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

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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

GENERAL NOTICE 1766 OF 2023

GAZETTE AMENDMENTS

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 1713 OF 2023****AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 28 MARCH 2023****NO: 48312 DOCTORS GAZETTE**

Doctors Tariffs of fees as from 01 April 2023 (Correct Pricing)								
Code	Description	Specialist		General practitioner		Anaesthetic		
1322	Attendance at other operations for monitoring at bedside, by physician heart block, etc: Per hour	20	590.00					
1412	Umbrella operation on inferior vena cava: Abdominal	100	2 950.00	100	2 950.00	8	1102.88	
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	141	4 159.50	120	3 540.00	3	413.58	+T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	247	7 286.50	198	5 829.20	3	413.58	+T
1417	Extensive sub-fascial ligation of perforating veins	125	3 687.50	120	3 540.00	3	413.58	+T
1419	Lesser varicose vein procedure	31	914.50	31	914.50	3	413.58	+T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material)	9	265.50	9	265.50		0.00	
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	240	7 080.00	192	5 664.00	11	1516.46	+T
1427	Thrombectomy: Ilio-femoral	175	5 162.50	140	4 130.00	6	827.16	+T
1435	Splenectomy (trauma)	221	6 528.35	177	5 222.68	9	1240.74	+T
1436	Splenorrhaphy	232	6 838.10	185	5 470.48	9	1240.74	+T
1457	Bone marrow biopsy: By trephine	13	383.50	13	383.50	3	413.58	+T

1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	8	236.00	8	236.00		0.00	
1526	Total parotidectomy with preservation of facial nerve	359	10 575.75	287	8 460.60	5	689.30	+T
1527	Total parotidectomy	359	10 575.75	287	8 460.60	5	689.30	+T
1531	Drainage of parotid abscess	25	737.50	25	737.50	4	551.44	+T
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + Catheterisation of pancreas duct or choledochus	106	3 124.05	106	3 124.05	4	551.44	+T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (tariff code 1778)	16	466.69	16	466.69	4	551.44	+T
1780	Gastric and duodenal intubation Code is not appropriate if gastric intubation forms part of anaesthetic indications	8	236.00	8	236.00		0.00	
1791	Local, partial or subtotal pancreatectomy	351	10 363.35	281	8 290.68	8	1102.88	+T
1793	Distal pancreatectomy with internal drainage	377	11 133.30	302	8 906.64	8	1102.88	+T
0547	Dislocation: Clavicle either end	96.5	2,846.75	96.5	2,846.75	3	413.58	+T
0549	Dislocation: Shoulder	112.1	3,306.95	112.1	3,306.95	3	413.58	+T
0919	Tumours: Epidermoid cysts	35	1 032.50	35	1 032.50	3	413.58	+T+M
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	19	560.50	19	560.50	3	413.58	+T+M
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	32	944.00	32	944.00	3	413.58	+T+M
1012	Adjustment of occlusion by ramisection	227	6 696.50	182	5 357.20	4	551.44	+T+M
2906	Craniotomy: Skull based repair of encephalocele (total procedure)	494	14 558.25	395	11 646.60	11	1516.46	+T

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 1700 OF 2023****AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 27 MARCH 2023****NO: 48299 ORTHOTICS AND PROSTHETICS GAZETTE PAGES 53**

PROSTHETICS AND ORTHOTICS TARIFF OF FEES AS FROM 01 April 2023			
Code	Description		Rand (excl. VAT)
A25004	14Y5 silicone arm liner	ea	12510.89
A25042	14A1 shuttle lock to attach 14Y1 Silicone liner	ea	10938.52
A20690	BK cosmetic foam cover (not applicable to refit)	ea	7653.10
A20691	BK cosmetic stocking	ea	322.76
A22514	409007/9 Snubber Kit	ea	3688.92

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 1707 OF 2023****AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 27 MARCH 2023****NