6A or Cx 30 (2.8-6 ATA x 305-490 min): PROFESSIONELE KOMPONENT	327	7 828.38	327	7 828.38			
4827	USN TT6ext (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN TT6ext (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	680.85	16 289.55	680.85	16 289.55			
4828	USN 6A (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN 6A (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	678.28	16 238.02	678.28	16 238.02			
4829	USN Cx 30 (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN Cx 30 (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	671.85	16 084.09	671.85	16 084.09			
4815	Prolonged attendance inside a hyperbaric chamber: 40 clinical procedure units per half hour or part thereof for the first hour. Thereafter 20 clinical procedure units per half hour; minimum 40 clinical procedure units; maximum 320 clinical procedure units (Please indicate time in minutes and not per half hour) • Verlengde bystand binne 'n hiperbariese kamer: 40 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur. Daarna 20 kliniese prosedure eenhede per half uur; minimum 40 kliniese prosedure eenhede; maksimum 320 kliniese prosedure eenhede (dul asseblief tyd aan in minute en nie per halfuur)							
5.	MEDIASTINAL PROCEDURES • MEDIASTINALE PROSEDURES							
1223	Mediastinoscopy • Mediastinoskopies	95	2 274.30	95	2 274.30	5	559.30	+T
6.	CARDIOVASCULAR SYSTEM • KARDIO-VASKULÊRE SISTEEM							
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) • WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOG VIR BEHEER VAN INTRA-AORTIESE BALLONP (KARDIO-VASKULÊRE SISTEEM)							
0100	Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable • Waar 'n anestesiooloog verantwoordelik is vir beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75,00 kliniese prosedure eenhede van toepassing					75	1 795.50	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.1	General • Algemeen General practitioner's fee for the taking of an ECG only • Algemene praktisyn se gelde vir slegs die neem van 'n EKG Where an ECG is done by a general practitioner and interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG. Wanneer 'n EKG deur 'n algemene praktisyn geneem is en deur 'n spesialis vertolk word, is die algemene praktisyn geregtig op konsultasiegelde plus helfte van die bedrag toepaslik van die EKG							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: (1232) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Rustend: (1232)			4.5	107.73			
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: 1/2 (item 1233) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Sonder en met inspanning: 1/2 (item 1233)			8.5	155.61			
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG; the consultation fee must still be added. Opmerking: Items 1228 en 1229 deal slegs die gelde vir die neem van die EKG aan, die konsultasietarief moet bygevoeg word Physician's fee for interpreting an ECG • Internis se gelde vir vertolking van 'n EKG A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred for interpretation: 'n Internis is geregtig op die volgende gelde vir die vertolking van 'n EKG wanneer dit verwys word vir vertolking.							
1230	Physician's fee for interpreting an ECG: Without effort • Internis se gelde vir vertolking van 'n EKG: Rustend	8	143.64					
1231	Physician's fee for interpreting an ECG: With and without effort • Internis se gelde vir vertolking van 'n EKG: Met en sonder inspanning	10	239.40					
1232	Electrocardiogram: Without effort • Elektrokardiogram: Rustend	9	215.48	9	215.48			
1233	Electrocardiogram: With and without effort • Elektrokardiogram: Met en sonder inspanning	13	311.22	13	311.22			
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus • Inspannings-elektrokardiogram met behulp van 'n spesiale fiets-ergometer, monitorapparaat en beskikbaarheid van geassosieerde apparaat	40	957.80	40	957.80			
1235	Multi-stage treadmill • Meerfasige trepmeultoets	60	1 436.40	60	1 436.40			
1241	X-ray screening (Chest) • X-straaldeurligting (Borskas)	4	95.76	4	95.76			
1245	Angiography cerebral: First two series • Angiografie serebraal: Eerste twee reekse	34.3	821.14	34.3	821.14	4	447.44	+T
1246	Angiography peripheral: Per limb • Angiografie perifere: Per ledemaat	25	698.50	25	698.50	4	447.44	+T
1248	Paracentesis of pericardium • Parasentese van perikardium	50	1 197.00	50	1 197.00	0	1006.74	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.3	Cardiac surgery • Hartchirurgie							
1311	Pericardial drainage • Dreinerings van perikardium	140	3 351.00	120	2 872.80	13	1454.18	+T
6.3.1	Open heart surgery • Opehart-chirurgie							
1322	Attendance at other operations for monitoring at bedside, by physician heart block, etc.: Per house • Bystand by ander operasies, en toesighouding by siekbed deur Internis by vir 'n hartblok, ens.: Per uur	20	478.60					
6.4	Peripheral vascular system • Perifere vasculêre sisteem							
6.4.2	Arterio-venous-abnormalities • Arterio-venuse-afwykings							
1369	Fistula or aneurysm (as for grafting of various arteries) • Fistel of aneurisme (soos vir transplantasie van artêre)							
6.4.3	Arteries • Arteries							
6.4.3.1	Aorta-iliac and major branches • Aorta-iliac en groot takke							
1373	Abdominal aorta and iliac artery: Rupture • Abdominale aorta en artêre iliaca: Geruptuur	600	14 364.00	480	11 491.20	15	1677.90	+T
6.4.3.2	Iliac artery • Arteria iliaca							
1379	Prosthetic grafting and/or Thrombo-endarterectomy • Inplanting van protese en/of Trombo-endarterektomie	300	7 182.00	240	5 745.60	13	1454.18	+T
6.4.3.3	Peripheral • Perifeer							
1385	Prosthetic grafting • Inplanting van protese	255	6 104.70	204	4 893.76	5	559.30	+T
1387	Vein grafting proximal to knee joint • Vene transplantasie bokant kniegewrig	300	7 182.00	240	5 745.60	5	559.30	+T
1388	Vein grafting distal to knee joint • Vene transplantasie onderkant kniegewrig	444	10 629.36	355.2	8 503.48	5	559.30	+T
1389	Endarterectomy when not part of another specified procedure • Endarterektomie wanneer nie 'n deel van 'n ander gespesifiseerde prosedure nie	204	6 320.16	211.2	5 056.13	5	559.30	+T
1393	Embolectomy: Peripheral embolectomy transfemoral • Embolektomie: Perifere transfemorale embolektomie	168	4 021.92	134.4	3 217.54	5	559.30	+T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma • Diverse arteriële prosedures: Hegting van artêre: Trauma	125	2 982.50	100	2 384.00	5	559.30	+T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessel are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure) • Hegting van groot bloedvat (artêre of vene) - trauma (groot bloedate word omskryf as aorta innominate artêre, karoti artêre, en vertebrale artêre subklaviese artêre, axillêre artêre, ilaka artêre, gewone femorale en popliteale artêre. Die femorale en popliteale artêre word ingesluit as gevolg van die onbereikbaarheid van die artêre en moeilike chirurgiese blootlegging).	264	6 320.16	211.2	5 056.13	15	1677.90	+T
1397	Profundoplasty • Profundoplastie	210	5 027.40	168	4 021.92	5	559.30	+T
1399	Distal tibial (ankle region) • Tibiaal distaal (naby enkel)	450	10 916.64	364.8	8 733.31	5	559.30	+T
1401	Femoro-femoral • Femoro-femorale	254	6 080.76	203.2	4 894.61	5	559.30	+T
1402	Carotid-subclavian • Carotis-subklavies	288	6 894.72	230.4	5 515.78	8	894.88	+T
1403	Axillo-femoral (Bifemoral + 50% of the fee) • Aksillo-femorale (Bifemorale + 50% van die fees)	288	6 894.72	230.4	5 515.78	8	894.88	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.4.4	Veins • Venas							
1407	Ligation of saphenous veins Afbinding van vene saphena	50	1 197.00	50	1 197.00	3	335.58	+T
1408	Placement of Hickman catheter or similar Implanting van Hickman kateter of soortgelyk	81	2 178.54	81	2 178.54	4	447.44	+T
1410	Ligation of inferior vena cava: Abdominal Afbinding van vena cava inferior: Abdominaal	160	4 309.20	144	3 447.36	8	894.88	+T
1412	Umbrella operation on inferior vena cava: Abdominal Sambreëloperasie op vena cava inferior: Abdominaal	100	2 384.00	100	2 384.00	8	894.88	+T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral Gekombineerde prosedure vir spatate: Afbinding van vena saphenous stripping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Unilateraal	141	3 375.54	120	2 872.80	3	335.58	+T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral Gekombineerde prosedure vir spatate: Afbinding van vena saphenous stripping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Bilateraal	247	5 913.18	197.6	4 736.54	3	335.58	+T
1417	Extensive sub-fascial ligation of perforating veins Uitgebreide sub-fasiese afbinding van perforerende venas	125	2 992.50	120	2 872.80	3	335.58	+T
1419	Lesser varicose vein procedure Klein spatate prosedures	31	742.14	31	742.14	3	335.58	+T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material) Skleroterende inspuiting met kompressie vir spatate: Per inspuiting tot maksimum van nege inspuitings per been (koste van materiaal uitgesluit)	9	215.46	9	215.46			
1425	Thrombectomy: Inferior vena cava (Trans-abdominal) Trombektomie: Vena cava inferior (Transabdominaal)	240	5 745.60	192	4 596.48	11	1230.48	+T
1427	Thrombectomy: Ilio-femoral Trombektomie: Ilio-femorale	175	4 189.50	140	3 351.60	6	671.16	+T
7.	LYMPHO RETICULAR SYSTEM • LIMFO RETIKULÊRE STELSEL							
7.1	Spleen • Milt							
1435	Splenectomy (trauma) Splenektomie (trauma)	221.3	5 297.92	177.04	4 238.34	9	1056.74	+T
1457	Bone marrow biopsy: By trephine Beenmurg biopsie: Deur middel van trefien	13	311.22	13	311.22	3	335.58	+T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula • Beenmurg biopsie: Eenvoudige aspirasie van murg Inkar of kannaal	8	191.52	8	191.52			
8.	DIGESTIVE SYSTEM • SPYŠVERTERINGSTELSEL							
8.1	Oral cavity • Mondholte							
1467	Drainage of intra-oral abscess Dreinerig van abees in die mondholte	31	742.14	31	742.14	4	447.44	+T
1483	Alveolar periosteal or other flaps for arch closure Alveolêre periosteale of ander flappe vir boog sluiting	138	3 303.72	120	2 872.80	4	447.44	+T
8.2	Lips • Lippe							
1485	Local excision of benign lesion of lip Lokale uitsnyding van goedaardige letsel van lip	27	646.38	27	646.38	4	447.44	+T
1499	Lip reconstruction following an injury: Directed repair Liprekonstruksie na besering: Direkte herstel	105.6	2 528.06	105.6	2 528.06	4	447.44	+T
1501	Lip reconstruction following an injury only: Flap repair Liprekonstruksie slegs na besering: Flap herstel	206	4 931.84	164.8	3 945.31	4	447.44	+T
1503	Lip reconstruction following an injury only: Total reconstruction (first stage) • Liprekonstruksie slegs na besering: Totale rekonstruksie (eerste stadium)	206	4 931.84	164.8	3 945.31	4	447.44	+T
1504	Lip reconstruction following an injury only: Subsequent stages (see item 0297) • Liprekonstruksie slegs na besering: Daarnopvolgende stadiums (Sien item 0297)	104	2 489.76	104	2 489.76	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose			
		U/E	R	U/E	R	U/E	R	T/M	
8.3	Tongue • Tong								
1505	Partial glossectomy • Gedeeltelike glossektomie	225	5 386.50	180	4 309.20	0	671.16	+T	
1507	Local excision of lesion of tongue • Lokale uitsnyding van lesie van tong	27	646.38	27	646.38	4	447.44	+T	
8.4	Palate, uvula and salivary gland • Verhemelte, uvula en speekselklier								
1526	Total parotidectomy with preservation of facial nerve • Totale verwydering van parotis met behoud van facialis senuwee	358.5	8 582.49	288.8	6 865.99	5	559.30	+T	
1531	Drainage of parotid abscess • Dreinerings van parotisabses	25	598.50	25	598.50	4	447.44	+T	
8.5	Oesophagus • Oesofagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent • Oesofagoskopies met onbuigbare instrument: Eerste en herhaal	47	1 125.18	47	1 125.18	4	447.44	+T	
1550	Oesophagoscopy with removal of foreign body • Oesofagoskopies met verwydering van vreemde voorwerp	70	1 675.80	70	1 675.80	4	447.44	+T	
1583	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met anti-refluksproseduur	300	7 182.00	240	5 745.60	11	1 230.46	+T	
1585	Hiatus hernia and diaphragmatic hernia repair: With Collins Nissen oesophageal lengthening procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met Collins Nissen oesofagusverlenging	350	8 379.00	280	6 703.20	11	1 230.46	+T	
8.6	Stomach • Maag								
1587	Upper gastro-intestinal endoscopy: Using hospital equipment • Boonste gastro-intestinale endoskopies: Hospitaaltoerusting	48.75	1 167.08	48.75	1 167.08	4	447.44	+T	
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictor and/or sclerose (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) • Endoskopiese beheer van gastro-intestinale bloeding van boonste gastro-intestinale weg, derms, of dikderm d.m.v. inspuiting van vatvernouers en/of sklerose (endoskopiese hemostase): voeg by gastroskopies (item 1587) of kolonoskopies (item 1653)	+	34	813.96	34	813.96	0	671.16	+T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (item 1587) • Plus verwydering van vreemde voorwerpe (maag): VOEG BY gastro-intestinale endoskopies (item 1587)	+	+25	598.50	+25	598.50	4	447.44	+T
1597	Gastrostomy or Gastrostomy • Gastrostomie of Gastrostomie	147.5	3 531.15	120	2 872.80	0	671.16	+T	
1615	Suture of perforated gastric or duodenal ulcer or wound or injury • Hegting van geperforeerde maag- of duodenale ulkus of van wond of besering	200	4 788.00	160	3 830.40	7	783.02	+T	
1617	Partial gastrectomy • Gedeeltelike gastrektomie	328.3	7 658.50	262.64	6 287.60	7	783.02	+T	
1619	Total gastrectomy • Totale gastrektomie	384.43	9 203.25	307.54	7 362.51	7	783.02	+T	
8.7	Duodenum • Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy) • Endoskopiese ondersoek van die dunderm verder as die duodenojejunale fleksuur met biopsie met of sonder stopsetting van bloeding (enteroskopies)	120	2 872.80	120	2 872.80	0	671.16	+T	
1627	Duodenal intubation (under X-ray screening) • Duodenale intubasie (met X-straal deurligting)	8	191.62						

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
8.8	Intestines • Dermkanaal							
1634	Enterotomy or Enterostomy: Enterotomie of Enterostomie	202.6	4 850.24	182.08	3 880.20	6	671.16	+T
1637	Operation for relief of Intestinal obstruction: Operasie vir verligting van Intestinale obstruksie	240	5 745.60	192	4 596.48	7	783.02	+T
1639	Resection of small bowel with enterostomy or anastomosis: Reseksie van dunderm met enterostomie of anastomose	244.0	5 862.91	195.92	4 690.32	6	671.16	+T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (Item 0201 applicable for video capsule - disposable single patient use) - (Please note: All patients should have had a normal gastroscopy and colonoscopy) • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies): verhuur van apparaat (Item 0201 vir videokapsule - wegdoenbaar) - (Neem asb kennis dat die pasiënt moet presenteer met 'n normale gastrokopiese kolonoskopiese ondersoek	150	3 591.00	120	2 872.80			
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies), oesofagus deur tot ileum: Interpretasie en verslag deur di geneesheer wat die prosedure uitgevoer het.	90	2 154.60	90	2 154.60			
1646	Suture of Intestine (small or large): Wound or injury: Hegting van derm (dun of dik): Wond of besering	185.2	4 433.68	148.16	3 546.95	6	671.16	+T
1647	Closure of Intestinal fistula: Sluiting van intestinale fistel	258	6 176.52	208.4	4 941.22	6	671.16	+T
1657	Right or left hemicolectomy or segmental colectomy: Regter of linker-hemi-kolektomie of segmentale kolektomie	325	7 780.50	260	6 224.40	6	671.16	+T
1661	Colectomy: Including removal of foreign body: Kolotomie: Verwydering van vreemde voorwerp Ingeslote	205.7	4 924.46	164.56	3 938.67	6	671.16	+T
1663	Total colectomy: Totale kolektomie	390	9 336.60	312	7 489.28	6	671.16	+T
1665	Colectomy or ileostomy isolated procedure: Kolotomie of ileostomie losstaande prosedure	233.8	5 597.17	187.04	4 477.74	6	671.16	+T
1667	Colectomy: Closure: Kolotomie: Sluiting	179.1	4 287.65	143.28	3 430.12	5	569.30	+T
1668	Revision of ileostomy pouch: Hersiening van ileostomie sak	375	8 977.50	300	7 182.00	6	671.16	+T
8.10	Rectum and anus • Rektum en anus							
1677	Sigmoidoscopy: First and subsequent, with or without biopsy: Sigmoidoskopies: Eerste en daaropvolgende met of sonder biopsie	13	311.22	13	311.22	3	335.58	+T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colectomy: Totale mesorektale uitsnyding met kolonale anastomose en enterostomie of kolostomie.	445	10 653.30	350	8 522.64	8	894.88	+T
1705	Incision and drainage of submucous abscess: Insnyding en dreinerig van perianale abces	40	957.60	40	957.60	3	335.58	+T
1707	Drainage of submucous abscess: Dreinerig van sub-mukusale abces	40	957.60	40	957.60	3	335.58	+T
1737	Dilatation of ano-rectal structure: Dilatasie van ano-rektale struktuur	12.5	299.25	12.5	299.25	3	335.58	+T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor: Bio-terugvoeropleiding vir fekale inkontinensie gedurende anorektale manometrie uitgevoer deur dokter	27	646.38					
8.11	Liver • Lewer							
1743	Needle biopsy of liver: Naaldbiopsie van lewer	30.3	725.38	30.3	725.38	3	335.58	+T
1745	Biopsy of liver by laparotomy: Biopsie van lewer deur laparotomie	125	2 992.50	120	2 872.80	4	447.44	+T
1747	Drainage of liver abscess: Dreinerig van lewerabses	179.1	4 287.65	143.28	3 430.12	7	783.02	+T
1748	Body composition measured by bio-electrical impedance: Liggaamsamestelling gemeet deur middel van bio-elektriese impedans	3	71.82	3	71.82			
1749	Hemi-hepatectomy: Right: Hemi-hepatektomie: Regs	504	13 582.16	457.2	10 601.73	9	1006.74	+T
1751	Hemi-hepatectomy: Left: Hemi-hepatektomie: Links	521.1	12 475.13	410.88	9 880.11	9	1006.74	+T
1752	Extended right or left hepatectomy: Uitgebreide linker of regter hepatektomie	570.0	13 867.35	450.72	10 933.88	9	1006.74	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1753	Partial or segmental hepatectomy Gedeeltelike of segmentale hepatektomie	378	8 049.32	302.4	7 238.46	9	1006.74	+T
1757	Suture of liver wound or injury Hegting van lewerwond of besering	214.2	5 127.95	171.36	4 102.36	0	1006.74	+T
8.12	Biliary tract ● Galwê							
1763	With exploration of common bile duct Met eksplorasie van choledochus	204.5	6 332.13	211.6	5 065.70	0	671.16	+T
1765	Exploration of common bile duct; Secondary operation Eksplorasie van choledochus; Sekondêre operasie	327.7	7 845.14	262.16	6 276.11	0	671.16	+T
1767	Reconstruction of common bile duct Rekonstruksie van choledochus	371.7	8 898.60	297.36	7 116.80	8	671.16	+T
8.13	Pancreas ● Pankreas							
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP); Endoscopy + Catheterisation of pancreas duct or choledochus Endoskopiese Retrograde Cholangiopancreatografie (ERCP); Endoskopiese + kateeterisasie van pankreasbuis of choledochus	105.9	2 535.25	105.9	2 535.25	4	447.44	+T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (Item 1778) Endoskopiese retrograde verwydering van stene soos vir galbuis en/of pankreasbuis. Voeg by ERCP (Item 1778)	15.82	378.73	15.82	378.73	4	447.44	+T
1781	Local, partial or subtotal pancreatectomy Lokale, gedeeltelike of subtotale pankreatektomie	351.3	8 410.12	281.04	6 728.10	8	894.88	+T
1783	Distal pancreatectomy with internal drainage Distale pankreatektomie met interne dreinering	377.4	9 034.96	301.92	7 227.96	8	894.88	+T
8.14	Peritoneal cavity ● Peritoneale holte							
1797	Pneumo-peritoneum: First Pneumoperitoneum: Eerste	13	311.22	13	311.22	4	447.44	+T
1799	Pneumo-peritoneum: Repeat Pneumoperitoneum: Daaropvolgende	0	143.64	0	143.64	4	447.44	+T
1800	Peritoneal lavage Peritoneale uitspoeling	20	478.80	20	478.80			
1801	Diagnostic paracentesis: Abdomen Diagnostiese parasentese: Bulk	8	191.52	8	191.52			
1803	Therapeutic paracentesis: Abdomen Terapeutiese parasentese: Bulk	13	311.22	13	311.22			
1807	Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027) Voeg by oop procedure wanneer 'n prosedure deur 'n laparoskoop uitgevoer word (vir narkose verwys na wysiger 0027)	45	1 077.30	45	1 077.30	5	559.30	+T
1809	Laparotomy Laparotomie	100	4 682.24	156.8	3 753.79	4	447.44	+T
1811	Suture of burst abdomen Hegting van gebarste abdomen	188.3	4 507.90	150.04	3 808.32	7	783.02	+T
1812	Laparotomy for control of surgical haemorrhage Laparotomie vir beheer van chirurgiese bloeding	105	2 513.70	105	2 513.70	0	1006.74	+T
1813	Drainage of sub-phrenic abscess Dreinerig van sub-franiese abses	180	4 309.20	144	3 447.36	7	783.02	+T
1815	Drainage of other Intra-peritoneal abscess (excluding appendix abscess); Transabdominal Drainage van ander Intra-peritoneale abses (appendiksabses uitgesluit); Transabdominaal	248.4	5 946.70	198.72	4 757.36	5	559.30	+T
1817	Transrectal drainage of pelvic abscess Transrektale dreinerig van bekkenabses	75	1 795.50	75	1 795.50	4	447.44	+T
9.	HERNIAE ● BREUKE							
1819	Inguinal or femoral hernia Inguinale of femorale breuk (trauma)	125	2 982.50	120	2 872.80	4	447.44	+T
1825	Recurrent inguinal or femoral hernia Herhalende inguinale of femorale breuk	155	3 710.70	124	2 968.56	4	447.44	+T
1827	Strangulated hernia or femoral hernia Gestranguleerde breuk of femorale breuk	238	5 697.72	160.4	4 568.16	7	783.02	+T
1831	Umbilical hernia Navelbreuk	140	3 351.60	120	2 872.80	4	447.44	+T
1835	Incisional hernia Snitbreuk	166.6	3 993.19	133.44	3 194.55	4	447.44	+T

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		U/E	R	U/E	R	U/E	R	T/M
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) • Inplaa van wordgaas (mesh) of ander prothese vir snit of ventrale breuk herstel (Hef saam met die toepaslike procedure kod vir snit- of ventrale breuk herstel)	77	1 843.38	77	1 843.38	4	447.44	+T
10. URINARY SYSTEM • URINEWES								
10.1	Kidney • Nier							
1839	Renal biopsy, per kidney, open • Nierbiopsie, per nier, oop	71	1 699.74	71	1 699.74	5	559.30	+T
1841	Renal biopsy (needle) • Nierbiopsie (naald)	30	718.20	30	718.20	3	335.58	+T
1843	Peritoneal dialysis: First day • Peritoneale dialise: Eerste dag	33	790.02	33	790.02			
1845	Peritoneal dialysis: Every subsequent day • Peritoneale dialise: Elke daaropvolgende dag	33	790.02	33	790.02			
1847	Haemodialysis: Per hour or part thereof • Hemodialise: Per uur of gedeelte daarvan	21	502.74	21	502.74			
1849	Haemodialysis: Maximum: Eight hours • Hemodialise: Maksimum: Agt uur	188	4 021.92	134.4	3 217.54			
1851	Haemodialysis: Thereafter per week • Hemodialise: Daarna per week	55	1 316.70	55	1 316.70			
1852	Continuous haemodiafiltration per day in intensive or high care unit • Volgehoue haemodiafiltrasie per dag in intensiewe of hoë sorgseenheid	33	790.02	33	790.02			
1853	Primary nephrectomy • Primêre nefrektomie	225	5 386.50	180	4 309.20	5	559.30	+T
1855	Secondary nephrectomy • Sekondêre nefrektomie	267	6 391.88	213.6	5 113.58	5	559.30	+T
1863	Nephro-ureterectomy • Nefro-ureterektomie	305	7 301.70	244	6 841.36	5	559.30	+T
1865	Nephrotomy with drainage nephrostomy • Nefrotomie met dreineringsnefrostomie	189	4 524.86	151.2	3 819.73	5	559.30	+T
1873	Suture renal laceration (renorrhaphy) • Hegting renalelaserasie (renorrhafie)	193	4 620.42	154.4	3 686.34	5	559.30	+T
1879	Closure of renal fistula • Sluiting van nierfistel	189	4 524.86	151.2	3 819.73	5	559.30	+T
1881	Pyeloplasty • Piëloplastie	252	6 032.88	201.6	4 826.30	5	559.30	+T
1885	Pyelolithotomy • Piëlolietomie	189	4 524.86	151.2	3 819.73	5	559.30	+T
1891	Perinephric abscess or renal abscess: Drainage • Perinefritiese abses of nierabses: Drainasie	200	4 788.00	160	3 830.40	7	783.02	+T
10.2	Ureter • Ureter							
1897	Ureterorrhaphy: Suture of ureter • Ureterorrhafie: Hegting van ureter	147	3 519.18	120	2 872.80	5	559.30	+T
1898	Ureterorrhaphy: Lumbar approach • Ureterorrhafie: Deur middel van lende-snit	189	4 524.86	151.2	3 819.73	5	559.30	+T
1899	Ureteroplasty • Ureteroplastie	181	4 333.14	144.8	3 466.51	5	559.30	+T
1903	Ureterectomy only • Ureterektomie alleenlik	137	3 279.78	120	2 872.80	5	559.30	+T
1919	Closure of ureteric fistula • Sluiting van fistula van ureter	147	3 519.18	120	2 872.80	5	559.30	+T
1921	Immediate deligation of ureter • Onmiddellike losmaak van afbinding om ureter (delligasie)	147	3 519.18	120	2 872.80	5	559.30	+T
10.3	Bladder • Blaas							
1945	Installation of radio-opaque material for cystography or urethro-cystography • Installering van radio-opaak materiaal vir sistografie of uretrasistografie	5	119.70	5	119.70	3	335.58	+T
1949	Cystoscopy: Hospital equipment • Sistoskopie: Hospitaal toerusting	44	1 053.36	44	1 053.36	3	335.58	+T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral • En retrograde piëlografie of retrograde kateterisasie van ureter: Unilateraal of bilateraal	10	239.40	10	239.40	3	335.58	+T
1952	J J Stent catheter • J J Stent kateter	44	1 053.36	44	1 053.36	3	335.58	+T
1954	Ureteroscopy • Ureteroskopie	35	837.90			3	335.58	+T
1959	With manipulation of ureteral calculus • Met manipulasie van uretersteen	20	478.80	20	478.80	3	335.58	+T
1981	With removal of foreign body or calculus from urethra or bladder • Met verwydering van vreemde voorwerp of kalkulus van uretra of blaas	20	478.80	20	478.80	3	335.58	+T
1984	And control of haemorrhage and blood clot evacuation • En kontroliering van bloeding en bloedklont evakuasie	15	359.10	15	359.10	3	335.58	+T
1976	Optic urethrotomy • Optiese urelotomie	80	1 915.20	80	1 915.20	3	335.58	+T
1979	Internal urethrotomy: Female • Interne urelotomie: Vroulik	50	1 197.00	50	1 197.00	3	335.58	+T
1981	Internal urethrotomy: Male • Interne urelotomie: Manlik	78.2	1 824.23	78.2	1 824.23	3	335.58	+T
1985	Transurethral resection of bladder neck: Female • Transureterale reseksie van blaasnek: Vroulik	105	2 513.70	105	2 513.70	5	559.30	+T
1986	Transurethral resection of bladder neck: Male • Transureterale reseksie van blaasnek: Manlik	125	2 992.50	120	2 872.80	5	559.30	+T
1987	Litholapaxy • Litolapaksie	80	1 915.20	80	1 915.20	3	335.58	+T
1988	Cystometrogram • Sistometrogram	25	598.50	25	598.50	3	335.58	+T
1991	Fluorimetric bladder studies with videocystography • Vloeimetrieë blaasstudie met videosistografie	40	957.60	40	957.60	3	335.58	+T
1992	Without videocystography • Sonder videosistografie	25	598.50	25	598.50	3	335.58	+T
1993	Voiding cysto-urethrogram • Uinerings sisto-uretogram	21	502.74	21	502.74	3	335.58	+T
1995	Percutaneous aspiration of bladder • Perkutane aspirasie van blaas	10	239.40	10	239.40	3	335.58	+T
1996	Bladder catheterisation - male (not at operation) • Blaas kateterisasie - manlik (nie tydens operasie)	6	143.64	6	143.64	3	335.58	+T
1997	Bladder catheterisation - female (not at operation) • Blaas kateterisasie - vroulik (nie tydens operasie)	3	71.82	3	71.82			
1999	Percutaneous cystostomy • Perkutane sistostomie	24	574.56	24	574.56	3	335.58	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2013	Diverticulectomy (independent procedure): Multiple or single Divertikulektomie (onafhanklike prosedure): Veelvoudig of enkelvoudig	137	3 279.78	120	2 872.80	5	559.30	+T
2015	Suprapubic cystostomy ● Suprapubiese sistostomie	67	1 603.98	67	1 603.98	5	559.30	+T
2035	Cutaneous vesicostomy ● Kutane vesikostomie	118	2 824.92	118	2 824.92	5	559.30	+T
2039	Operation for ruptured bladder ● Operasie vir ruptuur van blaas	137	3 279.78	120	2 872.80	6	671.16	+T
2047	Drainage of perivesical or prevesical abscess ● Dreinerings van peri-vesikaal of prevesikaal absees	105	2 513.70	105	2 513.70	5	559.30	+T
2049	Evacuation of clots from bladder: Other than post-operative Verwydering van bloedklonte uit blaas: Post-operatief uitgesluit	132.10	3 162.47	120	2 872.80	3	335.58	+T
2050	Evacuation of clots from bladder: Post-operative ● Verwydering van bloedklonte uit blaas: Post-operatief					4	447.44	+T
2051	Simple bladder lavage: Including catheterisation ● Eenvoudige blaaspoeling: Kateterisasie ingesluit	12	287.28	12	287.28	3	335.58	+T
2068	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
10.4	Urethra ● Uretra							
2063	Dilatation of urethra stricture: By passage sound: Initial (male) ● Dilatasie van striktuur van uretra: Eerste (manlik)	20	478.80	20	478.80	3	335.58	+T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male) ● Dilatasie van striktuur van uretra: Opvolg (manlik)	10	239.40	10	239.40	3	335.58	+T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male) ● Dilatasie van striktuur van uretra: D.m.v. 'n filiform en opvolger (manlik)	20	478.80	20	478.80	3	335.58	+T
2071	Urethrorraphy: Suture of urethral wound or injury ● Urethrorrae: Hegting van wond of besering van uretra	130	3 327.66	120	2 872.80	4	447.44	+T
2075	Urethraplasty: Pendulous urethra: First stage ● Uretraplastie: Pendulose uretra: Eerste stadium	71	1 699.74	71	1 699.74	4	447.44	+T
2077	Urethraplasty: Pendulous urethra: Second stage ● Uretraplastie: Pendulose uretra: Tweede stadium	145	3 471.30	120	2 872.80	4	447.44	+T
2081	Reconstruction or repair of male anterior urethra (one stage) ● Rekonstruksie of herstel van anterior manlike uretra (een stadium)	261.8	6 262.70	200.28	5 010.16	4	447.44	+T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage ● Rekonstruksie of herstel van prostatiese of membraanse uretra: Eerste stadium	168	4 021.92	134.4	3 217.54	6	671.16	+T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage ● Rekonstruksie of herstel van prostatiese of membraanse uretra: Tweede stadium	168	4 021.92	134.4	3 217.54	6	671.16	+T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage ● Rekonstruksie of herstel van prostatiese of membraanse uretra: Indien dit 'n een stadium operasie is	284	7 038.36	235.2	5 630.69	6	671.16	+T
2085	Drainage of simple localised perineal urinary extravasation ● Dreinerings van eenvoudige gelokaliseerde perineale urinêre ekstrasasie	128.8	3 083.47	120	2 872.80	5	559.30	+T
2087	Drainage of extensive perineal and/or abdominal urinary extravasation ● Dreinerings van uitgebreide perineale en/of abdominale urinêre ekstrasasie	137	3 279.78	120	2 872.80	5	559.30	+T
2103	Simple urethral meatotomy ● Eenvoudige uretrale meatotomie	28.3	629.62	28.3	629.62	3	335.58	+T
2105	Incision of deep peri-urethral abscess: Female ● Insnyding van diep peri-uretrale absees: Vroulik	123.1	2 947.01	120	2 872.80	3	335.58	+T
2107	Incision of deep peri-urethral abscess: Male ● Insnyding van diep peri-uretrale absees: Manlik	123.1	2 947.01	120	2 872.80	3	335.58	+T
2109	Badenoch pull-through for intractable stricture or incontinence ● Badenoch deurtrek operasie vir moeilike striktuur of inkontinensie	181	4 333.14	144.8	3 486.61	5	559.30	+T
2111	External sphincterotomy ● Eksterne sfinkterotomie	108	2 585.52	108	2 585.52	5	559.30	+T
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) ● Operasie vir regstel van manlike urinêre inkontinensie met of sonder die aanbring van protese (sonder koste van protese)	168	4 021.92	134.4	3 217.54	5	559.30	+T
2116	Urethral meatoplasty ● Uretrale meatoplastiek	101.5	2 429.91	101.50	2 429.91	3	335.58	+T
2117	Closure of urethrostomy or urethrocutaneous fistula (independent procedure) ● Sluiting van uretrostomie of uretrokutane fistel (onafhanklike prosedure)	150.3	3 598.18	120.24	2 878.56	3	335.58	+T
11.	MALE GENITAL SYSTEM ● MANLIKE GESLAGSTELSEL							
11.1	Penis ● Penis							
2141	Reconstructive operation for insertion of prosthesis ● Rekonstruktiewe operasie vir inplasing van protese	101	2 417.94	101	2 417.94	3	335.58	+T
2147	Reconstructive operation of penis: for injury: including fracture of penis and skin graft if required ● Rekonstruktiewe operasie op penis: vir 'n besering: insluitende fraktuur van penis en veloorplanting indien nodig	168	4 021.92	134.4	3 217.54	3	335.58	+T
11.2	Testis and epididymis ● Testis en epididimis							
2191	Orchiectomy (total or subcapsular): Unilateral ● Orgidektomie (totaal of subkapsulêr): Unilateraal	98	2 346.12	98	2 346.12	3	335.58	+T
2193	Orchiectomy (total or subcapsular): Bilateral ● Orgidektomie (totaal of subkapsulêr): Bilateraal	147	3 519.18	120	2 872.80	3	335.58	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2213	Suture or repair of testicular injury • Hegting of herstel van besering van testis	110.3	2 640.88	110.3	2 640.88	4	447.44	+T
2215	Incision and Drainage of testis or epididymis e.g. abscess or haematoma • Insnyding en dreinerig van testis of epididimis bv. abses of hematoom	90	2 154.60	90	2 154.60	4	447.44	+T
2227	Incision and drainage of scrotal wall abscess • Insnyding en dreinerig van skrotumwandabses	42.7	1 022.24	42.7	1 022.24	3	336.58	+T
11.3	Prostate • Prostaat							
2246	Trans-urethral resection of prostate • Trans-uretrale reseksie van prostaat	252	6 032.88	201.6	4 826.30	6	671.16	+T
14.	NERVOUS SYSTEM • SENUWEESTELSEL							
14.1	Diagnostic procedures • Diagnostiese prosedures							
2709	Full spinogram including bilateral median and posterior-lateral studies • Volledige spinogram wat bilaterale medianus en lateralis posterior studies insluit	140	3 351.00					
2711	Electro-encephalography: Taking of records • Elektro-enkefelografie: Neem van rekord	30.10	864.23	30.10	864.23			
2712	Electro-encephalography - Interpretation • Elektro-enkefelografie - interpretasie	24	574.56	24	574.56			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	TAM
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications. Spinaal (lumbale) punksie. Vir diagnose, of dreinasië van spinale vloeistof of vir terapeutiese indikasies	18.4	440.50	18.4	440.50			
2714	Cisternal puncture and/or intrathecal injection. Sistemale punksie en/of intratekale inspuitings	15	359.10	15	359.10			
2717	Electromyography: First. Elektromiografie: Eerste	75	1 795.50	75	1 795.50			
2718	Electromyography: Subsequent. Elektromiografie: Opvolg	75	1 795.50	75	1 795.50			
2725	Angiography carotis: Unilateral. Angiografie karotis: Unilateraal	25	598.50	25	598.50	4	447.44	+T
2726	Angiography carotis: Bilateral. Angiografie karotis: Bilateraal	44	1 053.36	44	1 053.36	4	447.44	+T
2727	Vertebral artery: Direct needling. Vertebrale arterie: Direkte benaalding	50	1 197.00	50	1 197.00	4	447.44	+T
2729	Vertebral catheterisation. Vertebrale kateterisasie	50	1 197.00	50	1 197.00	4	447.44	+T
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure). Lugensefalografie en posterior fossa tomografie: Insuit van lug (alleenstaande prosedure)	14.5	347.13			4	447.44	+T
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen. Lugensefalografie en posterior fossa tomografie: Gezigsveldbepaling d.m.v. Bjerrum se skerm	7	167.58	7	167.58			
2739	Ventricular needling without burring: Tapping only. Ventrikelpunksie, sonder boorgate: Slegs aftapping	10	383.04	10	383.04	4	447.44	+T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography. Ventrikelpunksie, sonder boorgate: Plus inspuiting van lug en/of kontraastmiddel vir ventrikulografie	43	1 029.42	43	1 029.42	4	447.44	+T
2743	Subdural tapping: First sitting. Subdurale aftapping: Eerste keer	15	359.10	15	359.10	4	447.44	+T
2745	Subdural tapping: Subsequent. Subdurale aftapping: Ooropvolgende keer	10	239.40	10	239.40	4	447.44	+T
14.2	Introduction of burr holes for . Boorgate vir							
2747	Ventriculography. Ventrikulografie	150	3 591.00	120	2 872.80	8	894.88	+T
2749	Catheterisation for ventriculography and/or drainage. Kateterisering vir ventrikulografie en/of dreinerings	150	3 591.00	120	2 872.80	8	894.88	+T
2753	Subdural haematoma. Subdurale hematoom	150	3 591.00	120	2 872.80	8	894.88	+T
2755	Subdural empyema. Subdurale empiem	150	3 591.00	120	2 872.80	8	894.88	+T
2757	Brain abscess. Breinabses	150	3 591.00	120	2 872.80	8	894.88	+T
14.3	Nerve procedures. Senuwee prosedures							
2765	Nerve conduction studies (see items 0733 and 3285). Senuweegeleidingstudies (sien items 0733 en 3285)	26	622.44	26	622.44	4	447.44	+T
14.3.1	Nerve repair of suture. Senuwee herstel van hegting							
2767	Suture: Brachial Plexus (see also items 2837 and 2839). Hegting: Brachiale Plexus (sien items 2837 en 2839)	300	7 182.00	240	5 745.60	6	671.16	+T
2769	Suture: Large nerve: Primary. Hegting: Groot senuwee: Primêr	134	3 207.86	120	2 872.80	5	559.30	+T
2771	Suture: Large nerve: Secondary. Hegting: Groot senuwee: Sekondêr	202	4 835.88	161.60	3 888.70	5	559.30	+T
2773	Suture: Digital nerve: Primary. Hegting: Digitale senuwee: Primêr	65	1 556.10	65	1 556.10	3	335.58	+T
2775	Suture: Digital nerve: Secondary. Hegting: Digitale senuwee: Sekondêr	96	2 298.24	96	2 298.24	3	335.58	+T
2777	Nerve graft: Simple. Senuwee-transplantaat: Eenvoudig	202	4 835.88	161.6	3 888.70	4	447.44	+T
2779	Fascicular: First fasciculus. Fassikulêr: Eerste fassikulus	202	4 835.88	161.6	3 888.70	4	447.44	+T
2781	Fascicular: Each additional fasciculus. Fassikulêr: Elke bykomende fassikulus	50	1 197.00	50	1 197.00	4	447.44	+T
2783	Fascicular: Nerve flap: To include all stages. Fassikulêr: Senuweeflap: Alle stadia ingesluit	224	5 362.56	179.2	4 290.05	4	447.44	+T
2787	Fascicular: Grafting of facial nerve. Fassikulêr: Oorplanting van nerval facialis	215	5 147.10	172	4 117.68	5	559.30	+T
14.3.2	Neurectomy. Neurektomie							
2795	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral)	45.4	1 086.88	45.4	1 086.88	5	559.30	+T
2796	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, each additional level each additional level (unilateral or bilateral)	16.3	390.22	16.3	390.22	5	559.30	+T
2797	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, one level (unilateral or bilateral)	44	1 053.36	44	1 053.36	5	559.30	+T
2798	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral)	15	359.10	15	359.10	5	559.30	+T
2799	Intrathecal injections for pain. Intratekale inspuitings vir pyn	36	861.84	36	861.84	4	447.44	+T
2800	Plexus nerve block - as part of treatment for an amputation on the back of this gazette (motivation to be supplied by treating doctor). Ploksus senuweeblok - as deel van behandeling (motivering moet verskaf word deur verwysende dokter)	36	861.84	36	861.84			Fees as for specialist/Gelde soos vir spesialis

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2801	Epidural injection, plexus nerve block or peripheral nerve block for pain refer to annexure c on the back of this gazette, motivation to be supplied by treating doctor (see modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic) Epidurale inspuiting, pleksus senuweeblok of perifere senuweeblok vir pyn (sien wysiger 0045 vir post-operatiewe pynverligting) (verwys na wysiger 0021 vir epidurale narkose)	36	861.84	36	861.84			Fees as for specialist/Gelde soos vir spesialis
2802	Peripheral nerve block - as part of treatment (motivation to be supplied) Perifere senuweeblok - as deel van behandeling (motivering moet verskaf word)	25	598.50	25	598.50			Fees as for specialist/Gelde soos vir spesialis
2803	Alcohol injection in peripheral nerves for pain: Unilateral Alcohol inspuiting in perifere senuwes vir pyn: Unilateraal	20	478.80	20	478.80	3		335.58 + T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (n) for bolus technique) To be used only with items 2799, 2800, 2801 or 2802 • Inplasing van indwylende senuwee kateter (sluit verwydering van kateter in) (nle vir bolus tegniek) Slegs vir gebruik saam met items 2799, 2800, 2801 of 2802	10	239.40	10	239.40			Fees as for specialist/Gelde soos vir spesialis
2805	Alcohol injection in peripheral nerves for pain: Bilateral Alcohol inspuiting in perifere senuwes vir pyn: Bilateraal	35	837.90	35	837.90	3		335.58 + T
2809	Peripheral nerve section for pain: Perifere senuwee-deursnyding vir pyn	45	1 077.30	45	1 077.30	3		335.58 + T
2815	Excision Interdigital neuroma - Morton's Ekstale Interdigitale neuroom - Morton	82.3	1 970.28	82.3	1 970.28	3		335.58 + T
2825	Excision: Neuroma: Perifere Eksisie: Neuroom: Perifere	109.5	2 621.43	109.5	2 621.43	3		335.58 + T
14.3.3	Other nerve procedures • Ander senuwee procedures							
2827	Transposition of ulnar nerve • Transposisionering van nervus ulnaris	100	2 394.00	100	2 394.00	3		335.58 + T
2828	Neurolysis: Minor • Neurolyse: Klein	51	1 220.94	51	1 220.94	3		335.58 + T
2831	Neurolysis: Major • Neurolyse: Groot	132	3 160.08	120	2 872.80	3		335.58 + T
2833	Neurolysis: Digital • Neurolyse: Digitaal	86	2 298.24	86	2 298.24	3		335.58 + T
2835	Scalenotomy • Skalotomie	132	3 160.08	120	2 872.80	6		671.16 + T
2837	Brachial plexus, suture or neurolysis (item 2767) • Brachiaal pleksus, hegting of neurolyse (item 2767)	300	7 162.00	240	5 745.60	6		671.16 + T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation • Totale brachiaal pleksus blootlegging met oopplanting, neurolyse en transplantasie	805.2	21 431.09	710.16	17 144.87	6		671.16 + T
2841	Carpal Tunnel • Karpaaltunnel	84	1 532.16	84	1 532.16	3		335.58 + T
2843	Lumbar sympathectomy: Unilateral • Lumbale simpatiektonie: Unilateraal	153	3 862.82	122.4	2 930.26	4		447.44 + T
2845	Lumbar sympathectomy: Bilateral • Lumbale simpatiektonie: Bilateraal	268	6 415.92	214.4	5 132.74	6		671.16 + T
2849	Sympathetic block: Other levels: Unilateral • Simpatiese senuweeblok: Ander vlakke: Unilateraal	20	478.80	20	478.80	3		335.58 + T
2851	Sympathetic block: Other levels: Bilateral • Simpatiese senuweeblok: Ander vlakke: Bilateraal	35	837.90	35	837.90	3		335.58 + T

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.4	Skull procedures • Skedelprosedures							
2859	Repair of depressed fracture of skull: Without brain laceration: Major Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Groot	200	4 788.00	100	3 830.40	8	894.88	+T
2860	Repair of depressed fracture of skull: Without brain laceration: Small Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Klein	170	4 069.80	130	3 255.84	8	804.88	+T
2861	Repair of depressed fracture of skull: With brain lacerations: Small Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Klein	200	4 788.00	100	3 830.40	8	804.88	+T
2862	Repair of depressed fracture of skull: With brain lacerations: Major Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Groot	375	8 977.50	300	7 182.00	8	894.88	+T
2863	Cranioplasty • Kranioplastie	280	6 703.20	224	5 362.56	8	894.88	+T
2875	Theco-peritoneal C.S.F. shunt • Teko-peritoneale S.S.V. kortsluiting	280	6 703.20	224	5 362.56	8	894.88	+T
14.6	Aneurysm repair • Aneurisme herstel							
2876	Repair of aneurysm or arterio-venous anomalies (intracranial) • Herstel van aneurisme of arterio-venouse anomalies (intrakraniaal)	700	16 758.00	560	13 406.40	15	1677.90	+T
14.7	Posterior fossa surgery • Posterior fossa chirurgie							
2879	Glossopharyngeal nerve • Glosso-faringeale senuwee	480	11 491.20	384	9 192.96	8	871.16	+T
2881	Eighth nerve: Intracranial • Agtste kopsenuwee: Intrakraniaal	480	11 491.20	384	9 192.96	8	894.88	+T
2887	Eighth nerve: Vestibular nerve • Agtste kopsenuwee: Vestibulêre senuwee	480	11 491.20	384	9 192.96	8	1006.74	+T
14.7.1	Supratentorial procedures • Supratentoriale prosedures							
2889	Craniectomy for extra-dural haematoma or empyema • Kraniëktomie weens ekstradurale hematoom of empieem	375	8 977.50	300	7 182.00	11	1230.46	+T
14.8	Craniotomy for • Kraniotomie vir							
2900	Extra-dural orbital decompression • Ekstradurale orbitale dekompressie	700	16 758.00	560	13 406.40	11	1230.46	+T
2903	Abscess, glioma • Abses, glioom	450	10 773.00	360	8 618.40	11	1230.46	+T
2904	Haematoma, foreign body: Cerebral or cerebellar • Hematoom, vreemde voorwerp: Serebraal of serebellêr	450	10 773.00	360	8 618.40	11	1230.46	+T
2905	Focal epilepsy: Excision of cortical focus • Fokale epilepsie: Uitsnyding van kortikale liggings	450	10 773.00	360	8 618.40	11	1230.46	+T
2906	With anterior fossa meningocele and repair of bony skull defect • Met herstel anterior fossa meningocele en sluiting van benige skedeldefek	375	8 977.50	300	7 182.00	11	1230.46	+T
2909	CSF-leak • SSV-lekkasie	450	10 773.00	360	8 618.40	11	1230.46	+T
14.8.1	Stereo-tactic cerebral and spinal cord procedures • Stereo-taktiese serebrale en rugmurg prosedures							
2916	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
14.9	Spinal operations • Spinale operasies							
2923	Chordotomy: Unilateral • Chordotomie: Unilateraal	178	4 261.32	142.4	3 408.06	3	336.58	+T+M
2925	Chordotomy: Open • Chordotomie: Oop	350	8 378.00	280	6 703.20	3	336.58	+T+M
2927	Rhizotomy: Extradural, but intraspinal • Risotomie: Ekstraduraal, maar intraspinaal	320	7 680.80	256	6 128.64	3	336.58	+T+M
2928	Rhizotomy: Intradural • Risotomie: Intraduraal	350	8 378.00	280	6 703.20	3	336.58	+T+M
2940	Lumbar osteophyte removal • Lumbale osteofiet verwydering	187	4 476.78	149.6	3 581.42	3	336.58	+T+M
2941	Cervical or thoracic osteophyte removal • Servikale of torakale osteofiet verwydering	285	6 822.90	228	5 458.32	3	336.58	+T+M
14.10	Arterial ligations • Arteriële afbinding							
2951	Carotid: Trauma • Karotis: Trauma	120	2 872.80	120	2 872.80	8	894.88	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Psychiatrist Psigiatr		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.11	Medical Psychotherapy • Mediese Psigoterapie							
2957	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per short session (20 minutes) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode per kort sessie (20 minute)	20	478.50	16	383.04			
2974	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per intermediate session (40 minutes) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) per intermediaire sessie (40 minute)	40	957.50	32	766.08			
2975	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per extended session (60 minutes or longer) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per verlengde sessie (60 minute of langer)	60	1 436.40	48	1 149.12			
2958	DELETED 2009: Psychoanalytic therapy - per 60-minute session GESKRAP 2009: Psigoanalitiese terapie - per 60-minute sessie							
14.12	Physical treatment methods • Fisiese behandelingsmetodes							
2970	Electro-convulsive treatment (ECT) - each time (see rule V) • Elektro-konvulsiewe behandeling (EKB) - per keer (raadpleeg reël Va)	17	406.98	17	406.98	3	335.58	+T
2971	Intravenous anti-depressive medication through Infusion - per push in (maximum 1 push in per 24 hours) • Binnewaarse anti-depressiewe medikasie deur infuus - per instoot (maksimum 1 instoot per 24 uur)	6	143.64					
14.13	Psychiatric examination methods • Psigiatriese ondersoekmetodes							
2972	Narco-analysis (maximum of 3 sessions per treatment) - per session • Narkoanalise (maksimum van 3 sessies per behandeling) - per sessie	24	574.56					
2973	Psychometry by Psychiatrist (specify examination) - per session (maximum of 3 sessions per examination) • Psigometrië deur Psigiatr (spesifiseer ondersoek) - per sessie (maksimum van 3 sessies per ondersoek)	24	574.56					

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
15. GENERAL • ALGEMEEN								
3001	Implantation of pellets (excluding cost of material) (excluding aftercare) • Implantasie van pellets (koste van materiaal uitgesluit) (nasoorg uitgesluit)	3	71.82	3	71.82			
16. EYE • OOG								
16.1 Procedures performed in rooms • Spreekkamerprosedures								
16.1.1 Eye investigations • Oogondersoeke								
Note: Not more than three (3) items in this section may be charged during one visit • Opmerking: 'n Maksimum van drie (3) items uit hierdie afdeling mag gedurende een besoek gehef word.								
Eye investigations and photography refer to one or both eyes except where otherwise indicated • Oogondersoeke en fotografie verwys na een of elkeen, behalwe waar anders aangedui								
Material used is excluded • Materiaal gebruik word uitgesluit The tariff for photography is not related to the number of photographs taken • Die tarief vir fotografie het nie betrekking op die aantal foto's wat geneem word nie								
3002	Gonioscopy • Gonioskopie	7	167.58	7	167.58			
3003	Fundus contact lens or 90D lens examination (not to be charged with item 3004 and/or item 3012) • Fundus kontak lens of 90D lens ondersoek (mag nie gehef word saam met item 3004 en/of item 3012 nie)	7	167.58	7	167.58			
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012) • Periferie fundus ondersoek met indirekte oftalmoskoop (mag nie gehef word saam met item 3003 en/of item 3012 nie)	7	167.58	7	167.58			
3009	Basic capital equipment used in own rooms by Ophthalmologists. Only be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations • Basiese kapitaal apparaat gebruik in eie kamers deur oftalmoloë. Mag slegs tydens eerste en opvolgkonsultasies gehef word. Nie vir gebruik tydens na-operatiewe besoeke nie	11.68	279.82	-				
3013	Ocular motility assessment: Comprehensive examination • Oculêre motiliteitsbeoordeling: Omvattende ondersoek	12	287.28	12	287.28			
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) • Tonometrie per toets met maksimum van 2 toets vir uitlokketonometrie (een of elkeen)	7	167.58	7	167.58			
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations • Retinafunksie-beoordeling insluitend refraksie na oculêre chirurgie (binne vier maande), maksimum twee ondersoeke	9	215.46	9	215.46			
16.1.2 Special eye investigations • Spesiale oogondersoeke								
3015	Charting of visual field with manual perimeter • Kartering van gesigsveld met manuele perimeêr	28	670.32	28	670.32			
3016	Retinal threshold test without storage facilities • Retina drempeltoets sonder bergingsfasiliteite	30	718.20	30	718.20			
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programme • Retina drempeltoets insluitende rekenaarstoorprogram vir Delta of Statpak programme	74	1 771.56	74	1 771.56			
3018	Retinal threshold trend evaluation (additional to 3017) • Retina drempelverloop evaluasie (addisioneel tot 3017)	10	383.04	10	383.04			-
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery • Pagimetrie: Alleenlik as toevoeging tot kornea chirurgie	40	1 101.24	40	1 101.24			-
3025	Electronic tonography • Elektroniese tonografie	19	454.86	19	454.86			-
3027	Fundus photography • Fundusfotografie	21	502.74	21	502.74			-
3029	Anterior segment microphotography • Anterior-segment mikrofotografie	21	502.74	21	502.74			-
3031	Fluorescein angiography: One or both eyes • Fluoresceïen angiografie: Een of beide oë	45	1 077.30	45	1 077.30	4	447.44	+T
3032	Eye lid and orbit photography • Ooglid en orbit fotografie	9	215.46	9	215.46			-

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3033	Interpretation of item 3031 referred by other clinician Interpretasie van item 3031 verwys deur ander geneesheer	15	359.10	15	359.10			-
3034	Determination of lens Implant power per eye Bepaling van lensimplantstuk sterkte per oog	15	359.10	15	359.10			-
3036	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged. Wanneer 'n klein prosedure wat gewoonlik in die spreekkamer uitgevoer word 'n algemene narkose of die gebruik van 'n teater vereis, kan bykomende gelde gehof word	22	626.68	22	526.66			As per procedure/Soos per prosedure
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes). Kornea topografie: alleenlik vir patologiese korneas met spesiale motivering. Vir refraktêre chirurgie: mag een maal pre-operatief en een maal post-operatief gehe word per sitting (vir een of beide oë)	38	861.84	38	861.84			
16.2	Retina • Retina							
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy. Chirurgiese behandeling van retinaosletting insluitende vervanging van vitreous uitsluitende vitrektomie	306.9	7 347.19	245.52	5 877.75	6		671.16 + T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye. Profylaksie en behandeling van retina en choroid met krioterasie en/of diatermie en/of fotokoagulasie en/of laser per oog	105	2 513.70	105	2 513.70	6		671.16 + T
3041	Pan retinal photocoagulation (per eye), done in one sitting. Panretinale fotokoagulasie (per oog), in een sitting (Subsequent sittings: Modifier 0005). (Daaropvolgende sittings: Wysiger 0005)	150	3 691.00	120	2 672.80	6		671.16 + T
3044	Removal of encircling band and/or buckling material. Verwydering van omsirkelende bande en/of induk-materiaal	105	2 513.70	105	2 513.70	6		671.16 + T
16.3	Cataract • Katarak							
3045	Intra-capsular extraction. Intra-kapsulêre ekstrakisie	210	5 027.40	168	4 021.92	7		783.02 + T
3047	Extra-capsular (including capsulotomy). Ekstra-kapsulêr (kapsulotomie ingesluit)	210	5 027.40	168	4 021.92	7		783.02 + T
3048	Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded. Modifier 0005 not applicable). Inplanting van lentikulus addisioneel tot 3045 of 3047 (koste van lens uitgesluit) (Wysiger 0005 nie van toepassing nie)	57	1 384.58	57	1 384.58	7		783.02 + T
3050	Repositioning of intra ocular lens. Herposisionering van intra okulêre lens	171.10	4 096.13	136.88	3 276.91	7		783.02 + T
3051	Needling or capsulotomy. Benaalding of kapsulotomie	130	3 112.20	120	2 872.80	4		447.44 + T
3052	Laser capsulotomy. Laser kapsulotomie	105	2 513.70	105	2 513.70	4		447.44 + T
3057	Removal of lenticulus. Verwydering van lentikulus	210	5 027.40	168	4 021.92	7		783.02 + T
3058	Exchange of intra ocular lens. Vervanging van intra okulêre lens	236	5 649.84	188.8	4 519.87	7		783.02 + T
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded). Inplanting van lentikulus wanneer 3045 of 3047 nie uitgevoer is nie (koste van lens uitgesluit)	210	5 027.40	168	4 021.92	7		783.02 + T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only). Gebruik van eie chirurgiese mikroskoop vir chirurgie of ondersoek (nie vir spleetlamp mikroskoop nie) (slegs vir gebruik deur oftalmoloë)	4	95.78					
16.4	Glaucoma • Glaukoom							
3061	Drainage operation. Dreineringsoperasie	247.5	5 927.54	198.08	4 742.04	6		671.16 + T
3063	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061). Implanting van voorkamerdeus/ seton in glaukoom (addisioneel tot item 3061)	60	1 436.40	60	1 436.40	6		671.16 + T
3063	Cyclotherapy or cyclo-diathermy. Sikloterapie of siklodiaternie	105	2 513.70	105	2 513.70	6		671.16 + T
3064	Laser trabeculoplasty. Laser trabekuloplastie	105	2 513.70	105	2 513.70	6		671.16 + T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3065	Removal of blood anterior chamber Verwydering van bloed van voorste kamer	105	2 513.70	105	2 513.70	4		447.44 +T
3067	Goniotomy Goniotomie	210	5 027.40	168	4 021.92	7		783.02 +T
16.5	Intra-ocular foreign body • Vreemde voorwerp in oog							
3071	Intra-ocular foreign body: Anterior to iris Vreemde voorwerp in oog: Anterior tot die iris	127	3 040.38	120	2 872.80	4		447.44 +T
3073	Intra-ocular foreign body: Posterior to iris (including prophylactic thermal treatment to retina) Vreemde voorwerp in oog: Posterior tot die iris (profielaktiese hittebehandeling van retina ingesluit)	210	5 027.40	168	4 021.92	6		671.16 +T
16.6	Strabismus • Strabismus							
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Operasie op een of twee spiere	175.6	4 203.88	140.48	3 363.09	5		599.30 +T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Operasie op drie of vier spiere	200	4 788.00	160	3 830.40	5		559.30 +T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Ooropvolgende operasie een of twee spiere	120	2 872.80	120	2 872.80	5		599.30 +T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Ooropvolgende operasie op drie of vier spiere	150	3 591.00	120	2 872.80	5		599.30 +T
16.7	Globe • Oogbol							
3080	Examination of eyes under general anaesthetic where no surgery is done • Ondersoek van oë onder algemene narkose waar 'n operasie nie gedoen word nie	80	1 915.20	80	1 915.20	4		447.44 +T
3081	Treatment of minor perforating injury Behandeling van minor perforasie besering.	181.6	3 888.70	120.28	3 094.96	6		671.16 +T
3083	Treatment of major perforating injury Behandeling van major perforasie besering.	207.5	6 403.95	214	5 123.18	6		671.16 +T
3085	Enucleation or Evisceration • Enukeasie of Eviserasie	105	2 513.70	105	2 513.70	5		599.30 +T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis • Enukeasie of Eviserasie met beweeglike implantaat: Koste van implantaat en proteese uitgesluit	160	3 830.40	128	3 064.32	5		599.30 +T
3088	Hydroxyapatite insertion (Additional to item 3087) Hidroksiapatiet inplanting (Addisionele tot item 3087)	40	957.60	40	957.60	5		599.30 +T
3089	Subconjunctival injection if not done at time of operation Subkonjunktivale inspuiting indien nie tydens operasie gedoen nie	10	239.40	10	239.40	5		599.30 +T
3091	Retrobulbar injection (if not done at time of operation) Retrobulbêre inspuiting (indien nie gedoen tydens operasie)	16	383.04	16	383.04	4		447.44 +T
3092	External laser treatment for superficial lesion Eksterne laser behandeling vir oppervlakkige letsels	53	1 268.82	53	1 268.82			
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy Byvoeging van lug of gas in vitreous as 'n na-operatiewe prosedure of pneumoretinopeksie	130	3 112.20	120	2 872.80	7		783.02 +T
3097	Anterior vitrectomy • Anterior vitrektomie	280	6 703.20	224	5 362.56	6		671.16 +T
3098	Removal of silicon from globe Verwydering van silikon uit oogbol	280	6 703.20	224	5 362.56	6		671.16 +T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement Posterior vitrektomie insluitende anterior vitrektomie omsluiting van oogbol en vervanging van vitreus	419	10 030.85	335.2	8 024.69	6		671.16 +T
3100	Lensectomy done at time of posterior vitrectomy Lensektomie gedoen saam met posterior vitrektomie	30	718.20	30	718.20	7		783.02 +T

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.8	Orbit • Oogkas							
3101	Drainage of orbital abscess • Dreinerig van orbitale abes	105	2 513.70	105	2 513.70	5	559.30	+T
3104	Removal orbital prosthesis • Verwydering orbitale prostese	212.7	6 082.04	170.16	4 073.63	5	559.30	+T
3105	Exenteration • Eksenterasie	275	6 583.50	220	5 268.80	5	559.30	+T
3107	Orbitotomy requiring bone flap • Orbitotomie wat beenlap vereis	303	9 408.42	314.40	7 526.74	5	559.30	+T
3108	Eye socket reconstruction • Oogkasrekonstruksie	208	4 931.64	164.8	3 945.31	5	559.30	+T
3109	Hydroxyapatite implantation in eye cavity when enucleation or enucleation was done previously • Hidroksiapetite implanting wanneer ewisserasie of enukleasie reeds voorheen gedoen is	300	7 182.00	240	5 745.60	5	559.30	+T
3110	Second stage hydroxyapatite implantation • Tweede stadium hidroksiapetite implanting	110	2 633.40	110	2 633.40	5	559.30	+T
16.9	Cornea • Kornea							
3111	Contact lenses: Assessment involving preliminary fittings and tolerance • Kontaklensbepaling: Aanvanklike passings en toleransie	*		*				
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year • Passing van kontaklense en instruksie aan die pasient: Oog-onderzoek, eerste aanpas van kontaklense en opvolgbesoeke vir een jaar ingeslote	200	4 788.00	160	3 830.40			
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included • Passing van slegs een kontaklens en instruksie aan die pasient: Oog-onderzoek, eerste pas van kontaklens en opvolgbesoeke vir een jaar ingeslote	166	3 974.04	132.8	3 179.23			
3116	Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty • Astigmatiese korreksie met T snitte of wig reseksie in patologiese korneale astigmatisme na trauma, intraokulêre chirurgie of korneale oorplanting.	135.2	3 236.69	120	2 872.80	0	671.16	+T
3117	Removal of foreign body: On the basis of fee per consultation • Verwydering van vreemde voorwerp op die basis van gelde per konsultasie				*	4	447.44	+T
3118	Curettage of cornea after removal of foreign body (aftercare excluded) • Kurettasie van kornea na verwydering van vreemde voorwerp (nasorg uitgesluit)	10	239.40	10	239.40			
3119	Tattooing • Tattoëring	26	622.44	26	622.44	4	447.44	+T
3121	Corneal graft (Lamellar or full thickness) • Korneale oorplanting (Lamellêr volle dikte)	269	6 916.66	231.2	5 534.93	0	671.16	+T
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery • Inplasing van intra-korneale of intrasklerale prostese vir refraktiewe chirurgie	254	6 080.76	203.2	4 884.61	0	671.16	+T
3125	Keratotomy • Keratektomie	127	3 040.38	120	2 872.80	0	671.16	+T
3127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods) • Kouterisasie van Kornea (deur chemiese, termale of krio-terapie metodes)	10	239.40	10	239.40	4	447.44	+T
3130	Pterygium or conjunctival cyst. No conjunctival flap or graft used • Pterigium of konjunktivale kiste. Geen konjunktivale flap of oorplanting	96.0	2 319.79	96.0	2 319.79	4	447.44	+T
3131	Paracentesis • Parasentese	53	1 268.82	53	1 268.82	4	447.44	+T
3136	Conjunctival flap or graft. Not for use with pterygium surgery • Konjunktivale flap of oorplanting. Nie vir gebruik tydens pterigium chirurgie nie.	95.7	2 291.06	95.7	2 291.06	0	671.16	+T
16.10	Ducts • Buisse							
3133	Probing and/or syringing, per duct • Sondering en/of deurspoeling per buis	10	239.40	10	239.40	4	447.44	+T
3135	Insert polythene tubes/stent: Unilateral: Additional Inplasing van politeenbuis of stent: Unilateraal: Addisioneel	51.8	1 240.09	51.8	1 240.09	4	447.44	+T
3137	Excision of lacrimal sac: Unilateral • Uitsnyding van traansek: Unilateraal	132	3 160.08	120	2 872.80	4	447.44	+T
3139	Dacryocystorhinostomy (single) with or without polythene tube • Dakriosistorhinotomie (enkel) met of sonder politeenbuis	210	5 027.40	168	4 021.92	5	559.30	+T
3141	Sealing Punctum surgical/cautery per eye • Toemaak van punktum chirurgies of met kouterisasie. Per oog.	24.9	596.11	24.9	596.11	4	447.44	+T
3142	Sealing Punctum with plugs. Per eye • Toemaak van punktum met proppe. Per oog	20	478.80	20	478.80	4	447.44	+T
3143	Three-snip operation • Drieenit-operasie	10	239.40	10	239.40	4	447.44	+T
3145	Repair of canaliculus: Primary procedure • Herstel van kanalikulus: Primêre prosedure	132	3 160.08	120	2 872.80	4	447.44	+T
3147	Repair of canaliculus: Secondary procedure • Herstel van kanalikulus: Sekondêre prosedure	175	4 189.50	140	3 351.60	4	447.44	+T
16.11	Iris • Iris							
3148	Iridectomy or iridotomy by open operation as isolated procedure • Iridektomie of iridotomie met oop operasie as geïsoleerde prosedure	132	3 160.08	120	2 872.80	4	447.44	+T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure) • Iridektomie of iridotomie met las of fotokoagulasie as geïsoleerde prosedure (maksimum een prosedure)	105	2 513.70	105	2 513.70	4	447.44	+T

		Specialist Spesialis		General practitioner Algemens Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3157	Division of anterior synchia as isolated procedure Verdeling van anterior sinigle as geïsoleerde prosedure	132	3 180.08	120	2 872.80	4		447.44 +T
3158	Repair iris as in dialysis. Anterior chamber reconstruction Herstel van iris soos in dialise. Anterior segment rekonstruksie	142.4	3 408.06	120	2 872.80	4		447.44 +T
16.12	Lids ● Ooglede							
3161	Tarsorrhaphy ● Tarsorrafie	47	1 125.18	47	1 125.18	4		447.44 +T
3165	Repair of skin laceration of the lid. Simple Herstel van vellerasie van die ooglid. Eenvoudig.	27.3	653.56	27.3	653.56	4		447.44 +T
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material Ooglidoperasie vir faciale senuweeverlamming, tarsorrafie ingesluit maar koste van materiaal uitgesluit	187	4 476.78	149.6	3 581.42	4		447.44 +T
16.12.1	Entropion or ectropion by ● Entropion of ektropion d.m.v.							
3177	Entropion or ectropion by cautery Entropion of ektropion d.m.v. kouterisasie	10	239.40	10	239.40	4		447.44 +T
3179	Entropion or ectropion by suture Entropion of ektropion d.m.v. hegting	49.4	1 182.84	49.4	1 182.84	4		447.44 +T
3181	Entropion or ectropion by open operation Entropion of ektropion d.m.v. oop operasie	111.5	2 669.31	111.5	2 669.31	4		447.44 +T
3183	Entropion or ectropion by free skin, mucosal grafting or flap Entropion of ektropion d.m.v. vry vel, slymvlies oorpanting of flap	122.6	2 935.04	120	2 872.80	4		447.44 +T
16.12.2	Reconstruction of eyelid ● Rekonstruksie van ooglid							
3185	Staged procedure for partial or total loss of eyelid: First stage Prosedure vir gedeeltelike of volledige verlies van ooglid: Eerste stadium	259	6 200.48	207.2	4 960.37	4		447.44 +T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage Prosedure vir gedeeltelike of volledige verlies van ooglid: Daaropvolgende stadium	206	4 931.64	164.8	3 945.31	4		447.44 +T
3189	Full thickness eyelid laceration for injury: Direct repair Volle dikte ooglid laserasie as gevolg van basering: Direkte herstel	139.5	3 287.61	120	2 872.80	4		447.44 +T
3172	Blepharoplasty lower eyelid plus fat pad Blefaroplastie onderste ooglid met vet kussinkie	125.60	3 011.65	120	2 872.80	4		447.44 +T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral) Blefaroplastie: Boonste ooglid om funksie te verbeter (unilateraal)	150.2	3 595.76	120.18	2 876.63	4		447.44 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.12.3	Ptosis ● Ptose							
3193	Repair by superior rectus, levator or frontalis muscle operation ● Herstel deur middel van superior rektus, ligespier of frontalespier operasie	190	4 548.60	152	3 638.88	4	447.44	+T
3195	Ptosis: By lesser procedure, e.g. sling operation: Unilateral Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Unilateraal	137.0	3 284.14	120	2 872.80	4	447.44	+T
3197	Ptosis: By lesser procedure, e.g. sling operation: Bilateral Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Bilateraal	166	3 974.04	132.0	3 179.23	4	447.44	+T
16.13	Conjunctiva ● Konjunktiva							
3199	Repair of conjunctiva by grafting ● Herstel van konjunktiva deur oorplanting	132	3 160.08	120	2 872.80	4	447.44	+T
3200	Repair of lacerated conjunctiva ● Herstel van laserasie van konjunktiva	47	1 125.18	47	1 125.18	4	447.44	+T
16.14	General ● Algemeen							
3196	Diamond knife: Use of own diamond knife during intraocular surgery ● Diamantmes: Gebruik van eie diamantmes gedurende Intraokulêre chirurgie	12	257.28					
3198	Excimer laser: Hire fee ● Eksimer laser: Verhuringsgelde	284.13	6 802.07					
3201	Laser apparatus (ophthalmic): hire fee for one or both eyes treated in one sitting (not to be used with IOL master) ● Laser apparaat (optalmies): verhuringsgelde vir een of beide oë in een sitting behandel (Nie vir gebruik met IOL Master)	109	2 609.46					
3202	PHAKO emulsification apparatus (hire fee) ● FAKO emulsifiseringsapparaat (verhuringsgelde)	100	2 609.46					
3203	Vitrectomy apparatus (hire fee) ● Vitrektomie apparaat (verhuringsgelde)	120	2 872.80					
17.	EAR ● OOR							
17.1	External Ear (Pinna) ● Eksterne Oor (Oorekulp)							
3271	Partial or total reconstruction for traumatic absence or following tumour excision of external ear (fee according to arrangement) ● Gedeeltelike of algehele rekonstruksie van uitwendige oor vir traumatiese afwesigheid (foel volgens ooreenkoms)							
17.2	External ear canal ● Uitwendige gehoorgang							
3204	Removal of foreign body at rooms with the use of a microscope (excludes loupe) - not to be used combined with item 3206 ● Verwydering van vreemde voorwerp in spreekkamer met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	21.58	516.63					
3205	External ear canal: Removal of foreign body: Under general anaesthetic ● Uitwendige gehoorkanaal: Verwydering van vreemde voorwerp: Onder algemene narkose	21	502.74	21	502.74	4	447.44	+T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion ● Meatus-atresie: Herstel van stenose van kraakbeenige deel	104	3 926.16	131.2	3 140.93	4	447.44	+T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary ● Meatus-atresie: Verwyder van enkele meatale osteoom	77	1 843.38	77	1 843.38	4	447.44	+T
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206 ● Debridement van mastoidektomie holte met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	23.14	553.97	23.14	553.97			
3221	Removal of osteoma from meatus: Multiple ● Verwydering van veelvuldige meatale osteome	215	5 147.10	172	4 117.68	4	447.44	+T
17.3	Middle ear ● Middeloor							
3209	Bilateral myringotomy ● Bilaterale miringotomie	46	1 101.24	46	1 101.24	4	447.44	+T
3211	Unilateral myringotomy with insertion ventilation tube ● Unilaterale miringotomie met inplasing van ventilasiebuis	38	909.72	38	909.72	4	447.44	+T
3212	Bilateral myringotomy with insertion ventilation tube ● Bilaterale miringotomie met inplasing van ventilasiebuis	57	1 364.58	57	1 364.58	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3214	Reconstruction of middle ear ossicles (ossiculoplasty) Rekonstruksie van middeloor ossikels (ossikulêre rekonstruksie)	255	6 104.70	204	4 883.76	5	559.30	+T
3237	Exploratory tympanotomy Eksploratiewe timpanotomie	158.0	3 804.07	127.12	3 043.25	5	559.30	+T
3243	Myringoplasty Miringoplastie	138	3 303.72	120	2 872.80	5	559.30	+T
3245	Functional reconstruction of tympanic membrane Funksionele rekonstruksie van timpaniese membraan	277	6 831.38	221.6	5 305.10	5	559.30	+T
3264	Tympanomastoidectomy Timpanomastoidektomie	375	8 977.50	300	7 182.80	5	559.30	+T
3265	Reconstruction of posterior canal wall, following radical mastoidectomy • Rekonstruksie van posterior wand van die kanaal, na radikale mastoidektomie	320	7 660.80	258	6 128.64	5	559.30	+T
17.4	Facial nerve • Fasiëlesenuwee							
17.4.1	Facial nerve tests • Fasiëlesenuweetoets							
3223	Percutaneous stimulation of the facial nerve Perkutane stimulasie van die fasiëlesenuwee	9	215.46	9	215.46	4	447.44	+T
3224	Electroneurography (ENOG) Elektoneurografie (ENOG)	75	1 795.50	75	1 795.50	4	447.44	+T
17.4.2	Facial nerve surgery • Fasiëlesenuwee chirurgie							
3227	Exploration of facial nerve: Exploration of tympano mastoid segment Blootlegging van nervus facialis: Blootlegging van die timpanomastoid segment	287	7 110.18	237.6	5 686.14	5	559.30	+T
3228	Exploration of facial nerve: Grafting of the tympano mastoid segment (including item 3227) Blootlegging van nervus facialis: Corplanting van die timpanomastoid segment (insluitende item 3227)	436	10 437.84	348.8	8 350.27	5	559.30	+T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve Blootlegging van nervus facialis: Ekstratemporale corplanting van die fasiëlesenuwee	436	10 437.84	348.8	8 350.27	5	559.30	+T
3232	Exploration of facial nerve: Facio-aural or facio-hypoglossal anastomosis Blootlegging van nervus facialis: Fasio-akseessoriese of fasio-hypoglossale anastomose	124	2 968.56	120	2 872.80	6	671.16	+T
17.5	Inner ear • Binne-oor							
17.5.1	Audiometry • Oudiometrie							
3273	Pure tone audiometry (air conduction) Suiver toon oudiometrie (luggeleiding)	6.5	155.61	6.5	155.61			
3274	Pure tone audiometry (bone conduction with masking) Suiver toon oudiometrie (beengeleiding met maskering)	6.5	155.61	6.5	155.61			
3275	Impedance audiometry (tympanometry) Impedansie oudiometrie (timpanometrie)	6.5	166.61	6.5	166.61			
3277	Speech audiometry: Free Includes speech audiogram, speech reception threshold, discrimination scores Spraak oudiometrie: Gelde sluit in spraak audiogram, spraak ontvangsdiempel, diskrimineringsstelling	10	239.40	10	239.40			
17.5.2	Balance tests • Balanstoets							
3280	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems • Gerekenniseerde statiese bewegingsondersoek met 'n pasiënt in 'n staande posisie op 'n Piezo-elektriese platform wat die vestibulêre en proprioseptiewe stelsels toets	71.48	1 711.23	71.48	1 711.23			
3251	Minimal caloric test (excluding consultation fee) Minimale kalorietoets (konsultasie uitgesluit)	10	239.40	10	239.40			
3253	Electro-nystagmography for spontaneous and positional nystagmus Elektro-nistagmografiese ondersoek vir spontane en posisie nistagmus	25	598.50	25	598.50			
3255	Caloric test done with electro-nystagmography Kaloriese toets met elektro-nistagmografie	70	1 675.80	70	1 675.80			
3256	Video nystagmoscopy (binocular) Videonistagmoskopiese ondersoek (binokulêr)	50	1 197.00	50	1 197.00			
3258	Otolith repositioning manoeuvre Otoliet herposisionering manewer	14	335.16	14	335.16	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
17.6	Microsurgery of the skull base • Mikrochirurgie van die skeelbasse							
17.6.1	Middle fossa approach (i.e. transtemporal or supralabyrinthine) • Middelfossatoegang (d.i. transtemporale of supralabirintiese)							
3229	Facial nerve: Exploration of the labyrinthine segment • Gesigssenuwee: Eksploratie van die labirintiese segment	420	10 054.80	336	8 043.84	5	559.30	+T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included) • Gesigssenuwee: Oorplanting van die labirintiese segment (verwydering van oorplantingeweefsel en eksploratie van die labirintiese segment ingesluit)	510	12 209.40	408	9 767.52	11	1230.46	+T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included) • Gesigssenuwee-chirurgie binne die inwendige gehoorgang (indien oorplanting benodig word, is die oorplanting en weefselverwydering ingesluit)	620	14 842.80	496	11 874.24	11	1230.46	+T
17.6.2	Translabirintine approach • Translabirintiese toegang							
5229	Facial nerve surgery in the internal auditory canal, translabirintine (if grafting is required, the grafting and harvesting are included) • Chirurgie van die gesigssenuwee in die inwendige gehoorgang, translabirintiese toegang (indien oorplanting benodig word is die weefselverwydering en oorplanting ingesluit)	660	15 806.40	528	12 640.32	11	1230.46	+T
17.6.7	Subtotal petrosectomy • Subtotale petrosiekтомie							
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the middle ear cavity • Subtotale petrosiekтомie vir SSV-lek en/of obliterasie van die mastoïdholte	480	11 491.20	384	9 182.88	11	1230.46	+T
		Confined to specialist in Physical Medicine Beperk tot spesialiste in Fisiese Geneeskunde		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
18.	PHYSICAL TREATMENT • FISIËSE BEHANDELING							
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient) • Domestiese of Verpleeginstellings behandeling (alleenlik van toepassing waar dit vir die pasiënt fisies onmoontlik is om na die spreekkamer te kom, en die apparaat na die pasiënt vervoer moet word)	0.75	17.86					
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment) • Konsultasie-eenhede vir spesialiste in fisiese geneeskunde wanneer behandelings gegee word (per behandeling)	13.5	323.10					
3281	Ultrasonic therapy • Ultrasone terapie	10	239.40					
3282	Shortwave diathermy • Kortgolf diatermie	10	239.40					
3284	Sensory nerve conduction studies • Bestudering van geleiding deur sensoriese senuwees	31	742.14					
3285	Motor nerve conduction studies • Motoriese senuwee studies	26	622.44					
3287	Spinal joint and ligament injections • Spinale gewrigs- en ligament inspuitings	20	478.80	20	478.80			
3288	Epidural injections • Epidurale inspuitings	36	861.84					
3289	Multiple injections - First joint • Veelvuldige inspuitings - eerste gewrig	7.5	179.55					
3290	Each additional joint • Elke daaropvolgende gewrig	4.5	107.73					
3291	Tendon or ligament injection • Pees of ligament inspuiting	9	215.46					
3292	Aspiration of joint or interarticular injection • Aspirasie van gewrig of intra artikulêre inspuiting	9	215.46					
3293	Aspiration or injection of bursa or ganglion • Aspirasie of inspuiting in die bursa of ganglion	9	215.46					
3294	Paracervical (neck) nerve block • Paraservikale (nek) senuweeblok	20	478.80	20	478.80			
3295	Paravertebral root block - unilateral • Paravertebrale wortelblok - unilateraal	20	478.80					
3296	Paravertebral root block - bilateral • Paravertebrale wortelblok - bilateraal	30	718.20					
3297	Manipulation of spine performed by a specialist in Physical Medicine • Manipulasie van die spinale kolom deur spesialis in Fisiese Medisyne	14	335.16					
3298	Spinal traction • Traksie van die spinale kolom	6	143.84					
3299	Manipulation large joint under general anaesthetic (not subject to rule G (Modifier 0005 not applicable) • Manipulasie van groot gewrig onder algemene narkose (nie onderhevig aan reël G nie) (Wysiger 0005 nie van toepassing)	14	335.16	14	335.16	4 3	447.44 Hip + T 335.58 Knee / Shoulder + T	
3300	Manipulation of large joints without anaesthetic • Manipulasie van die groot gewrigte sonder narkose	*	*	*	*			
3301	Muscle fatigue studies • Spleer uitputting studies	20	478.80					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3302	Strength duration curve per session Kragduur-kromme per sessie	10.5	254.37					
3303	Electromyography Elektromiografie	75	1 795.50					
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (for subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only is applicable: See rules L and M) Alle ander fisiese behandeling uitgevoer: Bedrag vir behandeling in sy geheel: Spesifieke behandeling (Vir opvolgbehandelings deur 'n algemene praktisyn vir dieselfde toestand binne 4 maande na inisiele behandeling: Sleë geld vir die behandeling is van toepassing: Sien reëls L en M)	10	239.40	10	239.40			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
19. RADIOLOGY ● RADIOLOGIE	The amounts in this section are calculated according to the unit values (unless otherwise specified) ● Die bedrae in hierdie afdeling word volgens die Radiologie eenheidswaardes bereken (tensy anders gespesifiseer)						
19.1 Skeleton ● Skelet							
19.1.1 Limbs ● Ledemate							
3305	Finger, toe ● Vinger, toon			6.3	157.75		
6500	Hand ● Hand			7.7	192.81		
6501	Wrist (specify region) ● Polsgewrig (spesifiseer streek)			7.7	192.81		
6503	Scaphoid ● Skafoïed			7.7	192.81		
6504	Radius and Ulna ● Radius en ulna			7.7	192.81		
6505	Elbow ● Elmoog			7.7	192.81		
6506	Humerus ● Humerus			7.7	192.81		
6507	Shoulder ● Skouer			7.7	192.81		
6508	Acromio-Clavicular joint ● Akromio-klavikulêre gewrig			7.7	192.81		
6509	Clavicle ● Clavikel			7.7	192.81		
6510	Scapula ● Skapula			7.7	192.81		
6511	Foot ● Voet			7.7	192.81		
6512	Ankle ● Enkel			7.7	192.81		
6513	Calcaneus ● Kalkaneus			7.7	192.81		
6514	Tibia and fibula ● Tibia en fibula			7.7	192.81		
6515	Knee ● Knie			7.7	192.81		
6516	Patella ● Patella			7.7	192.81		
6517	Femur ● Femur			7.7	192.81		
6518	Hip ● Heup			7.7	192.81		
6519	Sesamoid Bone ● Sesamoïedbeen			7.7	192.81		
3309	Smith-Petersen or equivalent controls, in theatre ● Smith Petersen of ekwivalente kontrole, in teater			38.7	969.05		
3311	Stress studies, e.g. joint ● Spanningsopnames, bv. gewrig			7.7	192.81		
3313	Full length study, both legs ● Vollengte opnames, beide bene			15.5	388.12		
3317	Skeletal survey ● Skeletopname			28	701.12		
3319	Arthrography per joint ● Artografie per gewrig			15.4	385.62		
3320	Introduction of contrast medium or air: Add ● Insit van kontrasmedium + of lug: Voeg by			13.8	345.55		
19.1.2 Spinal column ● Werwelkolom							
3321	Per region, cervical, sacral, coccygeal, one region thoracic ● Per streek, bv. nek, sakrum, koksiks, een streek torakaaal			11	275.44		
3325	Stress studies ● Spanningsopname			11	275.44		
3331	Pelvis (Sacro-iliac or hip joints to be added where an extra set of view is required) ● Bekken (ilio-sakrale gewigte of heupe word slegs bygetel wanneer 'n aparte stel opnames van die addisionele gebied vereis word)			11	275.44		
3333	Myelography: Lumbar ● Miëlografie: Lumbaal			28.9	723.66	4	447.44 +T
3334	Myelography: Thoracic ● Miëlografie: Torakaaal			22.2	555.89	4	447.44 +T
3335	Myelography: Cervical ● Miëlografie: Servikaal			35.5	888.92	4	447.44 +T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) ● Veelvuldig (lumbaal, torakaaal en servikaal): Dieselfde gelde as vir eerste segment (geen bykomende insit van kontrasmedium					4	447.44 +T
3344	Introduction of contrast medium ● Insit van kontrasmedium	+		18.7	468.25		
3345	Discography ● Diskografie			34.6	866.38	4	447.44 +T
3347	Introduction of contrast medium per disc level: Add ● Insit van kontrasmedium per diskus vlak: Voeg by	+		28.2	706.13		
19.1.3 Skull ● Skedel							
3349	Skull studies ● Skedelstudies			15.7	393.13		
3351	Paranasal sinuses ● Paranasale sinusse			11	275.44		
3353	Facial bones and/or orbits ● Aangesigsbene en/of oogholtes			12.6	315.50		
3355	Mandible ● Mandibula			9.4	235.38		
3357	Nasal bone ● Nasale been			7.8	195.31		
3359	Mastoid: Bilateral ● Mastoïed: Bilateraal			18	450.72		
3361	Teeth: One quadrant ● Tande: Een kwadrant			3.7	92.65		

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3363	Teeth: Two quadrants • Tande: Twee kwadrante			6.3	157.75			
3365	Teeth: Full mouth • Tande: Volle mond			11	275.44			
3366	Teeth: Rotation tomography of the teeth and jaws • Tande: Rotasiotomografie van die kaak en tande			13.3	333.03			
3367	Teeth: Temporo-mandibular joints: Per side • Tande: Temporo-mandibulêre gewigte: Per kant			11	275.44			
3369	Teeth: Tomography: Per side • Tande: Tomografie: Per kant			11	275.44			
3371	Localisation of foreign body in the eye • Lokalisering van vreemde voorwerp in die oog			15.7	393.13			
3381	Ventriculography • Ventrikulografie			27.3	683.59	4		447.44 +T
3385	Post-nasal studies: Lateral neck • Post-nasale studies: Laterale nek			6.3	157.75			
3387	Maxillo-facial cephalometry • Maksillofasiale kefalometrie			8.8	220.35			
3389	Dacrocystography • Dakrosistografie			11	275.44	4		447.44 +T
3391	For Introduction of contrast medium add • Vir insit van kontrasmedium voeg by	+		11	275.44			
19.2	Alimentary tract • Spysverteringskanaal							
3393	Bowel washout: Add • Derspoeling: Voeg by	+		4.8	120.19			
3395	Sialography (plus 80% for each additional gland) • Sialografie (plus 80% vir elke bykomende klier)			12.7	318.01	4		447.44 +T
3397	Introduction of contrast medium (plus 80% for each additional gland add) • Insit van kontrasmedium (plus 80% vir elke bykomende klier - voeg by)	+		11	275.44			
3399	Pharynx and oesophagus • Farinks en oesofagus			12.7	318.01			
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through • Oesofagus, maag en duodenum (Oorsigfoto van die buik ingesluit) en beperkte deurvolging			20	500.80			
3405	Double contrast: Add • Dubbel kontras: Voeg by	+		7.3	182.79			
3406	Small bowel meal (control film of abdomen included except when part of item 3408) • Dundermaal (Oorsigfoto van die buik ingesluit tensy deel van item 3408)			20	500.80			
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon) • Barium maal en toegewyde gastrointestinale kanaal deurvolging (insluitend kontrole film van die buik, oesofagus, maag, duodenum en kolon)			28.9	723.66			
3409	Barium enema (control film of abdomen included) • Barium kliesma (oorsigfoto van die buik ingesluit)			18.3	458.23			
3411	Air contrast study (add) • Lug-kontrasstudie (voeg by)	+		19.3	483.27			
3416	Pancreas: ERCP hospital equipment: Choledogram and/ or pancreatography screening included • Pankreas: ERCP hospitaal toerusting: Choledogram en/of pancreatografie deurligting ingesluit			15.5	388.12	4		447.44 +T
Note: For items 3415 and 3416: Endoscopy (See item 1778) • Opmerking: Vir items 3415 en 3416: Endoskopie (sien item 1778)								
3417	Gastric/oesophageal/duodenal intubation control • Gastriese/esofageale/duodenale intubasie-kontrole			5.9	147.74			
3419	Gastric/oesophageal intubation insertion of tube (add) • Gastriese/esofageale intubasie insit van buis (voeg by)	+		5.6	140.22			
3421	Duodenal intubation: Insertion of tube (add) • Duodenale intubasie: Insit van buis (voeg by)	+		11	275.44			
3423	Hypotonic duodenography (3403 and 3405 included) (add) • Hipotoniese duodenografie (3403 en 3405 ingesluit) (voeg by)	+		29.3	733.67			
19.3	Biliary tract • Galweë							
3427	Cholangiography: Intravenous • Cholangiografie: Intraveneus			22	550.88			
3431	Operative Cholangiography: First series: Add item 3607 only when the Radiologist attends personally in the theatre • Operatief Cholangiografie: Eerste reeks: Voeg item 3607 slegs by as die Radioloog self in die teater teenwoordig is			21	525.84			
3433	Post-operative: T-Tube • Post-operatief: T-Buis			16.7	418.17			

			Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		T/M
			U/E	R	U/E	R	U/E	R	
3435	Introduction of contrast medium (add)● Insit van kontrasmedium (voeg by)	+			5.6	140.22			
3437	Trans hepatic, percutaneous● Transhepaties, perkutaan				18.3	458.23			
3439	Introduction of contrast medium (add)● Insit van kontrasmedium (voeg by)	+			33.1	828.82			
3441	Tomography of biliary tract (add)● Tomografie van galweë (voeg by)	+			33.1	828.82			
19.4	Chest ● Borskas								
3443	Larynx (Tomography included)● Larinks (Tomografie ingesluit)				12.5	313.00			
3445	Chest (item 3601 included)● Borskas (item 3601 ingesluit)				9.4	235.38			
3447	Chest and cardiac studies (item 3601 included)● Borskas en hartstudies (item 3601 ingesluit)				12.6	315.50			
3449	Ribs ● Ribbes				12.3	307.99			
3451	Sternum or sternoclavicular joints● Sternum of sternoklavikulêre gewrigte				12.6	315.50			
3453	Bronchography: Unilateral● Brongografie: Unilateraal				12.6	315.50	8		894.88 +T
3455	Bronchography: Bilateral● Brongografie: Bilateraal				22.1	553.38	8		894.88 +T
3457	Introduction of contrast medium included● Insit van kontrasmedium ingesluit				35.7	893.93			
3461	Pleurography● Pleurografie				12.6	315.50	3		335.58 +T
3463	For introduction of contrast medium: Add● Vir insit van kontrasmedium: Voeg by	+			2.8	70.11			
3465	Laryngography● Laringografie				11	275.44			
3467	For introduction of contrast medium: Add● Vir insit van kontrasmedium: Voeg by	+			10	250.40			
3468	Thoracic Inlet● Toraksinlaat				6.3	157.75			
19.5	Abdomen ● Buik								
3477	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.) ● Oorsigfoto van die Buik (wat nie deel vorm van bv bariummaal, bariumkiesma, piëlogram, cholestogram of cholangiogram ensovoorts nie)				9.4	235.38			
3479	Acute abdomen or equivalent studies● Akute buikstudies of ekwivalente opnames				15.7	393.13			
19.6	Urinary tract ● Urlneweë								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)● Uitskeidingsurogram: Oorsigfoto ingesluit, asook blaasopnames voor en na lediging (binnearse piëlogram) (item 0206 nie van toepassing nie)				25.1	628.50			
3493	Waterload test: Add● Hidrasie-toets: Voeg by	+			12.2	305.49			
3497	Cystography only or urethrography only (retrograde)● Sistografie alleen of uretrografie alleen (retrograad)				19.3	483.27			
3499	Cysto-urethrography: Retrograde● Sisto-uretrografie: Retrograad				31.9	798.78			
3503	Cysto-urethrography: Introduction of contrast medium: Add● Sisto-uretrografie: Insit van kontrasmedium: Voeg by	+			3.7	92.65			
3505	Retrograde-prograde pyelography● Piëlografie retrograad-prograad				18.3	458.23	3		335.58 +T
3511	Aspiration renal cyst● Aspirasie nier sist				18.4	460.74			
3513	Tomography of renal tract: Add● Tomografie van nierweë: Voeg by	+			9.4	235.38			
19.8.1	Vascular Studies● Vaskulêre Studies								
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Analoeë enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting								

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3537	Dedicated angiography suite: Digital monoplane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Digitale enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3538	Dedicated angiography suite: Analogue bi-plane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Analoeë dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3539	Dedicated angiography suite: Digital bi-plane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Digitale dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3545	Venography: Per limb● Venografie: Per ledemaat			16.5	413.16			
3548	Analogue monoplane screening table● Analoeë enkelvlak deurligtingstafel							
3550	Digital monoplane screening table● Digitale enkelvlak deurligtingstafel							
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram● Kateterisasie aorta of vena cava, enige vlak, enige roete, met aortogram/cavogram			48.6	1 216.94	4		447.44 +T
3558	Translumbal aortic puncture, with full study● Translumbale aortiese punksie, met volle studie			69.6	1 742.78	5		559.30 +T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe eerste orde kateterisasie, arterieel of veneus, met angiogram/venogram			57	1 427.28	4		447.44 +T
3560	Selective second order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe tweede orde kateterisasie, arterieel of veneus, met angiogram/venogram			65.4	1 637.62	4		447.44 +T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe derde orde kateterisasie, arterieel of veneus, met angiogram/venogram			73.2	1 832.93	4		447.44 +T
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM) Gids kateter plasing, enige plek arterieel of veneus, vir enige intrakraniale prosedure of arterioveneuse malformasie (AVM)			85.8	2 148.43	5		559.30 +T
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)● Mikrokateter inplasing, enige kranale vat en/of pulmonêre vat, arterieel of veneus (insluitende gids kateter plasing)			130.8	3 275.23	5		559.30 +T
3572	Transcatheter selective blood sampling, arterial or venous● Transkateter selektiewe bloedmonsterneming, arterieel of veneus			32.4	811.30			
3574	Spinal angiogram (global fee) including all selective catheterisations● Spinale angiogram (globale gelde) alle selektiewe kateterisasies ingesluit			480	12 019.20	5		559.30 +T
19.8.2	Introduction of contrast medium● Inplasing van kontrasmedium							
3563	Direct intravenous for limb: Add● Direkte intraveneuse inplasing in ledemaat: Voeg by			7.4	185.30			
3564	Direct femoral arterial or venous or jugular venous puncture● Direkte femorale arteriële of veneuse of jugulêre veneuse punksie			37.2	931.49			
3575	"Cut-downs" for venography: Add● Insnyding vir venografie: Voeg by			11	275.44			
6400	Plus Spiral CT● Plus Spirale RT							
6401	Plus 3D reconstruction● Plus 3D rekonstruksie							
6402	Plus high resolution study● Plus hoë resoluë studie							
6403	CT limb without contrast● RT ledemaat ongekontrasteerd					5		559.30 +T
6404	CT limb with contrast only● RT ledemaat met kontras alleenlik					5		559.30 +T
6405	CT Limb pre AND post contrast● RT ledemaat voor EN na kontras					5		559.30 +T
6406	CT joint without contrast● RT gewrig ongekontrasteerd					5		559.30 +T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		T/M
		U/E	R	U/E	R	U/E	R	
6407	CT joint with contrast only ● RT gewrig met kontras alleenlik					5	559.30	+T
6408	CT joint pre AND post contrast ● RT gewrig voor EN na kontras					5	559.30	+T
6409	CT brain without contrast (including posterior fossa) ● RT brein ongekontrasteerd (insluitend posterior fossa)					5	559.30	+T
6410	CT brain with contrast only (including posterior fossa) ● RT brein met kontras alleenlik (insluitend posterior fossa)					5	559.30	+T
6411	CT brain pre AND post contrast (including posterior fossa) ● RT brein voor EN na kontras (insluitend posterior fossa)					5	559.30	+T
6412	CT orbits complete study, axial OR coronal, without contrast ● RT oogkaste volledige studie, aksiaal OF koronaal, ongekontrasteerd					5	559.30	+T
6413	CT orbits complete study, axial AND coronal, without contrast ● RT oogkaste volledige studie, aksiaal EN koronaal, ongekontrasteerd					5	559.30	+T
6414	CT orbits complete study, axial OR coronal pre AND post contrast ● RT oogkaste volledige studie, aksiaal OF koronaal voor EN na kontras					5	559.30	+T
6415	CT orbits complete study, axial AND coronal pre AND post contrast ● RT oogkaste volledige studie, aksiaal EN koronaal voor EN na kontras					5	559.30	+T
6416	CT paranasal sinuses limited study axial OR coronal ● RT paranasale sinusse beperkte studie, aksiaal OF koronaal					5	559.30	+T
6417	CT paranasal sinuses limited study axial AND coronal ● RT paranasale sinusse beperkte studie aksiaal EN koronaal					5	559.30	+T
6418	CT paranasal sinuses complete study, axial OR coronal, without contrast ● RT paranasale sinusse volledige studie, aksiaal OF koronaal, ongekontrasteerd					5	559.30	+T
6419	CT paranasal sinuses complete study, axial AND coronal, without contrast ● RT paranasale sinusse volledige studie, aksiaal EN koronaal, ongekontrasteerd					5	559.30	+T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast ● RT paranasale sinusse volledige studie, aksiaal OF koronaal, voor EN na kontras					5	559.30	+T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast ● RT paranasale sinusse volledige studie, aksiaal EN koronaal, voor EN na kontras					5	559.30	+T
6422	CT pituitary fossa, without contrast ● RT pituitêre fossa, ongekontrasteerd					5	559.30	+T
6423	CT pituitary fossa, pre AND post contrast ● RT pituitêre fossa, voor EN na kontras					5	559.30	+T
6424	CT internal auditory meati, without contrast ● RT binneoorkanale, ongekontrasteerd					5	559.30	+T
6425	CT internal auditory meati, pre AND post contrast ● RT binneoorkanale, voor EN na kontras					5	559.30	+T
6426	CT mastoids ● RT mastoïede					5	559.30	+T
6427	CT ear structures, limited study ● RT oor struktuur, beperkte studie					5	559.30	+T
6428	CT middle AND inner ear, complete study including reconstruction ● RT middel- EN binne-oor, volledige studie insluitend rekonstruksies					5	559.30	+T
6429	CT facial bones ● RT gesigsbene					5	559.30	+T
6430	CT neck soft tissue, without contrast ● RT nek sagteweefsel, ongekontrasteerd					5	559.30	+T
6431	CT neck soft tissue with contrast only ● RT nek sagteweefsel met kontras alleenlik					5	559.30	+T
6432	CT neck pre AND post contrast ● RT nek voor EN na kontras					5	559.30	+T
6433	CT cervical spine without contrast ● RT servikale werwels ongekontrasteerd					5	559.30	+T
6434	CT cervical spine pre AND post contrast ● RT servikale werwels voor EN na kontras					5	559.30	+T
6435	CT cervical spine post myelogram ● RT servikale werwels post-miëlogram					5	559.30	+T
6436	CT dorsal spine without contrast ● RT torakale werwels ongekontrasteerd					5	559.30	+T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6437	CT dorsal spine pre AND post contrast● RT torakale werwels voor EN na kontras					5	559.30	+T
6438	CT dorsal spine post myelogram● RT torakale werwels post-miëlogram					5	559.30	+T
6439	CT lumbar spine without contrast● RT lumbale werwels ongekontrasteerd					5	559.30	+T
6440	CT lumbar spine pre AND post contrast● RT lumbale werwels voor EN na kontras					5	559.30	+T
6441	CT lumbar spine post myelogram● RT lumbale werwels post-miëlogram					5	559.30	+T
6442	CT pelvimetry (topogram only)● RT pelvimetrie (topogram alleenlik)					5	559.30	+T
6443	CT chest without contrast● RT borskas ongekontrasteerd					5	559.30	+T
6444	CT chest with contrast● RT borskas met kontras					5	559.30	+T
6445	CT chest pre AND post contrast● RT borskas voor EN na kontras					5	559.30	+T
6446	CT chest high resolution lungs, limited study● RT borskas hoë resoluë long, beperkte studie					5	559.30	+T
6447	CT high resolution lungs, complete study● RT hoë resoluë long, volledige studie					5	559.30	+T
6448	CT abdomen without contrast● RT buik ongekontrasteerd					5	559.30	+T
6449	CT abdomen with contrast● RT buik met kontras					5	559.30	+T
6450	CT abdomen pre AND post contrast● RT buik voor EN na kontras					5	559.30	+T
6451	CT abdomen triphasic study● RT buik trifasiese studie					5	559.30	+T
6452	CT pelvis without contrast● RT bekken ongekontrasteerd					5	559.30	+T
6453	CT pelvis with contrast● RT bekken met kontras					5	559.30	+T
6454	CT pelvis pre AND post contrast● RT bekken voor EN na kontras					5	559.30	+T
6455	CT abdomen AND pelvis without contrast● RT buik EN bekken ongekontrasteerd					5	559.30	+T
6456	CT abdomen AND pelvis with contrast● RT buik EN bekken met kontras					5	559.30	+T
6457	CT abdomen AND pelvis pre AND post contrast● RT buik EN bekken voor EN na kontras					5	559.30	+T
6458	CT chest, abdomen AND pelvis with contrast● RT borskas, buik EN bekken met kontras					5	559.30	+T
6459	CT base of skull to symphysis pubis with contrast● RT skedelbasis tot simfise pubis met kontras					5	559.30	+T
6460	CT for dental implants maxilla OR mandible● RT vir tandinplantings maksilla OF mandible					5	559.30	+T
6461	CT for dental implants maxilla AND mandible● RT vir tandinplantings maksilla EN mandible					5	559.30	+T
6462	CT angiography per limited region (including spiral, high resolution AND all reconstructions)● RT angiografie per bepekte gebied (insluitend spiral, hoë resoluë EN alle rekonstruksies)					5	559.30	+T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6463	CT angiography per extensive region (including spiral, high resolution 3D AND all other reconstructions)● RT angiofrafie per ekstensiewe gebied (insluitend spiral, hoë resoluësie, 3D en alle rekonstruksies)					5	559.30	+T
6464	CT limited study any region, Region to be identified on the account RT beperkte studie enige gebied, Gebied moet aangedui word op rekening.					5	559.30	+T
6465	CT guidance for aspiration, biopsy or drainage● RT begeleiding vir aspirasie, biopsie of dreinasie					11	1230.46	+T
6466	CT guidance for aspiration at time of CT diagnostic study● RT begeleiding vir aspirasie, ten tye van RT diagnostiese studie					5	559.30	+T
6467	CT stereotactic localisation for biopsy● RT stereotaktiese lokalisasie vir biopsie					11	1230.46	+T
6468	CT for radiotherapy planning (not to be used as an add-on)● RT vir radioterapie beplanning (mag nie as 'n byvoeging gebruik word nie)							
6469	Quantitative CT for bone mineral density● Kwantitatiewe RT vir beendigtheid							
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour ● Waar 'n volledige digitale C-arm mobiele x-straal-eenheid, met angiofrafie/intensionele kapasiteit soos gebruik in hospitaal of teater, per halfuur.							
3597	Contrast media. ● Kontrasmiddels.							
19.10	Miscellaneous ● Diverse							
3601	Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447) ● Fluoroskopies: Per halfuur: Voeg by (nie van toepassing op items 3445 en 3447)	+		7.7	192.81			
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add ● Waar 'n C-arm mobiele röntgeneenheid in die hospitaal of teater gebruik word: Per half-uur: Voeg by	+		10.7	267.93			
3603	Sinography ● Sinografie			18.4	460.74			
3600	Peripheral bone densitometry utilizing ionizing radiation ● Perifere beendigtheidstoetsing met gebruik van ioniserende bestraling			13	325.52			
3604	Bone densitometry (to be charged once only for one or more levels done at the same session) ● Beendighheidsmeting (word slegs eenmalig geëis vir een of meer vlakke gedoen tydens dieselfde sessie)			77	1 928.08			
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee for examination performed (Only to be used by radiological technical staff) ● Teenwoordigheid by operasie in teater of by radiologiese prosedure uitgevoer deur 'n chirurg of internis in X-straal-afdeling (behalwe item 3309): Per halfuur: Plus gelde vir ondersoek gedoen (Mag slegs deur die radiologiese tegniese personeel geëf word)			5.6	140.22			
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done ● Bepaling van ligging van vreemde voorwerp: Tarief vir deel wat ondersoek is, plus twee derdes vir elke bykomstige reeks, voeg by tarief vir fluoroskopies indien dit uitgevoer word							
3611	Foreign body localisation: Introduction of sterile needle markers: Add ● Bepaling van ligging: Vreemde voorwerp, met inplasing van steriele naaldmerkers: Voeg by	+		11	275.44			
3613	Setting of sterile trays ● Stel van steriele blaie			3.3	82.63			
5034	Fine needle aspiration or biopsy ● Aspirasie of biopsie deur middel van 'n fyn naald			25	626.00	6	671.16	+T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Spesialis		General practitioner Algemene Praktisyr		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
19.11	Ultrasonic investigations • Ultrasoniese ondersoeke The amounts in this section are calculated according to the Ultrasound unit values (unless otherwise specified) • Die bedrae in hierdie afdeling word volgens die Ultraslank eenheidswaardes bereken (tensy anders gespesifiseer)							
3612	Ultrasonic bone densitometry • Ultrasoniese beendigheldsmeting			19	449.35			
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed • Intravaskulêre ultrasoniese beelding evalueer die aterosklerotiese proses om die terapeutiese intervensies te lei. Hierdie item mag eenmaal toegepas word per vaat (linker voorafdalende tak verspreiding, sirkumfleks verspreiding en/of regter koronêre verspreiding) waarin 'n stent of veelvuldige stents geplaas word.			30	709.50	9	1006.74	+T
3596	Intravascular ultrasound per case, arterial or venous, for intervention • Intravaskulêre ultraslank per geval, arterieel of veneus, vir intervensie			30	709.50			
3621	Cardiac examination (M. Mode) • Eggo kardiografie (M. Mode)			25	591.25			
3622	Cardiac examination: 2 Dimensional • Eggo kardiografie: 2 Dimensioneel			50	1 182.50			
3623	Cardiac examination+effort: Add • Eggo kardiografie +inspanning: Voeg by	+		10	236.50			
3624	Cardiac examination+contrast: Add • Eggo kardiografie +kontras: Voeg by	+		10	236.50			
3625	Cardiac examinations + doppler • Eggo kardiografie + doppler			50	1 182.50			
3626	Cardiac examinations + phonocardiography: Add • Eggo kardiografie + fonokardiografie: Voeg by	+		10	236.50			
3627	Ultrasound examination Includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs) • Ultraslank ondersoek van hele buik en bekkenorgane, indien bekkenorgane klinies aangedui is (insluitend lewer, galblaas, milt, pankreas, abdominale vaskulêre anatomie, para-aortiese area, urienweë, bekkenorgane.)			60	1 419.00			
5102	Ultrasound of joints (eg shoulder hip knee), per joint • Ultraslank van gewrigte (bv. skouer, heup, knie) per gewrig			50	1 182.50			
5103	Ultrasound soft tissue, any region • Ultraslank sagteweefsel, enige gebied			50	1 182.50			
3628	Renal tract • Urienweë			50	1 182.50			
3631	Ophthalmic examination • Oogondersoek			50	1 182.50			
3632	Axial length measurement and calculation of intra-ocular lens power. Per eye. Not to be used with item 3034 • Meet van aksiale lengte en bepaling van sterkte van 'n intraokulêre lens. Per oog. Kan nie saam met item 3034 gebruik word nie.			50	1 182.50			
3634	Peripheral vascular study, B mode only • Perifere vaskulêre studie, B mode alleenlik			39	922.35			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
5110	Carotid ultrasound vascular study; B mode, pulsed and colour doppler bilateral study, internal, external and common carotid flow and anatomy ● Karotis ultraklank vaskulêre studie: B mode en kleur Doppler; bilaterale studie, interne, eksterne en gemene karotisvloei en anatomie			120	2 838.00			
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree; carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113, 5114) ● Vol ultraklank en Doppler evaluasie van totale ekstra-kraniale vaskulêre strukture; karotisse, vertebrale en subklaviese vate. (Mag nie saam met items 5110, 5112, 5113, 5114 geëf word nie)			164.8	3 897.52			
5112	Peripheral arterial ultrasound vascular study; B mode, pulsed and colour doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results ● Perifere arteriële ultraklank vaskulêre studie; B mode "pulsed" en kleurdoppler; per ledemaat om golfvorms by 'n minimum van drie vlakke, drukking studies by twee vlakke en volle interpretasie van resultate, in te sluit.			117	2 767.05			
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour doppler; to evaluate deep vein thrombosis ● Perifere veneuse ultraklank vaskulêre studie; B mode "pulsed" en kleurdoppler; om die veen trombose te evalueer			117	2 767.05			
5114	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, bilateral ● Perifere veneuse ultraklank vaskulêre studie; B mode, "pulsed" en kleurdoppler in liggend en staande posisie insluitend kompressie maneuvres en refleks in oppervlakkige en diep sisteme, bilateral			142.4	3 367.76			
3635	Plus (+) Doppler ● Plus (+) Doppler			39	922.35			
3637	Plus (+) Colour Doppler (may be added onto any other regional exam but not to be added to items 5110, 5111, 5112, 5113 or 5114) ● Plus (+) Kleur Doppler (mag by enige ander streeksondersoek gevoeg word, maar mag nie by items 5110, 5111, 5112, 5113 of 5114 gevoeg word nie)			78	1 844.70			
		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
19.12	Portable unit examinations ● Ondersoeke met mobiele eenheid							
3639	Where X-ray unit is kept and used in the hospital: Ad ● Waar mobiele Röntgen-eenheid in die hospitaal gehou en gebruik word: Voeg by	+		7	175.28			
3640	Theatre investigations (with fixed installation): Ad ● Teaterondersoeke (met vaste installasie): Voeg by	+		3	75.12			
3641	Tracer test ● Speurtoets			22.1	553.38			
3642	Repeat of further tracer tests for same investigation: half of tracer test (item 3641) fee ● Herhaling van verdere speurtoetse vir dieselfde ondersoek: helfte van speurtoets (item 3641)			11.1	277.94			
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee ● Indien beide speurtoetse en terapeutiese prosedures uitgevoer word, moet die helfte van die bedrag vir die speurtoets plus die bedrag vir terapie gevra word							
3645	Other organ scanning with use of relevant radio isotope ● Ander orgaanafasting met radio-isotope			54.8	1 372.19			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
		Specialist Radiologist with own facility Spesialis Radioloog met eie fasiliteit		Non-radiologist or specialist radiologist without own facility (calculate at 60% of the fee)		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
19.14	Interventional radiological procedures ● Intervensionele radiologiese prosedures						
5014	Atherectomy (per vessel) ● Aterektomie (per vat)			204.6	5 123.18		
5016	Aspiration thrombectomy (per vessel) ● Aspirasie trombektomie (per vat)			131.4	3 290.26		
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite ● Op-tafel trombolise/transkateter Infuus uitgevoer in angiografi suite			106.8	2 674.27	5	559.30 +T
5022	Embolisation non-Intracranial. per vessel ● Embolisering nie-intrakraniaal, per vat			106.8	2 674.27	9	1006.74 +T
5031	Antegrade ureteric stent insertion ● Antegraad ureteriese stent inplasing			69.6	1 742.78	6	671.16 +T
5033	Percutaneous cystostomy in radiology suite ● Perkutane sistostomie in radiologie suite			30	751.20		
5035	Urethral balloon dilatation in radiology suite ● Uretrale ballon dilatasie in radiologie suite			22.8	570.91		
5036	Percutaneous Abdominal / pelvic / other drain insertion, any modality ● Perkutane abdominale / pelvisse / ander dreineringsbuis invoering, enige modaliteit			34.2	856.37		
5037	Urethral stenting in radiology suite ● Uretrale stent inplasing in radiologie suite			102.6	2 569.10		
5041	Balloon occlusion / Wada test ● Ballon afsluiting / Wada toets			106.8	2 674.27	9	1006.74 +T
5043	Intracranial angioplasty ● Intrakraniale angioplastiek			204.6	5 123.18	13	1454.18 +T
5045	Hepatic arterial infusion catheter insertion ● Hepatiese arteriële infuus kateter inplasing			156	3 906.24	6	671.16 +T
5047	Combined internal/external biliary drainage ● Gekombineerde interne/eksternse galdreinerings			102.6	2 569.10	9	1006.74 +T
5049	Percutaneous gall bladder drainage ● Perkutane galblaas dreinerings			69.6	1 742.78	9	1006.74 +T
5072	Tunnelled/Subcutaneous arterial/venous line performed in radiology suite ● Getunnel/subkutane arteriële/veneuse lyn uitgevoer in radiologie suite			82.2	2 058.29	5	559.30 +T
5074	IVC filter insertion jugular or femoral route ● IVC filter inplasing Jugulêre of femorale roete			156	3 906.24	9	1006.74 +T
5076	Intravascular foreign body removal, arterial or venous, any route ● Intravaskulêre vreemde voorwerp verwydering, arterieel of veneus, enige roete			204.6	5 123.18	9	1006.74 +T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM) ● Perkutane skleroterapie van 'n arterioveneuse malformasie (AVM)			70.2	1 757.81		
5080	Transjugular intrahepatic portosystemic shunt ● Transjugulêre intrahepatiese portosistemiese omleiding			335.4	8 398.42	13	1454.18 +T
5082	Transjugular liver biopsy ● Transjugulêre lewer biopsie			69.6	1 742.78	9	1006.74 +T
5088	Oesophageal stent insertion in radiology suite ● Esofageale stent inplasing in radiologie suite			102.6	2 569.10	6	671.16 +T
5090	Tracheal stent insertion ● Tragiale stent inplasing			102.6	2 569.10	6	671.16 +T
5091	GIT Balloon dilatation under fluoroscopy ● GIT ballon dilatasie onder fluoroskopie			66.6	1 667.66	6	671.16 +T
5092	Other GIT stent insertion ● Ander GIT stent inplasing			102.6	2 569.10	6	671.16 +T
5093	Percutaneous gastrostomy in radiology suite ● Perkutane gastrostomie in radiologie suite			85.8	2 148.43		
5094	Cutting needle biopsy with image guidance ● Insnydende naalbiopsie onder beeldende begeleiding			22.8	570.91		
5095	Chest drain insertion in radiology suite ● Borskas dreineringsbuis inplasing in radiologie suite			32.4	811.30		

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

Code Structure Framework

a. The tariff code consists of 5 digits

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

• 0 = General (non specific)

• 1 = Head

• 2 = Neck

• 3 = Thorax

• 4 = Abdomen and Pelvis (soft tissue)

• 5 = Spine, Pelvis and Hips

• 6 = Upper limbs

• 7 = Lower limbs

• 8 = Interventional

• 9 = Soft tissue regions (nuclear medicine)

• eg "Head" = 1xxxx

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

• "Head / Skull and Brain" = 10xxx

iii. 3rd digit indicates modality

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

• 2 = Ultrasound

• 3 = Computed Tomography

• 4 = Magnetic Resonance Imaging

• 5 = Angiography

• 6 = Interventional radiology

• 9 = Nuclear Medicine (Isotopes)

eg:

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

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

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

Guidelines for use of coding structure

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

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

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

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

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

Consumables

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

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

• Angiography catheters, angioplasty balloons, stents, coils and other embolisation materials, guide wires and drains are

General Comments on Procedural Codes

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

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

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

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

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

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

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

General Codes

Modifiers

00091 Radiology and nuclear medicine services rendered to hospital inpatients

00092 Radiology and nuclear medicine services rendered to outpatients

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

Equipment / Diagnostic

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

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

00110 X-ray skeletal survey under five years

6.26

		Other specialist / General Practitioner		Specialist / Specialist	
		U/E	R	U/E	
00090	Consumables used in radiology procedures				
00091	Radiology and nuclear medicine services rendered to hospital inpatients				
00092	Radiology and nuclear medicine services rendered to outpatients				
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment is used				
00115	X-ray skeletal survey over five years	-		10.40	1 698.11
00120	X-ray sinogram any region	-		10.89	1 778.12
00130	X-ray with mobile unit in other facility	-		1.90	310.23
	To be added to applicable procedure codes eg 30100.	-			
00135	X-ray control view in theatre any region	-		5.26	858.85
00140	X-ray fluoroscopy any region	-		2.26	369.01
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination.				
00145	X-ray fluoroscopy guidance for biopsy, any region			5.30	865.38
	Add to the procedure eg. 80600, 80605, 80610.				
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour			2.42	395.14
	Only to be used if equipment is owned by the radiologist.				
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)			2.30	375.54
00160	X-ray fixed theatre installation (equipment fee only)			2.26	369.01
	Only to be used if equipment is owned by the radiologist.				
00190	X-ray examination contrast material				
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.				
00210	Ultrasound with mobile unit in other facility			1.84	300.44
	Add to the relevant ultrasound examination codes eg 10200.				
00220	Ultrasound intra-operative study			7.32	1 195.21
	Covers all regions studied. Single code per operative procedure.				
00230	Ultrasound guidance			12.10	1 975.69
	guidance. Guided procedure code to be added eg. 80600, 80605, 80610.				
00240	Ultrasound guidance for tissue ablation			11.24	1 835.27
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.				
00250	Ultrasound limited Doppler study any region			6.50	1 061.32
	Stand alone code may not be added to any other code.				
00290	Ultrasound examination contrast material				
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.				
00310	CT planning study for radiotherapy			21.37	3 489.29
00320	CT guidance (separate procedure)			16.92	2 762.70
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.				
00330	CT guidance, with diagnostic procedure			8.46	1 381.35
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.				
00340	CT guidance and monitoring for tissue ablation			21.15	3 453.37
	May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630.				
00390	CT examination contrast material				

		Other specialist / General Practitioner		Specialist / Specialists	
		U/E	R	U/E	
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00420	MR Spectroscopy any region	-	-	28.90	4 718.79
	May be added to the regional study, once only.	-	-		
00430	MR guidance for needle replacement	-	-	42.56	6 949.20
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	-	-		
00440	MR low field strength imaging of peripheral joint any region	-	-	12.00	1 959.36
00450	MR planning study for radiotherapy or surgical procedure	-	-	38.00	6 204.64
00455	MR planning study for radiotherapy or surgical procedure, with contrast	-	-	47.00	7 674.16
00490	MR examination contrast material	-	-		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00510	Analogue monoplane screening table	-	-	41.01	6 696.11
	A machine code may be added once per complete procedure / patient visit.	-	-		
00520	Analogue monoplane table with DSA attachment	-	-	47.50	7 755.80
	A machine code may be added once per complete procedure / patient visit.	-	-		
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.	-	-	47.50	7 755.80
	A machine code may be added once per complete procedure / patient visit.	-	-		
00540	Digital monoplane screening table	-	-	79.92	13 049.34
	A machine code may be added once per complete procedure / patient visit.	-	-		
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.	-	-	93.03	15 189.94
	A machine code may be added once per complete procedure / patient visit.	-	-		
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	-	-	125.00	20 410.00
	A machine code may be added once per complete procedure / patient visit.	-	-		
00590	Angiography and interventional examination contrast material	-	-		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	-	-	34.92	5 701.74
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	-	-	48.33	7 891.32
00906	Nuclear Medicine study - Venous thrombosis regional	-	-	21.54	3 517.05
00909	Nuclear Medicine study - Tumour whole body	-	-	34.15	5 576.01
00912	Nuclear Medicine study - Tumour whole body multiple studies	-	-	47.56	7 765.60
00915	Nuclear Medicine study - Tumour whole body and SPECT	-	-	47.56	7 765.60
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	-	-	60.98	9 956.81
00921	Nuclear Medicine study - Infection whole body	-	-	31.45	5 135.16
00924	Nuclear Medicine study - Infection whole body with SPECT	-	-	44.86	7 324.74
00927	Nuclear Medicine study - infection whole body multiple studies	-	-	44.86	7 324.74
00930	Nuclear Medicine study - infection whole body with SPECT multiple studies	-	-	58.27	9 514.33
00933	Nuclear Medicine study - Bone marrow imaging limited area	-	-	24.10	3 935.05
00936	Nuclear Medicine study - Bone marrow imaging whole body	-	-	37.51	6 124.63
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	-	-	37.51	6 124.63
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	-	-	50.92	8 314.22
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	-	-	24.10	3 935.05
00960	Nuclear Medicine therapy - Hyperthyroidism	-	-	11.99	1 957.73

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	-	-	6.47	1 056.42
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	-	-	6.47	1 056.42
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	-	-	6.47	1 056.42
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	-	-	6.47	1 056.42
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	-	-	6.47	1 056.42
00990	Nuclear Medicine Isotope	-	-		
	Identification code for the use of isotope with a procedure.	-	-		
	Appropriate codes to be supplied.	-	-		
00991	Nuclear Medicine Substrate	-	-		
00956	PET/CT scan whole body without contrast	-	-	165.13	26 962.43
00957	PET/CT scan whole body with contrast	-	-	163.19	26 645.66
00951	PET/CT local	-	-	120.00	19 593.60
00952	PET/CT local with contrast	-	-	124.68	20 357.75
	Call and assistance	-	-		
	*Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours. *Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours. *Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure. *Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations. *Second opinion consultations only to be used if a written report is provided as indicated in codes 01050, 01055, 01060. Not intended for ad hoc verbal consultations.				
01010	Emergency call out fee, first case	-	-	3.00	489.84
01020	Emergency call out fee, subsequent cases same trip	-	-	2.00	326.56
01030	Radiologist assistance in theatre, per half hour	-	-	6.00	979.68
01040	Radiographer attendance in theatre, per half hour	-	-	1.60	261.25
01050	Written report on study done elsewhere, short	-	-	1.50	244.92
01055	Written report on study done elsewhere, extensive	-	-	4.20	685.78
01060	Written report for medico legal purposes, per hour	-	-	9.72	1 587.08
01070	Consultation for pre-assessment of interventional procedure	-	-	4.86	793.54
01100	X-ray procedure after hours, per procedure	-	-	2.00	326.56
01200	Ultrasound procedure after hours, per procedure	-	-	4.00	653.12
01300	CT procedure after hours, per procedure	-	-	10.00	1 632.80
01400	MR procedure after hours, per procedure	-	-	14.00	2 285.92
01500	Angiography procedure after hours, per procedure	-	-	20.00	3 265.60
01600	Interventional procedure after hours, per procedure	-	-	26.00	4 245.28
01970	Consultation for nuclear medicine study	-	-	2.20	359.22
	Monitoring	-	-		
	*ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.	-	-		
02010	ECG/pulse Oximeter monitoring	-	-	2.00	326.56
	Head	-	-		
	Skull and Brain	-	-		
	Codes 10100 (skull) and 10110 (tomography) may be combined.	-	-		
10100	X-ray of the skull	-	-	3.86	630.26

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
10110	X-ray tomography of the skull	-	-	4.30	702.10
10120	X-ray shuntogram for VP shunt	-	-	15.36	2 507.98
10200	Ultrasound of the brain – Neonatal	-	-	7.38	1 205.01
10210	Ultrasound of the brain including doppler	-	-	13.22	2 158.56
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	-	-	15.04	2 455.73
10300	CT Brain uncontrasted	-	-	22.65	3 698.29
10310	CT Brain with contrast only	-	-	33.28	5 433.96
10320	CT Brain pre and post contrast	-	-	40.48	6 609.57
10325	CT brain pre and post contrast for perfusion studies	-	-	49.10	8 017.05
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	-	-		
10330	CT angiography of the brain	-	-	77.58	12 667.26
10335	CT of the brain pre and post contrast with angiography	-	-	97.91	15 986.74
10340	CT brain for cranio-stenosis including 3D	-	-	34.16	5 577.64
10350	CT Brain stereotactic localisation	-	-	19.36	3 161.10
10360	CT base of skull coronal high resolution study for CSF leak	-	-	34.90	5 698.47
10400	MR of the brain, limited study	-	-	43.56	7 112.48
10410	MR of the brain uncontrasted	-	-	63.80	10 417.26
10420	MR of the brain with contrast	-	-	75.94	12 399.48
10430	MR of the brain pre and post contrast	-	-	104.04	16 987.65
10440	MR of the brain pre and post contrast, for perfusion studies	-	-	107.44	17 542.80
10450	MR of the brain plus angiography	-	-	92.20	15 054.42
10460	MR of the brain pre and post contrast plus angiography	-	-	121.23	19 794.43
10470	MR angiography of the brain uncontrasted	-	-	58.50	9 551.88
10480	MR angiography of the brain contrasted	-	-	74.02	12 085.99
10485	MR of the brain, with diffusion studies	-	-	79.00	12 899.12
10490	MR of the brain, pre and post contrast, with diffusion studies,	-	-	110.64	18 065.30
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	-	-	95.00	15 511.60
10495	MR of the brain pre and post contrast plus angiography and diffusion	-	-	125.44	20 481.84
10500	Arteriography of intracranial vessels: 1 - 2 vessels	-	-	48.60	7 935.41
10510	Arteriography of intracranial vessels: 3 - 4 vessels	-	-	82.33	13 442.84
10520	Arteriography of extra-cranial (non-cervical) vessels	-	-	48.44	7 909.28
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	-	-	118.09	19 281.74
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	-	-	97.57	15 931.23
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	-	-	37.29	6 088.71
10560	Venography of dural sinuses	-	-	52.23	8 528.11
10900	Nuclear Medicine study – Bone regional, static	-	-	21.50	3 510.52
10905	Nuclear Medicine study – Bone regional, static, with flow	-	-	27.53	4 495.10
10910	Nuclear Medicine study – Bone regional, static with SPECT	-	-	34.92	5 701.74
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	-	-	40.94	6 684.68
10920	Nuclear Medicine study – Brain, planar, complete, static	-	-	16.92	2 762.70
10925	Nuclear Medicine study – Brain complete static with vascular flow	-	-	22.95	3 747.28
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	-	-	30.33	4 952.28
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	-	-	36.36	5 936.86
10940	Nuclear Medicine study - CSF flow imaging cisternography	-	-	21.60	3 526.85
10945	Nuclear Medicine study – Ventriculography	-	-	13.41	2 189.58
10950	Nuclear Medicine study - Shunt evaluation static, planar	-	-	13.41	2 189.58
10955	Nuclear Medicine study - CFS leakage detection and localisation	-	-	13.41	2 189.58
10960	Nuclear medicine study - CSF SPECT	-	-	13.41	2 189.58
10971	PET/CT scan of the brain uncontrasted	-	-	110.12	17 980.39

		Other specialist / General Practitioner		Specialist / Specialist	
		U/E	R	U/E	
10972	PET/CT of the brain contrasted	-	-	116.11	18 958.44
10981	PET/CT perfusion scan of the brain	-	-	131.07	21 401.11
	Facial bones and nasal bones	-	-		
	Codes 11100 (facial bones) and 11110 (tomography) may be combined	-	-		
11100	X-ray of the facial bones	-	-	3.93	641.69
11110	X-ray tomography of the facial bones	-	-	4.30	702.10
11120	X-ray of the nasal bones	-	-	2.39	390.24
11300	CT of the facial bones	-	-	20.96	3 422.35
11310	CT of the facial bones with 3D reconstructions	-	-	30.40	4 963.71
11320	CT of the facial bones/soft tissue, pre and post contrast	-	-	41.26	6 736.93
11400	MR of the facial soft tissue	-	-	62.40	10 188.67
11410	MR of the facial soft tissue pre and post contrast	-	-	100.60	16 425.97
11420	MR of the facial soft tissue plus angiography, with contrast	-	-	110.30	18 009.78
11430	MR angiography of the facial soft tissue	-	-	74.02	12 085.99
	Orbits, lacrimal glands and tear ducts	-	-		
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacryocystography).	-	-		
12100	X-ray orbits less than three views	-	-	3.56	581.28
12110	X-ray of the orbits, three or more views, including foramina	-	-	5.30	865.38
12120	X-ray of the orbits for foreign body	-	-	3.56	581.28
12130	X-ray tomography of the orbits	-	-	4.30	702.10
12140	X-ray dacryocystography	-	-	11.20	1 828.74
12200	Ultrasound of the orbit/eye	-	-	5.13	837.63
12210	Ultrasound of the orbit/eye including doppler	-	-	10.97	1 791.18
12300	CT of the orbits single plane	-	-	15.70	2 563.50
12310	CT of the orbits, more than one plane	-	-	20.59	3 361.94
12320	CT of the orbits pre and post contrast single plane	-	-	36.03	5 882.98
12330	CT of the orbits pre and post contrast multiple planes	-	-	39.70	6 482.22
12400	MR of the orbits	-	-	62.46	10 198.47
12410	MR of the orbitae, pre and post contrast	-	-	100.64	16 432.50
12900	Nuclear Medicine study – Dacryocystography	-	-	20.77	3 391.33
	Paranasal sinuses	-	-		
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).	-	-		
13100	X-ray of the paranasal sinuses, single view	-	-	2.74	447.39
13110	X-ray of the paranasal sinuses, two or more views	-	-	3.66	597.60
13120	X-ray tomography of the paranasal sinuses	-	-	4.30	702.10
13130	X-ray of the naso-pharyngeal soft tissue	-	-	2.74	447.39
13300	CT of the paranasal sinuses single plane, limited study	-	-	7.20	1 175.62
13310	CT of the paranasal sinuses, two planes, limited study	-	-	12.40	2 024.67
13320	CT of the paranasal sinuses, any plane, complete study	-	-	15.42	2 517.78
13330	CT of the paranasal sinuses, more than one plane, complete study	-	-	20.77	3 391.33
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	-	-	34.74	5 672.35
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	-	-	41.01	6 686.11
13400	MR of the paranasal sinuses	-	-	60.27	9 840.89
13410	MR of the paranasal sinuses, pre and post contrast	-	-	96.59	15 771.22
	Mandible, teeth and maxilla	-	-		

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
	Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed. Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth). Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.				
14100	X-ray of the mandible	-	-	3.66	587.60
14110	X-ray orthopantomogram of the jaws and teeth	-	-	4.08	662.92
14120	X-ray maxillofacial cephalometry	-	-	2.77	452.29
14130	X-ray of the teeth single quadrant	-	-	2.00	326.56
14140	X-ray of the teeth more than one quadrant	-	-	2.53	413.10
14150	X-ray of the teeth full mouth	-	-	3.62	591.07
14160	X-ray tomography of the teeth per side	-	-	3.23	527.39
14300	CT of the mandible	-	-	22.28	3 637.88
14310	CT of the mandible, pre and post contrast	-	-	41.26	6 736.93
14320	CT mandible with 3D reconstructions	-	-	30.40	4 963.71
14330	CT for dental implants in the mandible	-	-	27.45	4 482.04
14340	CT for dental implants in the maxilla	-	-	27.45	4 482.04
14400	MR of the mandible/maxilla	-	-	63.80	10 417.26
14410	MR of the mandible/maxilla, pre and post contrast	-	-	98.64	16 105.94
	TM Joints				
	Code 15100 (TM joint) and 15120 (tomography) may be combined.				
	Code 15110 (TM joint) and 15130 (tomography) may be combined.				
	Code 15140 (arthrography) and 15120 (tomography) may be combined.				
	Code 15150 (arthrography) and 15130 (tomography) may be combined.				
	Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).				
15100	X-ray temporo-mandibular joint, left	-	-	3.56	581.28
15110	X-ray temporo-mandibular joint, right	-	-	3.56	581.28
15120	X-ray tomography temporo-mandibular joint, left	-	-	4.30	702.10
15130	X-ray tomography temporo-mandibular joint, right	-	-	4.30	702.10
15140	X-ray arthrography of the temporo-mandibular joint, left	-	-	15.41	2 516.14
15150	X-ray arthrography of the temporo-mandibular joint, right	-	-	15.41	2 516.14
15200	Ultrasound temporo-mandibular joints, one or both sides	-	-	6.56	1 071.12
15300	CT of the temporo-mandibular joints	-	-	25.38	4 144.05
15310	CT of the temporo-mandibular joints plus 3D reconstructions	-	-	34.50	5 633.16
15320	CT arthrogram of the temporo-mandibular joints	-	-	35.96	5 871.55
15400	MR of the temporo-mandibular joints	-	-	63.80	10 417.26
15410	MR of the temporo-mandibular joints, pre and post contrast	-	-	100.84	16 465.16
15420	MR arthrogram of the temporo-mandibular joints	-	-	74.71	12 198.65
	Mastoids and internal auditory canal				
	Code 16100 (mastoids) and 16120 (tomography) may be combined.				
	Code 16110 (mastoids bilat) and 16130 (tomography) may be combined				
	Code 16140 (IAM's) and 16150 (tomography) may be combined.				
16100	X-ray of the mastoids, unilateral	-	-	3.59	586.18
16110	X-ray of the mastoids, bilateral	-	-	7.18	1 172.35
16120	X-ray tomography of the petro-temporal bone, unilateral	-	-	4.30	702.10
16130	X-ray tomography of the petro-temporal bone, bilateral	-	-	8.60	1 404.21
16140	X-ray internal auditory canal, bilateral	-	-	5.23	853.95
16150	X-ray tomography of the internal auditory canal, bilateral	-	-	4.30	702.10

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
16300	CT of the mastoids	-	-	12.60	2 057.33
16310	CT of the internal auditory canal	-	-	21.47	3 505.62
16320	CT of the internal auditory canal, pre and post contrast	-	-	34.20	5 584.18
16330	CT of the ear structures, limited study	-	-	13.40	2 187.95
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	-	-	43.35	7 078.19
16400	MR of the internal auditory canals, limited study	-	-	43.56	7 112.48
16410	MR of the internal auditory canals, pre and post contrast, limited study	-	-	68.93	11 254.89
16420	MR of the internal auditory canals, pre and post contrast, complete study	-	-	102.84	16 759.06
16430	MR of the ear structures	-	-	64.40	10 515.23
16440	MR of the ear structures, pre and post contrast	-	-	102.64	16 759.06
	Sella turcica	-	-		
	Code 17100 (sella) and 17110 (tomography) may be combined.	-	-		
17100	X-ray of the sella turcica	-	-	3.08	502.90
17110	X-ray tomography of the sella turcica	-	-	4.30	702.10
17300	CT of the sella turcica/hypophysis	-	-	17.45	2 849.24
17310	CT of the sella turcica/hypophysis, pre and post contrast	-	-	42.26	6 900.21
	Salivary glands and floor of the mouth	-	-		
	Neck	-	-		
	Code 20120 (laryngography) includes fluoroscopy (00140 may not be added).				
	Code 20130 (speech) includes tomography and cinematography (00140 may not be added).				
	Code 20450 (MR Angiography) may be combined with 10410 (MR brain).				
20100	X-ray of soft tissue of the neck	-	-	2.74	447.39
20110	X-ray of the larynx including tomography	-	-	9.39	1 533.20
20120	X-ray laryngography	-	-	8.28	1 351.96
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	-	-	8.30	1 355.22
20200	Ultrasound of the thyroid	-	-	6.56	1 071.12
20210	Ultrasound of soft tissue of the neck	-	-	6.56	1 071.12
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	-	-	15.00	2 449.20
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	-	-	21.84	3 566.04
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	-	-	10.80	1 763.42
20300	CT of the soft tissues of the neck	-	-	18.25	2 979.86
20310	CT of the soft tissues of the neck, with contrast	-	-	38.15	6 229.13
20320	CT of the soft tissues of the neck, pre and post contrast	-	-	43.81	7 153.30
20330	CT angiography of the extracranial vessels in the neck	-	-	79.36	12 957.90
20340	intracranial vessels of the brain	-	-	107.50	17 552.60
20350	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	-	-	124.43	20 316.93
20400	Mr of the soft tissue of the neck	-	-	63.60	10 384.61
20410	MR of the soft tissue of the neck, pre and post contrast	-	-	102.04	16 661.09
20420	MR of the soft tissue of the neck and uncontrasted angiography	-	-	92.60	15 119.73
20430	MR angiography of the extracranial vessels in the neck, without contrast	-	-	59.60	9 731.49
20440	MR angiography of the extracranial vessels in the neck, with contrast	-	-	74.02	12 085.99
20450	MR angiography of the extra and intracranial vessels with contrast	-	-	116.05	18 948.64
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	-	-	135.17	22 070.56
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	-	-	156.05	25 479.84
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	-	-	44.43	7 254.53

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	-	-	50.73	8 283.19
20520	Arteriography of cervical vessels: carotid and vertebral	-	-	77.63	12 675.43
20530	Arteriography of aortic arch and cervical vessels	-	-	91.97	15 016.86
20540	Arteriography of aortic arch, cervical and intracranial vessels	-	-	108.87	17 776.29
20550	Venography of jugular and vertebral veins	-	-	48.95	7 992.56
	Thyroid (Nuclear Medicine)	-	-		
21900	Nuclear Medicine study - Thyroid, single uptake	-	-	9.68	1 580.55
21910	Nuclear medicine study - Thyroid, multiple uptake	-	-	14.69	2 398.58
21920	Nuclear medicine study - Thyroid imaging with uptake	-	-	17.72	2 893.32
21930	Nuclear medicine study - Thyroid imaging	-	-	12.72	2 076.92
21940	Nuclear medicine study - Thyroid imaging with vascular flow	-	-	18.74	3 059.87
21950	Nuclear medicine study - Thyroid suppression/stimulation	-	-	12.72	2 076.92
29961	PET/CT scan of the soft tissue of the neck uncontrasted	-	-	105.87	17 286.45
29962	PET/CT scan of the soft tissue of the neck contrasted	-	-	111.69	18 236.74
	Thorax	-	-		
	Chest wall, pleura, lungs and mediastinum	-	-		
	Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet). Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined.				
	Code 30180 (sternum) and 30185 (tomography) may be combined.				
	Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required. Code 30350 (high resolution) is a stand alone study. Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis). Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).				
30100	X-ray of the chest, single view	-	-	3.04	496.37
30110	X-ray of the chest two views, PA and lateral	-	-	3.84	627.00
30120	X-ray of the chest complete with additional views	-	-	4.24	692.31
30130	X-ray of the chest complete including fluoroscopy	-	-	4.48	731.49
30140	X-ray tomography of the chest	-	-	4.30	702.10
30150	X-ray of the ribs	-	-	4.79	782.11
30155	X-ray of the chest and ribs	-	-	6.42	1 048.26
30160	X-ray of the thoracic inlet	-	-	2.56	418.00
30170	X-ray of the sterno-clavicular joints	-	-	4.21	687.41
30175	X-ray tomography of the sterno-clavicular joint	-	-	4.30	702.10
30180	X-ray of the sternum	-	-	4.21	687.41
30185	X-ray tomography of the sternum	-	-	4.30	702.10
30200	Ultrasound of the chest wall, any region	-	-	6.56	1 071.12
30210	Ultrasound of the pleural space	-	-	6.56	1 071.12
30220	Ultrasound of the mediastinal structures	-	-	6.56	1 071.12
30300	CT of the chest, limited study	-	-	9.50	1 551.16
30310	CT of the chest uncontrasted	-	-	26.60	4 343.25
30320	CT of the chest contrasted	-	-	42.43	6 927.97
30330	CT of the chest, pre and post contrast	-	-	45.70	7 461.90
30340	CT of the chest, limited high resolution study	-	-	11.20	1 828.74
30350	CT of the chest, complete high resolution study	-	-	24.01	3 920.35
30355	prone and expiratory studies	-	-	33.30	5 437.22
30360	CT of the chest for pulmonary embolism	-	-	57.12	9 326.55
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	-	-	80.28	13 108.12
30400	MR of the chest	-	-	63.60	10 384.61
30410	MR of the chest with uncontrasted angiography	-	-	92.60	15 119.73
30420	MR of the chest, pre and post contrast	-	-	102.04	16 661.09

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
30900	Nuclear Medicine study - Lung perfusion	-	-	21.54	3 517.05
30910	Nuclear Medicine study - Lung ventilation, aerosol	-	-	21.50	3 510.52
30920	Nuclear Medicine study - Lung perfusion and ventilation	-	-	42.03	6 862.66
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	-	-	14.17	2 313.68
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	-	-	34.69	5 664.18
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	-	-	26.51	4 328.55
30960	Nuclear medicine study - alveolar permeability	-	-	26.51	4 328.55
	Stand alone code. Not to be combined with 30910.	-	-		
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	-	-	6.02	982.95
	Stand alone code. Not to be combined with 30920.	-	-		0.00
30981	PET/CT scan of the chest uncontrasted	-	-	111.44	18 195.92
30982	PET/CT scan of the chest contrasted	-	-	117.42	19 172.34
30983	PET/CT scan of the chest pre and post contrast	-	-	148.32	24 217.69
	Oesophagus	-	-		
	may not be added).	-	-		
31100	X-ray barium swallow	-	-	6.60	1 077.65
31105	X-ray 3 phase dynamic contrasted swallow	-	-	12.60	2 057.33
31110	X-ray barium swallow, double contrast	-	-	7.92	1 293.18
31120	X-ray barium swallow with cinematography	-	-	10.07	1 644.23
	Aorta and large vessels	-	-		
	Codes 32210 and 32220 (Ivus) may be combined	-	-		
32200	intervention, once per complete procedure	-	-	4.20	685.78
32210	Ultrasound intravascular (IVUS) first vessel	-	-	8.44	1 378.08
32220	Ultrasound intravascular (IVUS) subsequent vessels	-	-	5.30	865.38
32300	CT angiography of the aorta and branches	-	-	79.08	12 912.18
32305	CT angiography of the thoracic and abdominal aorta and branches	-	-	105.50	17 226.04
32310	CT angiography of the pulmonary vasculature	-	-	79.08	12 912.18
32400	MR angiography of the aorta and branches	-	-	78.50	12 817.48
32410	MR angiography of the pulmonary vasculature	-	-	105.27	17 186.49
32500	Arteriography of thoracic aorta	-	-	28.26	4 614.29
32510	Arteriography of bronchial intercostal vessels alone	-	-	50.15	8 188.49
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	-	-	67.43	11 009.97
32530	Arteriography of pulmonary vessels	-	-	63.27	10 330.73
32540	Arteriography of heart chambers, coronary arteries	-	-	44.27	7 228.41
32550	Venography of thoracic vena cava	-	-	28.38	4 633.89
32560	Venography of vena cava, azygos system	-	-	56.31	9 194.30
32570	Venography patency of A-port or other central line	-	-	19.64	3 206.82
	Heart	-	-		
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.	-	-		
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler	-	-	12.30	2 008.34
	or 33210. This code is intended for paediatric and foetal cases only	-	-		
33200	Ultrasound study of the heart, including Doppler	-	-	8.20	1 338.90
33210	Ultrasound study of the heart trans-oesophageal	-	-	10.52	1 717.71
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	-	-	5.20	849.06
33300	CT anatomical/functional study of the heart	-	-	34.61	5 651.12
33310	CT angiography of heart vessels	-	-	81.28	13 271.40
33970	Nuclear Medicine study - Multi stage treadmill ECG test	-	-	6.66	1 087.44
	Abdomen and Pelvis	-	-		
	Abdomen/stomach/bowel	-	-		

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen). Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).				
40100	X-ray of the abdomen			3.32	542.09
40105	X-ray of the abdomen supine and erect, or decubitus			5.36	875.18
40110	X-ray of the abdomen multiple views including chest			8.10	1 322.57
40120	X-ray tomography of the abdomen			4.30	702.10
40140	X-ray barium meal single contrast			8.87	1 448.29
40143	X-ray barium meal double contrast			11.99	1 957.73
40147	X-ray barium meal double contrast with follow through			15.80	2 579.82
40150	X-ray small bowel enteroclysis (meal) Intubation) may be added.			25.45	4 155.48
40153	X-ray small bowel meal follow through single contrast			19.55	3 192.12
40157	X-ray small bowel meal with pneumocolon			25.63	4 184.87
40160	X-ray large bowel enema single contrast			12.97	2 117.74
40165	X-ray large bowel enema double contrast			19.63	3 205.19
40170	X-ray guided gastro oesophageal intubation			1.60	261.25
40175	X-ray guided duodenal intubation			2.80	457.18
40180	X-ray defaecogram			12.97	2 117.74
40190	X-ray guided reduction of intussusception			16.27	2 656.57
40200	Ultrasound study of the abdominal wall			5.54	904.57
40210	Ultrasound study of the whole abdomen including the pelvis			8.24	1 345.43
40300	CT study of the abdomen			26.41	4 312.22
40310	CT study of the abdomen with contrast			44.82	7 318.21
40313	CT study of the abdomen pre and post contrast			52.99	8 652.21
40320	CT of the pelvis			26.13	4 266.51
40323	CT of the pelvis with contrast			47.48	7 752.53
40327	CT of the pelvis pre and post contrast			53.87	8 795.89
40330	CT of the abdomen and pelvis			38.50	6 286.28
40333	CT of the abdomen and pelvis with contrast			62.17	10 151.12
40337	CT of the abdomen and pelvis pre and post contrast			67.43	11 009.97
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast			74.11	12 100.68
40345	CT of the chest, abdomen and pelvis without contrast			70.12	11 449.19
40350	CT of the chest, abdomen and pelvis with contrast			88.35	14 425.79
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast			93.05	15 193.20
40360	CT of the base of skull to symphysis pubis with contrast			102.73	16 773.75
40365	CT colonoscopy Stand alone study, may not be added to any code between 40300 and 40360			34.78	5 678.88
40400	MR of the abdomen			64.58	10 544.62
40410	MR of the abdomen pre and post contrast			100.84	16 465.16
40420	MR of the pelvis, soft tissue			64.58	10 544.62
40430	MR of the pelvis, soft tissue, pre and post contrast			102.04	16 661.09
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying			21.50	3 510.52
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies			34.92	5 701.74
40910	Nuclear Medicine study - Gastro intestinal protein loss			21.50	3 510.52
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies			34.92	5 701.74
40920	Nuclear Medicine study - Acute GIT bleed static/dynamic			21.50	3 510.52
40925	Nuclear medicine study - Acute GIT bleed multiple studies			34.92	5 701.74
40930	Nuclear medicine study - Meckel's localisation			20.77	3 391.33
40935	Nuclear medicine study - Gastric mucosa imaging			20.77	3 391.33
40940	Nuclear medicine study - colonic transit multiple studies Stand alone code			44.86	7 324.74

		Other specialist / General Practitioner		Specialist / Specialist	
		U/E	R	U/E	
40951	PET/CT scan of the abdomen and pelvis uncontrasted	-	-	119.53	19 516.86
40952	PET/CT scan of the abdomen and pelvis contrasted	-	-	129.31	21 113.74
40953	PET/CT scan of the abdomen and pelvis pre and post contrast Liver, spleen, gall bladder and pancreas	-	-	140.50	22 940.84
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	-	-		
41100	X-ray ERCP including screening	-	-	18.90	3 085.99
41105	X-ray ERCP reporting on images done in theatre	-	-	2.40	391.87
41110	X-ray cholangiography intra-operative	-	-	8.45	1 379.72
41120	X-ray T-tube cholangiography post operative	-	-	14.05	2 294.08
41130	X-ray transhepatic percutaneous cholangiography	-	-	32.34	5 280.48
41200	Ultrasound study of the upper abdomen Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	-	-	7.00	1 142.96
41210	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	-	-	9.80	1 600.14
41300	CT of the abdomen triphasic study – liver	-	-	54.90	8 964.07
41400	MR study of the liver/pancreas	-	-	64.78	10 577.28
41410	MR study of the liver/pancreas pre and post contrast	-	-	100.84	16 465.16
41420	MRCP	-	-	49.20	8 033.38
41430	MR study of the abdomen with MRCP	-	-	92.98	15 181.77
41440	MR study of the abdomen pre and post contrast with MRCP	-	-	133.60	21 814.21
41900	Nuclear Medicine study - Liver and spleen, planar views only	-	-	21.50	3 510.52
41905	Nuclear Medicine study - Liver and spleen, with flow study	-	-	27.53	4 495.10
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	-	-	34.92	5 701.74
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	-	-	40.94	6 684.68
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	-	-	21.50	3 510.52
41925	Nuclear Medicine study – hepatobiliary tract including flow	-	-	26.51	4 328.55
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	-	-	34.92	5 701.74
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	-	-	39.92	6 518.14
41940	Nuclear medicine study - Gall bladder ejection fraction	-	-	6.02	982.95
41945	Nuclear medicine study – Biliary gastric reflux study	-	-	20.77	3 391.33
	Renal tract	-	-		
42100	X-ray tomography of the renal tract	-	-	4.30	702.10
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethrography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).	-	-		
42110	X-ray excretory urogram including tomography	-	-	24.86	4 059.14
42115	X-ray excretory urogram including tomography with micturating study	-	-	32.86	5 365.38
42120	X-ray cystography	-	-	15.05	2 457.36
42130	X-ray urethrography	-	-	15.37	2 509.61
42140	X-ray micturating cysto-urethrography	-	-	19.30	3 151.30
42150	X-ray retrograde/prograde pyelography	-	-	12.53	2 045.90
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	-	-	2.41	393.50
42160	X-ray prograde pyelogram – percutaneous	-	-	32.67	5 334.36
42200	Ultrasound study of the renal tract including bladder	-	-	7.42	1 211.54
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	-	-	3.80	620.46
	Code 42205 is a stand alone study and may not be added to 42200	-	-		
42210	Ultrasound study of the renal arteries including Doppler	-	-	10.60	1 730.77
42300	CT of the renal tract for a stone	-	-	25.15	4 106.49

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
42400	MR of the renal tract for obstruction	-	-	47.00	7 674.16
42410	MR of the kidneys without contrast	-	-	64.58	10 544.62
42420	MR of the kidneys pre and post contrast	-	-	102.24	16 693.75
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	-	-	21.94	3 582.36
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	-	-	27.96	4 565.31
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	-	-	35.35	5 771.95
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	-	-	41.37	6 754.89
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	-	-	26.51	4 328.55
42930	Nuclear Medicine study - Renovascular study, baseline	-	-	26.51	4 328.55
42940	Nuclear Medicine study - Renovascular study, with intervention	-	-	26.51	4 328.55
42950	Nuclear medicine study - indirect voiding cystogram	-	-	6.02	982.95
	Aorta and vessels	-	-		
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	-	-		
44200	Ultrasound study of abdominal aorta and branches including doppler	-	-	18.32	2 991.29
44205	Ultrasound study of the IVC and pelvic veins including Doppler	-	-	14.00	2 285.92
	This is a stand alone code and may not be added to 44200.	-	-		0.00
44300	CT angiography of abdominal aorta and branches	-	-	76.72	12 526.84
	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	-	-	94.32	15 400.57
44310	CT angiography of the pelvis	-	-	78.64	12 840.34
44320	CT angiography of the abdominal aorta and pelvis	-	-	89.54	14 620.09
	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	-	-	119.15	19 454.81
44325	CT portogram	-	-	74.40	12 148.03
44400	MR angiography of abdominal aorta and branches	-	-	76.64	12 513.78
44500	Arteriography of abdominal aorta alone	-	-	28.12	4 591.43
44503	Arteriography of aorta plus coeliac, mesenteric branches	-	-	75.63	12 348.87
44505	Arteriography of aorta plus renal, adrenal branches	-	-	63.01	10 288.27
44507	Arteriography of aorta plus non-visceral branches	-	-	60.79	9 925.79
44510	Arteriography of coeliac, mesenteric vessels alone	-	-	64.35	10 507.07
44515	Arteriography of renal, adrenal vessels alone	-	-	49.49	8 080.73
44517	Arteriography of non-visceral abdominal vessels alone	-	-	54.91	8 965.70
44520	Arteriography of internal and external iliac vessels alone	-	-	56.72	9 261.24
44525	Venography of internal and external iliac veins alone	-	-	62.11	10 141.32
44530	Corpora cavernosography	-	-	25.06	4 091.80
44535	Vasography, vesiculography	-	-	29.19	4 766.14
44540	Venography of inferior vena cava	-	-	26.12	4 264.87
44543	Venography of hepatic veins alone	-	-	53.77	8 779.57
44545	Venography of inferior vena cava and hepatic veins	-	-	68.91	11 251.62
44550	Venography of lumbar azygos system alone	-	-	43.89	7 166.36
44555	Venography of inferior vena cava and lumbar azygos veins	-	-	65.46	10 688.31
44560	Venography of renal, adrenal veins alone	-	-	43.99	7 182.69
44565	Venography of inferior vena cava and renal/adrenal veins	-	-	68.39	11 166.72
44570	Venography of spermatic, ovarian veins alone	-	-	40.39	6 594.88
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	-	-	73.99	12 081.09
44580	Venography indirect splenoportogram	-	-	48.67	7 946.84
44583	Venography direct splenoportogram	-	-	31.59	5 158.02
44587	Venography transhepatic portogram	-	-	66.75	10 898.94
	Soft Tissue	-	-		
	Spine, Pelvis and Hips	-	-		
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160	-	-		

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
General		-	-		
Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).		-	-		
50100	X-ray of the spine scoliosis view AP only	-	-	7.00	1 142.96
50105	X-ray of the spine scoliosis view AP and lateral	-	-	12.00	1 959.36
50110	X-ray of the spine scoliosis view AP and lateral including stress views	-	-	18.54	3 027.21
50120	X-ray bone densitometry	-	-	11.52	1 880.99
50130	X-ray guided lumbar puncture	-	-	4.80	783.74
50140	X-ray guided cisternal puncture cistemogram	-	-	22.98	3 752.17
50300	CT quantitative bone mineral density	-	-	11.83	1 931.60
50500	Arteriogram of the spinal column and cord, all vessels	-	-	127.23	20 774.11
50510	Venography of the spinal, paraspinal veins	-	-	58.45	9 543.72
Cervical		-	-		
Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography).					
Code 51140 (tomography) may be combined with 51110 or 51120 (spine).					
Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).					
Code 51300 (CT) limited - limited to a single cervical vertebral body.					
Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.					
Code 51320 (CT) complete study - an extensive study of the cervical spine.					
Code 51340 (CT myelography) - post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).					
51100	X-ray of the cervical spine, stress views only	-	-	4.14	675.98
51110	X-ray of the cervical spine, one or two views	-	-	3.01	491.47
51120	X-ray of the cervical spine, more than two views	-	-	4.28	698.84
51130	X-ray of the cervical spine, more than two views including stress views	-	-	7.58	1 237.66
51140	X-ray Tomography cervical spine	-	-	4.30	702.10
51160	X-ray myelography of the cervical spine	-	-	27.46	4 483.67
51170	X-ray discography cervical spine per level	-	-	25.17	4 109.76
51300	CT of the cervical spine limited study	-	-	9.50	1 551.16
51310	CT of the cervical spine - regional study	-	-	13.91	2 271.22
51320	CT of the cervical spine - complete study	-	-	37.13	6 062.59
51330	CT of the cervical spine pre and post contrast	-	-	58.85	9 609.03
51340	CT myelography of the cervical spine	-	-	47.19	7 705.18
51350	CT myelography of the cervical spine following myelogram	-	-	21.69	3 541.54
51400	MR of the cervical spine, limited study	-	-	44.40	7 249.63
51410	MR of the cervical spine and cranio-cervical junction	-	-	64.82	10 583.81
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	-	-	102.14	16 677.42
51900	Nuclear Medicine study - Bone regional cervical	-	-	21.50	3 510.52
51910	Nuclear Medicine study - Bone tomography regional cervical	-	-	13.41	2 189.58
51920	Nuclear Medicine study - with flow	-	-	6.02	982.95
Thoracic		-	-		

		Other specialist / General Practitioner		Specialist / Specials	
		U/E	R	U/E	
	Code 52120 (tomography) may be combined with 52100 or 52110 (spine).				
	Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 52300 (CT) limited study – limited to a single thoracic vertebral body.				
	Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.				
	Code 52310 (CT) complete study - an extensive study of the thoracic spine.				
	Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).				
52100	X-ray of the thoracic spine, one or two views			3.21	524.13
52110	X-ray of the thoracic spine, more than two views			4.00	653.12
52120	X-ray tomography thoracic spine			4.30	702.10
	X-ray of the thoracic spine, more than two views including stress views				
52140				6.64	1 084.18
52150	X-ray myelography of the thoracic spine			18.62	3 040.27
52300	CT of the thoracic spine limited study			9.50	1 551.16
52305	CT of the thoracic spine – regional study			13.91	2 271.22
52310	CT of the thoracic spine complete study			35.78	5 842.16
52320	CT of the thoracic spine pre and post contrast			58.85	9 609.03
52330	CT myelography of the thoracic spine			48.09	7 852.14
52340	CT myelography of the thoracic spine following myelogram			20.37	3 326.01
52400	MR of the thoracic spine, limited study			46.60	7 608.85
52410	MR of the thoracic spine			64.34	10 505.44
52420	MR of the thoracic spine pre and post contrast			101.42	16 559.86
52900	Nuclear Medicine study – Bone regional dorsal			21.50	3 510.52
52910	Nuclear Medicine study – Bone tomography regional dorsal			13.41	2 189.58
52920	Nuclear Medicine study – with flow			6.02	982.95
	Lumbar				
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).				
	Code 53140 (tomography) may be combined with 53110 or 53120 (spine).				
	Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 53300 (CT) limited study – limited to a single lumbar vertebral body.				
	Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.				
	Code 53320 (CT) complete study - an extensive study of the lumbar spine.				
	Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).				
53100	X-ray of the lumbar spine – stress study only			4.14	675.98
53110	X-ray of the lumbar spine, one or two views			3.56	581.28
53120	X-ray of the lumbar spine, more than two views			4.46	728.23
	X-ray of the lumbar spine, more than two views including stress views				
53130				7.52	1 227.87
53140	X-ray tomography lumbar spine			4.30	702.10
53160	X-ray myelography of the lumbar spine			23.94	3 908.92
53170	X-ray discography lumbar spine per level			25.17	4 109.76
53300	CT of the lumbar spine limited study			9.50	1 551.16
53310	CT of the lumbar spine – regional study			13.91	2 271.22
53320	CT of the lumbar spine complete study			37.64	6 145.86
53330	CT of the lumbar spine pre and post contrast			58.85	9 609.03
53340	CT myelography of the lumbar spine			49.11	8 018.68
53350	CT myelography of the lumbar spine following myelogram			23.46	3 830.55

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
53400	MR of the lumbar spine, limited study	-	-	46.20	7 543.54
53410	MR of the lumbar spine	-	-	64.32	10 502.17
53420	MR of the lumbar spine pre and post contrast	-	-	103.29	16 865.19
53900	Nuclear medicine study – Bone regional lumbar	-	-	21.50	3 510.52
53910	Nuclear medicine study – Bone tomography regional lumbar	-	-	13.41	2 189.58
53920	Nuclear medicine study – with flow	-	-	6.02	982.95
	Sacrum	-	-		
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints).				
	Code 54300 (CT) limited study - limited to single sacral vertebral body.				
	Code 54310 (CT) complete study - an extensive study of the sacral spine.				
54100	X-ray of the sacrum and coccyx	-	-	3.58	584.54
54110	X-ray of the sacro-iliac joints	-	-	4.10	669.45
54120	X-ray tomography – sacrum and/or coccyx	-	-	4.30	702.10
54300	CT of the sacrum – limited study	-	-	7.60	1 240.93
54310	CT of the sacrum – complete study – uncontrasted	-	-	25.61	4 181.60
54320	CT of the sacrum with contrast	-	-	46.93	7 862.73
54330	CT of the sacrum pre and post contrast	-	-	52.97	8 648.94
54400	MR of the sacrum	-	-	65.00	10 613.20
54410	MR of the sacrum pre and post contrast	-	-	101.04	16 497.81
	Pelvis	-	-		
	Codes 55110 (tomography) and 55100 (pelvis) may be combined.				
	Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.				
55100	X-ray of the pelvis	-	-	3.66	597.60
55110	X-ray tomography – pelvis	-	-	4.30	702.10
55300	CT of the bony pelvis limited	-	-	9.50	1 551.16
55310	CT of the bony pelvis complete uncontrasted	-	-	25.61	4 181.60
55320	CT of the bony pelvis complete 3D recon	-	-	37.47	6 118.10
55330	CT of the bony pelvis with contrast	-	-	46.93	7 862.73
55340	CT of the bony pelvis – pre and post contrast	-	-	52.97	8 648.94
55400	MR of the bony pelvis	-	-	65.00	10 613.20
55410	MR of the bony pelvis pre and post contrast	-	-	102.24	16 693.75
55900	Nuclear medicine study – Bone regional pelvis	-	-	21.50	3 510.52
55910	Nuclear medicine study – Bone tomography regional pelvis	-	-	13.41	2 189.58
55920	Nuclear medicine study – with flow	-	-	6.02	982.95
	Hips	-	-		
	Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip).				
	Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip).				
	Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation.				
	Code 56300 (CT) study limited to small region of interest eg part of femur head.				
56100	X-ray of the left hip	-	-	3.18	519.23
56110	X-ray of the right hip	-	-	3.18	519.23
56120	X-ray pelvis and hips	-	-	6.02	982.95
56130	X-ray tomography – hip	-	-	4.30	702.10
56140	X-ray of the hips – stress study	-	-	4.38	715.17
56150	X-ray arthrography of the hip joint including introduction contrast	-	-	15.75	2 571.66
56160	X-ray guidance and introduction of contrast into hip joint only	-	-	7.41	1 209.90
56200	Ultrasound of the hip joints	-	-	6.50	1 061.32

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
56300	CT of hip – limited	-	-	9.50	1 551.16
56310	CT of hip – complete	-	-	27.37	4 468.97
56320	CT of hip – complete with 3D recon	-	-	39.78	6 495.28
56330	CT of hip with contrast	-	-	43.26	7 063.49
56340	CT of hip pre and post contrast	-	-	47.88	7 817.85
56400	MR of the hip joint/s, limited study	-	-	44.90	7 331.27
56410	MR of the hip joint/s	-	-	64.10	10 466.25
56420	MR of the hip joint/s, pre and post contrast	-	-	101.64	16 595.78
56900	Nuclear medicine study – Bone regional pelvis	-	-	21.50	3 510.52
56910	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
56920	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Upper limbs	-	-		
	General	-	-		
	Code 60100 (ultrasound) is a stand alone study and may not be combined with other codes.				
	Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit.				
	Code 60200 (U/S) may only be used once per visit.				
	Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head.				
	Code 60400 (MR limited) may only be used once per visit.				
60100	X-ray upper limbs – any region – stress studies only	-	-	4.52	738.03
60110	X-ray upper limbs – any region – tomography	-	-	4.30	702.10
60200	Ultrasound upper limb – soft tissue – any region	-	-	7.38	1 205.01
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	-	-	13.64	2 227.14
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	-	-	13.64	2 227.14
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	-	-	12.54	2 047.53
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	-	-	17.26	2 818.21
60300	CT of the upper limbs limited study	-	-	9.50	1 551.16
60310	CT angiography of the upper limb	-	-	78.28	12 781.56
60400	MR of the upper limbs limited study, any region	-	-	44.80	7 314.94
60410	MR angiography of the upper limb	-	-	74.66	12 190.48
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	-	-	45.67	7 457.00
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	-	-	82.67	13 498.36
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	-	-	56.75	9 266.14
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	-	-	88.11	14 386.60
60540	Venography, antegrade of upper limb veins, unilateral	-	-	26.12	4 264.87
60550	Venography, antegrade of upper limb veins, bilateral	-	-	49.43	8 070.93
60560	Venography, retrograde of upper limb veins, unilateral	-	-	31.01	5 063.31
60570	Venography, retrograde of upper limb veins, bilateral	-	-	54.81	8 949.38
60580	Venography, shuntogram, dialysis access shunt	-	-	23.79	3 884.43
60900	Nuclear medicine study – Venogram upper limb	-	-	37.12	6 060.95
	Shoulder	-	-		
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR).				
	The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.				
61100	X-ray of the left clavicle	-	-	3.04	496.37
61105	X-ray of the right clavicle	-	-	3.04	496.37
61110	X-ray of the left scapula	-	-	3.04	496.37
61115	X-ray of the right scapula	-	-	3.04	496.37
61120	X-ray of the left acromio-clavicular joint	-	-	3.14	512.70
61125	X-ray of the right acromio-clavicular joint	-	-	3.14	512.70
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	-	-	7.68	1 253.99

		Other specialist / General Practitioner		Specialist / Specialists	
		U/E	R	U/E	
61130	X-ray of the left shoulder	-	-	3.48	568.21
61135	X-ray of the right shoulder	-	-	3.48	568.21
61140	X-ray of the left shoulder plus subacromial impingement views	-	-	5.92	966.62
61145	X-ray of the right shoulder plus subacromial impingement views	-	-	5.92	966.62
61150	X-ray of the left subacromial impingement views only	-	-	3.24	529.03
61155	X-ray of the right subacromial impingement views only	-	-	3.24	529.03
61160	X-ray arthrography shoulder joint including introduction of contrast	-	-	15.83	2 584.72
61170	X-ray guidance and introduction of contrast into shoulder joint only	-	-	7.41	1 209.90
61200	Ultrasound of the left shoulder joint	-	-	6.50	1 061.32
61210	Ultrasound of the right shoulder joint	-	-	6.50	1 061.32
61300	CT of the left shoulder joint – uncontrasted	-	-	24.36	3 977.50
61305	CT of the right shoulder joint – uncontrasted	-	-	24.36	3 977.50
61310	CT of the left shoulder – complete with 3D recon	-	-	37.66	6 149.12
61315	CT of the right shoulder – complete with 3D recon	-	-	37.66	6 149.12
61320	CT of the left shoulder joint - pre and post contrast	-	-	48.63	7 940.31
61325	CT of the right shoulder joint - pre and post contrast	-	-	48.63	7 940.31
61400	MR of the left shoulder	-	-	64.64	10 554.42
61405	MR of the right shoulder	-	-	64.64	10 554.42
61410	MR of the left shoulder pre and post contrast	-	-	101.04	16 497.81
61415	MR of the right shoulder pre and post contrast	-	-	101.04	16 497.81
	Humerus	-	-		
62100	X-ray of the left humerus	-	-	2.94	480.04
62105	X-ray of the right humerus	-	-	2.94	480.04
62300	CT of the left upper arm	-	-	24.36	3 977.50
62305	CT of the right upper arm	-	-	24.36	3 977.50
62310	CT of the left upper arm contrasted	-	-	39.97	6 526.30
62315	CT of the right upper arm contrasted	-	-	39.97	6 526.30
62320	CT of the left upper arm pre and post contrast	-	-	48.58	7 932.14
62325	CT of the right upper arm pre and post contrast	-	-	48.58	7 932.14
62400	MR of the left upper arm	-	-	64.20	10 482.58
62405	MR of the right upper arm	-	-	64.20	10 482.58
62410	MR of the left upper arm pre and post contrast	-	-	102.04	16 661.09
62415	MR of the right upper arm pre and post contrast	-	-	102.04	16 661.09
62900	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 510.52
62905	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
62910	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Elbow	-	-		
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.	-	-		
63100	X-ray of the left elbow	-	-	3.14	512.70
63105	X-ray of the right elbow	-	-	3.14	512.70
63110	X-ray of the left elbow with stress	-	-	4.34	708.64
63115	X-ray of the right elbow with stress	-	-	4.34	708.64
63120	X-ray arthrography elbow joint including introduction of contrast	-	-	15.89	2 594.52
63130	X-ray guidance and introduction of contrast into elbow joint only	-	-	7.41	1 209.90
63200	Ultrasound of the left elbow joint	-	-	6.50	1 061.32
63205	Ultrasound of the right elbow joint	-	-	6.50	1 061.32
63300	CT of the left elbow	-	-	24.36	3 977.50
63305	CT of the right elbow	-	-	24.36	3 977.50
63310	CT of the left elbow – complete with 3D recon	-	-	37.66	6 149.12
63315	CT of the right elbow – complete with 3D recon	-	-	37.66	6 149.12

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
63320	CT of the left elbow contrasted	-	-	39.97	6 526.30
63325	CT of the right elbow contrasted	-	-	39.97	6 526.30
63330	CT of the left elbow pre and post contrast	-	-	48.63	7 940.31
63335	CT of the right elbow pre and post contrast	-	-	48.63	7 940.31
63400	MR of the left elbow	-	-	64.64	10 554.42
63405	MR of the right elbow	-	-	64.64	10 554.42
63410	MR of the left elbow pre and post contrast	-	-	101.04	16 497.81
63415	MR of the right elbow pre and post contrast	-	-	101.04	16 497.81
63905	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 510.52
63910	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
63915	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Forearm	-	-		
64100	X-ray of the left forearm	-	-	2.94	480.04
64105	X-ray of the right forearm	-	-	2.94	480.04
64110	X-ray peripheral bone densitometry	-	-	1.96	320.03
64300	CT of the left forearm	-	-	24.36	3 977.50
64305	CT of the right forearm	-	-	24.36	3 977.50
64310	CT of the left forearm contrasted	-	-	39.97	6 526.30
64315	CT of the right forearm contrasted	-	-	39.97	6 526.30
64320	CT of the left forearm pre and post contrast	-	-	48.58	7 932.14
64325	CT of the right forearm pre and post contrast	-	-	48.58	7 932.14
64400	MR of the left forearm	-	-	64.20	10 482.58
64405	MR of the right forearm	-	-	64.20	10 482.58
64410	MR of the left forearm pre and post contrast	-	-	98.04	16 007.97
64415	MR of the right forearm pre and post contrast	-	-	98.04	16 007.97
64900	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 510.52
64905	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
64910	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Hand and Wrist	-	-		
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands).				
	Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done.				
	Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added).				
	Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.				
65100	X-ray of the left hand	-	-	3.08	502.90
65105	X-ray of the right hand	-	-	3.08	502.90
65110	X-ray of the left hand – bone age	-	-	3.08	502.90
65120	X-ray of a finger	-	-	2.67	435.96
65130	X-ray of the left wrist	-	-	3.18	519.23
65135	X-ray of the right wrist	-	-	3.18	519.23
65140	X-ray of the left scaphoid	-	-	3.30	538.82
65145	X-ray of the right scaphoid	-	-	3.30	538.82
65150	X-ray of the left wrist, scaphoid and stress views	-	-	7.56	1 234.40
65155	X-ray of the right wrist, scaphoid and stress views	-	-	7.56	1 234.40
65160	X-ray arthrography wrist joint including introduction of contrast	-	-	15.93	2 601.05
65170	X-ray guidance and introduction of contrast into wrist joint only	-	-	7.41	1 209.90
65200	Ultrasound of the left wrist	-	-	6.50	1 061.32
65210	Ultrasound of the right wrist	-	-	6.50	1 061.32
65300	CT of the left wrist and hand	-	-	24.36	3 977.50
65305	CT of the right wrist and hand	-	-	24.36	3 977.50
65310	CT of the left wrist and hand - complete with 3D recon	-	-	37.66	6 149.12
65315	CT of the right wrist and hand - complete with 3D recon	-	-	37.66	6 149.12
65320	CT of the left wrist and hand contrasted	-	-	39.97	6 526.30

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
65325	CT of the right wrist and hand contrasted	-	-	39.97	6 526.30
65330	CT of the left wrist and hand pre and post contrast	-	-	48.63	7 940.31
65335	CT of the right wrist and hand pre and post contrast	-	-	48.63	7 940.31
65400	MR of the left wrist and hand	-	-	64.64	10 554.42
65405	MR of the right wrist and hand	-	-	64.64	10 554.42
65410	MR of the left wrist and hand pre and post contrast	-	-	101.04	16 497.81
65415	MR of the right wrist and hand pre and post contrast	-	-	101.04	16 497.81
65900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 510.52
65905	Nuclear Medicine study – bone limited static plus flow	-	-	27.53	4 495.10
65910	Nuclear Medicine study – bone tomography regional	-	-	13.41	2 189.58
	Soft Tissue	-	-		
69900	Nuclear medicine study – Tumour localisation planar, static	-	-	20.74	3 386.43
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	-	-	35.17	5 742.56
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	-	-	34.15	5 576.01
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	-	-	47.56	7 765.60
69920	Nuclear medicine study – Infection localisation planar, static	-	-	18.04	2 945.57
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	-	-	31.45	5 135.16
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	-	-	31.45	5 135.16
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	-	-	44.86	7 324.74
69940	Nuclear medicine study – Regional lymph node mapping dynamic	-	-	6.02	982.95
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	-	-	24.10	3 935.05
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	-	-	37.51	6 124.63
69955	Nuclear medicine study – Regional lymph node mapping SPECT	-	-	13.41	2 189.58
69960	Nuclear medicine study – Lymph node localisation with gamma probe	-	-	13.41	2 189.58
	Lower Limbs	-	-		
	General	-	-		
	Code 70100 (stress) is a stand alone study and may not be combined with other codes.				
	Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit.				
	Code 70200 (U/S) may only be billed once per visit.				
	Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee.				
	Codes 70310 and 70320 (CT angiography) may not be combined.				
	Code 70400 (MR limited) may only be used once per visit.				
	Code 70410 and 70420 (MR angiography) may not be combined.				
70100	X-ray lower limbs - any region- stress studies only	-	-	4.52	738.03
70110	X-ray lower limbs - any region-tomography	-	-	4.30	702.10
70120	X-ray of the lower limbs full length study	-	-	6.46	1 054.79
70200	Ultrasound lower limb – soft tissue - any region	-	-	7.38	1 205.01
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	-	-	13.64	2 227.14
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	-	-	13.64	2 227.14
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	-	-	13.64	2 227.14
70240	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	-	-	19.66	3 210.08

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
70300	CT of the lower limbs limited study	-	-	9.50	1 551.16
70310	CT angiography of the lower limb	-	-	79.43	12 969.33
70320	CT angiography abdominal aorta and outflow lower limbs	-	-	98.34	16 056.96
70400	MR of the lower limbs limited study	-	-	46.40	7 576.19
70410	MR angiography of the lower limb	-	-	76.66	12 517.04
70420	MR angiography of the abdominal aorta and lower limbs	-	-	118.86	19 407.46
70500	Angiography of pelvic and lower limb arteries unilateral	-	-	40.59	6 627.54
70505	Angiography of pelvic and lower limb arteries bilateral	-	-	75.92	12 396.22
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	-	-	61.23	9 997.63
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	-	-	85.66	13 986.56
70520	Angiography translumbar aorta with full peripheral study	-	-	45.68	7 458.63
70530	Venography, antegrade of lower limb veins, unilateral	-	-	25.46	4 157.11
70535	Venography, antegrade of lower limb veins, bilateral	-	-	49.43	8 070.93
70540	Venography, retrograde of lower limb veins, unilateral	-	-	31.17	5 089.44
70545	Venography, retrograde of lower limb veins, bilateral	-	-	56.79	9 272.67
70560	Lymphangiography, lower limb, unilateral	-	-	51.04	8 333.81
70565	Lymphangiography, lower limb, bilateral	-	-	83.97	13 710.62
70900	Nuclear medicine study – Venogram lower limb	-	-	37.12	6 060.95
	Femur	-	-		
71100	X-ray of the left femur	-	-	2.94	480.04
71105	X-ray of the right femur	-	-	2.94	480.04
71300	CT of the left femur	-	-	24.52	4 003.63
71305	CT of the right femur	-	-	24.52	4 003.63
71310	CT of the left upper leg contrasted	-	-	41.83	6 830.00
71315	CT of the right upper leg contrasted	-	-	41.83	6 830.00
71320	CT of the left upper leg pre and post contrast	-	-	49.71	8 116.65
71325	CT of the right upper leg pre and post contrast	-	-	49.71	8 116.65
71400	MR of the left upper leg	-	-	64.80	10 580.54
71405	MR of the right upper leg	-	-	64.80	10 580.54
71410	MR of the left upper leg pre and post contrast	-	-	102.04	16 661.09
71415	MR of the right upper leg pre and post contrast	-	-	102.04	16 661.09
71900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 510.52
71905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
71910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Knee	-	-		
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views)				
	Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.				
72100	X-ray of the left knee one or two views	-	-	2.77	452.29
72105	X-ray of the right knee one or two views	-	-	2.77	452.29
72110	X-ray of the left knee, more than two views	-	-	3.32	542.09
72115	X-ray of the right knee, more than two views	-	-	3.32	542.09
72120	X-ray of the left knee including patella	-	-	4.62	754.35
72125	X-ray of the right knee including patella	-	-	4.62	754.35
72130	X-ray of the left knee with stress views	-	-	5.82	950.29
72135	X-ray of the right knee with stress views	-	-	5.82	950.29
72140	X-ray of left patella	-	-	2.77	452.29
72145	X-ray of right patella	-	-	2.77	452.29
72150	X-ray both knees standing – single view	-	-	2.80	457.18
72160	X-ray arthrography knee joint including introduction of contrast	-	-	15.81	2 581.46
72170	X-ray guidance and introduction of contrast into knee joint only	-	-	7.41	1 209.90
72200	Ultrasound of the left knee joint	-	-	6.50	1 061.32

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
72205	Ultrasound of the right knee joint	-	-	6.50	1 061.32
72300	CT of the left knee	-	-	24.52	4 003.63
72305	CT of the right knee	-	-	24.52	4 003.63
72310	CT of the left knee complete study with 3D reconstructions	-	-	35.93	5 866.65
72315	CT of the right knee complete study with 3D reconstructions	-	-	35.93	5 866.65
72320	CT of the left knee contrasted	-	-	41.83	6 830.00
72325	CT of the right knee contrasted	-	-	41.83	6 830.00
72330	CT of the left knee pre and post contrast	-	-	49.76	8 124.81
72335	CT of the right knee pre and post contrast	-	-	49.76	8 124.81
72400	MR of the left knee	-	-	64.10	10 466.25
72405	MR of the right knee	-	-	64.10	10 466.25
72410	MR of the left knee pre and post contrast	-	-	100.84	16 465.16
72415	MR of the right knee pre and post contrast	-	-	100.84	16 465.16
72900	Nuclear Medicine study – Bone limited/regional static	-	-	21.50	3 510.52
72905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
72910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Lower Leg	-	-		
73100	X-ray of the left lower leg	-	-	2.94	480.04
73105	X-ray of the right lower leg	-	-	2.94	480.04
73300	CT of the left lower leg	-	-	24.52	4 003.63
73305	CT of the right lower leg	-	-	24.52	4 003.63
73310	CT of the left lower leg contrasted	-	-	41.83	6 830.00
73315	CT of the right lower leg contrasted	-	-	41.83	6 830.00
73320	CT of the left lower leg pre and post contrast	-	-	49.71	8 116.65
73325	CT of the right lower leg pre and post contrast	-	-	49.71	8 116.65
73400	MR of the left lower leg	-	-	64.20	10 482.58
73405	MR of the right lower leg	-	-	64.20	10 482.58
73410	MR of the left lower leg pre and post contrast	-	-	102.04	16 661.09
73415	MR of the right lower leg pre and post contrast	-	-	102.04	16 661.09
73900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 510.52
73905	Nuclear Medicine study – bone limited static plus flow	-	-	27.53	4 495.10
73910	Nuclear Medicine study – bone tomography regional	-	-	13.41	2 189.58
	Ankle and Foot	-	-		
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot).				
	Code 74150 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested.				
	Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested.				
	Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and				
74100	X-ray of the left ankle	-	-	3.32	542.09
74105	X-ray of the right ankle	-	-	3.32	542.09
74110	X-ray of the left ankle with stress views	-	-	4.52	738.03
74115	X-ray of the right ankle with stress views	-	-	4.52	738.03
74120	X-ray of the left foot	-	-	2.80	457.18
74125	X-ray of the right foot	-	-	2.80	457.18
74130	X-ray of the left calcaneus	-	-	2.74	447.39
74135	X-ray of the right calcaneus	-	-	2.74	447.39
74140	X-ray of both feet – standing – single view	-	-	2.80	457.18
74145	X-ray of a toe	-	-	2.67	435.96
74150	X-ray of the sesamoid bones one or both sides	-	-	2.80	457.18
74160	X-ray arthrography ankle joint including introduction of contrast	-	-	15.91	2 597.78
74170	X-ray guidance and introduction of contrast into ankle joint	-	-	7.41	1 209.90
74210	Ultrasound of the left ankle	-	-	6.50	1 061.32
74215	Ultrasound of the right ankle	-	-	6.50	1 061.32
74220	Ultrasound of the left foot	-	-	6.50	1 061.32

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
74225	Ultrasound of the right foot	-	-	6.50	1 061.32
74290	Ultrasound bone densitometry	-	-	2.04	333.09
74300	CT of the left ankle/foot	-	-	24.52	4 003.63
74305	CT of the right ankle/foot	-	-	24.52	4 003.63
74310	CT of the left ankle/foot – complete with 3D recon	-	-	37.81	6 173.62
74315	CT of the right ankle/foot – complete with 3D recon	-	-	37.81	6 173.62
74320	CT of the left ankle/foot contrasted	-	-	41.83	6 830.00
74325	CT of the right ankle/foot contrasted	-	-	41.83	6 830.00
74330	CT of the left ankle/foot pre and post contrast	-	-	49.71	8 116.65
74335	CT of the right ankle/foot pre and post contrast	-	-	49.71	8 116.65
74400	MR of the left ankle	-	-	64.10	10 466.25
74405	MR of the right ankle	-	-	64.10	10 466.25
74410	MR of the left ankle pre and post contrast	-	-	100.64	16 432.50
74415	MR of the right ankle pre and post contrast	-	-	100.64	16 432.50
74420	MR of the left foot	-	-	64.20	10 482.58
74425	MR of the right foot	-	-	64.20	10 482.58
74430	MR of the left foot pre and post contrast	-	-	102.04	16 661.09
74435	MR of the right foot pre and post contrast	-	-	102.04	16 661.09
74900	Nuclear Medicine study – Bone limited/regional static	-	-	21.50	3 510.52
74905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
74910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Soft Tissue	-	-		
79900	Nuclear Medicine study – Tumour localisation planar, static	-	-	20.74	3 386.43
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	-	-	35.17	5 742.56
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	-	-	34.15	5 576.01
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	-	-	47.56	7 765.60
79920	Nuclear Medicine study – Infection localisation planar, static	-	-	18.43	3 009.25
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	-	-	31.84	5 198.84
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	-	-	31.84	5 198.84
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	-	-	45.25	7 388.42
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	-	-	6.02	982.95
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	-	-	24.10	3 935.05
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	-	-	37.51	6 124.63
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	-	-	13.41	2 189.58
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	-	-	13.41	2 189.58
	Intervention	-	-		
	General	-	-		
Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84860, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.					

		Other specialist / General Practitioner		Specialist / Specialist	
		U/E	R	U/E	
80600	Percutaneous abscess, cyst drainage, any region	-	-	9.37	1 529.93
80605	Fine needle aspiration biopsy, any region	-	-	4.22	689.04
80610	Cutting needle, trochar biopsy, any region	-	-	6.36	1 038.46
80620	Tumour/cyst ablation chemical	-	-	25.37	4 142.41
80630	Tumour ablation radio frequency, per lesion	-	-	21.21	3 463.17
80640	Insertion of CVP line in radiology suite	-	-	8.99	1 467.89
80645	Peripheral central venous line insertion	-	-	12.12	1 978.95
80650	Infiltration of a peripheral joint, any region	-	-	6.40	1 044.99
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.	-	-		
	Neuro intervention	-	-		
81600	Intracranial aneurysm occlusion, direct	-	-	214.52	35 026.83
81605	Intracranial arteriovenous shunt occlusion	-	-	254.82	41 607.01
81610	Dural sinus arteriovenous shunt occlusion	-	-	264.33	43 159.80
81615	Extracranial arteriovenous shunt occlusion	-	-	157.28	25 680.68
81620	Extracranial arterial embolisation (head and neck)	-	-	163.12	26 634.23
81625	Carotidocavernous fistula occlusion	-	-	192.29	31 397.11
81630	Intracranial angioplasty for stenosis, vasospasm	-	-	126.92	20 723.50
81632	Intracranial stent placement (including PTA)	-	-	133.72	21 833.80
81635	Temporary balloon occlusion test	-	-	83.42	13 620.82
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	-	-		
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	-	-	178.18	29 093.23
81645	Intracranial aneurysm occlusion with balloon remodelling	-	-	216.35	35 325.63
81650	Intracranial aneurysm occlusion with stent assistance	-	-	230.45	37 627.88
81655	Intracranial thrombolysis, catheter directed	-	-	58.94	9 623.72
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	-	-		
81660	Nerve block, head and neck, per level	-	-	7.66	1 250.72
81665	Neurolysis, head and neck, per level	-	-	20.14	3 288.46
81670	Nerve block, head and neck, radio frequency, per level	-	-	19.04	3 108.85
81680	Nerve block, coeliac plexus or other regions, per level	-	-	9.28	1 515.24
	Thorax	-	-		
82600	Chest drain insertion	-	-	8.82	1 440.13
82605	Tracheal, bronchial stent insertion	-	-	30.36	4 957.18
	Gastrointestinal	-	-		
83600	Oesophageal stent insertion	-	-	31.22	5 097.60
83605	GIT balloon dilation	-	-	24.36	3 977.50
83610	GIT stent insertion (non-oesophageal)	-	-	32.02	5 228.23
83615	Percutaneous gastrostomy, jejunostomy	-	-	25.36	4 140.78
	Hepatobiliary	-	-		
84600	Percutaneous biliary drainage, external	-	-	33.98	5 548.25
84605	Percutaneous external/internal biliary drainage	-	-	37.21	6 075.65
84610	Permanent biliary stent insertion	-	-	51.22	8 363.20
84615	Drainage tube replacement	-	-	20.22	3 301.52
84620	Percutaneous bile duct stone or foreign object removal	-	-	49.98	8 160.73
84625	Percutaneous gall bladder drainage	-	-	29.58	4 829.82
84630	Percutaneous gallstone removal, including drainage	-	-	69.25	11 307.14
84635	Transjugular liver biopsy	-	-	24.93	4 070.57
84640	Transjugular intrahepatic Portosystemic shunt	-	-	119.47	19 507.06
	Transhepatic Portogram including venous sampling, pressure studies	-	-	81.89	13 371.00
84645	Transhepatic Portogram with embolisation of varices	-	-	100.81	16 460.26
84655	Percutaneous hepatic tumour ablation	-	-	15.68	2 560.23
84660	Percutaneous hepatic abscess, cyst drainage	-	-	13.20	2 155.30
84665	Hepatic chemoembolisation	-	-	59.44	9 705.36

		Other specialist / General Practitioner		Specialist / Specialists	
		U/E	R	U/E	
84670	Hepatic arterial infusion catheter placement	-	-	60.30	9 845.78
	Urogenital	-	-		
85600	Percutaneous nephrostomy, external drainage	-	-	29.97	4 893.50
85605	Percutaneous double J stent insertion including access	-	-	40.82	6 665.09
85610	Percutaneous renal stone, foreign body removal including access	-	-	66.79	10 905.47
85615	Percutaneous nephrostomy tract establishment	-	-	29.27	4 779.21
85620	Change of nephrostomy tube	-	-	15.90	2 596.15
85625	Percutaneous cystostomy	-	-	16.52	2 697.39
85630	Urethral balloon dilatation	-	-	14.24	2 325.11
85635	Urethral stent insertion	-	-	31.22	5 097.60
85640	Renal cyst ablation	-	-	11.92	1 946.30
85645	Renal abscess, cyst drainage	-	-	15.16	2 475.32
85655	Fallopian tube recanalisation	-	-	45.06	7 357.40
	Spinal	-	-		
86600	Spinal vascular malformation embolisation	-	-	275.16	44 928.12
86605	Vertebroplasty per level	-	-	22.30	3 641.14
86610	Facet joint block per level, uni- or bilateral	-	-	9.54	1 557.69
	Code 86610 may only be billed once per level, and not per left and right side per level	-	-		
86615	Spinal nerve block per level, uni- or bilateral	-	-	8.16	1 332.36
86620	Epidural block	-	-	9.42	1 538.10
86625	Chemonucleolysis, including discogram	-	-	18.32	2 991.29
86630	Spinal nerve ablation per level	-	-	11.60	1 894.05
	Vascular	-	-		
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more than one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.	-	-		
87600	Percutaneous transluminal angioplasty: aorta, IVC	-	-	56.56	9 235.12
87601	Percutaneous transluminal angioplasty: iliac	-	-	55.76	9 104.49
87602	Percutaneous transluminal angioplasty: femoropopliteal	-	-	60.16	9 822.92
87603	Percutaneous transluminal angioplasty: subpopliteal	-	-	73.34	11 974.96
87604	Percutaneous transluminal angioplasty: brachiocephalic	-	-	67.12	10 959.35
87605	Percutaneous transluminal angioplasty: subclavian, axillary	-	-	60.16	9 822.92
87606	Percutaneous transluminal angioplasty: extracranial carotid	-	-	71.62	11 694.11
87607	Percutaneous transluminal angioplasty: extracranial vertebral	-	-	73.30	11 968.42
87608	Percutaneous transluminal angioplasty: renal	-	-	87.69	14 318.02
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	-	-	87.69	14 318.02
87620	Aorta stent-graft placement	-	-	120.75	19 716.06
87621	Stent insertion (including PTA): aorta, IVC	-	-	73.87	12 061.49
87622	Stent insertion (including PTA): iliac	-	-	76.37	12 469.69
87623	Stent insertion (including PTA): femoropopliteal	-	-	77.97	12 730.94
87624	Stent insertion (including PTA): subpopliteal	-	-	84.55	13 805.32
87625	Stent insertion (including PTA): brachiocephalic	-	-	98.47	16 078.18
87626	Stent insertion (including PTA): subclavian, axillary	-	-	86.69	14 154.74
87627	Stent insertion (including PTA): extracranial carotid	-	-	106.99	17 469.33
87628	Stent insertion (including PTA): extracranial vertebral	-	-	100.55	16 417.80
87629	Stent insertion (including PTA): renal	-	-	98.59	16 097.78
87630	Stent insertion (including PTA): coeliac, mesenteric	-	-	98.59	16 097.78
87631	Stent-graft placement: iliac	-	-	76.37	12 469.69
87632	Stent-graft placement: femoropopliteal	-	-	77.97	12 730.94
87633	Stent-graft placement: brachiocephalic	-	-	98.47	16 078.18
87634	Stent-graft placement: subclavian, axillary	-	-	82.77	13 514.69
87635	Stent-graft placement: extracranial carotid	-	-	120.43	19 663.81
87636	Stent-graft placement: extracranial vertebral	-	-	114.73	18 733.11

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
87637	Stent-graft placement: renal	-	-	98.59	16 097.78
87638	Stent-graft placement: coeliac, mesenteric	-	-	98.59	16 097.78
87650	Thrombolysis in angiography suite, per 24 hours	-	-	45.82	7 481.49
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540, 32500, 32530, 44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.				
87651	Aspiration, rheolytic thrombectomy	-	-	77.67	12 681.96
87652	Atherectomy, per vessel	-	-	91.89	15 003.80
87653	or other line insertion	-	-	28.15	4 596.33
87654	Thrombolysis follow-up	-	-	23.57	3 848.51
87655	Percutaneous sclerotherapy, vascular malformation	-	-	21.10	3 445.21
87660	Embolisation, mesenteric	-	-	100.43	16 398.21
87661	Embolisation, renal	-	-	99.36	16 223.50
87662	Embolisation, bronchial, intercostal	-	-	108.34	17 689.76
87663	Embolisation, pulmonary arteriovenous shunt	-	-	103.22	16 853.76
87664	Embolisation, abdominal, other vessels	-	-	101.44	16 563.12
87665	Embolisation, thoracic, other vessels	-	-	97.60	15 936.13
87666	Embolisation, upper limb	-	-	90.92	14 845.42
87667	Embolisation, lower limb	-	-	92.14	15 044.62
87668	Embolisation, pelvis, non-uterine	-	-	117.12	19 123.35
87669	Embolisation, uterus	-	-	113.88	18 594.33
87670	Embolisation, spermatic, ovaria veins	-	-	85.82	14 012.69
87680	Inferior vena cava filter placement	-	-	61.84	10 097.24
87681	Intravascular foreign body removal	-	-	85.03	13 883.70
87682	Revision of access port (tunnelled or implantable)	-	-	14.12	2 305.51
87683	Removal of access port (tunnelled or implantable)	-	-	11.12	1 815.67
87690	Superior petrosal venous sampling	-	-	73.01	11 921.07
87691	Pancreatic stimulation test	-	-	89.79	14 660.91
87692	Transportal venous sampling	-	-	76.95	12 564.40
87693	Adrenal venous sampling	-	-	55.01	8 982.03
87694	Parathyroid venous sampling	-	-	86.66	14 149.84
87695	Renal venous sampling	-	-	55.01	8 982.03

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE The amounts in this section are calculated according to the Radiation Oncology unit values (unless otherwise specified) ● Die bedrae in hierdie afdeling word volgens die Stralingsonkologie eenheidswaardes bereken (tensy anders gespesifiseer)						
20.10	Chemotherapy ● Chemoterapie Note: When patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790-5795 ● Let wel: Indien pasiënte nie in chemoterapie fasiliteite behandel word nie, word items 0213, 0214 en 0215 gebruik in plaas van items 5790-5795. The amounts in this section are calculated according to the Clinical Procedure unit values ● Die bedrae in hierdie afdeling word volgens die Kliniese Prosedure eenheidswaardes bereken						
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy or hormonal therapy (per cycle), Intramuscular (IM), subcutaneous, intrathecal or bolus chemotherapy or oncology related drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) ● Nie Infusionele Chemoterapie: Globale Fooi vir die bestuur van en vir dienste gelewer in die behandeling van kanker met orale chemo- of hormonele terapie (per siklus), binnespiërse, subkutane, intratekale of bolus chemoterapie of onkologie verwante middel toedienings per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding (konsultasies moet afsonderlik gehef word)	42.95	1 131.30	42.95	1 131.30		
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IM), subcutaneous, intrathecal or bolus chemotherapy, per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with Item 5790) - only one of the parties are to charge this fee ● Nie Infusionele Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne voorsien of voorgeskryf word vir orale chemoterapie, binnespiërse, subkutane, intratekale of bolus chemoterapie, per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met Item 5790) - slegs een van die partye mag die fooi hef.	24.49	645.07	24.49	645.07		
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy or hormonal therapy (per cycle), Intramuscular (IM), subcutaneous, intrathecal or bolus chemotherapy per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee ●	30.61	806.27	30.61	806.27		

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE Nie Infusionele Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, verkoop en geresepteer word tydens orale chemo- of hormonale terapie (per siklus), binnespiers, subkutane, intratekale of bolus chemoterapie per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5790) - slegs een van die partye mag die fooi hef						
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities (consultations to be charged separately) • Infusie Chemoterapie: Globale fooi vir dienste gelewer tydens chemoterapie per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding wat in erkende chemoterapie fasiliteite werksaam is (konsultasies moet afsonderlik gehef word)	159.47	4 200.44	127.58	3 360.46		
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee • Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne verskaf, gestoor, vermeng en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die fooi hef	90.03	2 371.39	90.03	2 371.39		
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee • Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, gestoor, vermeng, geresepteer en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die fooi hef.	112.54	2 964.30	112.54	2 964.30		

		Specialist Medical or Radiation Oncologist Spesialiste Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE						
20.11	Radiation Therapy • Radioterapie						
20.11.1	Manual Radiotherapy Planning Procedures • Manuele Bestralings Beplanningsprosedures						
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESIONELE KOMPONENT	42.56	1 121.03				
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNIIESE KOMPONENT	99.32	2 616.09				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	56.18	1 479.78				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNIIESE KOMPONENT	131.10	3 453.17				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESIONELE KOMPONENT	76.62	2 018.17				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIIESE KOMPONENT	178.77	4 708.80				
20.11.2	Conventional Radiotherapy Planning Procedures • Konvensionele Radioterapie Beplanningsprosedures						
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESIONELE KOMPONENT	170.26	4 484.65				
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNIIESE KOMPONENT	397.27	10 464.09				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	238.36	6 278.40				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNIIESE KOMPONENT	556.18	14 649.78				

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE						
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT	297.95	7 848.00				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIESE KOMPONENT	695.22	18 312.09				
20.11.3	Three Dimensional Radiotherapy Planning Procedures • Drie Dimensionele Radioterapie Beplanningsprosedures						
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	240.23	6 327.66				
5620	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, single volume of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	977.20	25 739.45				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	407.75	10 740.14				
5621	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, multiple volumes of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 368.07	36 034.96				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	554.33	14 601.05				
5622	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, special technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 710.09	45 043.77				
20.11.4	Intensity Modulated Radiotherapy Planning Procedures • Intensiteits gemoduleerde bestraling						

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE						
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	642.92	16 934.51				
5823	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, radical course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 916.81	50 488.78				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	232.18	6 115.62				
5825	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, booster volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	958.40	25 244.26				
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	753.35	19 843.24				
5826	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, CT scan with magnetic resonance imaging or other similar imaging fusion techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Rekenaar Skanderling met Magnetiese Resonansie of ander gelyksoortige Beeldfusie Tegnieke - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	2 174.48	57 275.80				
20.11.5	Kilovolt Radiation Treatment • Kilovolt Bestralingsterapie						

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY • STRALINGSONKOLOGIE						
5834	Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT • Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - PROFESSIONELE KOMPONENT	49.08	1 292.77				
5634	Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT • Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - TEGNIESE KOMPONENT	114.52	3 016.46				

		Specialist Medical or Radiation Oncologist Spesiall Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE						
20.11.6	Short course radiation treatment • Kort kursus bestralingsterapie						
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - PROFESIONELE KOMPONENT						
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - TEGNIIESE KOMPONENT	246.73	6 498.87				
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	148.04	3 899.37				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - TEGNIIESE KOMPONENT	345.41	9 098.10				
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - PROFESIONELE KOMPONENT	190.33	5 013.29				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - TEGNIIESE KOMPONENT	444.11	11 697.86				
20.11.7	Weekly radiation treatment sessions • Weeklikse Bestralingsbehandelingsessies						
20.11.7.1	Conventional Techniques • Konvensionele tegnieke						
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapie sessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - PROFESIONELE KOMPONENT	193.86	5 106.27				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapie sessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - TEGNIIESE KOMPONENT	452.33	11 914.37				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapie sessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	246.73	6 498.87				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapie sessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - TEGNIIESE KOMPONENT	575.69	15 163.67				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapie sessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - PROFESIONELE KOMPONENT	317.22	8 355.57				

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE						
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - TEGNIESE KOMPONENT	740.18	19 496.34				
20.11.7.2	Advanced Techniques • Gevorderde tegnieke						
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	236.24	6 222.56				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - TEGNIESE KOMPONENT	551.21	14 518.87				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	330.73	8 711.43				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestralingssessies - Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	771.71	20 326.84				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - PROFESSIONELE KOMPONENT	425.23	11 200.56				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - TEGNIESE KOMPONENT	992.19	26 134.28				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	348.87	9 189.24				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	814.03	21 441.55				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heelriggaam Bestraling of Soortgelyk - PROFESSIONELE KOMPONENT	826.83	21 778.70				

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	T/M
20.	RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE						
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapie sessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heel liggaam Bestraling of Soortgelyk - TEGNIESE KOMPONENT	1 929.26	50 816.71				
20.11.8	Stereotactic Radiation ● Stereotaktiese Bestraling						
5660	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel of tot 4 (vier) Fraksies, Globale Fooi - PROFESSIONELE KOMPONENT	3 719.34	97 967.42				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel Fraksie Behandeling, Globale Fooi - TEGNIESE KOMPONENT	8 678.46	228 590.64				
5661	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, 5 (vyf) of meer Fraksies, Volle Kursus, Globale Fooi - PROFESSIONELE KOMPONENT	4 277.24	112 662.50				
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Gefraksioneerd, Volle Kursus, Globale Fooi - TEGNIESE KOMPONENT	9 980.23	262 879.26				
20.12	Brachytherapy ● Bragiterapie						
20.12.1	Isotope/Applicator Therapy ● Isotope/ Toedienenterapie						
5670	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included ● Isotope-/Toedienenterapie: Isotope - Lae kompleksiteit, toediening van lae dosis orale Isotope of gebruik van oppervlakte toedieners, per vyf toedienings. Tipies buite pasiënt prosedure. Die koste van isotope en materiale is uitgesluit.	108.40	2 855.26				
5672	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included ● Isotope-/Toedienenterapie: Isotope - Intermediêre kompleksiteit, toediening van isotope deur intervensionele tegnieke, soos intraveneuse, intrakavitêre of intra-artikulêre radio-aktiewe isotope. Tipies buite pasiënt prosedure of toelating en monitoring <48 uur. Die koste van isotope en materiale is uitgesluit.	216.80	5 710.51				
5673	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included ● Isotope-/Toedienenterapie: Isotope - Hoë kompleksiteit, oppervlakte toedienings met veelvuldige sade wat dosimetrie beoordeling benodig en/of hoë dosis radio-aktiewe isotope wat toelating en monitoring benodig. Regverdig tipies toelating en monitoring vir >48 uur. Die koste van isotope en materiale is uitgesluit	601.16	15 834.55				

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	T/M
20.	RADIATION ONCOLOGY ● STRALINGSONKOLOGIE						
20.12.2	Brachytherapy Implants ● Bragiterapie Implanterings						
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included ● Bragiterapie Implanterings: Implanterings - Lae kompleksiteit, implasing van enkel gidsbuis vir bragiterapie met <8 bron posisies. Die koste van materiale is uitgesluit.	216.80	5 710.51				
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included ● Bragiterapie Implanterings: Implanterings - Intermediêre kompleksiteit, planare implanterings met > 1 gidsbuis vir bragiterapie, of die gebruik van >8 bron posisies in 'n enkel gidsbuis, of enige prosedure met < 8 bron posisies maar wat algemene narkose benodig. Die koste van materiale is uitgesluit.	786.80	20 724.31				
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for Implant under local or general anaesthetic. The cost of materials are not included ● Bragiterapie Implanterings: Implanterings - Hoë Kompleksiteit implantering wat komplekse volumetriese studies benodig. Inklusiewe fooi vir implantering onder lokale of algemene narkose. Die koste van materiale is uitgesluit.	1 049.07	27 632.50				

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE						
20.12.3	Brachytherapy Treatment ● Bragiterapie Behandeling						
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included ● Bragiterapie Behandeling: Globale Fooi vir Manuele Nalading - fooi sluit in berging, hantering, kalibrasie, beplanning (manueel of gerekenariseerd), manuele nalading, daaglikse behandeling, monitering, verwydering en wegruiming van isotope. Die koste van isotope en materiale is uitgesluit.	613.04	16 147.47				
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT ● Bragiterapie Behandeling: Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na efoop van behandeling. Die koste van isotope en materiale is uitgesluit - PROFESSIONELE KOMPONENT	415.96	10 956.39				
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of Implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT ● Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na afloop van behandeling. Die koste van isotope en materiale is uitgesluit - TEGNIESE KOMPONENT	970.56	25 564.55				
20.12.4	Brachytherapy Imaging ● Bragiterapie Beelding						
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 ● Bragiterapie Beelding: Bragiterapie: Spesiale Beelding waar benodig en indien gebruik, ongewoon om te gebruik saam met 'n kode ander dan items 5883 of 5885	156.77	4 129.34				

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
21.	PATHOLOGY • PATOLOGIE				
Notes: For fees for Histology and Cytology refer to items 4561 to 4595 under section 22: Anatomical Pathology • Opmerkings: Vir Histologiese en Sitologiese tariewe verwys na items 4561 tot 4595 onder Afdeling 22 Anatomiese Patologie					
The amounts in this section are calculated according to the Clinical Pathology unit values • Die bedrae in hierdie afdeling word volgens die Kliniese Patologie eenheidswaardes bereken					
21.1	Haematology • Hematologie				
3705	Alkali resistant haemoglobin • Alkalebestande hemoglobien	4.5	112.10	3	74.73
3709	Antiglobulin test (Coombs' or trypsinized red cells) • Antiglobulintoets (Coombsmetode of getripsineerde rooselle)	3.65	90.92	2.45	61.03
3710	Antibody titration • Antilggaam-titrasie	7.2	179.35	4.8	119.57
3711	Arneeth count • Arneeth-telling	2.25	56.05	1.5	37.37
3712	Antibody identification • Antilggaam identifikasie	8.45	210.49	5.65	140.74
3713	Bleeding time (does not include the cost of the simplate device) • Bloeyd (sluit nie die koste van simplateapparaat in nie)	6.94	172.88	4.63	115.33
3715	Buffy Layer examination • "Buffy" laag ondersoek	19.9	495.71	13.27	330.56
3716	Mean Cell Volume • Gemiddelde Selvolume	2.25	56.05	1.5	37.37
3717	Bone marrow cytological examination only • Beenmurg sitologiese ondersoek alleen	19.9	495.71	13.27	330.56
3719	Bone marrow: Aspiration • Beenmurg: Aspirasie	8.4	209.24	5.6	139.50
3720	Bone marrow trephine biopsy • Beenmurg trefien biopsie	32.6	812.07	21.7	540.55
3721	Bone marrow aspiration and trephine biopsy (excluding histological examination) • Beenmurg aspirasie en trefien biopsie (sluit nie histologiese ondersoek in nie)	36.8	916.69	24.5	610.30
3722	Capillary fragility: Hess • Kapillêre breekbaarheid: Hess	2.02	50.32	1.35	33.63
3723	Circulating anticoagulants • Sirkulerende antistolmiddel	5.85	145.72	3.9	97.15
3724	Coagulation factor inhibitor assay • Koagulasiefaktor-inhibeerderessas	57.56	1 433.82	38.37	955.80
3726	Activated protein C resistance • Geaktiveerde proteïen C-weerstandigheid	26	647.66	17.3	430.94
3727	Coagulation time • Stollingstyd	3.16	78.72	2.11	52.56
3728	Anti-factor Xa Activity • Anti-faktor Xa aktiwiteit	53.6	1 335.18	35.73	890.03
3729	Cold agglutinins • Koue agglutiniene	3.6	89.68	2.4	59.78
3730	Protein S: Functional • Proteïen S: Funksioneel	37.5	934.13	25	622.75
3731	Compatibility for blood transfusion • Verenigbaarheid vir bloedtransfusie	3.6	89.68	2.4	59.78
3734	Protein C (chromogenic) • Proteïen C (chromogenies)	30.29	754.52	20.19	502.93
3739	Erythrocyte count • Eritrosietelling	2.25	56.05	1.5	37.37
3740	Factors V and VII: Qualitative • Faktore V en VII: Kwalitatief	7.2	179.35	4.8	119.57
3741	Coagulation factor assay: functional • stollingsfaktor-essai: funksioneel	9.45	235.40	6.3	156.93
3742	Coagulation factor assay: immunological • Stollings faktor-essais: Immunologies	4.5	112.10	3	74.73
3743	Erythrocyte sedimentation rate • Eritrosiet-besinkingsnelheid	2.5	62.28	1.67	41.60
3744	Fibrin stabilising factor (urea test) • Fibrien-Stabiliserende faktor (ureum oplosbaarheidstoets)	4.5	112.10	3	74.73
3746	Fibrin monomers • Fibrien monomere	2.7	67.26	1.8	44.84
3748	Plasminogen Activator Inhibitor (PAI-I) • Plasminogeen aktiwator inhibitor (PAI-I)	65.95	1 642.81	43.97	1 095.29
3750	Tissue Plasminogen Activator (tPA) • Weefsel plasminogeen aktiwator (tPA)	67.79	1 688.65	45.19	1 125.68
3751	Osmotic fragility (screen) • Osmotiese breekbaarheid (sifting)	2.25	56.05	1.5	37.37
3753	Osmotic fragility (before and after incubation) • Osmotiese breekbaarheidstoets (voor en na inkubasie)	18	448.38	12	298.92

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
3754	ABO Reverse Group ● ABO Terugwaartse groep	5.5	137.01	3.67	91.42
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791) ● Volbloedtelting (insluitende items 3739, 3762, 3783, 3785, 3791)	10.5	261.56	7	174.37
3756	Full cross match ● Volledige kruisverenigbaarheid	7.2	179.35	4.8	119.57
3757	Coagulation factors (quantitative) ● Stollingsfaktore (kwantitatief)	32.2	802.10	21.47	534.82
3758	Factor VIII related antigen ● Faktor VIII verwante antigeen	60.46	1 506.06	40.31	1 004.12
3759	Coagulation factor correction study ● Stollingsfaktor-korreksiestudies	11.72	291.95	7.81	194.55
3761	Factor XIII related antigen ● Faktor XIII verwante antigeen	61.11	1 522.25	40.74	1 014.83
3762	Haemoglobin estimation ● Hemoglobienbepaling	1.8	44.84	1.2	29.89
3763	Contact activated product essay ● Kontakgeaktiveerde produk-essai	16.2	403.54	10.8	269.03
3764	Grouping: A-, B- and O-antigens ● Groepering: A-, B- en O-antigene	3.6	89.68	2.4	59.78
3765	Grouping: Rh antigens ● Groepering: Rh antigeen	3.6	89.68	2.4	59.78
3766	PIVKA ● PIVKA	43.49	1 083.34	28.99	722.14
3767	Euglobulin lysis time ● Euglobienlisetyd	25.58	637.20	17.05	424.72
3768	Haemoglobin A2 (column chromatography) ● Hemoglobien A2 (kolom chromatografie)	15	373.65	10	249.10
3769	HB Electrophoresis ● Hemoglobien elektroforese	26.82	668.09	17.88	445.39
3770	Haemoglobin-S (solubility test) ● Hemoglobien-S (oplosbaarheidstoets)	3.6	89.68	2.4	59.78
3773	Ham's acidified serum test ● Ham se aangesuurde serumtoets	8	199.28	5.33	132.77
3775	Heinz bodies ● Heinz-liggaampies	8	199.28	5.33	132.77
3776	Haemosiderin in urinary sediment ● Haemosiderien in uriensediment	2.25	56.05	1.5	37.37
3777	DELETED 2009: Heparin estimation ● GESKRAP 2009: Heparienbepaling				
3781	Heparin tolerance ● Heparien toleransie	7.2	179.35	4.8	119.57
3783	Leucocyte differential count ● Leukosiet differensiële telling	6.2	154.44	4.15	103.38
3785	Leucocytes: total count ● Leukosiet: totale telling	1.8	44.84	1.2	29.89
3786	QBC malaria concentration and fluorescent staining ● QBC malaria konsentraat en fluoressensie kleuring	25	622.75	16.7	416.00
3787	LE-cells ● LE-selle	8.3	206.75	5.55	138.25
3789	Neutrophil alkaline phosphatase ● Neutrofiel alkaliese fosfatase	28	697.48	18.7	465.82
3791	Packed cell volume: Haematocrit ● Gepakte selvolume: Hematokrit	1.8	44.84	1.2	29.89
3792	Plasmodium falciparum: Monoclonal immunological identification ● Plasmodium falciparum: Monoklonaal immunologiese identifikasie	9	224.19	6	149.46
3793	Plasma haemoglobin ● Plasma-hemoglobien	6.75	168.14	4.5	112.10
3794	Platelet Sensitivities ● Plaatjie sensitiviteit	18.64	464.32	12.43	309.63
3795	Platelet aggregation per aggregan ● Plaatjieklomping per klomp	12.14	302.41	8.09	201.52
3796	Platelet antibodies: agglutination ● Plaatjie-antiliggame: agglutinasie	5.4	134.51	3.6	89.68
3797	Platelet count ● Plaatjetelling	2.25	56.05	1.5	37.37
3799	Platelet adhesiveness ● Plaatjieklewerigheid	4.5	112.10	3	74.73
3801	Prothrombin consumption ● Protrombienverbruik	5.85	145.72	3.9	97.15
3803	Prothrombin determination (two stages) ● Protrombienbepaling (twee stadia)	5.85	145.72	3.9	97.15
3805	Prothrombin index ● ProtrombienIndeks	6	149.46	4	99.64
3806	Therapeutic drug level: Dosage ● Geneesmiddelvlak: Dosering	4.5	112.10	3	74.73
3807	Recalcification time ● Herkalsifiseringtyd	2.25	56.05	1.5	37.37
3809	Reticulocyte count ● Retikulosietelling	3	74.73	2	49.82
3811	Sickling test ● Sekelseltoets	2.25	56.05	1.5	37.37
3814	Sucrose lysis test for PNH ● Sukrose-lisetoets vir PNH	3.6	89.68	2.4	59.78

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts) ● T en B-selle EAC-merkers (beperk tot EEN merker alleen vir CD4/8 tellings)	21.1	525.60	14.07	350.48
3820	Thrombo-Elastogram ● Trombo-Elastogram	26	647.66	17.33	431.69
3825	Fibrinogen titre ● Fibrinogeen-titer	3.6	89.68	2.4	59.78
3829	Glucose 6-phosphate-dehydrogenase: Qualitative ● Glukose 6-fosfaat-dehidrogenase: Kwalitatief	8	199.28	5.33	132.77
3830	Glucose 6-phosphate-dehydrogenase: quantitative ● Glukose 6-fosfaat-dehidrogenase: kwantitatief	16	398.56	10.7	266.54
3832	Red cell pyruvate kinase: quantitative ● Rooisel piruvaat kinase: kwantitatief	16	398.56	10.7	266.54
3834	Red cell Rhesus phenotype ● Rooisel Rhesus fenotipe	9.9	246.61	6.6	164.41
3835	Haemoglobin F in blood smear ● Hemoglobien F in bloedsmeer	5.85	145.72	3.9	97.15
3837	Partial thromboplastin time ● Gedeeltelike tromboplastientyd	5.85	145.72	3.9	97.15
3841	Thrombin time (screen) ● Trombientyd (sifting)	5.85	145.72	3.9	97.15
3843	Thrombin time (serial) ● Trombientyd (reeks)	7.65	190.56	5.1	127.04
3847	Haemoglobin H ● Hemoglobien H	2.25	56.05	1.5	37.37
3851	Fibrin degeneration products (diffusion plate) ● Fibrin degenerasieprodukte (diffusieplaat)	10.35	257.82	6.9	171.88
3853	Fibrin degeneration products (latex slide) ● Fibrin degenerasie produkte (latex plaatjie)	4.5	112.10	3	74.73
3854	XDP (Dimer test or equivalent latex slide test) ● XDP (Dimer-toets of ekwivalente latex-plaatjetoets)	8.5	211.74	5.67	141.24
3856	D-Dimer ● D-Dimer	27.52	685.52	18.35	457.10
3855	Hemagglutination inhibition ● Hemagglutinasie inhibisie	9.9	246.61	6.6	164.41
3858	Heparin Removal ● Heparin verwydering	28.88	719.40	19.25	479.52
21.2	Microscopic examinations ● Mikroskopiese ondersoeke				
3863	Autogenous vaccine ● Outogene vaksien	12.6	313.87	8.4	209.24
3864	Entomological examination ● Entomologiese ondersoek	20.7	515.64	13.8	343.76
3865	Parasites in blood smear ● Parasiete in bloedsmeer	5.6	139.50	3.73	92.91
3867	Miscellaneous (body fluids, urine, exudate, fungi, Pusscrappings, etc) ● Diverse (liggaamsvog, urien, eksudaat, Skimmels, etterskrappings, ens)	4.9	122.06	3.3	82.20
3868	Fungus Identification ● Fungus Identifikasie	8.3	206.75	5.5	137.01
3869	Faeces (including parasites) ● Fekalieë (parasiete ingesluit)	4.9	122.06	3.27	81.46
3872	Automated urine microscopy	8.72	217.22	5.81	144.73
3873	Transmission electron microscopy ● Transmissie elektronmikroskopie	85	2 117.35	57	1 419.87
3874	Scanning electron microscopy ● Skanderings-elektronmikroskopie	100	2 491.00	67	1 668.97
3875	Inclusion bodies ● Insluitingsliggaampie	4.5	112.10	3	74.73
3878	Crystal identification polarised light microscopy ● Kristal identifikasie gepolariseerde ligmikroskopie	4.5	112.10	3	74.73
3879	Campylobacter in stool: fastidious culture ● Campylobacter in feces: puntenerige kweking	9.9	246.61	6.6	164.41
3880	Antigen detection with polyclonal antibodies ● Antigeen bespeuring met poliklonale antiliggame	4.5	112.10	3	74.73
3881	Mycobacteria ● Mikobakterie	3	74.73	2	49.82
3882	Antigen detection with monoclonal antibodies ● Antigeenbespeuring met monoklonale antiliggame	10.8	269.03	7.2	179.35
3883	Concentration techniques for parasites ● Konsentrasie tegnieke vir parasiete	3	74.73	2	49.82
3884	Dark field, Phase- or interference contrast microscopy, Nomarski or Fontana ● Donkerveld, Fase- of interferensie-kontrasmikroskope, Nomarski of Fontana	6.3	156.93	4.2	104.62
3885	Cytochemical stain ● Sitochemiese kleuring	5.45	135.76	3.65	90.92
21.3	Bacteriology (culture and biological examination) ● Bakteriologie (kweking en biologiese ondersoek)				
3886	DELETED 2009: Antibiotic MIC per organism per antibiotic ● GESKRAP 2009: Antibiotikum MIK per organisme per antibiotikum				

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
3887	Antibiotic susceptibility test, per organism● Antibiotikum gevoeligheidstoets per organisme	8	199.28	5.33	132.77
3889	Clostridium difficile toxin: Monoclonal immunological● Clostridium difficile toksien: Monoklonaal immunologies.	12.4	308.88	8.27	206.01
3890	Antibiotic assay of tissues and fluids● Antibiotikum-essay vir weefsels en vloeistof	13.9	346.25	9.27	230.92
3891	Blood culture: aerobic● Bloedkweking: aerobies	5.85	145.72	3.9	97.15
3892	Blood culture: anaerobic● Bloedkweking: anaerobies	5.85	145.72	3.9	97.15
3893	Bacteriological culture: miscellaneous● Bakteriologiese kweking: diverse	6.3	156.93	4.2	104.62
3894	Radiometric blood culture● Radiometriese bloedkweking	10.8	269.03	7.2	179.35
3895	Bacteriological culture: fastidious organisms● Bakteriologiese kweking: puntenerge organisme	9.9	246.61	6.6	164.41
3896	In vivo culture: bacteria● In vivo kweking: bakterie	16	398.56	10.65	265.29
3897	In vivo culture: virus● In vivo kweking: virus	16	398.56	10.65	265.29
3898	Bacterial exotoxin production (in vitro assay)● Bakteriese eksotoksien produksie (in vitro essay)	4.5	112.10	3	74.73
3899	Bacterial exotoxin production (in vivo assay)● Bakteriese eksotoksien produksie (in vivo essay)	20.7	515.64	13.8	343.76
3901	Fungal culture● Fungus-kweking	4.5	112.10	3	74.73
3903	Antibiotic level: biological fluids● Antibiotikum vlak: biologiese vog	11.7	291.45	7.8	194.30
3905	Identification of virus or rickettsia● Identifikasie van virus of rickettsia	20.7	515.64	13.8	343.76
3906	Identification: chlamydia● Identifikasie: chlamidia	16	398.56	10.65	265.29
3907	Culture for staphylococcus aureus● Kweking vir stafilokokkus aureus	2.25	56.05	1.5	37.37
3908	Anaerobic culture: comprehensive● Anaerobiese kweking: omvattend	9.9	246.61	6.6	164.41
3909	Anaerobic culture: limited procedure● Anaerobiese kweking: beperkte prosedure	4.5	112.10	3	74.73
3911	B-Lactamase ● B-Laktamase	4.5	112.10	3	74.73
3915	Mycobacterium culture● Mikobakterie kweking	4.5	112.10	3	74.73
3917	Mycoplasma culture: limited● Mikoplasma kweking beperk	2.25	56.05	1.5	37.37
3918	Mycoplasma culture: comprehensive● Mikoplasma kweking: omvattend	9.9	246.61	6.6	164.41
3919	Identification of mycobacterium● Identifikasie van mikobakterie	9.9	246.61	6.6	164.41
3920	Mycobacterium: antibiotic sensitivity● Mikobakterie: antibiotikumsensitiwiteit	9.9	246.61	6.6	164.41
3921	Antibiotic synergistic study● Ondersoek vir sinergisme van antibiotiese middels	20.7	515.64	13.8	343.76
3922	Viable cell count● Lewendesetelling	1.35	33.63	0.9	22.42
3923	Staph ID Abr (Yeast ID)● Staph ID Abr (Suurdeeg ID)	3.15	78.47	2.1	52.31
3924	Biochemical ident of bacterium: extended● Biologiese ident van bakterie: omvattend	12.5	311.38	8.33	207.50
3925	Serological ident of bacterium: abridged● Serologiese ident van bakterie: verkort	3.15	78.47	2.1	52.31
3926	Serological ident of bacterium: extended● Serologiese ident van bakterie: omvattend	10.2	254.08	6.8	169.39
3927	Grouping of streptococci● Streptokokkus groepering	7.3	181.84	4.85	120.81
3928	Antimicrobial substances● Antimikrobiese substansies	3.8	94.66	2.5	62.28
3929	Radiometric mycobacterium identification● Radiometriese mikobakterie identifikasie	14	348.74	9.3	231.66
3930	Radiometric mycobacterium antibiotic sensitivity● Radiometriese mikobakterie antibiotiese sensitiwiteit	25	622.75	16.7	416.00

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4652	Rapid automated bacterial identification per organism Vinnige geoutomatiseerde bakteriële identifikasie per organisme	15	373.65	10	249.10
4653	Rapid automated antibiotic susceptibility per organism Vinnige geoutomatiseerde antibiotikum gevoeligheid per organisme	17	423.47	11.33	282.23
4654	Rapid automated MIC per organism per antibiotik Vinnige geoutomatiseerde MIK per organisme per antibiotikum	17	423.47	11.33	282.23
4655	Mycobacteria: MIC determination - E Test Mikobakterie: MIK bepaling - E Toets	16.50	411.02	11.00	274.01
4656	Mycobacteria: Identification HPLC Mikobakterie: Identifikasie HPLC	35.00	871.85	23.33	581.15
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain Mikobakterie: Vervloeiende, gekonsentreerde fluochromiese kleuring	9.90	246.61	6.60	164.41
21.4	Serology Serologie				
3932	HIV Elisa Type I and II (Screening tests only) HIV Elisa Tipe I en II (Slegs siftingstoets)	14.1	351.23	9.4	234.15
3933	IgE: Total; EMIT or ELISA IgE: Totaal; EMIT of ELISA	11.7	291.45	7.8	194.30
3934	Auto antibodies by labelled antibodies Outo-antiliggende deur gemerkte antiliggende	16	398.56	10.65	265.29
3938	Precipitation test per antigen Presipitasie toets per antigeen	4.5	112.10	3	74.73
3939	Agglutination test per antigen Agglutinasietoets per antigeen	5.5	137.01	3.67	91.42
3940	Haemagglutination test: per antigen Haemagglutinasietoets: per antigeen	9.9	246.61	6.6	164.41
3941	Modified Coombs' test for brucellosis Gewysigde Coombs-toets vir brucellose	4.5	112.10	3	74.73
3942	Hepatitis Rapid Viral Ab Hepatitis Virus AI - spoedmetode	12.24	304.90	8.16	203.27
3943	Antibody titer to bacterial exotoxin Antiliggende titer teen bakteriese eksotoksien	3.6	89.68	2.4	59.78
3944	IgE: Specific antibody titer: ELISA/EMIT: per Ag IgE: spesifieke antiliggende titer: ELISA/EMIT: per Ag	12.4	308.88	8.27	206.01
3945	Complement fixation test Komplementbindingstoets	5.85	145.72	3.9	97.15
3946	IgM: Specific antibody titer: ELISA or EMIT: per Ag IgM: Spesifieke antiliggende titer: ELISA/EMIT: per Ag	14.05	349.99	9.37	233.41
3947	C-reactive protein C-reaktiwe proteïen	3.6	89.68	2.4	59.78
3948	IgG: Specific antibody titer: ELISA/EMIT: per Ag IgG: Spesifieke antiliggende titer: ELISA/EMIT: per Ag	12.95	322.58	8.63	214.97
3949	Qualitative Kahn. VDRL or other flocculation Kwalitatiewe Kahn. VDRL of ander flokkulasie	2.25	56.05	1.5	37.37
3950	Neutrophil phagocytosis Neutrofiel-fagositose	25.2	627.73	16.8	418.49
3951	Quantitative Kahn. VDRL or other flocculation Kwantitatiewe Kahn. VDRL of ander flokkulasie	3.6	89.68	2.4	59.78
3952	Neutrophil chemotaxis Neutrofiel-chemotakse	67.95	1 692.63	45.3	1 128.42
3953	Tube agglutination test Buise agglutinasietoets	4.15	103.38	2.76	68.75
3955	Paul Bunnell: presumptive Paul Bunnell: vermoedelik	2.25	56.05	1.5	37.37
3956	Infectious Mononucleosis latex slide test (Monospot or equivalent) Infektiewe Mononukleose latex-plaatjetoets (Monospot of ekwivalent)	8.5	211.74	5.67	141.24
3957	Paul Bunnell: Absorption Paul Bunnell: Absorpsie	4.5	112.10	3	74.73
4601	Panel typing: Antibody detection: Class I Paneeltipering: Antiliggende opsporing: Klas I	36	896.76	24	597.84
4602	Panel typing: Antibody detection: Class II Paneeltipering: Antiliggende opsporing: Klas II	44	1 096.04	29.3	729.86
4607	Cross matching T-cells (per tray) Kruispassing T-selle (per blad)	18	448.38	12	298.92
4608	Cross matching B-cells Kruispassing B-selle	38	946.58	25.3	630.22
4609	Cross matching T- & B-cells Kruispassing T- & B-selle	48	1 195.68	32	797.12
4610	Helicobacter pylori antigen test Helikobakter pylori stoelgang antigeen	34.6	861.89	23.07	574.67
4613	Anti-Gm 1 Antibody Assay Anti Gm 1 AI bepaling	75	1 868.25	50	1 245.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4614	HIV Ab - Rapid Test● MIV AI - spoedmetode	12	298.92	8	199.28
3959	Rose Waaler Agglutination test● Rose Waaler agglutinasietoets	4.5	112.10	3	74.73
3961	Slide agglutination test● Voorwerpglas-agglutinasietoets	2.63	65.51	1.75	43.59
3962	Rebuck skin window● Rebuck-huidvenster	5.4	134.51	3.6	89.68
3963	Serum complement level: each component● Serum komplement vlak: per komponent	3.15	78.47	2.1	52.31
3967	Auto-antibody: Sensitised erythrocytes● Outo-antilggame: Gesensitiseerde rooiselle	4.5	112.10	3	74.73
3969	Western blot technique● Western klad tegniek	74	1 843.34	49	1 220.59
3970	DELETED 2009: Epstein-Barr virus antibody tite● GESKRAP 2009: Epstein-Barr virus antilggaam titer				
3971	Immuno-diffusion test: per antigen● Immuno-diffusie toets: per antigeen	3.15	78.47	2.1	52.31
3973	Immuno electrophoresis: per immune serum● Immuno-elektroforese: per immuunserum	9.45	235.40	6.3	156.93
3975	Indirect immuno-fluorescence test (Bacterial, viral, parasitic)● Indirekte immuno fluoressensietoets (Bakterieel, viraal, parasitêr)	12	298.92	8	199.28
3977	Counter immuno-electrophoresis● Kontra immuno-elektroferese	6.75	168.14	4.5	112.10
3978	Lymphocyte transformation● Limfosien-transformasie	51.7	1 287.85	34.5	859.40
3980	Bilharzia Ag Serum/Urine● Bilharzia Ag Serum/Urine	14.5	361.20	9.67	240.88
21.5	Skin tests ● Huidtoetse For skin-prick allergy tests, please refer to items 0218 to 0221 in the Integumentary Section● Vir vingerprik allergietoetse, verwys na items 0218 tot 0221 in die Velafdeling				
21.6	Biochemical tests: Blood ● Biochemiese toetse: Bloed				
3991	Abnormal pigments: qualitative● Abnormale pigmente: kwalitatief	4.5	112.10	3	74.73
3993	Abnormal pigments: quantitative● Abnormale pigmente: kwantitatief	9	224.19	6	149.46
3995	Acid phosphatase● Suurfosfatase	5.18	129.03	3.45	85.94
3996	Serum Amyloid A● Serum Amiloïd A	8.28	206.25	5.52	137.50
3997	Acid phosphatase fractionation● Suurfosfatase fraksionasie	1.8	44.84	1.2	29.89
3998	Amino acids: Quantitative (Post derivatisation HPLC)● Aminosure: Kwantitatief (Post derivatisering HDVC)	78.12	1 945.97	52.08	1 297.31
3999	Albumin● Albumien	4.8	119.57	3.2	79.71
4000	Alcohol● Alkohol	12.4	308.88	8.27	206.01
4001	Alkaline phosphatase● Alkaliese fosfatase	5.18	129.03	3.45	85.94
4002	Alkaline Phosphatase-iso-enzymes● Alkaliese fosfatase-iso-ensieme	11.7	291.45	7.8	194.30
4003	Ammonia: enzymatic● Ammoniak: ensiematiese	7.71	192.06	5.14	128.04
4004	Ammonia: monitor● Ammoniak: monitor	4.5	112.10	3	74.73
4005	Alpha-1-antitrypsin● Alfa-1-antitripsien	7.2	179.35	4.8	119.57
4006	Amylase● Amilase	5.18	129.03	3.45	85.94
4007	Arsenic in blood, hair or nails● Arseen in bloed, hare of nels	36.25	902.99	24.17	602.07
4008	Bilirubin - Reflectance● Bilirubien reflektansie	4.77	118.82	3.18	79.21
4009	Bilirubin: totale● Bilirubien: totaal	4.77	118.82	3.18	79.21
4010	Bilirubin: conjugated● Bilirubien: gekonjugeerd	3.62	90.17	2.41	60.03
4014	Cadmium: atomic absorp● Kadmium: atoomabsorpsies	18.12	451.37	12.08	300.91
4016	Calcium: Ionized● Kalsium: Geïoniseerd	6.75	168.14	4.5	112.10
4017	Calcium: spectrophotometric● Kalsium spektrofotometrie	3.62	90.17	2.41	60.03
4018	Calcium: atomic absorption● Kalsium: atoomabsorpsie	7.25	180.60	4.83	120.32
4019	Carotene● Karoteen	2.25	56.05	1.5	37.37
4023	Chloride● Chloried	2.59	64.52	1.73	43.09
4026	LDL cholesterol (chemical determination)● LDL cholesterol (chemiese determinasie)	6.9	171.88	4.6	114.59
4027	Cholesterol total● Cholesterol totaal	5.34	133.02	3.56	88.68

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4029	Cholinesterase: serum or erythrocyte: each● Cholinesterase: serum of rooisel: elk	7.48	186.33	4.99	124.30
4030	Cholinesterase phenotype (Dibucaine or fluoride each)● Cholinesterase fenotipe (Dibucaine of fluoried elk)	9	224.19	6	149.46
4031	Total CO2 ● Totale CO2	5.18	129.03	3.45	85.94
4032	Creatinine ● Kreatinien	3.62	90.17	2.41	60.03
4035	CSF-Albumin ● SSV Albumien	9.45	235.40	6.3	156.93
4036	CSF-IgG Index ● SSV IgG Indeks	22.05	549.27	14.7	366.18
4040	Homocysteine (random) ● Homosistein (lukraak)	15.3	381.12	10.2	254.08
4041	Homocysteine (after Methionine load) ● Homosistein (na Metionien-lading)	18.1	450.87	12.06	300.41
4042	D-Xylose absorption test: two hours ● D-Xylose absorpsietoets twee uur	13.15	327.57	8.75	217.96
4045	Fibrinogen: quantitative ● Fibrinogeen: kwantitatief	3.6	89.68	2.4	59.78
4047	Hollander test ● Hollander se toets	24.75	616.52	16.5	411.02
4049	Glucose tolerance test (2 specimens) ● Glukose toleransietoets (2 monsters)	8.97	223.44	5.98	148.96
4050	Glucose strip-test with photometric reading ● Glukose strokietoets met fotometriese lesing	1.8	44.84	1.2	29.89
4051	Galactose ● Galaktose	11.25	280.24	7.5	186.83
4052	Glucose tolerance test (3 specimens) ● Glukose toleransietoets (3 monsters)	13.17	328.06	8.78	218.71
4053	Glucose tolerance test (4 specimens) ● Glukose toleransietoets (4 monsters)	17.37	432.69	11.58	288.46
4057	Glucose Quantitative ● Glukose Kwantitatief	3.62	90.17	2.41	60.03
4061	Glucose tolerance test (5 specimens) ● Glukose toleransietoets (5 monsters)	21.66	537.06	14.37	357.96
4063	Fructosamine ● Fruktosamine	7.2	179.35	4.8	119.57
4064	Glycated haemoglobin: chromatography/HbA1C ● Geglikosileerde hemoglobien: chromatografie/HbA1C	14.25	354.97	9.5	236.65
4067	Lithium: flame ionisation ● Litium: vlam ionisasie	5.18	129.03	3.45	85.94
4068	Lithium: atomic absorption ● Litium: atoomabsorpsie	7.48	186.33	4.99	124.30
4071	Iron ● Yster	6.75	168.14	4.5	112.10
4073	Iron-binding capacity ● Ysterbindingsvermoë	7.65	190.56	5.1	127.04
4076	Carboxy haemoglobin (6x per 24 hrs) ● Karboksie hemoglobien (6 x per 24 uur periode)	19.1	475.78	12.73	317.10
4078	Oximetry analysis: MetHb, COHb, QHb, RHb, SulfHb ● Oksimetrie se analise: MetHb, COHb, QHb, RHb, SulfHb	6.75	168.14	4.5	112.10
4079	Ketones in plasma: qualitative ● Ketone in plasma: kwalitatief	2.25	56.05	1.5	37.37
4081	Drug level-biological fluid: Quantitative ● Middel vlak-biologiese vog: kwantitatief	10.8	269.03	7.2	179.35
4086	Plasma Lactate ● Plasma Laktate				
4085	Lipase ● Lipase				
4091	Lipoprotein electrophoresis ● Lipoproteïen-elektroferese	9	224.19	6	149.46
4093	Osmolality: Serum or urine ● Osmolaliteit: Serum of urien	6.75	168.14	4.5	112.10
4094	Magnesium: Spectrophotometric ● Magnesium: Spektrofotometries	3.62	90.17	2.41	60.03
4095	Magnesium: Atomic absorption ● Magnesium: Atoomabsorpsie	7.25	180.60	4.83	120.32
4096	Mercury: Atomic absorption ● Kwik: Atoomabsorpsie	18.12	451.37	12.08	300.91
4098	Copper: Atomic absorption ● Koper: Atoomabsorpsie	18.12	451.37	12.08	300.91
4105	Protein electrophoresis ● Proteïen-elektroferese	9	224.19	6	149.46
4106	IgG sub-class 1.2. 3 or 4: Per sub-class ● IgG subklas 1.2. 3 of 4: Per subklas	20	498.20	13.2	328.81
4109	Phosphate ● Fosfaat	3.62	90.17	2.41	60.03

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4111	Phospholipids ● Fosfolipiede	3.15	78.47	2.1	52.31
4113	Potassium ● Kalium	3.62	90.17	2.41	60.03
4114	Sodium ● Natrium	3.62	90.17	2.41	60.03
4117	Protein: total ● Proteïen: totaal	3.11	77.47	2.07	51.56
4121	pH, pCO ₂ or pO ₂ each ● pH, pCO ₂ of pO ₂ : elk	6.75	168.14	4.5	112.10
4123	Pyruvic acid ● Pirodruwesuur	4.5	112.10	3	74.73
4125	Salicylates ● Salisilate	4.5	112.10	3	74.73
4126	Secretin-pancreozymin responds ● Sekretien-pankreasimien-respons	26.1	650.15	17.4	433.43
4127	Caeruloplasmin ● Seruloplasmien	4.5	112.10	3	74.73
4128	Phenylalanine: Quantitative ● Fenietalanien: kwantitatief	11.25	280.24	7.5	186.83
4129	Glutamate dehydrogenase (GDH) ● Glutamaat dehydrogenase (GDH)	5.4	134.51	3.6	89.68
4130	Aspartate amino transferase (AST) ● Aspartaat amino transferase (AST)	5.4	134.51	3.6	89.68
4131	Alanine amino transferase (ALT) ● Alanien amino transferase (ALT)	5.4	134.51	3.6	89.68
4132	Cretine kinase (CK) ● Kreatien kinase (CK)	5.4	134.51	3.6	89.68
4133	Lactate dehydrogenase (LD) ● Laktaat dehydrogenase (LD)	5.4	134.51	3.6	89.68
4134	Gamma glutamyl transferase (GGT) ● Gamma glutamiel transferase (GGT)	5.4	134.51	3.6	89.68
4135	Aldolase ● Aldolase	5.4	134.51	3.6	89.68
4136	Angiotensin converting enzyme (ACE) ● Angiotensien omskakelingsensiem (ACE)	9	224.19	6	149.46
4137	Lactate dehydrogenase Isoenzyme ● Laktaat dehydrogenase isoenslem	10.8	269.03	7.2	179.35
4138	CK-MB: immunoinhibition/precipitation ● CK-MB: immunoinhibisie/presipetasie	10.8	269.03	7.2	179.35
4139	Adenosine deaminase ● Adenosien deaminase	5.4	134.51	3.6	89.68
4142	Red cell enzymes: each ● Rooiselensiem: elk	7.8	194.30	5.2	129.53
4143	Serum/plasma enzymes: each ● Serum/plasma ensiem: elk	5.4	134.51	3.6	89.68
4144	Transferrin ● Transferrien	11.7	291.45	7.8	194.30
4146	Lead: atomic absorption ● Lood: atoomabsorpsie.	15	373.65	10	249.10
4151	Urea ● Ureum	3.62	90.17	2.41	60.03
4152	CK-MB ● CK-MB	12.4	308.88	8.27	206.01
4154	Myoglobin quantitative: Monoclonal immunologic ● Mioglobien kwantitatief: Monoklonaal immunologies	12.4	308.88	8.27	206.01
4155	Uric acid ● Uriensuur	3.78	94.16	2.52	62.77
4157	Vitamin A-saturation test ● Vitamien A-versadigingsstoets	15.3	381.12	10.2	254.08
4158	Vitamin E (tocopherol) ● Vitamien E (tokoferol)	3.6	89.68	2.4	59.78
4159	Vitamin A ● Vitamien A	6.3	156.93	4.2	104.62
4160	Vitamin C (ascorbic acid) ● Vitamien C (askorbiensuur)	2.25	56.05	1.5	37.37
4161	Trop T	20	498.20	13.33	332.05
4171	Sodium + potassium + chloride + CO ₂ + urea ● Natrium + kalium + chloried + CO ₂ + ureum	15.84	394.57	10.56	263.05
4172	ELIZA or EMIT technique ● ELIZA of EMIT tegniek	12.42	309.38	8.28	206.25
4181	Quantitative protein estimation: Mancini metho ● Kwantitatiewe proteien bepaling: Mancini metode	7.76	193.30	5.17	128.78
4182	Quantitative protein estimation: nephelomete ● Kwantitatiewe proteien bepaling: nefelometer	8.28	206.25	5.52	137.50
4183	Quantitative protein estimation: labelled antibody ● Kwantitatiewe proteien bepaling: gemerkte antiligaam	12.42	309.38	8.28	206.25
4185	Lactose ● Laktose	10.8	269.03	7.2	179.35
4187	Zinc: atomic absorption ● Sink: atoomabsorpsie	18.12	451.37	12.08	300.91

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

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
21.7	Biochemical tests: Urine ● Biochemiese toets: urine				
4188	Urine dipstick, per stick (irrespective of the number of tests on stick) ● Urien doopstrok, per strok (ongeg die aantal toetse op die strok)	1.5	37.37	1	24.91
4189	Abnormal pigments ● Abnormale pigmente	4.5	112.10	3	74.73
4193	Alkapton test: homogentisic acid ● Alkapton toets: homogentisien-suur	4.5	112.10	3	74.73
4194	Amino acids: quantitative (Post derivatisation HPLC) ● Aminosure: kwantitatief (Post derivatisering HDVC)	78.12	1 945.97	52.08	1 297.31
4195	Amino laevulinic acid ● Aminolevullensuur	18	448.38	12	298.92
4197	Amylase ● Amilase	5.18	129.03	3.45	85.94
4199	Ascorbic acid ● Askorbiensuur	2.25	56.05	1.5	37.37
4201	Bence-Jones protein ● Bence-Jones proteïen	2.7	67.26	1.8	44.84
4203	Phenol ● Fenol	3.6	89.68	2.4	59.78
4204	Calcium: atomic absorption ● Kalsium: atoomabsorpsie	7.25	180.60	4.83	120.32
4205	Calcium: spectrophotometric ● Kalsium: spektrofotometries	3.62	90.17	2.41	60.03
4206	Calcium: absorption and excretion studies ● Kalsium: absorpsie en ekskresie studies	25	622.75	16.7	416.00
4209	Lead: atomic absorption ● Lood: atoom absorpsie	15	373.65	10	249.10
4211	Bile pigments: qualitative ● Galpigmente: kwalitatief	2.25	56.05	1.5	37.37
4213	Protein: quantitative ● Proteïen: kwantitatief	2.25	56.05	1.5	37.37
4216	Mucopolysaccharides: qualitative ● Mukopolisakkariede: kwalitatief	3.6	89.68	2.4	59.78
4217	Oxalate/Citrate: enzymatic each ● Oksalaat/Sitraat: ensiematies elk	9.38	233.66	6.25	155.69
4218	Glucose: quantitative ● Glukose: kwantitatief	2.25	56.05	1.5	37.37
4219	Steroids: chromatography (each) ● Steroïede: chromatografie (elk)	7.2	179.35	4.8	119.57
4221	Creatinine ● Kreatinien	3.62	90.17	2.41	60.03
4223	Creatinine clearance ● Kreatinien-opruiming	7.65	190.56	5.1	127.04
4227	Electrophoreses: qualitative ● Elektroforese: kwalitatief	4.5	112.10	3	74.73
4229	Uric acid clearance ● uriensuuropruiming	7.65	190.56	5.1	127.04
4231	Metabolites HPLC (High Pressure Liquid Chromatography) ● Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	934.13	25.00	622.75
4232	Metabolites (Gas chromatography/Mass spectrophotometry) ● Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	1 165.79	31.20	777.19
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography) ● Farmakologiese/ Gewoontevormende middels: Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	934.13	25.00	622.75
4234	Pharmacological/Drugs of abuse: Metabolites (Gas chromatography/Mass spectrophotometry) ● Farmakologiese/ Gewoontevormende middels: Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	1 165.79	31.20	777.19
4237	5-Hydroxy-indole-acetic acid: screen test ● 5-Hidroksie-indolasynsuur: siftingstoets	2.7	67.26	1.8	44.84
4239	5-Hydroxy-indole-acetic acid: quantitative ● 5-Hidroksie-indolasynsuur: kwantitatief	6.75	168.14	4.5	112.10
4241	DELETED 2009: Indican or indole: qualitative ● GESKRAP 2009: Indikan of indool: kwalitatief				
4247	Ketones: excluding dip-stick method ● Ketone: dompelstrokiemetode uitgesluit	2.25	56.05	1.5	37.37
4248	Reducing substances ● Reduserende stowwe	1.8	44.84	1.2	29.89
4251	Metanephries: column chromatography ● Metanefriene: kolom chromatografie	22.05	549.27	14.7	366.18
4253	Aromatic amines (gas chromatography/mass spectrophotometry) ● Aromatiese amiene (gas chromatografie/massaspektrofotometrie)	27	672.57	18	448.38
4254	Nitrosonaphthol test for tyrosine ● Nitrosonaftoltoets vir tirosien	2.25	56.05	1.5	37.37
4262	Micro Albumin-Qualitative ● Mikroalbumien Kwalitatief	4.5	112.10	3	74.73
4263	pH: Excluding dip-stick method ● pH: Dompelstrokiemetode uitgeslote	0.9	22.42	0.6	14.95
4265	Thin layer chromatography: one way ● Dunlaag chromatografie: enkelrigting	6.75	168.14	4.5	112.10

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4266	Thin layer chromatography: two way● Dunlaag chromatografie: tweerigting	11.25	280.24	7.5	186.83
4267	Total organic matter screen: Infrared● Totale organiese materiaal sifting: Infrarooi	31.25	778.44	20.83	518.88
4268	Organic acids: quantitative: GCMS● Organiese sure: kwantitatief: GCMS	109.38	2 724.66	72.92	1 816.44
4269	Phenylpyruvic acid: ferric chloride● Fenielpirodruiwesuur: ferrichloried	2.25	56.05	1.5	37.37
4271	Phosphate excretion index● Fosfaat uitskeidings indeks	22.05	549.27	14.7	366.18
4272	Porphobilinogen qualitative screen: urin● Porfobilinogeen kwalitatiewe sifting: urien	5	124.55	3.33	82.95
4273	Porphobilinogen/ALA: quantitative each● Porfobilinogeen/ALS kwantitatief elk	15	373.65	10	249.10
4283	Magnesium: spectrophotometric● Magnesium: spektrofotometries	3.62	90.17	2.41	60.03
4284	Magnesium: atomic absorption● Magnesium: atoomabsorpsie	7.25	180.60	4.83	120.32
4285	Identification of carbohydrate● Identifikasie van koolhidrate	7.65	190.56	5.1	127.04
4287	Identification of drug: qualitative● Identifikasie van geneesmiddel: kwalitatief	4.5	112.10	3	74.73
4288	Identification of drug: quantitative● Identifikasie van geneesmiddel: kwantitatief	10.8	269.03	7.2	179.35
4293	Urea clearance● Ureum opruiming	5.4	134.51	3.6	89.88
4297	Copper: spectrophotometric● Koper: spektrofotometries	3.62	90.17	2.41	60.03
4298	Copper: Atomic absorption● Koper: atoomabsorpsie	18.12	451.37	12.08	300.91
4300	Indican or Indole: Qualitative● Indikan of Indool: Kwalitatief	3.15	78.47	2.1	52.31
4301	Chloride● Chloried	2.59	64.52	1.73	43.09
4307	Ammonium chloride loading test● Ammoniumchloried-ladingstoets	22.05	549.27	14.7	366.18
4309	Urobilinogen: quantitative● Urobilinogeen: kwantitatief	6.75	168.14	4.5	112.10
4313	Phosphates● Fosfaat	3.62	90.17	2.41	60.03
4315	Potassium● Kalium	3.62	90.17	2.41	60.03
4316	Sodium● Natrium	3.62	90.17	2.41	60.03
4319	Urea● Ureum	3.62	90.17	2.41	60.03
4321	Uric acid● Uriensuur	3.62	90.17	2.41	60.03
4322	Fluoride● Fluoried	5.18	129.03	3.45	85.94
4323	Total protein and protein electrophoreses● Totale proteïene en proteïenelektroforese.	11.25	280.24	7.5	186.83
4325	VMA: quantitative● VMA: kwantitatief	11.25	280.24	7.5	186.83
4327	Immunofixation: Total Protein, IgG, IgA, IgM, Kappa, Lambda● Immunofiksasie: Totale proteïene, IgG, IgA, IgM, Kappa, Lambda	46.88	1 167.78	31.25	778.44
4335	Cystine: quantitative● Sistien: kwantitatief	12.6	313.87	8.4	209.24
4336	Dinitrophenol hydrazine test: ketoacids● Dinitrofenol-hidrasientoets vir ketosure	2.25	56.05	1.5	37.37
4337	Hydroxyproline: quantitative● Hidroksieprolien: kwantitatief	18.9	470.80	12.6	313.87

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
21.8	Biochemical tests: Faeces ● Biochemiese toetse: Fekaleë				
4339	Chloride ● Chloried	2.59	64.52	1.73	43.09
4343	Fat: qualitative ● Vet: kwalitatief	3.15	78.47	2.1	52.31
4345	Fat: quantitative ● Vet: kwantitatief	22.05	549.27	14.7	366.18
4347	pH ● pH	0.9	22.42	0.6	14.95
4351	Occult blood: chemical test ● Okkulte bloed: chemiese toets	2.25	56.05	1.5	37.37
4352	Occult blood (monoclonal antibodies) ● Okkulte bloed (monoklonale antiliggamme)	10	249.10	6.67	166.15
4357	Potassium ● Kalium	3.62	90.17	2.41	60.03
4358	Sodium ● Natrium	3.62	90.17	2.41	60.03
4361	Stercobilin ● Sterkobilien	2.25	56.05	1.5	37.37
4363	Stercobilinogen: quantitative ● Sterkobilinogeen: kwantitatief	6.75	168.14	4.5	112.10
21.9	Biochemical tests: Miscellaneous ● Biochemiese toetse: Diverse				
4370	Vancomycin, Phenytoin, Theophylline ● Vancomycin, Phenytoin, Theophylline	12.4	308.88	8.27	206.01
4371	Amylase in exudate ● Amilase in eksudaat	5.18	129.03	3.45	85.94
4374	Trace metals in biological fluid: Atomic absorption ● Spoorelemente in biologiese vog: atoomabsorpsie	18.13	451.62	12.08	300.91
4375	Calcium in fluid: Spectrophotometric ● Kalsium in vog: Spektrofotometries	3.62	90.17	2.41	60.03
4376	Calcium in fluid: Atomic absorption ● Kalsium in vog: Atoomabsorpsie	7.25	180.60	4.83	120.32
4388	Gastric contents: Maximal stimulation ● Maaginhoud: Maksimum stimulasietoets	27	672.57	18	448.38
4389	Gastric fluid: Total acid per specimen ● Maagsap: Totale suur per monster	2.25	56.05	1.5	37.37
4391	Renal calculus: Chemistry ● Niersteen: Chemiese ontleding	5.4	134.51	3.6	89.68
4392	Renal calculus: Crystallography ● Niersteen: Kristallografie	16.25	404.79	10.8	269.03
4393	Saliva: Potassium ● Speeksel: Kalium	3.62	90.17	2.41	60.03
4394	Saliva: Sodium ● Speeksel: Natrium	3.62	90.17	2.41	60.03
4395	Sweat: Sodium ● Sweet: Natrium	3.62	90.17	2.41	60.03
4396	Sweat: Potassium ● Sweet: Kalium	3.62	90.17	2.41	60.03
4397	Sweat: Chloride ● Sweet: Chloried	2.59	64.52	1.73	43.09
4399	Sweat collection by iontophoresis (excluding collection material) ● Sweetkolleksie deur iontoforese (kolleksie materiaal uitgesluit)	4.5	112.10	3	74.73
4400	Tryptophane loading test ● Triptofaanladingstoets	22.05	549.27	14.7	366.18
21.10	Cerebrospinal fluid ● Serebro spinale vog				
4401	Cell count ● Seltelling	3.45	85.94	2.3	57.29
4407	Cell count, protein, glucose and chloride ● Seltelling, proteien, glukose en chloried	7.65	190.56	5.1	127.04
4409	Chloride ● Chloried	2.59	64.52	1.73	43.09
4415	Potassium ● Kalium	3.62	90.17	2.41	60.03
4416	Sodium ● Natrium	3.62	90.17	2.41	60.03
4417	Protein: Qualitative ● Proteien: Kwalitatief	0.9	22.42	0.6	14.95
4419	Protein: Quantitative ● Proteien: Kwantitatief	3.11	77.47	2.07	51.56
4421	Glucose ● Glukose	3.62	90.17	2.41	60.03
4423	Urea ● Ureum	3.62	90.17	2.41	60.03
4425	Protein electrophoresis ● Proteïenelektroforese	12.6	313.87	8.4	209.24
4434	Bacteriological DNA identification (PCR)	75	1 868.25	50	1 245.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
21.12	Isotopes • Isotope				
4451	HCG: Monoclonal Immunological: Quantitative HCG: Monoklonaal immunologies: Kwantitatief	12.4	308.88	8.27	206.01
4458	Micro-albuminuria: radio-isotope method Mikro-albuminurie: radio-isotoop metode	12.42	309.38	8.3	206.75
4459	Acetyl choline receptor antibody Asetielcholien reseptor antiliggaam	158.12	3 938.77	105.41	2 625.76
4463	C6 complement functional essay C6 komplement funksionele bepaling	45	1 120.95	30	747.30
4466	Beta-2-microglobulin Beta-2-mikroglobulin	12.42	309.38	8.28	206.25
4469	S-S100 • S-S100	20	498.20	13.33	332.05
4452	Bone-Specific Alk. Phosphatase Been alkaliese fosfatase	20	498.20	13.33	332.05
4479	Vitamin B12-absorption: Shilling test Vitamien B12-absorpsie: Shillingtoets	11.7	291.45	7.8	194.30
4480	Serotonin • Serotonien	18.75	467.06	12.5	311.38
4482	Free thyroxine (FT4) Vry tiroksien (FT4)	17.48	435.43	11.65	290.20
4484	Thyroid profile (only with special motivation) Tiroied profiel (slegs met spesiale motivering)	37.8	941.60	24.72	615.78
4485	Insulin • Insulien	12.42	309.38	8.28	206.25
4488	NT Pro BNP • NT Pro BNP	47.04	1 171.77	33.35	830.75
4491	Vitamin B12 • Vitamien B12	12.42	309.38	8.28	206.25
4493	Drug concentration: quantitative Middekkonsentrasie: kwantitatief	12.42	309.38	8.28	206.25
4497	Carbohydrate deficient transferrin Koolwaterstof-gebrekkige transferrien	29.06	723.88	19.37	482.51
4499	Cortisol • Kortisol	12.42	309.38	8.28	206.25
4500	DHEA sulphate • DHEA-sulfaat	12.42	309.38	8.28	206.25
4507	Thyrotropin (TSH) • Tirotropien (TSH)	19.6	488.24	13.07	325.57
4509	Free tri-iodothyronine (FT3) Vry trijodotironien (FT3)	17.48	435.43	11.65	290.20
4511	Renin activity • Renien aktiwiteit	18.9	470.80	12.6	313.87
4516	Follicle stimulating hormone (FSH) • Folliotropien (FSH)	12.42	309.38	8.28	206.25
4517	Luteinizing hormone (LH) • Lutotropien (LH)	12.42	309.38	8.28	206.25
4522	Alpha-Feto protein • Alfa-fetoproteien	12.42	309.38	8.28	206.25
4523	ACTH • AKTH	21.74	541.54	14.49	360.95
4524	Free PSA • Vry PSA	14.49	360.95	9.66	240.63
4527	Gastrin • Gastrien	12.42	309.38	8.28	206.25
4528	Ferritin • Ferritien	12.42	309.38	8.28	206.25
4530	Antiplatelet antibodies • Antiplaatjie antiliggam	15.3	381.12	10.2	254.08
4531	Hepatitis: per antigen or antibody Hepatits: per antigeen of antiliggaam	14.49	360.95	9.66	240.63
4532	Transcobalamine • Transkobalamien	12.42	309.38	8.28	206.25
4533	Folic acid • Foliensuur	12.42	309.38	8.28	206.25
4536	Erythrocyte folate • Rooisel foliensuur	17.48	435.43	11.65	290.20
4537	Prolactin • Prolaktien	12.42	309.38	8.28	206.25
4538	Procalcitonin: Qualitative Procalcitonin: Kwalitatief	32	797.12	21.33	531.33
4539	Procalcitonin: Quantitative Procalcitonin: Kwantitatief	46	1 145.86	30.67	763.99
21.13	After hour service and travelling fees (applicable to pathologists only) • Buite normale werksure en reisgelde (slegs van toepassing op patoloë)				
	Miscellaneous • Diverse				
4544	Attendance in theatre • Teenwoordigheid in teater	27	672.57		
4547	After hour service: (Monday to Friday) 17:00 to 08:00. Saturday 13:00 to 08:00 and public holidays • Diens buite normale werksure (Maandag tot Vrydag) 17:00 tot 08:00. Saterdag 13:00 tot Maandag 08:00 en openbare vakansiedae	Tariff/Tarief + 50%	Tariff/Tarief + 50%		
4549	Minimum fee for after hour service • Minimumgelde vir diens buite normale werk-ure	6.3	156.93		

	Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
	U/E	R	U/E	R
4551 Fees not detailed in the above Pathology Schedule (section 21) are obtainable from the National Pathology Group of the SAMA, and will be based on the fee for a comparable service in the Tariff of fees. Gelde vir dienste nie vermeld in die voorafgaande Patologie skedule (afdeling 21), is verkrygbaar van die Nasionale Patologiegroep van die SAMA en sal baseer word op die gelde van 'n vergelykbare diens in die Tarief		-		-
22. ANATOMICAL PATHOLOGY • ANATOMIESE PATOLOGIE				
The amounts in this section are calculated according to the Anatomical Pathology unit values. • Die bedrae in hierdie afdeling word volgens die Anatomiese Patologie eenheidswaardes bereken				
22.1 Exfoliative cytology • Eksfoliatiewe sitologie				
4561 Sputum and all body fluids: First unit • Sputum en alle liggaamsvog: Eerste eenheid	13.4	329.51	8.9	218.85
4563 Sputum and all body fluids: Each additional unit • Sputum en alle liggaamsvog: Elke addisionele eenheid	7.8	191.80	5.2	127.87
4564 Performance of fine-needle aspiration for cytology • Uitvoer van fynnaald aspirasie vir sitologie	15	368.85		
22.2 Histology • Histologie				
4567 Histology per sample/specimen each • Histologie per monster, elk	20	491.80	13.3	327.05
4571 Histology per additional block each • Histologie per blok, elk	11.6	285.24	7.7	189.34
4575 Histology and frozen section in laboratory • Histologie en bevrore snit in laboratorium	22.7	558.19	15.1	371.31
4577 Histology and frozen section in theatre • Histologie en bevrore snit in operasiesaal	90	2 213.10	60	1 475.40
4578 Second and subsequent frozen sections, each • Tweede en daaropvolgende bevrore snitte, elk.	20	491.80	13.4	329.51
4579 Attendance in theatre - no frozen section performed • Teenwoordigheid in teater - sonder dat bevrore snit uitgevoer is	26.3	646.72	17.5	430.33
4582 Serial step sections (including 4567) • Seriesneë (ingeslote 4567)	23.3	572.95	15.6	383.60
4584 Serial step sections per additional block each • Seriesneë, per bykomende blok elk	13.5	331.97	9	221.31
4587 Histology consultation • Histologie konsultasie	10.1	248.36	6.7	164.75
4589 Special stains • Spesiale kleuring	6.7	164.75	4.5	110.66
4591 Immuno-fluorescence/studies • Immuno-fluoresiën/studies	20.7	509.01	13.8	339.34
4593 Electron microscopy • Elektron-mikroskopiese ondersoek	94	2 311.46	63	1 549.17
4650 Autogenous vaccine • Outogene vaksien	8	196.72	5.33	131.06
4651 Entomological examination • Entomologiese ondersoek	13.9	341.80	9.27	227.95

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

		Specialist Spesialis		General practitioner Algemene Praktisyn	
		U/E	R	U/E	R
	Travelling time (Only applicable when public transport is used) ● Reistyd (Slegs van toepassing wanneer van openbare vervoer gebruik gemaak word.)				
5005	Specialist 18,00 clinical procedure units per hour or part thereof ● 18,00 kliniese prosedure eenhede per uur of deel daarvan vir 'n Spesialis	18	430.92		
5007	General Practitioner: 12,00 clinical procedure units per hour or part thereof ● Algemene Praktisyn: 12,00 kliniese prosedure eenhede per uur of deel daarvan.			12	287.28
5009	After hours: Specialist: 27,00 clinical procedure units per hour or part thereof ● Na ure: Spesialis: 27,00 kliniese prosedure eenhede per uur of deel daarvan	27	646.38		
5011	After hours: General Practitioners: 18,00 clinical procedure units per hour or part thereof ● Na ure: Huisarts: 18,00 kliniese prosedure eenhede per uur of deel daarvan			18	430.92
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them ● Reisgelde is nie betaalbaar indien 'n mediese praktisyn 'n afstand reis om as assistent behulpsaam te wees by 'n operasie op 'n pasiënt deur homself na die chirurg verwys nie				
5015	Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed ● Reiskoste kan vir reise van die mediese praktisyn se woonhuis of in antwoord op oproepe ontvang gedurende die nag of naweke geëis word, in gevalle waar reiskoste gehef mag word				

COIDA Tariff for Medical Practitioners

THE UNIT VALUES FOR THE VARIOUS GROUPS AND SECTIONS AS FROM 1 APRIL 2018 ARE AS FOLLOWS:

EENHEIDSWAARDES TEN OPSIGTE VAN DIE VERSKEIE GROEPE EN AFDELINGS
SOOS VANAF 1 APRIL 2018:

	Groups and Sections / Groepe en Afdellings	Unit Value / Eenheidswaarde
1.	Consultation Services codes 0146 & 0109 / Konsultasiedienste kodes 0146 & 0109	R 23.94
	Consultation Services: codes 0181; 0182; 0183, 0184, 0186, 0151/ Konsultasiedienste: kodes 0181; 0182; 0183, 0184, 0186, 0151	R 24.39
	Speech therapy consultations: 1011, 1012, 1013	R 10.41
2.	Clinical procedures / Kliniese prosedures	R 23.94
3.	Anaesthetics / Narkose	R 111.86
4.	Radiology & MRI / Radiologie & MRB	R 25.04
5.	Radiation Oncology / Stralingsonkologie	R 26.34
6.	Ultrasound / Ultraklank	R 23.65
7.	Computed Tomography / Rekenaartomografie	R 24.06
8.	Clinical Pathology / Kliniese Patologie	R 24.91
9.	Anatomical Pathology / Anatomiese Patologie	R 24.59
10	5 Digit Radiology (SP)	R 163.28

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

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

SYMBOLS USED IN THIS PUBLICATION**SIMBOLE GEBRUIK IN HIERDIE PUBLIKASIE**

•	Per service (specify)
℔	Per service
Φ	Per consultation

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

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

Annexure A → MRI motivation form.

Annexure B → COIDA & RSSA indication for MRI.

Annexure C → Indications for plexus and peripheral nerve block.

Annexure: A
The Department of Labour: Compensation Fund

MRI Motivation Form for Employee's Injured on Duty

Claim Number:

Employee's Name:

Employees ID No:

Name of Employer:

Date of Accident / Injury:

Type of Injury:

**Brief description of how
injury occurred:**

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

Imaging investigation required:

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

Requesting Doctors Name:

Practice Number:

Date of Referral

This form should preferably be typed.

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

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

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

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

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

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

☐ **Head Injury – Sub acute**

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

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

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

☐ **Spine – Acute**

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

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

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

☐ **Chest / Body Injury (7)**

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

☐ **Extremities**

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

ANNEXURE: C

Item 2800 and 2802 as part of anaesthesia

2800 – Plexus nerve block

2802 – Peripheral nerve block

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

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

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

Examples of claims where the use is reasonable:

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

Examples where the use of the codes is not reasonable:

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

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

Item 2800 and 2802 as part of treatment

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

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

DEPARTMENT OF LABOUR
NOTICE 216 OF 2018

PROPOSED ANNUAL IN MEDICAL SERVICE PROVIDERS, FOR 2018/2019 FINANCIAL YEAR

COMPENSATION FOR OCCUPATIONAL INJURIES ACT, 1993 (ACT NO. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2018**.
2. Medical Tariffs increase for **2018** is **6.4%** with exception of assistive medical devices.
3. The current **2017/ 2018** rate for assistive medical devices will prevail for 2018/2019 financial year.
4. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2018** and Exclude Vat.


.....

MN OLIPHANT, MP

MINISTER OF LABOUR

DATE: *10/04/2018*
.....

GENERAL INFORMATION / ALGEMENE INLIGTING**THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER**

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

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het ‘n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgever met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalinge van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris ‘n beseerde werknemer na ‘n ander geneesheer deur homself aangewys verwys vir ‘n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

In die geval van ‘n verandering in geneesheer wat ‘n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na ‘n spesialis verwys is, as die lasgewer beskou word. Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om ‘n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig. Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag ‘n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.

Dit moet in gedagte gehou word dat ‘n werknemer geneeskundige behandeling op sy eie risiko aanvra. As ‘n werknemer dus aan ‘n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgever in te lig oor enige moontlike gronde vir ‘n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Neem asseblief kennis dat 'n gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgever vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**

EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die werkgever en die Vergoedingsfonds en die werkgever. Die eisnommer is op die web beskikbaar. Navrae aangaande eisnommers moet aan die werkgever gerig word en nie aan die Vergoedingskommissaris nie. Die werkgever kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an Operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 If there's any referrals to another medical service provider, it should be indicated on the medical report.

2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*

3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. The service

provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word. Die diensverskaffer moet 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*
 6. Service providers should not generate the following • *Diensverskaffers moet nie die volgende lewer nie:*
 - a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*
- * **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**
- * *Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of **faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

COMPENSATION FUND GUIDE TO FEES FOR ORTHOTISTS / PROSTHETISTS 2018

ORTHOTICS

= INDICATE ITEMS WHICH REQUIRE SPECIAL MOTIVATION BY THE COMPENSATION FUND

S = ITEM SUPPLIED WITHOUT FITTING

SF = ITEM SUPPLIED AND FITTED TO PATIENT

CF = ITEM CUSTOM (MODIFIED, ALTERED, CONTOURED) FITTED TO PATIENT

CM = ITEM IS CUSTOM MANUFACTURED TO PATIENT MEASUREMENTS

Note: Fee for fitting, fabricating, modifying and altering is included in tariff fee

Item	Code	Description	COIDA 2018
ORTHOTIC CONSULTATION			
OC093	A60093	Consultation (30 minutes)	ea 279.38
OC094	A60094	Consultation (1 hour)	ea 558.77
OC095	A60095	Orthotic Repairs (To be charged once only)	ea 279.38
AFQ ANKLE FOOT ORTHOTICS			
AFO010	A10010	S Ankle brace - elastic	ea 258.51
AFO012	A10012	CM Ankle brace - moulded with lacing	ea 3164.66
AFO020	A10020	CM Ankle brace - moulded plastic	ea 3164.66
AFO021	A10021	CM Ankle brace - lace up	ea 1590.10
AFO030	A10030	S Ankle brace - neoprene	ea 297.88
AFO031	A10031	S Ankle brace - neoprene with splint (corrective)	ea 1641.46
AFO040	A10040	S Ankle brace - pneumatic	ea 1246.09
AFO050	A10050	CM Ankle foot orthosis - leg rotation control - resting splint	ea 3265.69
AFO060	A10060	CM Ankle foot orthosis - plantar flexion control - resting splint	ea 3265.69
AFO070	A10070	CM Ankle foot orthosis - moulded - with lapped joint	ea 4053.05
AFO080	A10080	CM Ankle foot orthosis - moulded - with system joint	ea 8515.17
AFO090	A10090	CM Ankle foot orthosis - USMC spring loaded with socket	ea 6841.26
AFO100	A10100	CM Below knee DOUBLE caliper	ea 1826.30
AFO110	A10110	CM Below knee DOUBLE caliper, socket and T-strap	ea 2764.21
AFO120	A10120	CM Below knee SINGLE caliper	ea 479.18
AFO130	A10130	CM Below knee SINGLE caliper, socket and T-strap	ea 2166.93
AFO140	A10140	S Calf sleeve neoprene	ea 479.18
AFO200	A10200	CM Dropfoot splint - plastic custom made	ea 3363.19
AFO210	A10210	CF Dropfoot splint - plastic imported	ea 2485.26
AFO220	A10220	CF Dropfoot splint - plastic local	ea 1988.85
AFO230	A10230	CM Fracture brace BK leather	ea 5240.86
AFO240	A10240	CM Fracture brace BK plastic	ea 4847.18
AFO250	A10250	CF Fracture brace - BK pneumatic walker	ea 3888.67
AFO251	A10251	CF Fracture brace - BK pneumatic / foam walker	ea 2213.07
AFO260	A10260	CM Heel socket round	ea 1134.75
AFO270	A10270	CM Heel socket square	ea 1158.73
AFO271	A10271	CF Heel socket - USMC - to shoe	ea 1523.35
AFO280	A10280	CM Heel socket with back-stop	ea 1182.74
AFO300	A10300	CM T-strap	ea 789.06
FQ FOOT ORTHOTICS			
FO010	A11010	S Accomodative heel (spur) pad	pr 208.84
FO020	A11020	CM Arch support - metatarsal insole	pr 749.69
FO030	A11030	CM Arch support - moulded 3/4 length (plaster cast)	pr 1863.99
FO031	A11031	CM Arch support - moulded 3/4 length (foam cast)	pr 1826.30
FO040	A11040	CM Arch support - valgus insole	pr 749.69
FO050	A11050	CM Arch support - valgus and metatarsal insole	pr 833.49
FO053	A11053	S Arch support silicone (Ipocon or similar)	pr 1042.33
FO060	A11060	CM Arch supports - moulded full length (cast)	pr 2307.18
FO061	A11061	CM Arch supports - moulded full length (foam)	pr 2271.35

FO070	A11070	CF	Arch supports covering - Spenco, PPT or similar	pr	532.24
FO110	A11110	SF	Heel seats	pr	903.77
FO111	A11111	CM	Heel seats - custom made	pr	2666.72
FO120	A11120	SF	Insoles (shock absorbing) Sorbothane	pr	481.03
FO130	A11130	CF	Metatarsal pads stuck in	pr	121.49
FO031	A11131	CM	Orthotic - modify existing innersole of sports shoe	pr	1189.49
FO140	A11140	CM	Orthotics U.S.C.L.	pr	2392.84
FO145	A11145	SF	Toe alignment splint	ea	599.13
FO146	A11146	S	Toe abduction splint post-op	ea	679.55
FW			FOOTWEAR		
FO500	A11500	SF	Boots DERBY adults	pr	1795.40
FO520	A11520	SF	Boots LTT adults	pr	1795.40
FO600	A11600	SF	Orthopaedic footwear - extra depth shoes	pr	6290.11
FO620	A11620	S	Sandle POP	ea	220.83
FO630	A11630	S	Sandle post-op (B+J)	ea	455.35
FO631	A11631	S	Sandle post-op (B+J health sandal)	pr	369.69
FO632	A11632	S	Sandle post-op (B+J Comfy Casual)	pr	253.28
FO635	A11635	S	Sandle post-op (Arco Pedico)	pr	833.49
FO640	A11640	S	Shoes adult mens lace-up	pr	737.69
FO670	A11670	CM	Surgical boots made to measure	pr	10264.43
FO680	A11680	CM	Surgical shoes made to measure	pr	9768.02
FO685	A11680	CM	Fleace lining for boots	ea	1507.98
FM			FOOTWEAR MODIFICATIONS		
FM010	A12010	CM	C & E Heels	pr	393.68
FM020	A12020	CM	Excavate heels	pr	345.71
FM030	A12030	CM	Flared heels	ea	489.48
FM040	A12040	CM	Metatarsal bars	pr	393.68
FM050	A12050	CM	Raise heel 1 cm and sole to balance	ea	547.76
FM060	A12060	CM	Raise heel 2 cm and sole to balance	ea	595.59
FM070	A12070	CM	Raise heel 3 cm and sole to balance	ea	739.39
FM080	A12080	CM	Raise heel 4 cm and sole to balance	ea	789.06
FM090	A12090	CM	Raise heel 5 cm and sole to balance	ea	845.49
FM100	A12100	CM	Raised heel insert 1 - 2 cm	ea	200.22
FM110	A12110	CM	Raised heel insert up to 1 cm	ea	200.22
FM120	A12120	CM	Raised heel insert - moulded to foot	ea	595.59
FM130	A12130	CM	Raise heel up to 1 cm	ea	253.28
FM140	A12140	CM	Raise heel up to 2 cm	ea	297.88
FM150	A12150	CM	Raise heel up to 3 cm	ea	395.38
FM160	A12160	CM	Raise heel up to 4 cm	ea	446.74
FM170	A12170	CM	Raise heel up to 5 cm	ea	501.48
FM180	A12180	CM	Raise shoe by adjustment	ea	345.73
FM190	A12190	CM	Raise shoe - Cork - up to 2.5 cm	ea	1680.83
FM200	A12200	CM	Raise shoe - Cork - 2.5 to 5 cm	ea	2076.20
FM210	A12210	CM	Raise shoe - Cork - 5 to 10 cm	ea	2473.26
FM220	A12220	CM	Raise shoe - Pattern	ea	1898.12
FM230	A12230	CM	Rocker sole	ea	643.58
FM240	A12240	CM	Stretch shoes	pr	145.47
FM250	A12250	CM	Thomas's heels	pr	393.68
FM270	A12270	CM	Wedge heel	pr	393.68
FM280	A12280	CM	Wedge heel and sole	pr	595.59
FM290	A12290	CM	Wedge sole	pr	393.68
FM300	A12300	CM	Toe cap steel	pr	641.89
FM310	A12310	CM	Toe cap moulded plastic	pr	393.68

KO				KNEE ORTHOTICS		
KO010	A13010	CM		Knee brace - custom moulded with polycentric joints	ea	10877.10
KO011	A13011	CM		Knee brace - custom moulded with locking joints	ea	13872.44
KO013	A13013	CM		Knee brace - custom moulded with overlapping joints	ea	11623.40
KO015	A13015	CF		Knee brace - elastic with hinges imported	ea	1345.28
KO020	A13020	CF		Knee brace - neoprene with hinges local	ea	1254.55
KO030	A13030	SF		Knee brace - Osgood Schlatler	ea	835.19
KO040	A13040	SF		Knee brace - patella stabilizer	ea	835.19
KO041	A13041	SF		Knee brace - patella stabilizer - anterior opening	ea	1795.39
KO043	A13043	SF		Knee brace - patella brace 210 P-I	ea	946.53
KO050	A13050	CF		Knee brace - rigid ACL brace	ea	19813.32
KO070	A13070	S		Knee guard - elastic	ea	326.94
KO080	A13080	SF		Knee immobilizer post-op	ea	2093.26
KO090	A13090	SF		Knee sleeve neoprene local	ea	446.74
KO091	A13091	SF		Knee sleeve neoprene imported	ea	794.13
KO100	A13100	CF		Post-op ROM brace - local	ea	3043.17
KO110	A13110	CF		Post-op ROM brace - imported	ea	4095.81
KO120	A13120	CM		Post-op ROM brace - custom made	ea	7128.68
KO121	A13121	CM		Post-op knee extension lock	ea	3633.69
KO130	A13130	CF		Swedish knee cage	ea	4910.53
KO140	A13140	CF		Swedish knee cage - hinged	ea	7842.54
LO				LEG ORTHOTICS		
LO005	A14005	CM		Bi-valved full length moulded leg brace	ea	8172.85
LO010	A14010	CM		Caliper full length with knee hinges and spurs	ea	14534.78
LO020	A14020	CM		Caliper full length with knee hinges ankle joints and footplates	ea	18772.69
LO030	A14030	CM		Caliper - AK straight	ea	5886.13
LO040	A14040	CM		Caliper - AK straight for Perthes disease	ea	8025.68
LO050	A14050	CM		Caliper - weight bearing with knee joints	ea	15573.72
LO060	A14060	CM		Fracture brace AK moulded plastic	ea	6937.07
LO070	A14070	CM		Fracture brace AK moulded plastic with knee joints	ea	12316.49
LO080	A14080	CM		Fracture brace AK plus HIP spica	ea	10207.84
LO101	A14101	CM		T.H.R. Hip brace with hip control joint - imported	ea	15825.32
LO125	A14125	CM		Posterior leg splint - moulded	ea	6086.36
LO140	A14140	S		Thigh sleeve - neoprene	ea	446.74
LO141	A14141	S		Thigh sleeve - neoprene imported	ea	874.55
LO151	A14151	S		Thermal pants	ea	946.53
LO				ORTHOTIC REPAIRS	unit	
LO170	A14170	CM		Replace calf / thigh band	ea	1040.64
LO180	A14180	CM		Knee cap square	ea	1086.93
LO190	A14190	CM		Knee cap long (KK)	ea	1396.63
LO195	A14195	CM		Orthotic repairs - (specify)	units	361.08

CO				CERVICAL ORTHOTICS		
CO010	A15010	CF		ABCO (Conradie brace)	ea	7339.36
CO015	A15015	CF		Custom moulded Plastic collar	ea	4741.07
CO020	A15020	CF		Custom moulded Plastizote collar	ea	1680.83
CO030	A15030	CF		Executive cervical collar	ea	1992.24
CO040	A15040	CF		Four poster brace	ea	5425.70
CO050	A15050	CF		Halo brace and hardware without ring or pins	ea	21090.17
CO060	A15060	CF		Halo brace complete (Invasive or non-Invasive)	ea	37136.31
CO068	A15068	CF		Miami J	ea	2043.59
CO069	A15069	CF		Neck Lock	ea	1198.11
CO070	A15070	CF		Plastic collar with chin piece	ea	1092.00
CO080	A15080	CF		Plastic collar without chinpiece	ea	896.85
CO083	A15083	CF		Philadelphia collar	ea	1293.92
CO084	A15084	CF		Philadelphia collar / ABS collar imported	ea	2885.71
CO090	A15090	CF		Poly pad cervical collar	ea	1025.26
CO091	A15091	CF		Poly and occipital pad	ea	1193.04
CO100	A15100	CF		Soft collar	ea	121.49
CO101	A15101	CF		Soft collar - extra	ea	297.88
CO102	A15102	CF		Soft collar - firm	ea	501.48
CO110	A15110	CF		S.O.M.I. brace	ea	2750.69
CO120	A15120	CF		S.O.M.I. brace imported	ea	3555.10
CO130	A15130	CF		Scull cap	ea	3264.01
SO				SPINAL ORTHOTICS		
SO005	A16005	CF		Abdominal binder - elastic 12"	ea	691.56
SO010	A16010	CF		Abdominal binder - elastic 10"	ea	607.59
SO020	A16020	CF		Abdominal binder - elastic 8"	ea	542.55
SO030	A16030	CF		Abdominal binder - 6"	ea	479.18
SO040	A16040	CF		Abdominal corset - female/male	ea	1593.47
SO070	A16070	CF		Hyper-extension (CASH) orthosis	ea	4282.35
SO075	A16075	CF		Hyper-extension (JEWETS) orthosis	ea	6877.09
SO080	A16080	CF		Lumbo Sacral Orthosis - chairback brace	ea	3943.57
SO090	A16090	CM		Lumbo Sacral Orthosis - Bennett's Brace	ea	5254.54
SO100	A16100	CM		Lumbo-sacral Orthosis - Pantaloon brace	ea	8075.21
SO110	A16110	CM		Lumbo sacral Orthosis - post-op bivalve	ea	9322.99
SO111	A16111	CF		Lumbo sacral Orthosis - chairback imported	ea	7688.44
SO120	A16120	CF		Lumbo-dorsal corset - female	ea	1925.50
SO130	A16130	CF		Lumbo-dorsal corset - female imported	ea	2543.38
SO140	A16140	CF		Lumbo-dorsal corset - male	ea	1773.26
SO150	A16150	CF		Lumbo-dorsal corset - male imported	ea	2543.38
SO160	A16160	CF		Lumbo-sacral corset - elastic pullwrap	ea	1374.34
SO161	A16161	CF		Lumbo-sacral corset - neoprene pullwrap	ea	1042.33
SO162	A16162	CF		Lumbo-sacral corset - elastic velcro	ea	1092.00
SO163	A16163	CF		Lumbo-sacral corset - elastic velcro imported	ea	1391.56
SO170	A16170	CF		Lumbo-sacral corset - elastic X-strap	ea	1092.00
SO180	A16180	CF		Lumbo-sacral corset - female 11"	ea	1643.16
SO190	A16190	CF		Lumbo-sacral corset - female 11" imported	ea	2493.71
SO200	A16200	CF		Lumbo-sacral corset - female 9"	ea	1545.50
SO210	A16210	CF		Lumbo-sacral corset - female 9"/male	ea	2493.71
SO250	A16250	CM		Thoraco Lumbar Sacral Orthosis - post op	ea	8710.32
SO260	A16260	CM		Thoraco Lumbar Sacral Orthosis - post op bivalve	ea	10601.52
SO270	A16270	CF		Thoraco Lumbar Sacral Orthosis - Taylor's brace	ea	2940.45
SO271	A16271	CM		Taylor's brace custom moulded	ea	6841.26
SO280	A16280	CM		Taylor's extension to corset	ea	1189.49
SO290	A16290	CF		Sacro Iliac belt	ea	1042.33

AQ			ARM ORTHOTICS		
AO010	A17010	CM	Arm abduction splint - custom made	ea	7508.67
AO020	A17020	CF	Arm abduction splint - imported	ea	12241.28
AO030	A17030	S	Arm immobiliser sling	ea	297.88
AO040	A17040	S	Clavicle brace	ea	297.88
AO050	A17050	S	Collar and Cuff	ea	49.67
AO060	A17060	CM	Elbow splint - moulded, rigid	ea	3851.30
AO070	A17070	CM	Elbow splint - moulded, with free joints	ea	6639.19
AO080	A17080	CM	Elbow splint - moulded, with locking joints	ea	8338.79
AO090	A17090	CM	Fracture brace - Humerus	ea	2717.93
AO100	A17100	CM	Fracture brace - Radius, ulna	ea	2717.93
AO105	A17105	SF	Tennis elbow - single pad	ea	369.69
AO110	A17110	SF	Tennis elbow - single pad pneumatic	ea	445.05
AO120	A17120	SF	Tennis elbow - double pad	ea	698.32
HO			HAND ORTHOTICS		
HO010	A18010	SF	Carpo-metacarpo immobilizer strap	ea	629.88
HO020	A18020	CM	Carpo-metacarpo immobilizer - moulded	ea	739.39
HO030	A18030	SF	Finger splint - PIP extension	ea	898.54
HO040	A18040	SF	Finger splint - PIP flexion	ea	898.54
HO050	A18050	S	Finger stall - leather	ea	83.82
HO060	A18060	CM	Hand splint - Post-op mobilizer	ea	2077.89
HO070	A18070	CM	Hand splint - moulded resting splint	ea	1287.15
HO080	A18080	CM	Hand splint - Combination finger ext, MP ext, wrist ext	ea	2089.89
HO100	A18100	CM	Hand splint - Combination finger ext, MP flex, Wrist ext	ea	2089.89
HO110	A18110	CF	Hand splint - finger and MP flexion	ea	1894.74
HO120	A18120	CF	Hand splint - MP extension	ea	1590.10
HO130	A18130	CF	Hand splint - MP flexion	ea	1590.10
HO140	A18140	SF	Mallet finger splint	ea	313.25
HO150	A18150	SF	Thumb wrap	ea	391.98
HO151	A18151	SF	Thumb support	ea	551.15
HO152	A18152	CM	Thumb abduction splint	ea	1193.04
HO160	A18160	CF	Wrist brace - elastic with volar splint	ea	568.23
HO165	A18165	CF	Wrist brace - reinforced leatherette with volar splint	ea	686.32
HO170	A18170	CF	Wrist brace - neoprene with volar splint	ea	847.18
HO180	A18180	CM	Wrist brace - moulded leather	ea	3753.50
HO190	A18190	CM	Wrist brace - moulded plastic	ea	3551.58
HO200	A18200	S	Wrist guard - elastic	ea	273.89
HO210	A18210	CF	Wrist splint - dynamic extension	ea	898.54
GC			GRADUATED COMPRESSION HOSE		
GC010	A50010	SF	Anti embolic stocking thigh high with waistbelt	pr	1054.94
GC020	A50020	SF	Anti-embolic stocking calf length	pr	746.30
GC030	A50030	SF	Anti-embolic stocking thigh length	pr	997.88
GC040	A50040	SF	Class I compression stocking - calf length	pr	845.49
GC050	A50050	SF	Class I compression stocking - half thigh	pr	1032.03
GC060	A50060	SF	Class I compression stocking - thigh high	pr	1163.82

GC065	A50065	SF		Class I compression stocking - thigh high + silicone garter	pr	1415.56
GC070	A50070	SF		Class I compression - pantyhose	ea	1545.50
GC075	A50075	SF		Class I compression - maternity pantyhose	ea	1665.29
GC080	A50080	SF		Class II compression stocking - calf length	pr	1179.34
GC090	A50090	SF		Class II compression stocking - half thigh	pr	1408.64
GC100	A50100	SF		Class II compression stocking - thigh high	pr	1518.44
GC110	A50110	SF		Class II compression stocking - thigh high with waistbelt	ea	1216.87
GC130	A50130	SF		Class III compression stocking - calf length	pr	1258.09
GC140	A50140	SF		Class III compression stocking - half thigh	pr	1408.64
GC150	A50150	SF		Class III compression stocking - thigh high	pr	1552.43
GC160	A50160	SF		Class III compression stocking - thigh high with waistbelt	ea	1258.09
GC170	A50170	SF		Class II Pressure Garment Arm and Hand	ea	3601.89
GC180	A50180	SF		Class II Pressure Garment Arm	ea	3183.25
CU				CUSHIONS		
CU010	A40010	S		Abduction pillow	ea	1173.35
				J CUSHIONS		
CU120	A40120	2100-MJ		J2 Cushion 18x16	ea	10588.62
CU130	A40130	2100OF		J2 Cush J2 18x16 over fold/extra gel	ea	10588.62
CU140	A40140	2101		J2 Cushion 18x18	ea	10588.62
CU150	A40150	2101OF		Cush J2 18x18 over fold	ea	10588.62
CU160	A40160	2105-MJ		J2 Cushion 15.5x16	ea	10588.62
CU170	A40170	2105OF		Cush J2 15.5x18 over fold	ea	10588.62
CU1780	A40180	2106-MJ		J2 Cushion 15.5x18	ea	10588.62
CU190	A40190	2106OF		Cush J2 15.5x18 over fold	ea	10588.62
CU200	A40200	2107-MJ		J2 Cushion 15.5x20	ea	11443.76
CU210	A40210	2108-MJ		J2 Cushion 14x16	ea	10588.62
CU220	A40220	2108OF		Cush J2 14x16 over fold	ea	10588.62
CU230	A40230	2116-MJ		J2 Cushion 20x16	ea	11443.76
CU240	A40240	2118-MJ		J2 Cushion 20x18	ea	10714.38
CU250	A40250	2466		J2 Deep contour cushion (16x16, 18x18)	ea	10714.38
CU270	A40270	956TOF		Cush Jay xtreme 15x16 tritex cover	ea	9632.88
CU280	A40280	966T		Jay xtreme 16x16 tritex c/cover	ea	9632.88
CU290	A40290	966TOF		Cush Jay xtreme 16x16 with tritex cover	ea	9632.88
CU300	A40300	967TOF		Cush Jay xtreme 16x17 with tritex cover	ea	9632.88
CU310	A40310	986TOF		Cush Jay xtreme 18x16 tritex	ea	9632.88
CU320	A40320	988TOF		Cush xtreme 18x18 with tritex cover	ea	9632.88
				ROHO CUSHIONS:		
CU330	A40330	QS88LPC		Quadro select low profile cushion	ea	9255.61
CU340	A40340	QS89LPC		Quadro select low profile cushion	ea	9255.61
CU350	A40350	QS810LPC		Quadro select low profile cushion	ea	9255.61
CU3560	A40360	QS98LPC		Quadro select low profile cushion	ea	9255.61
CU370	A40370	QS99LPC		Quadro select low profile cushion	ea	9255.61
CU380	A40380	QS910LPC		Quadro select low profile cushion	ea	9255.61
CU390	A40390	QS1010LPC		Quadro select low profile cushion	ea	9255.61
CU400	A40400	QS88C		Quadro select low profile cushion	ea	9255.61
CU410	A40410	QS89C		Quadro select low profile cushion	ea	9255.61
CU420	A40420	QS810C		Quadro select low profile cushion	ea	9255.61
CU430	A40430	QS98C		Quadro select low profile cushion	ea	9255.61
CU440	A40440	QS99C		Quadro select low profile cushion	ea	9255.61
CU450	A40450	QS910C		Quadro select low profile cushion	ea	9255.61
CU460	A40460	QS1010C		Quadro select low profile cushion	ea	9255.61
CU470	A40470	1R109C		Roho 10*9 cushion and cover	ea	9255.61
CU480	A40480	D/A-5		Roho cushion rubber patch kit	ea	100.60
CU490	A40490	UC109C		Roho cushion cover universal	ea	1257.56
CU500	A40500	HP20		Roho pump	ea	201.21
CU510	A40510	V1		Replacement valve	ea	75.45

			SUNDRY CUSHIONS		
CU520	A40520	MMC	Medimat wheelchair cushion	ea	249.00
CU530	A40530	MMD	Medimat double eggshell matt	ea	1979.39
CU540	A40540	MMS	Medimat single mattress	ea	1383.31
CU550	A40550	Z12.100W	Waterproof cushion cover	ea	716.81
CU560	A40560	Z12.120	Wheelchair cushion cover 18	ea	181.09
CU570	A40570	Z12.130	Wheelchair cushion cover 16	ea	181.09
CU580	A40580	POST	Posturite cushion	ea	1217.31
CU590	A40590		Posturite cushion only cover	ea	181.09
CU600	A40600	TM-127552	Tempur cushion 40x40x50 with cover	ea	3787.04
CU610	A40610	TM-128519	Tempur cushion 40x45x50 with cover	ea	4275.69
CU620	A40620	TM-127609	Tempur cushion 40x40x75 with cover	ea	4778.71
CU630	A40630	TM-128073	Tempur cushion 43x43x50 with cover	ea	4275.69
CU640	A40640	TM-128128	Tempur cushion 43x43x75 with cover	ea	5533.25
CU650	A40650	PS1	Pentaflex cushion with cover	ea	5457.79
CU660	A40660	MFL001	Satum lumbar cushion wheelchair	ea	729.38
CU670	A40670		Memory cushion	ea	628.78
CU680	A40680		Latex cushion	ea	628.78
CU690	A40690		Obus form low back cushion	ea	1697.70
CU700	A40700	BX9AUC99C	Unversal cushion cover	ea	1257.56
CU			MATTRESSES AND ACCESSORIES		
CU058	A90023		Ripple mattress, mattress only	ea	855.80
CU059	A90024		Separate tube mattress, mattress only	ea	4492.88
CU060	A90025		Mattress pump for Ripple mattress	ea	1711.58
CU061	A90026		Mattress pump for Adv tube mattress	ea	1711.58
CU062	A90027		Pressure care soft form mattress	ea	9048.92
CU063	A90028		Replacement cells for mattress	ea	596.15
HE			HOSPITAL AND HOME NURSING EQUIPMENT		
HE010	A54010	S	Bath chair / board	ea	1408.46
HE020	A54020	S	Bath chair - swivel type	ea	3258.92
HE030	A54030	S	Bed frame	ea	1018.33
HE040	A54040	S	Bed pan	ea	261.89
HE050	A54050	S	Bed pan - slipper type	ea	299.79
HE060	A54060	S	Self Propelling Commode	ea	6198.21
HE090	A54090	S	Commode with wheels and foot rests	ea	3743.18
HE095	A54095	S	Commode bucket	ea	334.51
HE100	A54100	S	Sheepskin bedpad	ea	874.55
HE110	A54110	S	Sheepskin heel / elbow protectors	pr	289.27
HE120	A54120	S	Toilet seat raiser	ea	1430.94
HE130	A54130	S	Urinal bottle	ea	85.66
HE140	A54140	S	Waterproof sheet 1 meter	ea	178.08
PS			PROFFESIONAL SERVICES		
PS030	A60030		Hospital visit	ea	231.13
PS070	A60070		Theatre attendance	ea	1179.34
PS090	A60090		Time 1 unit	ea	118.11
TE			TRACTION EQUIPMENT		
TE010	A70010	S	Cervical traction halter - disposable	ea	35.97
TE030	A70030	S	Pelvic traction belt - canvas	ea	422.74
TE050	A70050	S	Pelvic traction corset	ea	1229.72
TE060	A70060	S	Traction cord	mtr	1.68
TE070	A70070	S	Traction kit - over door	ea	1319.60
TE080	A70080	S	Traction kit - under mattress	ea	1365.88
TE090	A70090	S	Traction water weight bag	ea	332.01
TE130	A70130	S	Skin traction - foam	ea	395.38
TE140	A70140	S	Skin traction - elastoplast	ea	395.38

WA				WALKING AIDS		
WA010	A71010	S		Delta walker	ea	4244.66
WA020	A71020	S		Elbow crutches	pr	576.84
WA030	A71030	S		Elbow crutches - cooper moulded handles imported	pr	1946.09
WA040	A71040	S		Gutter crutch	ea	898.54
WA060	A71060	S		Walking frame - folding	ea	789.06
WA080	A71080	S		Walking frame - with wheels	ea	1215.17
WA090	A71090	S		Walking stick - adjustable	ea	287.57
WA100	A71100	S		Walking stick - cane	ea	292.82
WA110	A71110	S		Auxilia crutches	pr	552.85
WA120	A71120	S		Ferrule - local	ea	15.38
WA125	A71125	S		Ferrule - imported	ea	32.44
WA130	A71130	S		Swivel rubbers cooper crutches	ea	1199.79
WA140	A71140	S		Tripod walking stick	ea	530.55
WC				WHEELCHAIRS		
WC005	A80060			Wheelchair hire per month		643.57
WC006	A80070			Wheelchair hire per week		145.47
				WHEELCHAIR: ECONOMY		
WC010	A80010	RAINBOW		Rainbow	ea	2867.23
WC015	A80015	Rollability Econ		Rollability Econ	ea	11181.47
				WHEELCHAIR: LIGHT WEIGHT		
WC020	A80020			Quicky breeze 16" and 18"	ea	20764.77
WC021	A80021			Quicky rubb/Ce 16"-20"	ea	18712.44
WC022	A80022			Pacer lite	ea	13430.70
WC023	A80023			Lite ride folding stainless steel wheelchair	ea	26082.18
WC024	A80024			Aluminium light weight folding wheelchair	ea	9048.92
				WHEELCHAIR: STANDARD		
WC030	A80030	8AU41250770M		Qr Reclining wheelchair	ea	7473.48
WC031	A80031	8AUQRRTU250770SM		Qr Tuffee	ea	5432.64
WC032	A80032	8WUQRRTU250770SM		Qr Tuffee special 20"	ea	8200.27
WC033	A80033	8EWUTU250770SM		Qr Tuffee special 22" re inforced/Standard	ea	13877.39
WC034	A80034	8AULS250770SM		Tuffee/Low chairback standard	ea	7317.17
WC035	A80035			Tuffee with amputee brackets X2/standard	ea	7193.22
WC036	A80036	8AUCRUS770SM		Qr Cruiser	ea	4958.37
WC037	A80037			Rough rider	ea	7741.52
WC038	A80038			Satum Coaster wheel chair standard	ea	6853.68
WC039	A80039			Hercules wheelchair/rural/16"/18"/single crossbar	ea	7419.58
WC040	A80040			Hercules special 20"/double cross bar/medop	ea	7985.48
WC041	A80041			Hercules lowback/16"/18"/single cross bar	ea	7733.97
MW				MOTORISED WHEELCHAIRS		
MV045	A80045			Power Wheelchair	ea	30181.35
MV046	A80046			Velocity Wheelchair	ea	66830.14
MV047	A80047			Wheelchair with tilt in space (Any Model)	ea	76171.98
MV048	A80048			Standing wheelchair	ea	74520.51
WP				WHEELCHAIR PARTS:		
NB:WHEELCHAIR REPAIRS:PRICE INCLUSIVE OF ASSESSMENT,REPAIR AND TIME UNITS						
				FRONT WHEELS:CASTORS		
	TARIFF	ITEM		DESCRIPTION		
	CODE	CODE		BEARINGS:		

FCW201	A80201			Colson needle bearing	ea	168.51
FCW202	A80202			Castor stem bearing	ea	67.91
FCW203	A80203			Bearing for 8" castor wheel	ea	67.91
FCW204	A80204			Bearing 12.7CSTR stem/P-lite	ea	67.91

				BEARING SPACER:		
FCW205	A80205	12.7X1.6X42	Castor bearing spacer 8x1	ea	7.55	
FCW206	A80206	12.7X1.6X43	Castor bearing spacer 8x2	ea	7.55	
			AXELS:			
FCW207	A80207	UTB028	Castor axle bolt	ea	32.70	
FCW208	A80208	UTB054	Washer,M8x13x1,castor axle	ea	2.52	
FCW209	A80209	UTB014	M8nyloc nut castor axle nut	ea	2.52	
			CASTOR FORK AND STEM:			
FCW210	A80210	C2.70	Castro fork assembly	ea	168.51	
FCW211	A80211	C2.70PR	Castor fork W/stem/axle/stem BRG	ea	52.82	
FCW212	A80212	C2.71	Castor stem	ea	52.82	
FCW213	A80213	C2.72	Castor stem fit hex nut,24MMHUL001L	ea	20.12	
FCW214	A80214	COM013	Castor stem nut 1/2UNF fit nyloc nut	ea	2.52	
FCW215	A80215	UTB055	Washer,spring,castor stem	ea	2.52	
FCW216	A80216	COM008	Castor stem dust cap	ea	10.06	
			CASTORS COMPLETE:			
FCW217	A80217	C2.10	Castor 200x27 CMPLT solid,8x1	ea	198.69	
FCW218	A80218	C2.20	Castor 200x50 CMPLT solid 8x2	ea	304.33	
FCW219	A80219	C2.100	Castor 200x27 CMPLT PNEU, 18x1	ea	503.02	
FCW220	A80220	C2.200	Castor 200x50 CMPLT PNEU,8x2	ea	669.02	
FCW221	A80221	C2.11	Solid castor 200x27,no fork 8x2	ea	105.63	
FCW222	A80222	C2.30	Solid castor 200x50, no fork 8x2	ea	213.78	
FCW223	A80223	COM026	Comfort 8x1 PNEU rim/tyre	ea	334.51	
FCW224	A80224	COM035	Comfort 8x2 PNEU rim/tyre	ea	402.42	
			SUNDRY CASTORS:			
FCW225	A80225	C2.14	Solid castor 5"	ea	364.69	
FCW226	A80226	COM048	Castor 8x1 pneumatic	ea	364.69	
FCW227	A80227	COM048S	Solid castor 8"	ea	364.69	
			TYRES AND TUBES:			
FCW228	A80228	COM033	Tyre 8"x 18 1/4	ea	168.51	
FCW229	A80229	COM034	Tube 8"x18 1/4	ea	67.91	
FCW230	A80230	COM036	Tyre 8"x2	ea	198.69	
FCW231	A80231	COM028	Tube 8"x2	ea	105.63	
FCW232	A80232	PER003	No more flats, 8x1x1/4	ea	168.51	
FCW233	A80233	PER007	No more flats,8x2"	ea	243.97	
			COLSON CASTORS:			
FCW234	A80234	78430/500	Colson castor axle wavy washer	ea	7.55	
FCW235	A80235	C2.12	Colson castor,200x27,CMPLT	ea	1003.53	
FCW236	A80236	C2.13	Colson castor,200x50,no fork	ea	669.02	
FCW237	A80237	C2.21	Colson castor,200x50CMPLT	ea	1338.04	
FCW238	A80238	C2.31	Colson castor,200x50,no fork	ea	1003.53	
FCW239	A80239	C2.80	Castor fork for 200x50 colson	ea	503.02	
FCW240	A80240	C2.81	castor fork for 200x25 colson	ea	503.02	
FCW241	A80241	COL001	Colson solid tyre,200x27	ea	334.51	
FCW242	A80242	COL002	Colson castor rim,8x1	ea	168.51	
FCW243	A80243	78320/100	Colson needle bearing	ea	168.51	
			BEARINGS			
FCW244	A80244	COM054	Bearing ,28x11.03x8, fixed rear mag wheel	ea	67.91	
FCW245	A80245	COM053	Bear 28x12x8,Q/release rear nag wheel	ea	67.91	
FCW246	A80246	COM011	Bearing,spoked rear wheel,flanged(11.03 or 12mm)	ea	67.91	
FCW247	A80247	COM085	Bearing , one arm DR,6002 2RS	ea	67.91	
			BEARING SPACERS			
FCW248	A80248	15.88X1.2X34	Bearing spacer,pacelite rear mag wheel	ea	7.55	
FCW249	A80249	15.88X1.2X37	Bearing spacer,Q/rei rear mag wheel	ea	7.55	
FCW250	A80250	15.88X1.2X44	Bearing spacer,std rear mag wheel	ea	7.55	

				BRAKES		
FCW251	A80251	COM009		Brake assembly left hand	ea	183.60
FCW252	A80252	COM010		Brake assembly right hand	ea	183.60
FCW253	A80253	BRA001		Brake bracket	ea	75.45
FCW254	A80254	BRA002		BRAKE LEVER	ea	17.61
FCW255	A80255	BRA003		Brake "L" piece	ea	17.61
FCW256	A80256	BRA004		Brake link straight	ea	10.06
FCW257	A80257	BRA005		Brake link bent	ea	10.06
FCW258	A80258	R1.141		Brake lever rubber	ea	17.61
FCW259	A80259	R1.190		Brake extension arm	ea	52.82
FCW260	A80260	UTB025		Bolt,cup SQ elgan,M8,brake mounting	ea	7.55
FCW261	A80261	UTB014		Nyloc nut,M8,brake mounting	ea	10.06
				BRAKES		
FCW262	A80262	UTB018		Machine screw,hex,M6x20,Brake assembly	ea	2.52
FCW263	A80263	UTB033		Washer,13x6.5x1,brake assembly	ea	2.52
FCW264	A80264	UTB047		Grommet,11x6.2x1x2,brake assembly	ea	2.52
FCW265	A80265	UTB057		Brake assembly rivet,turned	ea	7.55
FCW266	A80266	UTB057E		Brake assembly rivet,turned	ea	7.55
				SUNDRY WHEEL COMPONENTS		
FCW267	A80267	COM014		Rear wheel dust cap	ea	17.61
FCW268	A80268	COV001		Brake extension end cap+	ea	7.55
FCW269	A80269	DIC001DBCABLE		Brake cable(PR) rear DR/brake	ea	52.82
FCW270	A80270	DIC001DBLEVER		Brake lever(PR) rear DR/brake	ea	52.82
FCW271	A80271	DIC002		Spoke for 24x1 3/8rim	ea	2.52
FCW272	A80272	DIC003		STD spoke nipple	ea	2.56
FCW273	A80273	DIC005		Spoke for 24x1175 rim	ea	2.52
FCW274	A80274	RAL001		Rubber rim tape/tube protector	ea	5.03
				TYRES/TUBES		
FCW275	A80275	COM023		Tyre,pneumatic,24x1&3/8	ea	218.81
FCW276	A80276	COM024		Tyre,Pneumatic,24x1.75"	ea	218.81
FCW277	A80277	COM055		Tyre,Pneumatic,24x1	ea	218.81
FCW278	A80278	COM040		Tyre,Pneumatic,22x1&3/8	ea	218.81
FCW279	A80279	COM042		Tyre,Pneumatic,12.5x2.25,transit	ea	218.81
FCW280	A80280	COM042P		Tyre,Pneumatic,12.5x2.25,power	ea	218.81
FCW281	A80281	COM025		Krypton solid tyre,24x1-3/8	ea	304.33
FCW282	A80282	COM021		Krypton solid tyre,24x1.75	ea	364.69
FCW283	A80283	COM084		Krypton solid tyre,24x1.0	ea	304.33
FCW284	A80284	COM083		Krypton solid tyre,22x1.3/8	ea	304.33
FCW285	A80285	COM019		Kryptonsolid tyre, 12.5x2.25	ea	533.20
FCW286	A80286	Z369		Solid tyre,24x1-3/8	ea	472.84
FCW287	A80287	PER001		No more flats,24x1-3/8	ea	364.69
FCW288	A80288	PER002		No more flats,24x1.75	ea	364.69
FCW289	A80289	PER004		No more flat,12.5x2.25,broad(Power)	ea	364.69
FCW290	A80290	PER005		No more flat,12.5x2.25,narrow(Transit)	ea	364.69
FCW291	A80291	R1.40		Tube,24x13/8	ea	105.63
FCW292	A80292	R1.50		Tube,24x1.75	ea	105.63
FCW293	A80293	COM056		Tube,24x1	ea	105.63
FCW294	A80294	COM050		Tube 22"x1&3/8	ea	105.63
FCW295	A80295	R1.60		Tube 12.5x2.25	ea	213.78
				SUNDRY TYRES AND TUBES		
FCW296	A80296	COM055		Tyre 24x1	ea	213.78
FCW297	A80297	COM058		Tyre 26x1	ea	213.78
FCW298	A80298	COM041		Tyre 260x85,maxi scooter rear	ea	349.60
FCW299	A80299	COM062		Tyre 260x85,maxi scooter front	ea	349.60
FCW300	A80300	COM069		Tyre 300x4 F55 front & maxi scooter	ea	349.60
FCW301	A80301	COM070		Tyre 300x8 F55 rear	ea	349.60
FCW302	A80302	COM066		Tyre 4.10/3.50x5 velocity rear	ea	349.60
FCW303	A80303	COM065		Tyre 2.80/2.50x4 velocity front & midi scooter	ea	349.60
FCW304	A80304	COM073		Tyre 250x4 suzuki front	ea	349.60
FCW305	A80305	COM074		Tyre 3.00x10 suzuki rear	ea	503.02
FCW306	A80306	COM080		Tyre 3.00x10 bec rear	ea	503.02
FCW307	A80307	COM029		Tyre 18"x1.75	ea	218.81
FCW308	A80308	COM078		Tyre 18x13/8	ea	218.81
FCW309	A80309	COM031		Tyre 10.2"	ea	218.81
FCW310	A80310	COM056		Tube24.1"	ea	105.63

FCW311	A80311	COM059		Tube 26.1"	ea	105.63
FCW312	A80312	COM064		Tube 260.85 scooter	ea	105.63
FCW313	A80313	COM071		Tube 300x4 F55 front	ea	105.63
FCW314	A80314	COM072		Tube 300x4 F55 rear	ea	105.63
FCW315	A80315			Tube velocity rear 4.10/3.50x5	ea	105.63
FCW316	A80316			Tube velocity rear 4.10/3.50x4	ea	105.63
FCW317	A80317	COM086		Velocity 2.80/2.50-4 solid tyre front	ea	1277.68
FCW318	A80318	COM087		Velocity 4.10/3.50-5 solid tyre rear	ea	1277.68
FCW319	A80319	COM075		Tube 250x4 suzuki front	ea	105.63
FCW320	A80320	COM076		Tube 250x10 suzuki rear	ea	105.63
FCW321	A80321	COM081		Tube 3.00z10 bec rear	ea	105.63
FCW322	A80322	COM030		Tube 18"x1.75	ea	105.63
FCW323	A80323	COM079		Tube 18x1.3/8	ea	105.63
FCW324	A80324	COM032		Tube 10x2	ea	105.63
				COMPLETE WHEELS - SUNDRY		
FCW325	A80325	COM037		12& 1/2& 1/4 wheel W/O axle	ea	334.51
FCW326	A80326	DIC001DB		Rear WHL with drum brake 24x1-3/8 L/R	ea	5327.01

COMPLETE WHEELS - SPOKE					
FCW327	A80327	COM027	Quick release spoked PNEU wheel assy 24x1&3/8	ea	1506.55
FCW328	A80328	R1.05	Rear wheel spoked 24x1-3/8 NMF complete	ea	1506.55
FCW329	A80329	R1.05K	Rear wheel spoked 24x1-3/8 krypton tyre complete	ea	1506.55
FCW330	A80330	R1.05P	Rear wheel spoked 24x1-3/8 pneumatic complete	ea	1506.55
FCW331	A80331	R1.10	Rear wheel spoked 24x1.75 NMF complete	ea	1506.55
FCW332	A80332	R1.10K	Rear wheel spoked 24x1.75 krypton tyre comple	ea	1506.55
FCW333	A80333	R1.10P	Rear wheel spoked 24x1.75 pneumatic complete	ea	1506.55
FCW334	A80334	R 1.17	Rear wheel rainbow spoke complete	ea	518.11
COMPLETE WHEELS - MAG					
FCW335	A80335	R1.18	Fixed mag wheel 24x1-3/8 solid tyre (Rainbow)	ea	1172.04
FCW336	A80336	R1.20	Fixed mag wheel 24x1-3/8 NMF complete	ea	1172.04
FCW337	A80337	R1.20K	Fixed mag wheel 24x-3/8 krypton tyre complete	ea	1172.04
FCW338	A80338	R1.20P	Fixed mag wheel 24x-3/8 pneumatic complete	ea	1172.04
FCW339	A80339	R1.21K	Fixed mag wheel 24x1.75 krypton tyre complete	ea	1172.04
FCW340	A80340	R1.25	Quick release mag wheel 24x1-3/8 NMF complete	ea	1172.04
FCW341	A80341	R1.25K	Quick release mag wheel 24x1-3/8 krypton tyre	ea	1172.04
FCW342	A80342	R1.25P	Quick release mag wheel 24x1-3/8 pneumatic	ea	1172.04
FCW343	A80343	R1.26K	Quick release mag wheel 24x1.75 krypton tyre	ea	1172.04
FCW344	A80344	R1.30	Mag wheel 22x1-3/8 pneumatic	ea	1003.53
WHEEL SUB-ASSEMBLIES					
FCW345	A80345	R1.050	24x1-3/8 W/rim & P/rim ASM	ea	669.02
FCW346	A80346	R1.051	24x1-3/8 W/rim & P/rim spoke ASM(no pushrim)	ea	503.02
FCW347	A80347	R1.053	Flange & bearing assembly	ea	67.91
FCW348	A80348	R1.100	24x1.75 W/rim & P/rim ASM	ea	643.87
FCW349	A80349	R1.101	24x1.75 W/rim & spoke ASM	ea	503.02
FCW350	A80350	R1.200	Fixed mag no tyre/NMF 1-3/8	ea	608.66
FCW351	A80351	R1.250	Q/R mag no tyre/NMF 1-3/8	ea	608.66
FCW352	A80352	R1.260	Q/R mag no tyre/NMF 1.75	ea	837.53
FCW353	A80353	R1.210	Fixed mag no tyre/NMF 1.75	ea	837.53
PUSHRIMS					
FCW354	A80354	CAPSTAN	Upcharge for capstan pushrim	ea	304.33
FCW355	A80355	MAG1.052	24x1-3/8 mag pushrim ASM	ea	304.33
FCW356	A80356	MAG1.052 19MM	Flange and bearing assembly	ea	304.33
FCW357	A80357	PACER 1.052	Quick release ALU/SS handrim	ea	503.02
FCW358	A80358	R1.052	24x1-3/8 pushrim assembly for poke	ea	304.33
FCW359	A80359	R1.102	24x1.75 pushrim assembly for poke	ea	304.33
FCW360	A80360	UTB003	MCHN SCR pan pozi M4x10 PSHrim	ea	2.52
FCW361	A80361	UTB004	Nyloc nut M4 pushrim	ea	2.52
FCW362	A80362	UTB048	Bolt P/pozi M5x55 mag pushrim	ea	2.52
FCW363	A80363	UTB049	Starlock washer M5 ,ag P/rim	ea	2.52
FCW364	A80364	UTB023	Rivet nut M5x12	ea	2.52
ONE ARMED DRIVE					
FCW365	A80365	HEMDRIVE 14	One arm drive kit-14"	ea	10042.85
FCW366	A80366	HEMDRIVE 16	One arm drive kit -16"	ea	10042.85
FCW367	A80367	HEMDRIVE 18	One arm drive kit-18"	ea	10042.85
FCW368	A80368	HEMDRIVE 20	One arm drive kit -20"	ea	10042.85
FCW369	A80369	OA-01-00	OAD driven bearing shft ASM	ea	1172.04
FCW370	A80370	OA-01-00BH	OAD bearing housing sub-ASM	ea	669.02
FCW371	A80371	OA-01-04	OAD driven shaft	ea	669.02
FCW372	A80372	OA-01-05	OAD wheel top	ea	334.51
FCW373	A80373	OA-01-06	OAD washer	ea	30.18
FCW374	A80374	OA-01-07	OAD tube spacer fixing bolt	ea	20.12
FCW375	A80375	OA-01-08	OAD hub nut driven wheel	ea	475.36
FCW376	A80376	OA-02-00	OAD driving bearing /Shaft ASM	ea	1172.04
FCW377	A80377	OA-02-01	OAD driving shaft	ea	669.16
FCW378	A80378	OA-02-02	OAD spacer driving ASM shaft	ea	135.82
FCW379	A80379	OA-03-00-14	OAD connecting shaft -14"	ea	1172.04
FCW380	A80380	OA-03-00-16	OAD connecting shaft 16"	ea	1750.52
FCW381	A80381	OA-03-00-18	OAD connecting shaft -18"	ea	1750.52
FCW382	A80382	OA-03-00-20	OAD connecting shaft -20"	ea	1750.52
FCW383	A80383	OA-03-02	OAD slotted half shaft	ea	503.02
FCW384	A80384	OA-03-03	OAD plunger	ea	304.33
FCW385	A80385	OA-03-04-14	OAD half shfaf -14"	ea	440.14
FCW386	A80386	OA-03-04-16	OAD half shaft -16"	ea	440.14
FCW387	A80387	OA-03-04-18	OAD half shaft -18"	ea	440.14

FCW388	A80388	OA-03-04-20		OAD half shaft -20"	ea	440.14
FCW389	A80389	OA-03-05		OAD compressing spring	ea	32.70
FCW390	A80390	OA-03-06		OAD key connecting shft	ea	32.70
FCW391	A80391	OA-03-07		OAD centre shaft sleeve	ea	243.97
FCW392	A80392	OA-04-00		OAD pushrim ASM	ea	837.53
FCW393	A80393	UTB061		One arm drive bolt 7/16x3 UNF	ea	17.61
FCW394	A80394	UTB062		One arm drive lock nut M12	ea	2.52
FCW395	A80395	UTB063		One arm DR EXT crclip DIA	ea	17.61
FCW396	A80396	UTB064		One arm DR B/head screw M6x12	ea	2.52
FCW397	A80397	UTB065		One arm drive nyloc nut M12	ea	17.61
FCW398	A80398	UTB066		One arm DR nyloc nut 7/16	ea	2.52
FCW399	A80399	UTB067		One arm DR C-pin 3.5x22x0.75	ea	17.61
FCW400	A80400	UTB068		One arm DR C-pin 6x0x22x1.25	ea	17.61
				AXLES		
FCW401	A80401	COM038		Quick-release axle wheelchairs	ea	153.42
FCW402	A80402	TOR002		Rear axle bolt standard	ea	67.91
FCW403	A80403	TOR002R		Rear axle bolt rainbow	ea	67.91
FCW404	A80404	TOR003		7/16 UNF nut rear axle	ea	7.55
FCW405	A80405	TOR009		Transit chair axle bolt	ea	67.91
FCW406	A80406	TOR011		Transit chair axle nut T	ea	7.55
FCW407	A80407	HUL025		Axle spacer 12" wheelchair	ea	17.61

FOOTRESTS:					
COMPLETE FOOTRESTS					
FT0408	A80408	F3.5010	18" STD nylon F/R CMPLT left	ea	334.51
FT0409	A80409	F3.6020	18" STD nylon F/R CMPLT right	ea	334.51
FT0410	A80410	F3.3050	16" F/rest complete STD left	ea	334.51
FT0411	A80411	F3.4060	16" F/rest complete STD right	ea	334.51
FT0412	A80412	F3.5131	16" Kids F/rest CMPLT, left	ea	334.51
FT0413	A80413	F3.6141	16" kids F/rest CMPLT, right	ea	334.51
FT0414	A80414	F3.11	14" F/rest ASM clamp on left	ea	334.51
FT0415	A80415	F3.21	14" F/rest ASM clamp on right	ea	334.51
FT0416	A80416	F3.1121	14" clamp on footrest pair	ea	669.02
FT0417	A80417	F3.5161	16" kids footrest pair	ea	669.02
HANGERS					
FT0418	A80418	HUL023	Footrest hanger pin long	ea	17.61
FT0419	A80419	HUL024	Footrest hanger pin short	ea	17.61
FT0420	A80420	F3.50	STD footrest hanger ASY-left	ea	233.91
FT0421	A80421	F3.60	STD footrest hanger ASY-Right	ea	233.91
FT0422	A80422	F3.51	16" kids footrest hanger ASY left	ea	233.91
FT0423	A80423	F3.61	16" kids footrest hanger ASY right	ea	233.91
FT0424	A80424	F3.54	Extra short hanger left	ea	233.91
FT0425	A80425	F3.64	Extra short hanger right	ea	233.91
FT0426	A80426	F3.52	Low slung F/R hanger ASSY right	ea	233.91
FT0427	A80427	F3.62	Low slung F/R hanger ASSY left	ea	233.91
FT0428	A80428	F3.60C	Standard F/R hanger only right chromed	ea	233.91
FT0429	A80429	F3.50C	Standard F/R hanger only left chromed	ea	233.91
FOOTPLATES					
FT0430	A80430	PACER 3.120L	Adult nylon footplate -left	ea	67.91
FT0431	A80431	PACER 3.120R	Adult nylon footplate -right	ea	67.91
FT0432	A80432	PACER 3.140L	N/A adult nylon footplate left	ea	67.91
FT0433	A80433	PACER 3.140R	N/A adult nylon footplate right	ea	67.91
FT0434	A80434	COM003	14" footplate nylon	ea	67.91
FT0435	A80435	CHA002	Footplate rubber inset	ea	32.70
FT0436	A80436	COM001	Footplate adult ALU	ea	135.82
FT0437	A80437	COM002	Footplate n/a adult ALU	ea	135.82
FT0438	A80438	COM00313L	14" 90degree footplate left	ea	608.66
FT0439	A80439	COM00313R	14" 90degree footplate right	ea	608.66
EXTENSIONS					
FT0440	A80440	F3.10	18" footrest ext ASM left	ea	168.51
FT0441	A80441	F3.20	18" footrest ext ASM right	ea	168.51
FT0442	A80442	F3.30	16" footrest ext ASM standard left	ea	168.51
FT0443	A80443	F3.40	16" footrest ext ASM standard right	ea	168.51
FT0444	A80444	F3.31	16" footrest ext ASM kids left	ea	168.51
FT0445	A80445	F3.41	16" footrest ext ASM kids right	ea	168.51
FT0446	A80446	F3.10AL	18" footrest ext ASM alu left	ea	274.15
FT0447	A80447	F3.20AL	18" footrest ext ASM alu right	ea	274.15
FT0448	A80448	F3.30AL	16" footrest ext ASM std alu left	ea	274.15
FT0449	A80449	F3.40AL	16" footrest ext ASM std alu right	ea	274.15
FT0450	A80450	F3.31AL	16" footrest ext ASM kids alu left	ea	274.15
FT0451	A80451	F3.41AL	16" footrest ext ASM kids alu right	ea	274.15
FT0452	A80452	F3.32	14" footrest ext ASM GRWNG left	ea	168.51
FT0453	A80453	F3.42	14" footrest ext ASM GRWNG right	ea	168.51
12" FOOTREST					
FT0454	A80454	F3.5312	12" footrest assembly left	ea	1172.04
FT0455	A80455	F3.6322	12" footrest assembly right	ea	1172.04
FT0456	A80456	COM00312L	12" 90 degree footplate left	ea	503.02
FT0457	A80457	COM00312R	12" 90 degree footplate right	ea	503.02
FT0458	A80458	F3.12	12" footrest ext ASM left	ea	1003.53
FT0459	A80459	F3.22	12" footrest ext ASM right	ea	1003.53
FT0460	A80460	F3.53	12" footrest hanger assembly left	ea	168.51
FT0461	A80461	F3.63	12" footrest hanger assembly right	ea	168.51
FT0462	A80462	F3.12C	12 footrest ext left coated	ea	198.69
FT0463	A80463	F3.22C	12" footrest ext right coated	ea	198.69
FT0464	A80464	F3.110	Footrest ext tube ASM alum F/pi	ea	90.54
FT0465	A80465	F3.112	Kids footrest ext tube alu f/p coat	ea	90.54
FT0466	A80466	V20F09M	Footrest clamp 50mm(12)	ea	334.51
FT0467	A80467	UTB050	12" footrest ass bolt M6x40	ea	5.03

				ELEVATING FOOTRESTS		
FT0468	A80468	COM039L		Elevating frest hanger left	ea	1066.41
FT0469	A80469	COM039R		Elevating frest hanger right	ea	1066.41
FT0470	A80470	F3.140		Elevating leg pad	ea	135.82
				SUNDRY		
FT0471	A80471	HUL002		Footplate spring clip	ea	27.67
FT0472	A80472	UTB002		Heel strap bolt clip	ea	2.52
FT0473	A80473	UTB012		Nyloc nut M6 for heelstrap	ea	2.52
FT0474	A80474	UTB030		Cap screw M6x45 nylon footplate	ea	2.52
FT0475	A80475	F3.11C		14" footrest tube ASM clamp on	ea	90.54
FT0476	A80476	COM015B		Footrest clamp bolt	ea	25.15
FT0477	A80477	COM020		Footrest bumper rubber	ea	10.06
FT0478	A80478	UTB016		Clamp on footplate bolt mach screw,hex M10x45	ea	17.61
FT0479	A80479	UTB017		Clamp on footplate nut M10	ea	2.52
				FOOTREST RELEASE LEVERS		
FT0480	A80480	COM018A		Footrest release lever right	ea	20.12
FT0481	A80481	COM018B		Footrest release lever left	ea	20.12
FT0482	A80482	COM018E		Footrest release lever screw	ea	2.52
FT0483	A80483	COM018G		Footrest release lever ASSY right hand spring	ea	7.55
FT0484	A80484	COM018H		Footrest release lever ASSY left hand spring	ea	7.55
				LEGSTRAPS		
FT0485	A80485	P4.30		Adult heelstrap	ea	67.91
FT0486	A80486	P4.40		Narrow adult heelstrap	ea	67.91
FT0487	A80487	P4.60		Legstraps	ea	274.15
FT0488	A80488	P4.80		Legstrap with velcro	ea	168.51
FT0489	A80489			Pump	ea	183.96
				ARM RESTS:		
				ARMRESTS COMPLETE		
AR0491	A80491	A6.10		Full armrest CN s/guard left	ea	334.51
AR0492	A80492	A6.20		Full armrest CN s/guard right	ea	334.51
AR0493	A80493	A6.30		Desk armrest CN s/guard left	ea	334.51
AR0494	A80494	A6.40		Desk armrest CN s/guard right	ea	334.51
AR0495	A80495	A6.10SS		Full armrest SS s/guard left	ea	364.69
AR0496	A80496	A6.20SS		Full armrest SS s/guard right	ea	364.69
AR0497	A80497	A6.30SS		Desk armrest SS s/guard left	ea	364.69
AR0498	A80498	A6.40SS		Desk armrest SS s/guard right	ea	364.69
AR0499	A80499	A6.130		Short armrest left/right	ea	120.73
AR0500	A80500	A6.SPOFOL		Sport armrest foam pad left	ea	274.15
AR0501	A80501	A6.SPOFOR		Sport armrest foam pad right	ea	274.15
AR0502	A80502	A6.SPOSTDL		Sport armrest standard A/pad left	ea	334.51
AR0503	A80503	A6.SPOSTDR		Sport armrest standard A/pad right	ea	334.51
				ARMREST SUB ASSEMBLIES		
AR0504	A80504	A6.10NP		Full armrest no arm pad left	ea	228.88
AR0505	A80505	A6.20NP		Full armrest no arm pad right	ea	228.88
AR0506	A80506	A6.10C		Full armrest tube only right	ea	153.42
AR0507	A80507	A6.20C		Full armrest tube only right	ea	153.42
AR0508	A80508	A6.SPOC		Sport arm tube coated	ea	153.42
AR0509	A80509	A6.30C		Desk armrest tube ASM left chro	ea	153.42
AR0510	A80510	A6.40C		Desk armrest tube ASM right chro	ea	153.42
AR0511	A80511	HUL001		Armrest release clip	ea	60.22
				12" ARMREST		
AR0512	A80512	A6.50		12" height ADJ armpad left	ea	729.38
AR0513	A80513	A6.60		12" height ADJ armpad right	ea	729.38
AR0514	A80514	A6.51		12" height ADJ armrest base left	ea	168.51
AR0515	A80515	A6.61		12" height ADJ armrest base right	ea	168.51
AR0516	A80516	A6.52		12height ADJ armrest ext tube ASM	ea	334.51
				HEIGHT ADJ ARMREST		
AR0517	A80517	A6.70		Std h-adj armrest desk left	ea	729.38
AR0518	A80518	A6.75		Std h-adj armrest desk right	ea	729.38
AR0519	A80519	A6.71		Std h-adj armrest full left	ea	729.38
AR0520	A80520	A6.76		Std h-adj armrest full right	ea	729.38
AR0521	A80521	A6.701		Std h-adj armrest base left	ea	168.51

AR0522	A80522	A6.751	Std h-adj armrest base right	ea	168.51
AR0523	A80523	A6.712	H'adj armrest ext tube ASM full	ea	334.51
AR0524	A80524	COM00412	Skirtguard alu h'adj armrest	ea	135.82
			ARMPADS		
AR0525	A80525	A6.80	Full armrest armpad with screws	ea	168.51
A50526	A80526	A6.90	Desk armrest armpad with screws	ea	168.51
AR0527	A80527	A6.81	Full armrest armpad PU	ea	168.51
AR0528	A80528	A6.91	Desk armrest armpad PU	ea	168.51
AR0529	A80529	A6.80U	Full armpad upholstering	ea	67.91
AR0530	A80530	A6.90U	Desk armpad upholstering	ea	67.91
AR0531	A80531	COV002	Full armpad plastic base	ea	17.61
AR0532	A80532	COV003	Desk armpad plastic base	ea	17.61
AR0533	A80533	PACER 6.80	Pacer/cruiser/power foam grip	ea	67.91
AR0534	A80534	UTB013	Armpad bolt M6x30	ea	7.55
AR0535	A80535	MAT001	6MM "T" nuts	ea	2.52
			SKIRTGUARDS		
AR0536	A80536	COM004	Full arm skirtguard steel	ea	67.91
AR0537	A80537	COM005	Desk arm skirtguard steel	ea	67.91
AR0538	A80538	COM006	Fixed arm skirtguard Steel	ea	67.91
AR0539	A80539	IEM001	Full arm skirtguard plastic	ea	52.82
AR0540	A80540	IEM002	Desk arm skirtguard plastic	ea	52.82
AR0541	A80541	IEM00L	Sport skirtguard left plastic	ea	52.82
AR0542	A80542	IEM00R	Sport skirtguard right plastic	ea	52.82
AR0543	A80543	UTB005	Pop rivet alu,M4x10 skirt guard Dut B001B	ea	2.52
AR0544	A80544	PACU031	Pacer triangular skirt guards	ea	135.82
			UPHOLSTERY:		
			BACK UPHOLSTERY		
			20" BACK		
BU0545	A80545	B10.50	Back upholstery 20"	ea	462.78
BU0546	A80546	B10.120	Hingeback upholstery 20"	ea	462.78
BU0547	A80547	B10.140	Back upholstery recliner 20"	ea	462.78
BU0548	A80548	B10.230	Back uph 20" 100MM tallback	ea	462.78
BU0549	A80549	B10.235	Back uph 20" 50MM tallback	ea	462.78
BU0550	A80550	B10.50100SH	Back uph 20" 100MM shortback	ea	462.78
BU0551	A80551	B10.5050SH	Back uph 20" 50MM shortback	ea	462.78
BU0552	A80552	B10.50KIT	Back upholstery kit 20"	ea	462.78
BU0553	A80553	B10.55	Back upholstery 22"	ea	669.02

			18" BACK		
BU0554	A80554	B10.10	Back upholstery 18"	ea	462.78
BU0555	A80555	B10.80	Hingeback upholstery 18"	ea	462.78
BU0556	A80556	B10.80	Back upholstery recliner 18"	ea	462.78
BU0557	A80557	B10.200	Back uph 18" 100MM tallback	ea	462.78
BU0558	A80558	B10.205	Back uph 18" 50MM tallback	ea	462.78
BU0559	A80559	B10.10100SH	Back uph 18" 100MM shortback	ea	462.78
BU0560	A80560	B10.1050SH	Back uph 18" 50MM shortback	ea	462.78
BU0561	A80561	B10.10KIT	Back upholstery kit 18"	ea	462.78
			17" BACK		
BU0562	A80562	B10.17	Back upholstery 17"	ea	213.78
BU0563	A80563	B10.17KIT	Back upholstery kit 17"	ea	198.69
			16" BACK		
BU0564	A80564	B10.20	Back upholstery 16"	ea	462.78
BU0565	A80565	B10.80	Hingeback upholstery 16"	ea	462.78
BU0566	A80566	B10.70	Recliner back upholstery 16" power	ea	462.78
BU0567	A80567		Back upholstery recliner 16"	ea	1370.74
BU0568	A80568	B10.210	Back uph 16" 100MM tallback	ea	462.78
BU0569	A80569	B10.215	Back uph 16" 50MM tallback	ea	462.78
BU0570	A80570	B10.2050SH	Back uph 16" 100MM shortback	ea	462.78
BU0571	A80571	B10.20100SH	Back uph 16" 50MM shortback	ea	462.78
BU0572	A80572	B10.20KIT	Back upholstery kit 16"	ea	462.78
			15" BACK		
BU0573	A80573	B10.15	Back upholstery 15"	ea	462.78
BU0574	A80574	B10.15100SH	Back upholstery 15" shortback	ea	462.78
BU0575	A80575	B10.15100TB	Back upholstery 15" tallback	ea	462.78
BU0576	A80576	B10.15KIT	Back upholstery kit 15"	ea	462.78
			14" BACK		
BU0577	A80577	B10.40	Back upholstery 14"	ea	462.78
BU0578	A80578	B10.110	Hingeback upholstery 14"	ea	462.78
BU0579	A80579	B10.45	Back upholstery recliner	ea	462.78
BU0580	A80580		Power	ea	1370.74
BU0581	A80581	B10.220	Back uph 14" 100MM tallback	ea	462.78
BU0582	A80582	B10.225	Back uph 14" 50MM tallback	ea	462.78
BU0583	A80583	B10.40100SH	Back uph 14" 100MM shortback	ea	462.78
BU0584	A80584	B10.4050SH	Back uph 14" 50MM shortback	ea	462.78
BU0585	A80585	B10.40KIT	Back upholstery kit 14"	ea	462.78
			12" BACK		
BU0586	A80586	B10.41	Back upholstery 12"	ea	462.78
BU0587	A80587	B10.41KIT	Back upholstery kit 12"	ea	462.78
			SPORTS UPHOLSTERY		
BU0588	A80588	BBSP0 10.20	Back upholstery 15" BB sport Mat 002B	ea	1338.04
BU0589	A80589	BBSP0 10.40	Back upholstery 14" BB sport Mat 002B	ea	1338.04
BU0590	A80590	BBSP0 4.70	Footrest strap BB sport	ea	334.51
BU0591	A80591	BBSP0 9.20	Seat upholstery 15" BB sport Mat 002B	ea	364.69
BU0592	A80592	BBSP0 9.40	Seat upholstery 14" BB sport Mat 002B	ea	364.69
			HEAD EXTENSION UPHOLSTERY		
BU0593	A80593	H11.40	Recl h/ext uph 20"	ea	228.88
BU0594	A80594	H11.10	Recl h/ext uph 18"	ea	228.88
BU0595	A80595	H11.20	Recl h/ext uph 16"	ea	228.88
BU0596	A80596	H11.50	Recl h/ext uph 14"	ea	228.88
BU0597	A80597	H11.130	Stdh/ext uph 20"	ea	228.88
BU0598	A80598	H11.100	Stdh/ext uph 18"	ea	228.88
BU0599	A80599	H11.120	Stdh/ext uph 16"	ea	228.88
BU0600	A80600	H11.140	Stdh/ext uph 14"	ea	228.88
BU0601	A80601	H11.145	Stdh/ext uph 12"	ea	228.88
			OPTIMA		
BU0602	A80602	OPTIMA12	Optima back upholstery 12"	ea	1521.64
BU0603	A80603	OPTIMA14	Optima back upholstery 14"	ea	1521.64
BU0604	A80604	OPTIMA15	Optima back upholstery 15"	ea	1521.64
BU0605	A80605	OPTIMA16	Optima back upholstery 16"	ea	1521.64
BU0606	A80606	OPTIMA17	Optima back upholstery 17"	ea	1521.64

BU0607	A80607	OPTIMA18		Optima back upholstery 18"	ea	1521.64
BU0608	A80608	OPTIMA20		Optima back upholstery 20"	ea	1521.64
				SEAT UPHOLSTERY		
				20" SEAT		
BU0609	A80609	S9.50		Seat upholstery 20"	ea	457.75
BU0610	A80610	S9.50X		Seat upholstery 20" extended	ea	457.75
BU0611	A80611	S9.50KIT		Seat upholstery kit 20"	ea	457.75
BU0612	A80612	S9.50XKIT		Set uph kit 20" extended	ea	457.75
BU0613	A80613	S9.55		Seat upholstery 22"	ea	457.75
				18" SEAT		
BU0614	A80614	S9.10		Seat upholstery 18"	ea	457.75
BU0615	A80615	S9.10T		Seat upholstery tufted 18"	ea	457.75
BU0616	A80616	S9.10X		Seat upholstery 18" extended	ea	457.75
BU0617	A80617	S9.10KIT		Seat upholstery kit 18"	ea	457.75
BU0618	A80618	S9.10XKIT		Seat uph kit 18" extended	ea	457.75
				17" SEAT		
BU0619	A80619	S9.17		Seat upholstery 17"	ea	457.75
BU0620	A80620	S9.17T		Seat upholstery tufted 17"	ea	457.75
BU0621	A80621	S9.17X		Seat upholstery 17" extended	ea	457.75
BU0622	A80622	S9.17KIT		Seat upholstery kit 17"	ea	457.75
BU0623	A80623	S9.17XKIT		Seat uph kit 17" extended	ea	457.75
				16" SEAT		
BU0624	A80624	S9.20		Seat upholstery 16"	ea	457.75
BU0625	A80625	S9.20T		Seat upholstery tufted 16"	ea	457.75
BU0626	A80626	S9.20X		Seat upholstery 16" extended	ea	457.75
BU0627	A80627	S9.20KIT		Seat upholstery kit 16"	ea	457.75
BU0628	A80628	S9.20XKIT		Seat uph kit 16" extended	ea	457.75
				15" SEAT		
BU0629	A80629	S9.15		Seat upholstery 15"	ea	457.75
BU0630	A80630	S9.15T		Seat upholstery tufted 15"	ea	457.75
BU0630	A80631	S9.15X		Seat upholstery 15" extended	ea	457.75
BU0632	A80632	S9.15KIT		Seat upholstery kit 15"	ea	457.75
BU0633	A80633	S9.15XKIT		Seat uph kit 15" extended	ea	457.75
				14" SEAT		
BU0634	A80634	S9.40		Seat upholstery 14"	ea	457.75
BU0635	A80635	S9.40T		Seat upholstery tufted 14"	ea	457.75
BU0636	A80636	S9.40X		Seat upholstery 14" extended	ea	457.75
BU0637	A80637	S9.40KIT		Seat upholstery kit 14"	ea	457.75
BU0638	A80638	S9.40XKIT		Seat uph kit 14" extended	ea	457.75
				12" SEAT		
BU0639	A80639	S9.41		Seat upholstery 12"	ea	457.75
BU0640	A80640	S9.41L		Seat upholstery 12" 40cm depth	ea	457.75
BU0641	A80641	S9.41T		Seat upholstery tufted 12"	ea	457.75
BU0642	A80642	S9.41LX		Seat uph 12" 40cm extended	ea	457.75
BU0643	A80643	S9.41KIT		Seat upholstery kit 12"	ea	457.75
BU0644	A80644	S9.41LKIT		Seat upholstery 12" 40cm depth	ea	457.75
BU0645	A80645	S9.41LXKIT		Seat uph kit 12" 40cm extended	ea	457.75
				UPHOLSTERY METAL STRIPS	ea	
BU0646	A80646	STR002		Back upholstery metal strips	ea	32.70
BU0647	A80647	STR005		Tall back upholstery strips	ea	32.70
BU0648	A80648	STR007		Hinge back uph strip long	ea	32.70
BU0649	A80649	STR008		Hinge back uph strip short	ea	32.70
BU0650	A80650	STR011		12.7x60uph met strip rec bck	ea	32.70
BU0651	A80651	STR006		Seat upholstery strip	ea	32.70
BU0652	A80652	STR006X		Seat upholstery strip extended	ea	32.70
BU0653	A80653	STR012		Growing seat metal strip	ea	32.70
BU0654	A80654	STR014		12" seat upholstery strip	ea	32.70
BU0655	A80655	STR009		Recliner h/xt uph strip	ea	32.70
				UPHOLSTERY SUNDRY		
BU0656	A80656	MATHARNESS		Wheelchair harness	ea	608.66

BU0657	A80657	URESTRAINT		Wheelchair pelvic strap	ea	304.33
BU0658	A80658	UTB009		Upholstery washer	ea	2.52
BU0659	A80659	UTB010		Upholstery self tapper	ea	2.52
				SIDEFRAMES		
				QUICK RELEASE HEAVY DUTY		
SF0660	A80660	CRUS 7.10L		Q/release s/frame left	ea	1003.53
SF0661	A80661	CRUS 7.10R		Q/release s/frame right	ea	1003.53
SF0662	A80662	CRUS 7.10100SHL		Q/release s/frame 100mm s/back left	ea	1003.53
SF0663	A80663	CRUS 7.10100SHR		Q/release s/frame 100mm s/back right	ea	1003.53
SF0664	A80664	CRUS 7.10100TBL		Q/release s/frame 100mm t/back left	ea	1003.53
SF0665	A80665	CRUS 7.10100TBR		Q/release s/frame 100mm t/back right	ea	1003.53
SF0666	A80666	CRUS 7.1050SHL		Q/release s/frame 50mm s/back left	ea	1003.53
SF0667	A80667	CRUS 7.1050SHR		Q/release s/frame 50mm s/back right	ea	1003.53
SF0668	A80668	CRUS 7.1050TBL		Q/release s/frame 50mm t/back left	ea	1003.53
SF0669	A80669	CRUS 7.1050TBR		Q/release s/frame 50mm t/back right	ea	1003.53
SF0670	A80670	CRUS 7.110L		Q/release s/frame recliner left	ea	1171.54
SF0671	A80671	CRUS 7.110R		Q/release s/frame recliner right	ea	1171.54
SF0673	A80673	CRUS 7.11L		Q/release lowslung s/fr left	ea	1003.53
SF0675	A80675	CRUS 7.11R		Q/release lowslung s/fr right	ea	1003.53
SF0676	A80676	CRUS 7.100100SL		Q/release sideframe h/d 100mm sh/b left	ea	1066.41
SF0677	A80677	CRUS 7.100100SR		Q/release sideframe h/d 100mm sh/b right	ea	1066.41
SF0678	A80678	CRUS 7.100100TL		Q/release s/fr, h/d 100mm t/b left	ea	1066.41
SF0679	A80679	CRUS 7.100100TR		Q/release s/fr, h/d 100mm t/b right	ea	1066.41
SF0680	A80680	CRUS 7.10050SL		Q/release s/fr, h/d 50mm sh/b left	ea	1066.41
SF0681	A80681	CRUS 7.10050SR		Q/release s/fr, h/d 50mm sh/b right	ea	1066.41
SF0682	A80682	CRUS 7.10050TL		Q/release s/fr, h/d 50mm t/b left	ea	1066.41
SF0683	A80683	CRUS 7.10050TR		Q/release s/fr, h/d 50mm t/b right	ea	1066.41
SF0684	A80684	CRUS 7.100L		Q/release s/fr, h/duty left	ea	1066.41
SF0685	A80685	CRUS 7.100R		Q/release s/fr, h/duty right	ea	1066.41
SF0686	A80686	CRUS 7.101L		S/fr, h/duty Q/rel t/slung left	ea	1066.41
SF0687	A80687	CRUS 7.101R		S/fr, h/duty Q/rel t/slung right	ea	1066.41
				POWER		
SF0688	A80688	POW 7.10L		Power sideframe left	ea	1141.86
SF0689	A80689	POW 7.10R		Power sideframe right	ea	1141.86
SF0690	A80690	POW 7.110L		Power sideframe, recliner left	ea	1336.13
SF0691	A80691	POW 7.110R		Power sideframe, recliner right	ea	1336.13
				RAINBOW		
SF0692	A80692	RAIN7.10L		Rainbow std sideframe left	ea	837.53
SF0693	A80693	RAIN7.10R		Rainbow std sideframe right	ea	837.53
SF0694	A80694	RAIN7.13L		Rainbow fixed arm s/frame left	ea	837.53
SF0695	A80695	RAIN7.13R		Rainbow fixed arm s/frame right	ea	837.53

			TUFFEE		
SF0696	A80696	I7.100L	Sideframe heavy duty left	ea	1066.41
SF0697	A80697	I7.100R	Sideframe heavy duty right	ea	1066.41
SF0698	A80698	I7.101L	S/frame h/duty h/back left	ea	1066.41
SF0699	A80699	I7.101R	S/frame h/duty h/back right	ea	1066.41
SF0700	A80700	I7.102L	S/frame h/duty l/slung left	ea	1066.41
SF0701	A80701	I7.102R	S/frame h/duty l/slung right	ea	1066.41
SF0702	A80702	I7.10350L	S/frame 50mm h/d t/back left	ea	1066.41
SF0703	A80703	I7.10350R	S/frame 50mm h/d t/back right	ea	1066.41
SF0704	A80704	I7.103L	S/frame 100mm h/d t/back left	ea	1066.41
SF0705	A80705	I7.103R	S/frame 100mm h/d t/back right	ea	1066.41
SF0706	A80706	I7.10450L	S/frame 50mm h/d s/back left	ea	1066.41
SF0707	A80707	I7.10450R	S/frame 50mm h/d s/back right	ea	1066.41
SF0708	A80708	I7.104L	S/frame 100mm h/d s/back left	ea	1066.41
SF0709	A80709	I7.105L	S/frame extra h/duty left	ea	4016.63
SF0710	A80710	I7.105R	S/frame extra h/duty right	ea	4016.63
			STANDARD		
SF0711	A80711	I7.10L	Std sideframe left	ea	1003.53
SF0712	A80712	I7.10R	Std sideframe right	ea	1003.53
SF0713	A80713	I7.112L	S/frame std 100mm t/back left	ea	1003.53
SF0714	A80714	I7.112R	S/frame std 100mm t/back right	ea	1003.53
SF0715	A80715	I7.113L	S/frame std 50mm s/back left	ea	1003.53
SF0716	A80716	I7.113R	S/frame std 50mm s/back right	ea	1003.53
SF0717	A80717	I7.114L	S/frame std 100mm s/back left	ea	1003.53
SF0718	A80718	I7.114R	S/frame std 100mm s/back right	ea	1003.53
SF0719	A80719	I7.115L	S/frame std 50mm t/back left	ea	1003.53
SF0720	A80720	I7.115R	S/frame std 50mm t/back right	ea	1003.53
SF0721	A80721	I7.23L	12" sideframe left	ea	1003.53
SF0722	A80722	I7.23R	12" sideframe right	ea	1003.53
			RECLINER		
SF0723	A80723	I7.110L	Sideframe recliner left	ea	1172.04
SF0724	A80724	I7.110R	Sideframe recliner right	ea	1172.04
SF0725	A80725	I7.111L	Sideframe h/duty left	ea	1172.04
SF0726	A80726	I7.111R	Sideframe h/duty right	ea	1172.04
			LOWSLUNG		
SF0727	A80727	I7.12L	Sideframe lowslung left	ea	1003.53
SF0728	A80728	I7.12R	Sideframe lowslung right	ea	1003.53
			TRANSIT/BOX		
SF0729	A80729	I7.13L	Sideframe fixed arm left	ea	1141.86
SF0730	A80730	I7.13R	Sideframe fixed arm right	ea	1141.86
SF0731	A80731	I7.140L	Transit s/frame rem arm left	ea	1141.86
SF0732	A80732	I7.140R	Transit s/frame rem arm right	ea	1141.86
SF0733	A80733	I7.14L	Transit s/frame f/arm left	ea	1141.86
SF0734	A80734	I7.14R	Transit s/frame f/arm right	ea	1141.86
SF0735	A80735	I7.150	H/back handle asm complete	ea	1141.86
SF0736	A80736	I7.16	Fixed arm box framework	ea	2009.58
			HINGEBACK		
SF0737	A80737	I7.200L	S/frame tuffee hingeback left	ea	1066.41
SF0738	A80738	I7.200R	S/frame tuffee hingeback right	ea	1066.41
SF0739	A80739	I7.20L	S/frame hingeback left	ea	1003.53
SF0740	A80740	I7.20R	S/frame hingeback right	ea	1003.53
			RECLINER		
SF0741	A80741	B10.160	Recliner brace arm asm 18"	ea	367.21
SF0742	A80742	B10.170	Recliner brace arm asm 16"	ea	367.21
SF0743	A80743	B10.61	Recliner push handle grip	ea	83.00
SF0744	A80744	HUL017A	Recl adjustment knob(black)	ea	100.60
SF0745	A80745	HUL017E	Recl spring pin 13x50	ea	67.91
SF0746	A80746	HUL017I	Recl adj flat hex bolt m8x30	ea	7.55
SF0747	A80747	I7.110B	Recliner back backpost asm	ea	218.81
SF0748	A80748	I7.111B	Recliner adj bracket asm chr	ea	168.51
SF0749	A80749	HUL017J	Recliner std nut M8 hul001b	ea	2.52
SF0750	A80750	ORT014	Recl brace arm spring clip ort002b	ea	25.15
SF0751	A80751	HUL017K	Recl std bolt m8x65 hul002b	ea	7.55
SF0752	A80752	HUL017L	Recl std flat washer 8x17x1	ea	2.52

SF0753	A80753	HUL017M		Rec'l std flat washer 13x24x2	ea	7.55
				HEAD EXTENSION		
SF0754	A80754	H11.150L		Std h/ext tube asm left	ea	168.51
SF0755	A80755	H11.150R		Std h/ext tube asm right	ea	168.51
SF0756	A80756	H11.160		Head rest extension kit 18"-removable	ea	1003.53
SF0757	A80757	H11.165		Head rest extension kit 17"-removable	ea	1003.53
SF0758	A80758	H11.170		Head rest extension kit 16"-removable	ea	1003.53
SF0759	A80759	H11.175		Head rest extension kit 15"-removable	ea	1003.53
SF0760	A80760	H11.180		Head rest extension kit 20"-removable	ea	1003.53
SF0761	A80761	H11.190		Head rest extension kit 14"-removable	ea	1003.53
SF0762	A80762	H11.195		Head rest extension kit 12"-removable	ea	1003.53
SF0763	A80763	H11.30		Rec'l h/ext tube asm chromed	ea	168.51
SF0764	A80764	H11.80		Rec'l 18" h/ext complete	ea	435.11
SF0765	A80765	H11.70		Rec'l 16" h/ext complete	ea	435.11
SF0766	A80766	H11.80		Rec'l 20" h/ext complete	ea	435.11
SF0767	A80767	H11.90		Rec'l 14" h/ext complete	ea	435.11

			TELESCOPIC & FRONT POST SLIDES		
SF0768	A80768	HUL011	Telescopic slide bush for front post	ea	40.24
SF0769	A80769	I7.120	Telescopic slide	ea	266.60
SF0770	A80770	I7.120LS	Telescopic slide lowslung	ea	266.60
SF0771	A80771	I7.60	Front post slide assembly	ea	105.63
			SUNDRY		
SF0772	A80772	HUL009	Seat guide	ea	15.09
SF0773	A80773	377005D1-B	Push handle grip black	ea	15.09
SF0774	A80774	TIP002	Std rem ant-tip asm	ea	334.51
SF0775	A80775	I7.NF	Non-fold bracket	ea	334.51
SF0776	A80776	HUL007	Hinge back sliding mechanism	ea	168.51
SF0777	A80777	CEDRIP	Drip standrod holder	ea	259.06
SF0778	A80778	CEDRIPT	Drip stand T rod	ea	762.08
SF0779	A80779	TIP001	Anti tip wheel for crusher	ea	153.42
SF0780	A80780	COM007	Tipping lever rubber	ea	20.12
SF0781	A80781	I7.PHES	Parent push handle double	ea	837.53
			INNER SEAT & BOTTOM RAILS		
SF0782	A80782	S9.80	Rail inner seat	ea	17.61
SF0783	A80783	S9.81	Growing inner seat rail	ea	213.78
SF0784	A80784	S9.81SL	Inner seat rail ext sleeve	ea	17.61
SF0785	A80785	S9.81X	Inner seat rail extended	ea	90.54
SF0786	A80786	UTB006	Bottom rail boltsmchn scr,hex M5x30	ea	2.52
SF0787	A80787	ILL002	Bottom rail/frest plug black	ea	2.52
			AMPUTEE BRACKETS		
SF0788	A80788	UTB016	Amputee bolt mach screw,hex M10x45	ea	17.61
SF0789	A80789	UTB017	Amputee nut M10	ea	2.52
SF0790	A80790	I7.130	Amputee kit std	ea	198.69
SF0791	A80791	I7.130L	Amputee bracket left	ea	183.60
SF0792	A80792	I7.130R	Amputee bracket right	ea	183.60
SF0793	A80793	PACER 7.100	Amputee kit -QR	ea	198.69
SF0794	A80794	PACER 7.100L	Q/release amputee ext left	ea	183.60
SF0795	A80795	PACER 7.100R	Q/release amputee ext right	ea	183.60
			X-BARS		
SF0796	A80796	UTB029	Spring crossbar centre	ea	2.52
SF0797	A80797	TOR005	Cross bar bolt	ea	7.55
SF0798	A80798	X8.10F	X-bar std front	ea	334.51
SF0799	A80799	X8.10R	X-bar std rear	ea	334.51
SF0800	A80800	X8.15F	X-bar 15" front	ea	334.51
SF0801	A80801	X8.15R	X-bar 15" rear	ea	334.51
SF0802	A80802	X8.20F	X-bar narrow adult front	ea	334.51
SF0803	A80803	X8.20R	X-bar narrow adult rear	ea	334.51
SF0804	A80804	X8.30F	X-bar 12" front	ea	334.51
SF0805	A80805	X8.30R	X-bar 12" rear	ea	334.51
SF0806	A80806	X8.50F	14" crossbar front	ea	334.51
SF0807	A80807	X8.50R	14" crossbar rear	ea	334.51
SF0808	A80808	X8.60F	14" low slung crossbar front	ea	334.51
SF0809	A80809	X8.60R	14" lowslung crossbar rear	ea	334.51
SF0810	A80810	X8.70F	X-bar heavy duty front	ea	334.51
SF0811	A80811	X8.70R	X-bar heavy duty rear	ea	334.51
SF0812	A80812	X8.71F	X-bar ex wide(22) front	ea	837.53
SF0813	A80813	X8.71R	X-bar ex wide(22) rear	ea	837.53
SF0814	A80814	X8.92F	X-bar n/ad lowslung front	ea	334.51
SF0815	A80815	X8.92R	X-bar n/ad lowslung rear	ea	334.51
SF0816	A80816	RB8.10F	Rainbow x-bar std front	ea	274.15
SF0817	A80817	RB8.10R	Rainbow x-bar std rear	ea	274.15
			REAR WHEELS:		
MWP818	A80818	WHE001	24x1.75 spoke wheel chrome pushrim 12mm bearing	ea	1006.05
MPW819	A80819	WHE002	24x13/8 spoke wheel pushrim bearing	ea	1006.05
MPW820	A80820	WHE004	24x13/8mag wheel chrome pushrim bearing	ea	1131.80
MPW821	A80821	WHE005	24x13/8 mag wheel S/S pushrim bearing	ea	1509.07
MPW522	A80822	WHE003	24x13/8 aluminium wheel S/S pushrim bearing	ea	1509.07
MPW523	A80823	RIM026	26x13/8 aluminium spoke rim chrome pushrim	ea	1509.07
MPW524	A80824	RIM020	20x13/8 aluminium spoke rim chrome pushrim	ea	1509.07
MPW825	A80825	RIM022	22x13/8 aluminium spoke rim chrome pushrim	ea	1509.07
MPW826	A80826	leave blank	24 spiny rim 18 spoke black (12.7mm)	ea	7671.09

MPW827	A80827	TYR020	20x13/8 tyre	ea	331.99
MPW828	A80828	TUB020	20x13/8 tyre	ea	105.63
MPW829	A80829	TYR011	22x13/8 polyurethane grey tyre	ea	452.72
MPW830	A80830	TYR001	24x13/8 grey tyre	ea	286.72
MPW831	A80831	TYR008	24x1 slick tyre	ea	314.39
MPW832	A80832	TYR009	25x1 treaded tyre	ea	477.87
MPW833	A80833	TYR002	24x1.75 grey tyre	ea	286.72
MPW834	A80834	TUB001	24x13/8 black tube	ea	105.63
MPW835	A80835	TUB005	24x1 black tube	ea	163.48
MPW836	A80836	TYR012	24x1 shox tyre red,blue,yello,black	ea	565.90
MPW837	A80837	TUB006	24x1.75 black tube	ea	105.63
MPW838	A80838	PER001	24x13/8 no more flat (NMF)	ea	362.18
MPW839	A80839	PER002	24x1.75 no more flat (NMF)	ea	362.18
MPW840	A80840	TYR005	24x13/8 polyurethane grey tyre(PU)	ea	452.72
MPW841	A80841	TYR008	24.175 polyurethane grey tyre	ea	452.72
MPW842	A80842	TYR026	26x1 grey tyre	ea	331.99
MPW843	A80843	TUB026	26x1 black tube	ea	105.63
MPW844	A80844	BEA001	11mm rear bearing with flange	ea	75.45
MPW845	A80845	BEA005	12mm sealed rear wheel bearing	ea	75.45
MPW846	A80846	BEA002	12.7mm sealed rear wheel bearing	ea	75.45
MPW847	A80847	PSH001	Push rim chrome for mag	ea	331.99
MPW848	A80848	PSH005	Push rim chrome for spoke	ea	331.99
MPW849	A80849	PSH004	Push rim S/S for mag	ea	603.63
MPW850	A80850	PSH006	Push rim for spoke (adjustable)	ea	1358.16
MPW851	A80851	PSH002	Push rim spacer for mag	ea	15.09
MPW852	A80852	PSH003	Push rim spacer bolt for mag	ea	15.09
MPW853	A80853	AXL001	11mm fixed rear axle	ea	55.33
MPW854	A80854	AXL002	12mm fixed rear axle	ea	55.33
FOOTRESTS:					
MPW855	A80855	FRH001	Swing away footrest hanger left	ea	286.72
MPW856	A80856	FRH002	Swing away footrest hanger right	ea	286.72
MPW857	A80857	FRE001	Foot rest extension complete -16,18 left	ea	286.72
MPW858	A80858	FRE002	Foot rest extension complete -16,18 right	ea	286.72
MPW859	A80859	FRE005	Growing footrest extension complete left	ea	352.12
MPW860	A80860	FRE008	Growing footrest extension complete right	ea	352.12
MPW861	A80861	FPP001	Aluminium foot plate -18,20	ea	181.09
MPW862	A80862	FPP002	Aluminium foot plate -16	ea	181.09
MPW863	A80863	FPP003	Plastic foot plate -18,20	ea	181.09
MPW864	A80864	FPP004	Plastic foot plate -16	ea	196.18
MPW865	A80865	FSC001	Footplate spring clip	ea	17.61
MPW866	A80866	ELL001	Elevating leg rest complete left	ea	1156.95
MPW867	A80867	ELL002	Elevating leg rest complete right	ea	1156.95
MPW868	A80868	FBR001	Footrest bumper rubber	ea	25.15
MPW869	A80869	FRR001	Foot rest release lever spring	ea	25.15
MPW870	A80870	FRL001	Foot rest release lever complete	ea	163.48
MPW871	A80871	FRHC001	Foot rest hanger clamp	ea	42.76
MPW872	A80872	LEG001	Leg trap	ea	45.27
MPW873	A80873	FUP001	Foot rest upper pin	ea	15.09
MPW874	A80874	FLP001	Foot rest upper pin	ea	15.09

				ALUMINIUM WHEELCHAIRS - FOOTREST		
AWF875	A80875	FRHA001		Swing away foot rest hanger left	ea	754.53
AWF876	A80876	FRHA002		Swing away foot rest hanger right	ea	754.53
AWF877	A80877	FREA001		Foot rest extension complete 16,18 left	ea	754.53
AWF878	A80878	FREA002		Foot rest extension complete 16,18 right	ea	754.53
AWF879	A80879			Foot rest complete patriot	ea	2389.36
AWF880	A80880	FPP003		Plastic foot plate 18,20	ea	238.94
AWF881	A80881	FPP004		Plastic foot plate 16	ea	238.94
AWF882	A80882			Plastic foot plate patriot	ea	754.53
AWF883	A80883	ELLA001		Elevating leg rest complete left	ea	1810.88
AWF884	A80884	ELLA002		Elevating leg rest complete right	ea	1810.88
AWF885	A80885			Elevating leg rest complete patriot	ea	3470.86
AWF886	A80886	FRLA001		Foot rest release lever	ea	414.99
AWF887	A80887	FHBA001		Foot rest hanger bracket	ea	264.09
				ARM RESTS:		
AWF888	A80888	ARM001		Full armrest with steel side panel left	ea	503.02
AWF889	A80889	ARM002		Full armrest with steel side panel right	ea	503.02
AWF890	A80890	ARM003		Desk armrest with steel side panel left	ea	503.02
AWF891	A80891	ARM004		Desk armrest with steel side panel right	ea	503.02
AWF892	A80892	ARM005		Sport armrest with plastic side panel	ea	503.02
AWF893	A80893	SPF001		Steel side panel for full armrest	ea	264.09
AWF894	A80894	SPF002		Steel side panel for desk armrest	ea	264.09
AWF895	A80895	SKIO02		Nylon skirt guard pair	ea	427.57
AWF896	A80896			Plastic side panel patriot	ea	754.53
AWF897	A80897	FAP001		Upholstered armpad full length	ea	138.33
AWF898	A80898	DAP001		Upholstered armpad desk length	ea	138.33
AWF899	A80899	SPS001		Sponge for sport armrest	ea	37.73
AWF900	A80900	FAP002		Polyurethane(PU) armpad full length	ea	276.66
AWF901	A80901	DAP002		Polyurethane(PU) armpad desk length	ea	276.66
AWF902	A80902	HAF001		Height adjustable armrest complete full length left	ea	1131.80
AWF903	A80903	HAF002		Height adjustable armrest complete full length right	ea	1131.80
AWF904	A80904	HAD001		Height adjustable armrest complete desk length left	ea	1131.80
AWF905	A80905	HAD002		Height adjustable armrest complete desk length right	ea	1131.80
AWF906	A80906	ARC001		Arm rest release clip	ea	30.18
				ALUMINIUM WHEELCHAIRS - ARMREST		
AWA907	A80907	SOC001		Armrest socket alu light	ea	377.27
AWA908	A80908			Desk armrest complete-alu light	ea	1257.56
AWA909	A80909			Desk armrest complete-patriot-nett	ea	1961.79
AWA910	A80910			Side guard for A4/prospla -each (1036347/6)-nett	ea	1383.31
AWA911	A80911			Kit hardware for side guard -pair	ea	1471.34
AWA912	A80912			Waterfall arm pad for torque power -pair	ea	1509.07
				FRONT WHEELS: CASTORS		
FWC913	A80913	CAS001		8x1 solid castor - standard wheel chair	ea	276.66
FWC914	A80914	CAS01A		8x1 solid castor -sprinter aluminium wheelchair	ea	414.99
FWC915	A80915	CAS002		8x2 solid castor	ea	414.99
FWC916	A80916	TYR003		8x2 grey tyre	ea	176.06
FWC917	A80917	TUB002		8x2 black tube	ea	88.03
FWC918	A80918	HUB001		8x2 black hub	ea	138.33
FWC919	A80919	TYR004		8x1 grey tyre	ea	188.63
FWC920	A80920	TUB003		8x1 black tube	ea	100.60
FWC921	A80921	CAS004		5 solid castor	ea	213.78
FWC922	A80922	CAS006		5 shock castor -narrow hub-net	ea	477.87
FWC923	A80923	CAS008		6 solid castor	ea	213.78
FWC924	A80924	CAS007		8x1 invacare castor	ea	905.44
FWC925	A80925	FOR002		5mm steel fork	ea	213.78
FWC926	A80926	FOR001		3mm steel fork for omega economy wheelchair	ea	188.63
FWC927	A80927	FOR003		Aluminium fork for sprinter and aluminium wheelchair	ea	364.69
FWC928	A80928			Axle for castor 8mm	ea	37.73
FWC929	A80929	AXL006		Axle for invacare castor	ea	125.76
FWC930	A80930	BEA003		Castor stem bearing	ea	62.88
FWC931	A80931	BEA004		Castor wheel bearing	ea	30.18
FWC932	A80932	BEA006		Castor wheel bearing for invacare castor	ea	163.48
FWC933	A80933	DUS002		Castor stem dust cap	ea	12.58
FWC934	A80934	CRB001		Front cross bar -16	ea	286.72
FWC935	A80935	CRB002		Rear cross bar -16	ea	286.72
FWC936	A80936	CRB003		Front cross bar -18	ea	286.72

FWC937	A80937	CRB004		Ear cross bar -18	ea	286.72
FWC938	A80938	CRB005		Inner double cross bar -20(heavy duty 18)	ea	427.57
FWC939	A80939	CRB006		Outer double crossbar -20 (Heavy duty 18)	ea	427.57
FWC940	A80940	CRB007		Front crossbar-aluminium wheelchair	ea	1383.31
FWC941	A80941	CRB008		Rear crossbar-patriot	ea	1383.31
FWC942	A80942	CRB009		Front crossbar-patriot (20%)	ea	2012.09
FWC943	A80943	CRB010		Rear crossbar-patriot(20%)	ea	2012.09
FWC944	A80944	CSB001		Crossbar bolt and nut	ea	37.73
FWC945	A80945	CSB002		Crossbar bolt and nut for double crossbar	ea	45.27
FWC946	A80946	IRT001		Inner rail top	ea	35.21
FWC947	A80947	IRB001		Inner rail bottom	ea	35.21
FWC948	A80948	SGR001		Seat guide-removable	ea	22.64
FWC949	A80949	SGF001		Seat guide-fixed arm	ea	22.64
FWC950	A80950	FPG001		Front post guide	ea	113.18
FWC951	A80951	FPG002		Front guide-20, bariatric	ea	213.78
FWC952	A80952	FPI001		Front post insert	ea	17.61

SIDEFRAMES:					
SF0953	A80953	SFR005	Side frame left	ea	1056.35
SF0954	A80954	SFR006	Side frame right	ea	1056.35
SF0955	A80955	SFR001	Side frame -left aluminium	ea	1659.97
SF0956	A80956	SFR002	Side frame -right aluminium	ea	1659.97
SF0957	A80957	SFR003	Side frame -left patriot	ea	2867.23
SF0958	A80958	SFR004	Side frame -right patriot	ea	2867.23
SF0959	A80959	SFR011	Quick release side frame left	ea	1056.35
SF0960	A80960	SFR012	Quick release side frame right	ea	1056.35
SF0961	A80961	BRA001	Brake-left	ea	226.36
SF0962	A80962	BRA002	Brake-right	ea	226.36
SF0963	A80963	BRW001	Brake washer	ea	10.06
SF0964	A80964	BRA005	Brake -left aluminium	ea	452.72
SF0965	A80965	BRA006	Brake-right aluminium	ea	452.72
SF0966	A80966	BRA003	Brake -left patriot	ea	2640.87
SF0967	A80967	BRA004	Brake -right patriot	ea	2640.87
SF0968	A80968		H-Block-sat alu light	ea	188.63
SF0969	A80969		H-Block-patriot	ea	226.36
SF0970	A80970	BRR001	Brake handle rubber	ea	42.76
SF0971	A80971	HGR001	Push handle grip	ea	50.30
SF0972	A80972	HGR002	Push handle grip for active-19mm	ea	50.30
SF0973	A80973	BRE001	Break extension lever	ea	75.45
SF0974	A80974	BEX001	Break extension lever-patriot	ea	301.81
SF0975	A80975	TIP001	Tipping lever rubber	ea	27.67
SF0976	A80976	BAA001	Bi-Amputee adaptor-left	ea	301.81
SF0977	A80977	BAA002	Bi-Amputee adaptor-right	ea	301.81
SF0978	A80978	AXH001	Bi-Amputee axle housing -aluminium wheel chair	ea	754.53
SF0979	A80979	AXH002	Axle housing -patriot	ea	528.17
SF0980	A80980	AXL003	12mm quick release axle 125/130mm	ea	515.60
SF0981	A80981	AXL003	12.7mm quick release axle 125/130mm	ea	515.60
SF0981	A80982	AXL005	Rear wheel axle spacer	ea	20.12
SF0983	A80983	DUS001	Rear wheel dust cap	ea	15.09
SF0984	A80984	SPO001	Apoke and nipple for spoke wheel	ea	15.09
UPHOLSTERY:					
UPH985	A80985	SMS001	Seat metal strap	ea	45.27
UPH986	A80986	BMS001	Back metal strap	ea	45.27
UPH987	A80987	SUP016	Seat upholstery-16	ea	515.60
UPH988	A80988	BUP016	Back upholstery-16	ea	515.60
UPH989	A80989	SUP018	Seat upholstery-18	ea	515.60
UPH990	A80990	BUP018	Back upholstery-18	ea	515.60
UPH991	A80991	SUP020	Seat upholstery-20	ea	515.60
UPH992	A80992	BUP020	Back upholstery-20	ea	515.60
UPH993	A80993	SALU	Seat upholstery-aluminium wheelchair	ea	603.63
UPH994	A80994	BALU	Back upholstery-aluminium wheelchair	ea	603.63
UPH995	A80995	SPAT	Seat upholstery-patriot	ea	754.53
UPH996	A80996	BPAT	Backupholstery-patriot	ea	754.53
UPH997	A80997	SEATSP	Seat upholstery-special	ea	754.53
UPH998	A80998	BACKSP	Back upholstery-special	ea	754.53
UPH999	A80999	BNW001	Bolt washer and nut-seat upholstery	ea	6.29
UPH000	A90000	STW001	Self tapper and plastic washer-back upholstery	ea	6.29
UPH001	A90001	TAD001	Tension adjustableback upholstery	ea	1358.16
UPH002	A90002	BACK001	Tall /short back upholstery	ea	754.53
UPH003	A90003	HEAD001	Head rest extension	ea	440.14
UPH004	A90004	BLOCK	Blocks for head rest extension	ea	440.14
UPH005	A90005	RECBACK	Recliner back upholstery	ea	603.63
CUSTOM LITE PARTS					
CLP006	A90006		Custom lite adjust/removable armrest	ea	1277.48
CLP007	A90007		Custom lite side panel with mudguard	ea	1330.72
CLP008	A90008		Custom lite side frame bush and washer	ea	159.69
CLP009	A90009		Custom lite pushing handle	ea	1064.58
CLP010	A90010		Custom lite anti tips-each	ea	532.29
CLP011	A90011		Custom lite adjustable footplate	ea	1064.58
CLP012	A90012		Custom lite pelvic strap	ea	212.92
CLP013	A90013		Custom lite aluminium castor	ea	585.51
CLP014	A90014		Custom lite right run tire	ea	425.83
CLP015	A90015		Custom lite rubberized push rims-set	pr	2129.16
CLP016	A90016		Custom lite off road wheels-set	pr	4045.39

	FEES					
FE008	A80017			Transport wheelchair	ea	461.34
AD				OTHER ASSISTIVE DEVICES		
AD109	A80109	SF		20" Wheelchair tray	ea	980.89
AD110	A80110	SF		14" Wheelchair tray	ea	980.89
AD111	A80111	SF		14" Electric tray	ea	980.89
AD112	A80112	SF		16" Wheelchair tray	ea	980.89
AD113	A80113	SF		18" Wheelchair tray standard	ea	980.89
AD114	A80114	SF		18" Wheelchair tray for power	ea	980.89
AD115	A80115	S		Overbed table	ea	1300.31
AD116	A80116	S		Transfer board	ea	331.99
AD117	A80117	S		Wheelchair gloves	pr	331.99
AD118	A80118	S		Easy Reach	ea	344.24
AD120	A80120	CF		Wheelchair ramps 214 X 20	ea	8370.30
AD121	A80121			Blind Stick	ea	805.04
AD122	A80122			Blind stick Front wheel/Roller	ea	479.41
AD123	A80123			Sunglasses for the Blind	ea	465.20
AD124	A80124			Hearing Aid Batteries	4	212.22
AD125	A80125			Wheelchair Batteries	ea	2259.42
AD126	A80126			Battery Charger	ea	1411.28
AD127	A80127			Jay Backrest	ea	10691.91
AD128	A80128			Free Wheel	ea	7489.50
AD129	A80129			Electric Hoist	ea	14226.11
AD130	A80130			Grab Rail	ea	581.09
AD131	A80131			Chin control for power chair	ea	23420.74
AD132	A80132			Free Wheel Adaptor for folding chair	ea	3044.69
AD133	A80133			Footplate adjustment for freewheel	ea	1277.49
AD134	A80134			Matrix posture backrest	ea	15473.65

Important: Prosthesis fees EXCLUDE the following components:

1. Foot
2. Ankle unit
3. Knee
4. Suspension

The appropriate component must be selected from the list and charged as a separate item

Lower limb prosthetics:
and stainless steel

CAT 1 & 2 are fabricated with glass / perlon reinforced acrylic resin

CAT 3 is fabricated with carbon reinforced epoxy resin and titanium or composite components.

Prosthetic Consultation				2018 COIDA
PC091	A60091		Consultation (30 minutes)	ea 279.38
PC092	A60092		Consultation (1 hour)	ea 558.77
PC096	A60096		Prosthetic Repairs (To be charged only once)	558.77
Prosthetics				
Item	Code	Cat	Description	
FP FOOT PROSTHESIS				
FP010	A20010		Toe filler	ea 2303.80
FP020	A20020		Fore-foot prosthesis - moulded leather or similar	ea 3368.43
FP030	A20030	1	Mid-foot prosthesis Cat 1 - moulded leather or similar	ea 4282.35
FP031	A20031	2	Mid-foot prosthesis Cat 2 - laminated SACH type foot	ea 14974.59
FP035	A20035	3	Mid-foot prosthesis Cat 3 - laminated CRA + energy foot	ea 41131.08
FP040	A20040	1, 2	Chopart prosthesis - Cat 1/2	ea 24594.38
FP045	A20045		Chopart prosthesis - Refit	ea 17216.06
FP050	A20050	1, 2	O'Connors extension Cat 1/2	ea 23166.36
FP070	A20070	1, 2	Symes prosthesis - CAT 1&2	ea 24631.43
FP071	A20071		Symes prosthesis - Refit CAT 1&2	ea 17242.00
FP081	A20081	3	Symes prosthesis - CAT 3	ea 29062.64
FP082	A20082		Symes prosthesis - Refit CAT 3	ea 20343.84
FP090	A20090		Symes test socket - diagnostic	ea 4814.73
BK BELOW KNEE PROSTHESIS				
BK030	A20530	1, 2	BK exoskeletal CAT 1&2	ea 23525.75
BK061	A20561	1, 2	BK endoskeletal CAT 1&2	ea 33351.90
BK090	A20590	3	BK endoskeletal CAT 3	ea 37641.18
Additions to Below knee prosthesis				
BK134	A20634		BK flexible inner socket	ea 3976.01
BK140	A20640		BK test socket - diagnostic	ea 3690.13
BK145	A20645		BK skin cosmesis	ea 4982.35
Refit of Below knee prosthesis				
NOTE: Refit includes new cosmetic cover				
BK162	A20662		Refit BK exoskeletal CAT 1&2	ea 21033.73
BK165	A20665		Refit BK endoskeletal CAT 1&2	ea 24631.43
BK166	A20666		Refit BK endoskeletal CAT 3	ea 27955.26

Item	Code	Cat	Description		
			BK accessories and repairs		
BK190	A20690		BK cosmetic foam replaced	ea	6209.68
BK191	A20691		BK cosmetic stocking	ea	261.89
BK195	A20695		BK leather lining	ea	166.57
BK196	A20696		BK pelite socket lining	ea	2564.04
BK210	A20710		BK joint covers	pr	426.13
BK211	A20711		2222 Bolt imported	ea	377.22
TK			THROUGH KNEE PROSTHESIS		
TK010	A21010		TK exoskeletal CAT 1&2	ea	53214.90
TK030	A21030		TK endoskeletal CAT 1&2	ea	64076.62
TK040	A21040		TK endoskeletal CAT 3	ea	72850.14
TK075	A21075		TK test socket - diagnostic	ea	4925.91
TK076	A21076		TK foamcover replace	ea	6953.51
			Refit of Through knee prosthesis		
			NOTE: Refit includes new cosmetic cover		
TK100	A21100		Refit TK exoskeletal CAT 1&2	ea	38859.89
TK105	A21105		Refit TK endoskeletal CAT 1&2	ea	54525.89
TK115	A21115		RefitTK endoskeletal CAT 3	ea	63657.26
AK			ABOVE KNEE PROSTHESIS		
AK040	A21540	1, 2	AK prosthesis - exoskeletal CAT 1&2	ea	41517.84
AK060	A21560	1, 2	AK prosthesis - endoskeletal CAT 1&2	ea	62553.27
AK080	A21580	3	AK prosthesis endoskeletal CAT 3	ea	68086.77
AK120	A21620		AK test socket - diagnostic	ea	4174.54
			Refit of Above knee prosthesis		
			NOTE: Refit includes new cosmetic cover		
AK151	A21751		Refit AK exoskeletal CAT 1&2	ea	30447.44
AK153	A21753		Refit AK endoskeletal CAT 1&2	ea	43176.36
AK155	A21755		Refit AK endoskeletal CAT 3	ea	53694.08
			Additions and repairs to AK prosthesis		
AK716	A21716		AK - Cosmetic cover - replaced	ea	7726.12
AK720	A21720		AK - cosmetic stocking	ea	388.61
AK724	A21724		AK - flexible inner socket	ea	7662.76
AK724	A21725		AK - laminate shin CRA	ea	4567.76
AK732	A21732		AK - laminate thigh CRA	ea	5473.69
AK740	A21740		AK - socket lined with leather	ea	1870.74
AK800	A21800		AK - prosthetic skin	ea	4982.35

Item	Code	Cat	Description		
HD			HIP DISARTICULATION PROSTHESIS		
HD030	A22030	1, 2	HD prosthesis endoskeletal CAT 1&2	ea	107942.86
HD035	A22035		HD prosthesis endoskeletal - Refit	ea	93570.79
			ADDITIONS AND REPAIRS TO HD PROSTHESIS		
HD031	A22031		Hip Joint 7E5	ea	20481.81
			PROSTHETIC COMPONENTS AND ACCESSORIES		
PA			PROSTHETIC ANKLES		
LA000	A22500		Ankle - Cat 1/2single axis - with block	ea	5942.56
LA001	A22501		Ankle - Cat 1/2 single axis - without block	ea	3560.03
LA002	A22502		Ankle - Cat 1/2 single axis - modular steel	ea	3506.97
LA003	A22503		Ankle - Cat 3 single axis - modular titanium	ea	6156.62
LA004	A22504		Ankle - Cat 1/2 multi axis - with block	ea	6043.60
LA005	A22505		Ankle - Cat 1/2multi axis - without block	ea	4100.87
LA006	A22506		Ankle - Cat 1/2 multi axis - modular steel	ea	7664.45
LA007	A22507		Ankle - Cat 3 multi axis - modular Ti or composite	ea	9071.39
LA008	A22508		Ankle - Cat 1/2 SACH wooden block	ea	1025.26
LA009	A22509		Ankle - Cat 2 SACH modular steel	ea	1882.74
LA010	A22510		Ankle - Cat 3 SACH modular titanium	ea	3233.24
LA011	A22511		Ankle - Cat 1 SACH modular aluminium	ea	3024.42
LA512	A22512		Ankle multiflex aluminium CAT3/Dynamic Response/Multiflex foot	ea	6065.79
LA513	A22513		Ankle tehlin single axis TAJ01	ea	2917.23
			SNUBBER KITS		
LA514	A22514		409007/9 Snubber Kit	ea	708.28
PF			PROSTHETIC FEET		
LA 092		2	<i>Foot - Single axis with adapter</i>		
	A22591/1		Foot cat 1/2 with ankle adapter greisinger plus 1A		7740.64
	A22592		Foot - Cat 1 - with ankle Single axis Teh Lin TAJP1		3009.04
LA090		1, 2	<i>Foot - Single axis without ankle adapter</i>		
	A22590/1		Foot - Cat 1/2 - w/o ankle Single axis	ea	1800.83
	A22590/2		Foot - Cat 1/2 - w/o ankle SACH - SINGLE AXIS	ea	4614.35
	A22590/3		Foot - Cat 1/2 - w/o ankle Single axis Teh Lin TFF02H		3449.30
	A22590/4		Foot - Cat 1 - w/o ankle Light duty 1G9	ea	3457.46
	A22590/5		Foot Cat 1/2 with ankle and block single axis ,1H3	ea	3023.06
			<i>Foot - multi-axis with ankle adapter</i>		
	A22591/2		TRIAS Foot	ea	15417.63
LA091		1, 2	<i>Foot - multi-axis without ankle adapter</i>		
	A22591		TERION Foot	ea	7540.64
LA100		1, 2	<i>Foot - SACH without ankle adapter</i>		
	A22600/1		Foot - Cat 1/2 - w/o ankle SACH	ea	1483.79
	A22600/2		Foot - Cat 1/2 - w/o ankle SACH - OWW	ea	3658.40
	A22600/3		Foot - Cat 1/2 - w/o ankle SACH - Kingsly	ea	1554.05
LA110		3	<i>Foot - Dynamic without ankle adapter</i>		
	A22610/1		Foot - Cat 3 - w/o ankle Dynamic 1D10	ea	6319.17
	A22610/2		Foot - Cat 3 - w/o ankle Seattle carbon	ea	15334.12
	A22610/3		Foot - Cat 3 - w/o ankle CC2 LIGHT OWW	ea	12852.27
LA111		3	<i>Foot - Dynamic with pyramid adapter</i>		
	A22611/1		Foot - Cat 3 - with ankle Dynamic PRO 1D25	ea	12016.49

Item	Code	Cat	Description		
	A22611/2		Foot - Cat 3 - with ankle SACH - Enhanced OWW	ea	6321.92
	A22611/3		Foot-Cat 3 W/with ankle 1D35 dynamic plus foot	ea	9343.87
LA160		3	Foot - Multi axis dynamic without adapter		
	A22660/1		Foot - Cat 3 - w/o ankle Endolite multi flex	ea	7053.72
	A22660/2		Foot - Cat 3 - w/o ankle Quantum	ea	9071.39
LA116		3	Foot - Multi-axis dynamic with pyramid adapter		
	A22616/1		Foot - Cat 3 - with ankle SACH - Multi axis 1M1	ea	10889.53
	A22616/2		Foot - Cat 3 - with ankle Endolite Dynamic Response	ea	16198.27
	A22616/3		Assure Foot complete	ea	16173.18
	A22616/4		Foot - Cat 3 - with ankle CC HP OWW	ea	6321.92
	A22616/5		Foot - Cat 3 - with ankle Single axis Teh Lin TGAPM or TGAOM	ea	11505.56
	A22616/6		Foot with pyramid blatchford super sach	ea	4214.74
	A22616/7		Foot with parymid blatchford senior foot 120kG	ea	7216.08
LA115		3	Foot - Symes		
	A22615/1		Foot - SYMES Pigoroff	ea	2441.12
	A22615/2		Foot - Kingsley Symes	ea	4165.93
PK			PROSTHETIC KNEES		
LA179		1, 2	Exoskeletal knee hinge BK		
	A22679/1		Knee - Cat 1/2 - BK joint 7U25	pr	8323.41
LA178		1, 2	Exoskeletal knee hinge TK		
	A22678/1		Knee - Cat 1/2 - TK joint 7G3	pr	5162.29
LA180		1	Knee - exoskeletal knee single axis with manual lock		
	A22680/1		Knee - Cat 1 - single axis 3P4	ea	6551.37
LA181		2	Knee - exoskeletal single axis		
	A22681/1		Knee - Cat 2 3P1	ea	8857.49
LA182		2	Knee - exoskeletal knee multi axis friction		
LA182	A22682/1		Knee - Cat 2 swing phase control 3P23	ea	10574.32
LA209		1	Knee - endoskeletal single axis with manual lock		
	A22710/1		Locking 3R41 Knee		12405.00

Item	Code	Cat	Description		
LA183		1	Knee single axis safety s/s stance phase control		
	A22683/1		Knee - Cat 1 - safety 3R15	ea	7728.83
	A22683/2		Single axis knee with extension	ea	33481.47
LA185		2	Knee multi axis steel mod S&SPC		
	A22701/1		Knee - Cat 2 - Habermann 3R20 s/s	ea	22443.89
	A22701/2		Polycentric knee Cat2	ea	11435.80
LA186		2	Knee multi axis safety Ti or carbon mod S&SPC		
	A22702/1		Knee - Cat 2 - Habermann 3R36 titanium	ea	14962.59
	A22702/2		Polycentric titanium Cat2	ea	22443.89
	A22702/3		Knee Cat 2 Balance Safety 125Kg	ea	14012.77
	A22702/4		Total Knee 1900(TK/AK)		28051.00
LA191		3	Multi axis knee with Ti or carbon with pneumatic/hydraulic swing phase control		
	A22691/1		Knee - Cat 3 3R70	ea	14353.00
	A22691/2		3R72 knee Cat 3	ea	35022.00
	A22691/3		3R95 hydraulic safety knee aluminium Cat 3	ea	40584.56
LA189		3	Knee single axis Ti with hydraulic swing phase control		
	A22689/1		Knee - Cat 3 - single axis Ti, hydraulic 3R45	ea	41731.11
	A22689/2		Knee - Cat 3 TEH LIN hydraulic TKG 1H100 or 100S or RP1	ea	52381.35
LA209		3	Knee multi axis stance flex, swing phase control		
	A22709/1		Knee - Cat 3 TOTAL - 7axis Hydraulic (TK/AK)	ea	46669.81
	A22709/3		Knee Cat 3 Total polymer friction	ea	30252.61
LA207		3	Knee multi axis stance flex hydraulic swing phase control		
	A22707/1		Knee - Cat 3 - 3R55		45799.43
LA200		3	Knee single axis Ti or carbon with hydraulic S&SPC		
	A22700/1		Knee - Cat 3 - 3R80 - Hydraulic	ea	59773.98
	A22700/2		Mauch Knee Plus High Resistance		52575.00
			KNEES FOR THROUGH KNEE PROSTHESIS		
LA186		1	Knee four bar manual lock s/s		
	A22686/1		Knee - Cat 1 - 4bar-linkage manual lock 3R23	ea	19029.37
LA185		2	Knee four bar s/s		
	A22685/1		Knee - Cat 2 - 4bar-linkage 3R21	ea	16833.84
	A22685/2		Knee - Cat 2 Teh LIN four bar TK4010	ea	12538.20
	A22685/3		Knee - Cat 2 Teh LIN four bar TK4000S	ea	10153.87
	A22685/4		TK four bar linkage Cat 2	ea	10625.33
LA188		3	Knee four bar Ti or carbon, hydraulic or pneumatic SPC		
	A22688/1		Knee - Cat 3 - 4bar-linkage Ti, hydraulic 3R46	ea	45661.50
	A22688/2		TK 1900 total knee polymer friction Cat3	ea	20168.40
	A22688/3		TK 2000 knee Cat3	ea	30458.10

Item	Code	Cat	Description		
GPA			GENERAL PROSTHETIC ACCESSORIES		
LA230	A22730		Patella buttons replaced	ea	225.91
LA235	A22735		Re-alignment (dynamic) of AK / TK modular prosthesis	ea	1026.96
LA236	A22736		Re-alignment (dynamic) of BK modular prosthesis	ea	972.20
LA440	A22940		Stump care - Cleani-stump	box	965.29
LA450	A22950		Stump care - Ampu-aid	tube	193.46
LA460	A22960		Stump care - talc	tin	261.89
LA461	A22961		Stump / skin lotion	ea	505.24
LA462	A22962		Stump lubricant	ea	400.45
LA463	A22963		Stump cleaner	ea	463.82
LA464	A22964		Stump moisturiser	ea	463.82
LA465	A22965		Stump ointment	ea	573.45
LA466	A22966		Stump moisturiser derma clean	ea	394.24
LA470	A22970		Stump care - balm	tin	463.80
LA480	A22980		Stump coning bandage 6cm	ea	378.30
LA481	A22981		Stump coning bandage 8cm	ea	477.48
LA482	A22982		Stump coning bandage 10cm	ea	640.19
LA483	A22983		Prosthetic sheath albert andre per apir	ea	698.32
LA484	A22984		Prosthetic sheath merit	ea	99.57
LA485	A22985		Fix prosthetic local 601 kneebrace	ea	414.43
LA486	A22986		Stump sock with hole for pin local	ea	298.34
LA487	A22987		Stump sock with pin imported	ea	399.83
LA488	A22988		Dermaseal residual limb sock 453D7	ea	1933.66
LA490	A22990		Stump coning bandage 15cm	ea	698.32
			ADAPTORS		
AD001	A24001		2R2 tube adaptor stainless steel	ea	1847.54
AD002	A24002		Bibr-003 hawk tube adaptor short E05S-B0SS	ea	842.06
AD003	A24003		2R3 tube adaptor stainless steel	ea	1960.85
AD004	A24004		Tubewith adaptor 1907-13	ea	1327.15
AD005	A24005		2R38 tube adaptor titanium	ea	3891.81
AD006	A24006		A-712010 tube adaptor aluminium short	ea	509.25
AD007	A24007		A-712020 tube adaptor aluminium long	ea	642.99
AD008	A24008		Bibr-004 hawk tube adaptor E05S-A SS	ea	1063.89
			FOOT ADAPTORS		
AD009	A24009		2R8=10 sach foot adaptor 1907-14	ea	1119.24
AD010	A24010		Sach foot adaptor 1907-14	ea	1200.15
AD011	A24011		2R8=8 sach foot adaptor stainless	ea	1119.24
AD012	A24012		2R31 sach foot adaptor titanium	ea	2584.57
AD013	A24013		2R54 sach foot adaptor aluminium	ea	2128.92
AD014	A24014		Bibr-001 hawk sach foot adaptor E01S-M10SS	ea	502.52
AD015	A24015		2R10single axis foot adaptor stainless steel	ea	2782.53
AD016	A24016		2R51single axis foot adaptor titanium	ea	6099.16
AD017	A24017		2R33 single axis foot adaptor titanium	ea	8099.84
AD018	A24018		2R14 connection plate for sach foot	ea	151.88
AD019	A24019		Sach foam connector	ea	151.88
AD020	A24020		2R22 connection cap for single axis foot	ea	317.46
			TUBE CLAMP ADAPTORS		
AD021	A24021		4R21 tube clamp adaptor stainless	ea	1742.97
AD022	A24022		Tube clamp connector 1907-22	ea	1213.87
AD023	A24023		4R82 tube clamp adaptor titanium	ea	4748.36
AD024	A24024		A-342100 tube clamp adaptor female pyramid	ea	1282.05
AD025	A24025		409054-BI tube clamp adaptor	ea	1861.87
			SOCKET ADAPTORS		
AD026	A24026		Bibr-005 hawk clamp adaptor E07S SS	ea	943.93
AD027	A24027		4G70 TK lamination anchor	ea	4779.52
AD028	A24028		4R116 lamination anchor	ea	3941.61
AD029	A24029		4R41 lamination anchor/socket with rotate	ea	3782.26
AD030	A24030		4R43 lamination anchor	ea	2203.61
AD031	A24031		Rotating socket adaptor 1907-40	ea	3260.61
AD032	A24032		4R51 socket adaptor with rotation	ea	4554.14

Item	Code	Cat	Description		
AD033	A24033		4R37 socket adaptor with rotation	ea	2318.16
AD034	A24034		4R89 socket adaptor with rotation	ea	3708.80
AD035	A24035		Bibr-006 hawk 3 prong socket adaptor with rotation	ea	1337.78
AD036	A24036		Bibr-007 hawk 3 pyramid adaptor with rotation	ea	1247.24
AD037	A24037		4R100 socket adaptor titanium Bk	ea	3546.71
AD038	A24038		4R68 socket adaptor aluminium Bk	ea	2436.43
AD039	A24039		4R55 socket adaptor titanium	ea	3025.31
AD040	A24040		4R95 socket adaptor aluminium	ea	1752.93
AD041	A24041		4R22 socket adaptor stainless steel	ea	1293.54
AD042	A24042		2R63 socket adaptor stainless	ea	1574.89
AD043	A24043		BK socket adaptor with pyramid	ea	1365.73
AD044	A24044		4R42 socket adaptor stainless	ea	2163.77
AD045	A24045		3 prong socket adaptor	ea	1757.79
AD046	A24046		A-114040 4 prong socket adaptor	ea	1924.74
AD047	A24047		Bibr-008 3 prong fixed pyramid adaptor E11S SS	ea	1308.22
AD048	A24048		Bibr-009 4 prong socket adaptor E12S SS	ea	769.62
AD249	A24049		5R1 socket attachment block	ea	1559.96
AD250	A24050		6PC599 socket lamination platform	ea	4721.17
AD251	A24051		Boww-037 laminating socket attachment Block 70020	ea	1007.31
AD252	A24052		Boww-240 laminating socket attachment block	ea	1052.58
AD253	A24053		4R98 Sliding adaptor	ea	4367.40
AD254	A24054		Boww-200 pyramid sliding adaptor	ea	5616.00
			SILICONE SLEEVES		
SS001	A25001		6Y42 silicone sleeve without pin	ea	5679.42
SS002	A25002		6Y70 silicone gel liner	ea	8037.12
SS003	A25003		6Y80 sleeve transfemoral	ea	9044.02
SS004	A25004		14Y1 silicone arm liner	ea	10151.27
SS006	A25006		I-0104 original icecross sleeve without cover	ea	6319.04
SS008	A25008		I-4013 dermo lock in sleeve	ea	8572.74
SS009	A25009		I-5006 icecross comfort locking/ Cushion liner	ea	8168.00
SS010	A25010		I-6003 icecross synergy locking	ea	9781.04
SS011	A25011		I-7132 icecross transfemoral locking /cushion liner	ea	10818.06
SS014	A25014		GPDt general purpose liner	ea	11378.20
SS015	A25015		GPFR general purpose line	ea	11378.20
SS016	A25016		AKDT alps locking liner	ea	11403.77
SS017	A25017		AKFR alps cushion liner	ea	11403.77
SS018	A25018		Boww-016 alpha spirit cushion liner SP ALC5366	ea	9122.31
SS019	A25019		Boww-006 alpha original lock liner	ea	10978.47
SS020	A25020		Boww-221 alpha AK Lock in liner	ea	11193.52
SS021	A25021		Boww225 alpha AK cushion AKL	ea	9122.31
			SEAL IN SLEEVES		
SS022	A25022		I-4613 icecross dermo seal in sleeve	ea	9627.47
SS023	A25023		I-7532 icecross transfemoral seal in sleeve	ea	12249.56
SS024	A25024		I-7632 icecross transfemoral seal in conical	ea	12249.56
			SEAL IN SOCKS		
SS025	A25025		K5313 seal in liner socks 3 ply	ea	289.25
SS026	A25026		K5311 seal in liner sock 1ply	ea	192.01
			KNEE SLEEVES		
SS027	A25027		453A2=1-4 derma comfort ORT knee sleeve	ea	2603.11
SS028	A25028		453A3=1-3 profelex knee sleeve	ea	3157.27
SS029	A25029		453A-4=1-3 profelex knee sleeve short	ea	2806.46
SS030	A25030		F-2011 icecross knee sleeve=35-62	ea	2588.99
SS031	A25031		BDAW-301 daw G-sleeve	ea	1453.23
SS032	A25032		BDMI-182 med genu sleeve Mk00203000	ea	1776.93
			DISTAL CUPS		
SS033	A25033		I-3000 distal cup	ea	2294.62
SS034	A25034		Boww-042 gel cups	ea	1097.85

Item	Code	Cat	Description		
			VOLUME MANAGE PADS		
SS035	A25035		Boww-045 volume manage pads X3	ea	776.74
SS036	A25036		BPRO-002 1K10 protector pad	ea	4135.59
			PINS		
SS037	A25037		6Y13=3 long pin only	ea	1644.61
SS038	A25038		L-192000 attachment pin standard	ea	736.80
SS039	A25039		Boww-074 alpha lock pin	ea	848.86
			SHUTTLE LOCKS		
SL651	A36651		Shuttle lock fit	ea	3118.52
SL040	A25040		6A20 shuttle lock with distal adjustment pyramid	ea	11434.22

Item	Code	Cat	Description		
SL041	A25041		6A30=20 and 10shuttle lock	ea	9362.26
SL042	A25042		14A1 shuttle lock to attach 14Y1 Silicone liner	ea	8875.46
SL043	A25043		L-621000 ice ratchet	ea	2656.69
SL044	A25044		109108 blatchfordshuttle lock	ea	8470.84
SL045	A25045		Alps shuttle lock with pyramid S498-P	ea	6625.60
SL047	A25047		Boww-061 alpha lock kit	ea	5618.26
SL048	A25048		Boww-062 lanyard lock kit	ea	5975.91
SL049	A25049		Bibr-040 hawk shuttle lock E70	ea	5206.28
			VALVES		
VL050	A25050		21Y12 screw valve kit	ea	3724.98
VL051	A25051		21Y40 suction valve	ea	539.07
VL052	A25052		21Y41 seat ring for 21Y40 valve	ea	154.37
VL053	A25053		21Y105 valve kit for flexible sockets	ea	1932.21
VL054	A25054		4R140 one way valve for knee sleeves	ea	1550.00
VL055	A25055		L-552000 ice lock expulsion valve TF AK valve	ea	1553.61
VL056	A25056		L-551002 icelock expulsion valve TF BK valve	ea	1394.68
VL057	A25057		BMDI-240 medi vacu valve-1810723000	ea	654.19
VL058	A25058		BUSN-001 green dot valve plastic	ea	1416.63
VL059	A25059		BUSN-002green dot valve stainless steel	ea	1044.17
LA510	A25060		Suction valve standard	ea	736.90
LA520	A25061		Suction valve total contact	ea	1351.69
LA530	A25062		Suction valve Green dot standard	ea	1351.69
LA540	A25063		Suction valve Green dot total contact	ea	1351.69
			REPAIR KITS		
RK001	A26001		2D2 single component pack for 1A6 and1A29	ea	1175.72
RK002	A26002		2D3 for 1A20 foot	ea	718.86
RK003	A26003		2D5 service pack gor 2R10 ankle	ea	368.59
RK004	A26004		3D4 service kit for 3P23 knee	ea	1749.90
RK005	A26005		2D1 Service for 3R15/3R46/3R42 knees	ea	830.17
RK006	A26006		4D13 service kit for 3R36/R20	ea	1442.47
RK007	A26007		4D18 service kit for 3R46 knee	ea	1248.70
RK008	A26008		4D19 repair kit for 3R55	ea	1047.19
RK009	A26009		4V34 declaration bumper	ea	485.70
RK010	A26010		4H5=26 knee extension stop rubber	ea	118.21
RK011	A26011		4H21 shin extension stop rubber	ea	98.09
RK012	A26012		7U25 joint bearing 509K 11X5X16X5	ea	202.37
RK013	A26013		7U25 joint big screw 501A22	ea	103.34
RK014	A26014		7U25 small joint screw 501S6X8XM3.5	ea	31.85
RK015	A26015		4B52 swinging block	ea	1761.31
RK016	A26016		4D7 repair kit for3R21/3R30	ea	2855.66
RK017	A26017		4F34 lock control unit AK (3R17/3R33/3R40/3R41) KNEE	ea	1052.38
			PARTIAL HAND PROSTHESIS		
PH010	A30010		Partial hand passive	ea	22572.32
PH020	A30020		Partial hand functional	ea	31929.59
PH030	A30030		Partial opposition post	ea	15746.57
			PARTIAL HAND REPAIRS		
PH050	A30050		Partial new silicone socket	ea	7210.96
PH060	A30060		Partial hand - cosmetic glove replaced	ea	5429.09
PH070	A30070		Partial hand - replace zip to glove	ea	5018.34

Item	Code	Cat	Description		
WD			WRIST DISARTICULATION PROSTHESIS		
WD010	A30510		Wrist disarticulation - passive	ea	43936.36
WD020	A30520		Wrist disarticulation - functional	ea	57981.67
WD021	A30521		Refit Wrist Disarticulation	ea	13121.40
BE			BELOW ELBOW PROSTHESIS		
BE010	A31010		Below elbow prosthesis -passive hand & cosmetic cover	ea	43936.36
BE020	A31020		Below elbow prosthesis - functional hand & cosmetic cover	ea	57981.67
BE040	A31040		BE test socket - diagnostic	ea	2464.65
ED			ELBOW DISARTICULATION PROSTHESIS		
ED010	A31510		Elbow disarticulation prosthesis - passive hand and cosmetic cover	ea	65464.65
ED020	A31520		Elbow disarticulation prosthesis - functional hand and cosmetic cover	ea	85317.34
ED030	A31530		ED test socket - diagnostic	ea	2464.65
ED031	A31531		Refit ED	ea	26874.96
			ABOVE ELBOW PROSTHESIS		
AE010	A32010		Above elbow prosthesis - passive hand & cosmetic cover incl	ea	51499.94
AE020	A32020		Above elbow prosthesis - functional hand & cosmetic cover incl	ea	68068.00
AE040	A32040		AE test socket - diagnostic	ea	2464.65
			ADDITIONAL CHARGES		
AE060	A32060		Automatic locking elbow 12K4	ea	23972.49
AE065	A32065		Elbow joint with cable lock	ea	16819.81
AE067	A32067		Step-up joints for short BE or TE	ea	18921.55

Item	Code	Cat	Description		
Notes					
Manual locking elbows 12K5 are supplied as standard. Prosthetist may supply an automatic elbow on request and adjust the fee accordingly					
The cost of the standard elbow must be deducted and the automatic elbow added.					
Prosthetic hooks are not included with upper extremity prosthesis as standard					
SD			SHOULDER DISARTICULATION PROSTHESIS		
SD010	A32510/1		Shoulder disarticulation prosthesis manual elbow(incl. passive hand& cosmetic cover	ea	71308.03
	A32510/2		Shoulder disarticulation prosthesis electric elbow(incl. passive hand &cosmetic cover	ea	86554.82
SD020	A32520		Shoulder disarticulation - with electric elbow functional hand & cosmetic cover incl	ea	87874.42
	A33155		Refit Shoulder disarticulation	ea	30756.03
AA			ACCESSORIES		
AA010	A33010		Cable - AE	ea	2468.03
AA020	A33020		Cable - BE	ea	2255.78
AA030	A33030		Corset - BE	ea	2249.06
AA040	A33040		Passive hand	ea	10581.06
AA050	A33050		Felt hand	ea	10581.06
AA060	A33060		Functional hand	ea	13283.62
AA070	A33070		Harness - AE	ea	2255.83
AA080	A33080		Harness - BE	ea	2255.81
AA090	A33090		Hook elastics	ea	59.97
AA100	A33100		Prosthetic glove - cosmetic	ea	5386.35
AA110	A33110		Prosthetic glove - leather	ea	1126.30
AA120	A33120		Prosthetic hook - aluminium	ea	15448.70
AA130	A33130		Prosthetic hook - steel	ea	19767.05
AA140	A33140		Refit AE	ea	20008.48
AA150	A33150		Refit BE	ea	12484.26
AA160	A33160		Wrist insert-Only with repairs or when hook is required	ea	1453.07
AA165	A33165		Wrist Unit inclusive of wrist insert	ea	5651.62
AA170	A33170		Manual locking elbow 12K5inclusive with new. Only charge separate with repairs	ea	8725.70
AA175	A33175		Re laminate BE	ea	1783.89
AA180	A33180		C708 Base Plate	ea	96.31
AA185	A33185		21A29-25 Auxilia Loop	ea	738.84
AA190	A33190		C711HD Hanger	ea	195.24
AA195	A33195		C711 Standard Hanger	ea	156.94
AA196	A33196		C713HD Ball Receiver	ea	295.45
AA197	A33197		C713 Standard Ball Receiver	ea	253.52
AA198	A33198		C703HD Ball Terminal	ea	100.60
AA199	A33199		C703 Standard Ball Terminal	ea	130.79
AA200	A33200		C701HD Triple Swivel	ea	290.88
AA201	A33201		C703 Standard Triple Swivel		290.88
AA202	A33202		C709HD Retainer	ea	164.99
AA203	A33203		C709 Standard Retainer	ea	141.35
AA204	A33204		C710HD Cross Bar	ea	261.57
AA205	A33205		C710 Standard Cross Bar	ea	252.78
SS			PROSTHETIC SOCKS		
SS010	A35010		Stump sock - BK local	ea	403.98
SS020	A35020		Stump sock - AK local	ea	451.81
SS030	A35030		Stump sock - Arm local	ea	290.95
SS040	A35040		Stump sock - Symes local	ea	749.68
SS050	A35050		Stump sock - BK 5 ply - imported	ea	799.36
SS055	A35055		Stump sock - BK 3 ply - imported	ea	749.68
SS060	A35060		Stump sock - AK 5 ply - imported	ea	799.36
SS065	A35065		Stump sock - AK 3 ply - imported	ea	749.69
SS070	A35070		Stump sock - Arm 3 ply - imported	ea	403.98
SS075	A35075		Stump sock - Arm 5 ply - imported	ea	479.18

Item	Code	Cat	Description		
SS080	A35080		Stump sock - Symes 3 ply - imported	ea	1107.38
SS085	A35085		Stump sock - Symes 5 ply - imported	ea	1206.72
SS090	A35090		Prosthetic sheath - imported	ea	453.50
SS096	A35096		Prosthetic sheath - Local	ea	99.57
SS093	A35093		Prosthetic sheath with hole for pin - local	ea	102.73
SS097	A35097		Stump sock with hole for pin - local	ea	298.34
SS095	A35095		Stump sock with hole for pin imported	ea	399.83
SS100	A35100		Protective sheath - American		2242.13
SS105	A35105		Protective sheath - European (Derma seal)		3780.86
SS106	A35106		Dermaseal residual limb sock 453D7	ea	2033.04
SS110	A35110		Fix Prosthesis - European (Daw)	ea	1076.63
SS120	A35120		Fix Prosthesis - American (silicone suspension liner)	ea	530.55
SS121	A35121		Fix prosthesis local 601 kneebrace	ea	414.43

Item	Code	Cat	Description		
SS130	A35130		Stump shrinker BK	ea	855.47
SS140	A35140		Stump shrinker AK	ea	1136.96
			SUSPENSION SYSTEMS		
AK150	A21650		AK - hip-joint and pelvic band to prosthesis	ea	9748.11
AK700	A21700		AK - shoulder belt	ea	987.54
AK701	A21701		AK - silesion belt	ea	904.47
AK704	A21704		AK - silesion strap	ea	274.22
AK708	A21708		AK - waist belt	ea	951.03
AK712	A21712		AK - neoprene suspension belt	ea	2500.89
BK132	A20632		BK joints and thigh corset	ea	17520.49
BK133	A20633		Bk joints and weightbearing corset	ea	19664.49
BK192	A20692		BK back check strap	ea	548.52
BK193	A20693		BK backlift	ea	566.64
BK194	A20694		BK crutch strap	ea	613.87
BK197	A20697		BK ptb strap	ea	1063.03
BK198	A20698		Front Control strap	ea	678.17
BK200	A20700		BK thigh corset	ea	2947.58
BK201	A20701		BK waistbelt leather	ea	1141.03
BK202	A20702		BK waistbelt webbing	ea	747.24
			OCULAR PROSTHESIS		
OCU	A53015		Prosthesis Consultation(Not payable with A56000)		659.68
OCU	A53115		Impression for Ocular Prosthesis		2663.15
OCU	A53215		Iris Colour		1100.90
OCU	A53315		Model Fitting		5415.50
OCU	A53415		Prosthetic manufacture and moulding		6255.97
OCU	A53515		Follow-up (Within 6 months of new or replacement prosthesis but included in item 56000)		365.05
OCU	A53715		Glass eye complete with consultation and fitting (attached motivation)		4943.99
OCU	A53815		Drill ball and socket (pegging to coral) "attached motivation"		1067.84
OCU	A53915		Trimming and Reshaping		534.64
OCU	A54015		Build up		1582.37
OCU	A54115		Veining		745.91
OCU	A54215		Polishing		330.56
OCU	A54315		Materials for custom eye		2078.20
OCU	A54415		Stock eye (every 5years)		1484.64
OCU	A54515		Haptic Lens (every 5 years)		3269.65
OCU	A56000		Complete eye(includes consultation A53015)		20740.34

ORTHOTIC & PROSTHETIC SUPPLY PROTOCOL**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

Section 73 Medical expenses (1) The Director-General or the employer individually liable or mutual association concerned, as the case may be, shall for a period of not more than two years from the date of an accident or the commencement of a disease referred to in section 65(1) pay the reasonable cost incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease.

(2) If, in the opinion of the Director-General, further medical aid in addition to that referred to in subsection (1) will reduce the disablement from which the employee is suffering, he may pay the cost incurred in respect of such further aid or direct the employer individually liable or the mutual association concerned, as the case may be, to pay it.

Section 42 Employee to submit to medical examination (1) An employee who claims compensation or to whom compensation has been paid or is payable shall when so required by the Director-General or the employer individually liable or mutual association concerned, as the case may be, after reasonable notice, submit himself at the time and place mentioned in the notice to an examination by the medical practitioner designated by the Director-general or the employer individually liable or mutual association concerned.

- 1.1 Each orthotic and prosthetic service provider should ensure that the service he / she provides is compatible with the general procurement guidelines issued by National Treasury.
- 1.2 The Compensation Fund will bear the reasonable cost for the issue of orthotic and prosthetic devices after an accident, provided that liability for the claim has been accepted and the service is prescribed by a medical practitioner and the prescribed guidelines are followed.
- 1.3 The published policy on the supply of orthotic and prosthetic devices and the tariff of fees will serve as a guideline to determine if any proposed service is reasonable and it will replace all existing tariff structures.
- 1.4 Pre-authorization by the Compensation Fund is required in all claims, even if the devices supplied are listed in the Government Gazette. It is the responsibility of the service provider to ensure that liability for the claim has been accepted by the Compensation Fund and that the service is reasonable and in line with the published policy and tariff. Amputees must be fitted with a prosthesis which is suitable for their environment and activity / load level.

- 1.5 Replacement of consumable items, refits and repairs must be motivated by the prosthetist and the medical practitioner. Requests must be reasonable and in line with the published policy and tariff.
- 1.6 The employee, assisted by a medical practitioner should complete the appropriate form when requesting replacement, re-fit or repair of any prosthetic / orthotic device. **See Section 2 – Request For Prosthesis Services**
- 1.7 The request for new equipment must be accompanied by a written report by the prosthetic practitioner indicating that the employee's functional level has been re-evaluated to take into account any physical or environmental changes encountered by the employee. **See Sections 7 and 8 - Amputee Activity / Load Level Assessment Form**
- 1.8 In exceptional circumstances, if the employment status and / or the functional level of an employee radically changes before a new prosthesis is due, a new prosthesis more suitable to the employment conditions will be considered by the Compensation Fund.
- 1.9 If an employee's employment status / functional level changes and a prosthesis in a higher category is requested, such higher functional level must be confirmed by the employer and a rehabilitation team comprising a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist.
- 1.10 The service provider must obtain written authorisation for all quotation of prosthesis, refits, consumables and repairs. Accounts will not be payable for all quotation of prosthesis supplied without pre-authorisation for first amputees or any other prosthesis supplied to the employee.
- 1.11 The Compensation Fund will bear the reasonable cost of repairs to a prosthesis which has suffered from "fair" wear and tear after at least two years of normal use.
- 1.12 The Compensation Fund will not bear the cost of a prosthesis which is lost, broken, worn out or is otherwise unserviceable as a consequence of an employee's neglect or abuse.
- 1.13 The Commissioner will pay for the re-fit of the prosthesis strictly only where motivated and justifiable by the circumstances. **See Section 4 - Guidelines for Refit**
- 1.14 Replacement of some parts of a prosthesis (straps, socks, suspension sleeves etc) that may perish or become consumed through reasonable usage be will paid for by the Compensation Fund in line with the policy guidelines. **See Section 3 - Replacement Period Table.**
- 1.15 The Compensation Fund reserves the right in terms of section 42 of the act to call for a second or independent opinion or evaluation of proposed orthotic / prosthetic services.
- 1.16 Any such report obtained by the Compensation Fund shall state whether the proposed orthotic / prosthetic service is appropriate for the diagnosis, functional level and environmental circumstances of the patient. The Compensation Fund reserves the right to use the information so obtained at his discretion and as is deemed appropriate.

- 1.17 The Commissioner is further entitled, pursuant to a complaint by the employee, to call for an independent report concerning any orthotic / prosthetic services that have been rendered. The Orthotists / prosthetist should strive to take all reasonable steps to attend to the legitimate complaints of an employee regarding services or assistive devices supplied. If it is found that defective or unsuitable devices have been supplied to an employee the Orthotists / prosthetist shall replace / repair / alter such devices at no additional cost to the Compensation Fund or the employee. The Compensation Fund reserves the right to decide on whether to maintain the said service provider on their data base of service providers or not.
- 1.18 The orthotic and / or prosthetic devices paid for by the Compensation Fund remains the property of the Compensation Fund. When an employee demises such devices should be returned to the Compensation Fund.
- 1.19 Each orthotic and prosthetic service provider should supply the fund with the quotation in order for the fund to verify that the right items ordered and supplied to the employee are correct.
- 1.20 Each orthotic and prosthetic service provider should supply the fund with the rehabilitation report for all new amputees after fitting and supplying of a new prosthesis.
- 1.21 Orthotists/prosthetist and other service providers are required to quote a similar or better component using the same code.
- 1.22 Orthotists/prosthetist and other service providers should declare the use of the component and how it will benefit the employee
- 1.23 The Compensation Fund retains the right to verify the product supplied to the employee should a need arise

2. Request for Orthotic / Prosthetic Services

The following details must accompany the request for prosthetic services:

- 2.1 Employee detail form See Section 6
- 2.2 Letter from the employee requesting orthotic / prosthetic services See Section 6
- 2.3 Motivation for services by orthotist / prosthetist
- 2.4 Motivation by the medical practitioner, if required by the guidelines
- 2.5 Amputee activity / load level assessment (for new prosthesis only) See Section 8
- 2.6 Refit report (for refit of prosthesis only) See Section 4
- 2.7 Quotation according to published tariffs See Section 9

3. Replacement Periods of Medical Orthotic / Prosthetic Equipment

- 3.1 Prosthesis Five years

3.2 Refit for prosthesis will be considered six months after fitting of new amputee with a prosthesis, and refit for old amputees can be considered after two and half years from the fitting of a new prosthesis: then to be motivated.

3.2	Silicone liners, sleeves, sockets	Two every three years
3.3	Gel liners, sleeves, sockets	Two every eighteen months
3.4	Prosthetic socks	Twelve per year
3.5	If worn with silicone or gel liners	Six per year
3.6	Prosthetic sheath	Twelve per year
3.7	If worn with silicone or gel liners	Six per year
3.8	Cosmetic stockings	Two pair per year
3.9	Cosmetic cover	One per year
3.10	Cosmetic skin	One every year
3.11	Calipers	Three years
3.12	Wheelchairs	Five years
3.13	Wheelchair cushions	Two years
3.14	Orthopaedic footwear	Two pair per year
3.15	Footwear modifications	Three modifications per year
3.16	Compression stockings	Four pairs every year
3.17	Off the shelf orthosis	Four every year
3.18	Custom made orthosis	Two every year

4. Guidelines for Refit

This guideline covers prostheses that require refit of the socket after the initial issue. A full motivation with a report indicating the following details must be submitted:

- 4.1 Date of amputation
- 4.2 Date when the present prosthesis was fitted
- 4.3 Description of the prosthesis
- 4.4 Residual limb measurements when prosthesis was fitted
- 4.5 Symptoms indicating loss of fit
- 4.6 Diagnosis of loss of fit
- 4.7 Current residual limb measurements.
- 4.8 Number and thickness of prosthetic socks and worn by employee
- 4.9 Condition of prosthesis
- 4.10 The employee's current activity level
- 4.11 An opinion as to the suitability of the specific prosthesis for the employee

5. Functional Level

A determination of the medical necessity for certain components / additions to a prosthesis is based on the potential functional ability of the employee. Potential functional ability is defined as the reasonable expectation of the rehabilitation team including a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist and the employee based on

- past history including prosthetic use
- current condition including the status of the residual limb and other medical factors
- employment status
- desire to ambulate

The clinical assessment of the employee's rehabilitation potential should be based on the following classification levels:

LEVEL 0:

Does not have the ability or potential ability to ambulate or transfer safely with or without assistance and a prosthesis will not enhance the mobility or quality of life

No prosthesis is recommended for amputees in this category.

LEVEL 1:

Has the ability or potential ability to use a prosthesis for transfers or ambulation on level surfaces at a fixed cadence – typically the limited and unlimited household ambulator

CATEGORY 1 components / prosthetics are recommended at this level. Amputees typically require significant stance phase security and minimal swing phase control.

LEVEL 2:

Has the ability or potential ability for ambulation and to traverse low level environmental barriers such as curbs, stairs and uneven surfaces – typically the limited community ambulator.

CATEGORY 2 components / prosthetics are recommended at this level. Amputees typically require moderate stance phase security and moderate swing phase control.

LEVEL 3:

Has the ability or potential ability for ambulation with variable cadence – typically the community ambulator that traverses most environmental barriers with vocational,

therapeutic or exercise activity that demands prosthetic utilization beyond simple locomotion

CATEGORY 3 components / prosthetics are recommended at this level. Amputees typically require minimal stance phase security and maximal swing phase control.

LEVEL 4:

Has the ability or potential ability for prosthetic ambulation that exceeds basic ambulation skills exhibiting high impact, stress or energy levels. Daily activities require rigorous and repeated actions of high impact or stress such as lifting, jumping, climbing and walking long distances – typically the active adult ambulator.

In addition to CATEGORY 3 components, the employee requires components that will stand up to daily repeated high load and stress levels. Amputees typically require minimal stance phase security and maximal swing phase control.

UNLESS OTHERWISE STATED IN WRITING BY THE COMPENSATION FUND EMPLOYEES REQUIRING THIS LEVEL OF ORTHOTIC DEVICES SHALL BE GAINFULLY EMPLOYED.

- This gazette is also available free online at www.gpwonline.co.za

7. This form should be completed by the orthotic / prosthetic practitioner

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Employee Details

Date: _____ Claim number: _____

Surname: _____ ID Number _____

First names: _____

Postal address: _____

Tel (h) _____ Tel (w) _____

Date of accident: _____

Employer at time of accident: _____

Current employer: _____

RESIDUAL LIMB MEASUREMENTS

Amputation level: _____

Side amputated: Left ☐ Right ☐

Length of residual bone: _____ Length of residual limb: _____

Drawing of residual limb

Circumference measurements:

240 mm from distal end _____

200 mm from distal end _____

160 mm from distal end _____

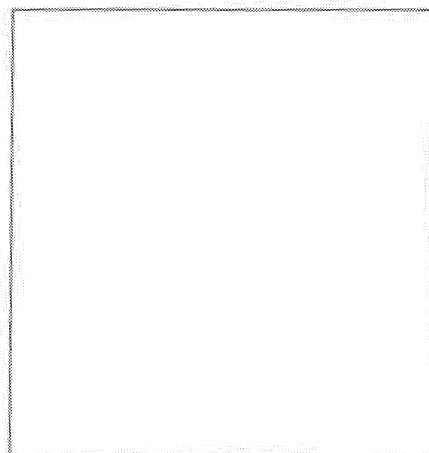
120 mm from distal end _____

80 mm from distal end _____

40 mm from distal end _____

Signature Prosthetist

Date: _____



Patient: _____ Claim Number _____

Means of transport: Private vehicle ☐ Public transport ☐ Pedestrian ☐

Total distance travelled every day:

Job description at time of accident:

Current job description:

Describe actions of mobility while at work that may be affected by the type of prosthesis fitted:

Every day ☐, Occasionally ☐, Seldom ☐

All day ☐, Most part of day ☐, Less than half a day ☐

Less than 75kg ☐, Less than 100kg ☐, Less than 125kg ☐, More than 125kg ☐

1. Indoor walker ☐, 2. Restricted outdoor walker ☐, 3. Unrestricted outdoor walker ☐
4. Unrestricted outdoor walker with high impact levels ☐.

Remarks

Signature _____

Prosthetist _____ Date _____

9. PROSTHETIC QUOTATION:

Patient : _____ Claim Number _____

Amputation level: _____

Prosthetic Category: _____

	<u>Code</u>	<u>Description</u>	<u>Amount excl VAT</u>
Prosthesis	_____	_____	_____
Foot	_____	_____	_____
Ankle	_____	_____	_____
Knee	_____	_____	_____
Suspension:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Remarks:	_____	_____	_____

Signed _____

Prosthetist

Signed _____

Employee

Print name _____

Date _____

Print name _____

Date _____

10. CONFIRMATION OF RECEIPT OF ARTIFICIAL LIMB AND / OR OTHER ACCESSORIES.

Claim number _____

1. Confirmation of manufacture / supply by orthotic / prosthetic practitioner:

This serves to confirm that I have manufactured and supplied the following for the above mentioned employee, as per approval from the office of the Compensation Fund dated _____

Service provider: _____

Practice number: _____

Signature: _____

Date: _____

2. Confirmation of receipt by employee:

I confirm that I have received the correct prosthesis and / or accessories and I am satisfied that it is in good working condition, to the value of R _____.

Name: _____

Signature: _____

Date: _____

Telephone number: _____

3. Confirmation of receipt of prosthesis by the provincial case manager:

Name: _____

Signature: _____

Date: _____

This form should be completed and submitted to the Compensation Fund by the orthotic / prosthetic service provider for payment with the account, a copy of the initial quotation and the letter of approval from the Compensation Fund.

**DEPARTMENT OF LABOUR
NOTICE 217 OF 2018**

PROPOSED ANNUAL IN MEDICAL SERVICE PROVIDERS, FOR 2018/2019 FINANCIAL YEAR

COMPENSATION FOR OCCUPATIONAL INJURIES ACT, 1993 (ACT NO. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2018**.
2. Medical Tariffs increase for **2018** is **6.4%** with exception of assistive medical devices.
3. The current **2017/ 2018** rate for assistive medical devices will prevail for 2018/2019 financial year.
4. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2018** and **Exclude Vat**.


.....

MN OLIPHANT, MP

MINISTER OF LABOUR

DATE: 10/04/2018
.....

GENERAL INFORMATION / ALGEMENE INLIGTING

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het ‘n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris ‘n beseerde werknemer na ‘n ander geneesheer deur homself aangewys verwys vir ‘n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

*In die geval van ‘n verandering in geneesheer wat ‘n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na ‘n spesialis verwys is, as die lasgewer beskou word. **Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om ‘n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig.** Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

*Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag ‘n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat ‘n werknemer geneeskundige behandeling op sy eie risiko aanvra. As ‘n werknemer dus aan ‘n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir ‘n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

*Neem asseblief kennis dat 'n **gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004** om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER**

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die werkgever en die Vergoedingsfonds en die werkgever. Die eisnommer is op die web beskikbaar. Navrae aangaande eisnommers moet aan die werkgever gerig word en nie aan die Vergoedingskommissaris nie. Die werkgever kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an Operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 If there's any referrals to another medical service provider, it should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*
3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. The service

provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word. Die diensverskaffer moet 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*
 6. Service providers **should not generate the following** • *Diensverskaffers moet nie die volgende lewer nie:*
 - a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*
- * **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za** •
- * *Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgever en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of **faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

Rules for payment of renal care accounts in terms of COIDA

1. In terms of Sec 73 (1) of COIDA, the Compensation Fund shall pay reasonable medical costs incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease.
2. The renal condition must be directly related to the nature of injury sustained or complications thereof.
3. Dialysis is always performed in accordance to a dialysis prescription
4. Dialysis prescriptions can be provided by a nephrologist or a medical practitioner with appropriate training in nephrology
5. Haemodialysis provided in a dialysis unit, applies to both outpatients and stabilized in-hospital patients
6. The global fee for haemodialysis (item 1851) requires regular routine visits to the patient during dialysis and covers:
 - (a) Dialysis prescription
 - (b) Assessment of dialysis adequacy
 - (c) Revision of chronic medication
 - (d) Counseling
 - (e) Consultations for chronic and acute conditions
 - (f) Acute medication and prescriptions
7. After a series of treatments prescribed by the nephrologist or a medical practitioner the renal dialysis practitioner should refer the employee back to the treating medical practitioner.
8. If further treatment is still indicated the treating medical practitioner should submit a medical report with clinical indications for further treatment.
9. A monthly medical report should be submitted and should the condition become chronic a medical report explaining such condition must be submitted to the Fund.
10. Codes:
 - (a) 75148
 - Chronic haemodialysis for inpatients and outpatients in dialysis unit.
 - Charged once daily
 - (b) 75176
 - Continuous ambulatory peritoneal dialysis for inpatients and outpatients in dialysis unit.
 - Charged daily.
 - (c) 75177
 - Automated peritoneal dialysis
 - Charged daily.
 - (d) 75150
 - Acute haemodialysis inpatient
 - Charged daily.
 - Applies to all acute dialysis including haemodiafiltration, intermittent and continuous modalities.

(e) 75151

(f) 75152

(g) 75156

Codes, **75151**, **75152** and **75156** for CRRT in hospital patient, to be charged in ICU general ward or high care only.

COMPENSATION FUND GUIDE TO FEES FOR RENAL CARE 2018

CODE	SERVICE DESCRIPTION	2018 TARIFFS
75148	Chronic Haemodialysis (Bicarbonate Dialysate)	2536.06
75176	Global Fee for Continous Ambulatory Peritoneal (CAPD) per 30 day	900.47
75177	Global Fee for Automated Peritoneal Dialysis (APD), per 30 day period	1250.08
75150	Acute Haemodialysis	5040.54
75151	Treatment procedures for CRRT for up to 6 hours or part thereof	364.82
75152	Treatment procedures for CRRT for up to 12 hours or part thereof	731.21
75154	Treatment procedures for CRRT for up to 12 hours or part thereof	1096.21
75156	Treatment procedures for CRRT for up to 12 hours or part thereof	1461.04

Rules for payments of Social Worker services and Psychologists in terms of COIDA**From 1 April 2018**

1. In terms of SEC 73(1) of COIDA, the Compensation Fund shall pay reasonable medical costs incurred by on behalf of an employee in respect of medical aid necessitated by such accident or disease.
2. The need for the services must be directly related to the nature of injury sustained or complications thereof.
3. The services of a social worker shall be available only on a written referral by a medical practitioner. Medical invoice must be accompanied by a progress report and a referral letter. Without both these reports, payment will not be considered.
4. Code 89205 and 89206 can be claimed with code 89200, 89201 and 89202.
5. Only 10 sessions are payable (individual and group session together) per claim.
6. Unless timely steps are taken to cancel an appointment, the relevant fee may be charged to the employee.
7. If there is no active therapy for a period of three (3) calendar months, the treatment will be deemed to have terminated. Subsequently services will require a new referral letter and a treatment plan.

PSYCHOLOGISTS

1. Only twelve(12) consultations payable, should further treatment be required, the treating medical practitioner must submit progress report to the Compensation Commissioner indicating a need for further treatment and only a maximum of 6 additional consultations can be approved. Without such a report payment cannot be considered.

The account for Social workers services must be accompanied by a referral from the treating doctor indicating the condition of the employee and indicating the need for such services

Item Code	Description	COIDA 2018 Tariffs
89200	Social worker consultation,counselling and/or therapy: 21-30min	238.70
89201	Social worker consultation,counselling and/or therapy: 61-60min	525.17
89202	Social worker consultation,counselling and/or therapy:81-90min	811.78
89203	Social worker consultation,counselling and/or therapy:111-120min(To be charged once only)can be claimed with item 89204 only.	1098.10
	Group or Family consultation,counselling and/ or Therapy	
89204	Social worker group consultation,counselling per patient:21-30min	47.62
89205	Social worker group consultation,counselling per patient:81-90min	162.24
89206	Social worker group,consutation,counselling and therapy,per patient:111-120min (To be charged once only)	219.62

**TARIFF OF FEES IN RESPECT OF PSYCHOLOGISTS SERVICES
EFFECTIVE 1 APRIL 2018**

The account for Psychologists must be accompanied by a referral from the treating doctor

indicating the condition of the employee and indicating the need for such services

<u>Item Code</u>	<u>Description</u>	<u>COIDA 2018 Tariffs</u>
862957	Assessment, consultation, counselling and/or therapy (indivial). Duration 20 min	266.23
862974	Assessment, consultation, counselling and/or therapy (indivial). Duration 40 min	621.30
862975	Assessment, consultation, counselling and/or therapy (indivial). Duration 60 min	976.38
862976	Assessment, consultation, counselling and/or therapy (indivial). Duration 90 min	1509.00
862977	Assessment, consultation, counselling and/or therapy (indivial). Duration 120 min (can only be claimed once)	2041.47

Rules for payment of wound care accounts in terms of COIDA

1. In terms of Sec 73 (1) of COIDA, the Compensation Fund shall pay reasonable medical costs incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease.
2. Referral letter with clinical indications for wound treatment should be submitted by the referring doctor and medical accounts from wound care practitioners should be accompanied by such motivation.
3. A regular medical report should be submitted to the Fund indicating progress of the wound.
4. The treatment of the wound should be directly related to the nature of injuries sustained by the employee.
5. Wound treatment within four months post operatively must be motivated according to rule 2 otherwise rules G (d) will apply. Rule G (d) of the General Practitioners and specialist Government Gazette stipulates that the fee in respect of a procedure shall include normal aftercare for a period not exceeding four months. If normal aftercare is delegated to any other health professional and not completed by the surgeon it shall be a surgeon's responsibility to arrange for the service to be rendered without extra charge.
6. The Surgeon should refer to the specific procedure code as outlined in the gazette for General Practitioners and specialist for a specific aftercare period.
7. After 10 conservative wound treatments the employee should be referred back to the treating doctor who should write a progress or final medical report. If further wound treatment is indicated the Compensation Fund should be furnished with motivation for further wound care treatment.
8. Wound treatment and cost of materials in the hospital is only payable to the hospital as a per diem tariff.

COMPENSATION FUND GUIDE TO FEES FOR WOUND CARE 2018

CODE	SERVICE DESCRIPTION	2018 TARIFFS
88002	Per 60 minutes. First assessment of the patient and the wound. During this 1 hour assessment, full history of the patient is taken: -Current use of medication, -Patients with other underlying metabolic diseases -HIV positive patients & those taking immunosuppressant drugs -Severely injured patients, ICU, Oncology patients and those with PMB conditions -Patients with infected wounds, swabs or tissue samples to be taken to the laboratory for culture and sensitivity. -need for referral to other appropriate team members, physiotherapists, dieticians, psychologists, occupational therapists is established -Education on healthy lifestyle and good nutrition -Training & education in elevation of injured limbs is also covered. -Patient education on wound healing and nutrition	596.38
88001	Per 30 minutes. This assessment code to be used only with first consultation in healthy patients with minimal factors which may influence healing. All of the above applies, i.e. history, medication, education.	298.19
88041	Per 30 minutes. Wound treatment for complicated wound or potentially complicated wound in patient with underlying metabolic diseases. Patients requiring compression bandaging, sharp debridement, bio mechanical debridement, off loading, will also be billed on this code. Ongoing wound assessment and education with every visit.	313.48
88411	additional time - for additional 15 minutes	84.11
88042	Per 30 minutes. Wound treatment without complications, no sharp debridement, no bio mechanical debridement, no compression therapy or off loading will be billed on this code. Ongoing wound assessment and education with every visit.	168.21

880421	Code for additional time for additional 15 minutes	84.11
88040	Per 30 minutes. This code should be used for assessing suture lines in uncomplicated patients. No additional time should be allocated to this code.	129.98
88020	Per specimen. This included correct collection of material, swab or tissue, completion of documentation and speedy delivery to laboratory. Ensuring copies of reports to relevant team members are received and acted upon.	84.11
88049	Emergency/ Urgent/ unplanned treatment	168.21
88046	Per Ankle Brachial Pressure Index (ABPI). Involves testing systolic blood pressure on both arms and both legs with a hand held Doppler. Interpretation of results will determine if patient requires referral to vascular surgeon and if compression bandaging is suitable.	204.80
88047	Trans cutaneous Oxygen pressure (TcPO ₂). Measured by a trans cutaneous oxymeter. This measures the oxygen pressure in and around injured tissue, also used in lower limb assessment where arterial incompetence is suspected. Accurate indicator arterial disease and expected wound healing.	428.17
88301	Cost of material and special medicine used in treatment. Charges for medicine used in treatment not to exceed the retail Ethical Price List.	

- Skin closure strips
- Fast setting bandages
- Dressings
- Micropore
- Wound plast
- Orthopaedic wool bandage
- Surgical tape
- Stockinette
- Ribbon Gauze
- Cotton wool
- Crepe bandage
- Elastic adhesive bandage
- Zinc oxide adhesive plaster
- Absorbent gauze and gauze swabs
- Elastoplast
- Cleaning / infusion solution
- Dressing tray
- Ointment
- Gloves
- Face mask
- Protective sheet
- Protective apron

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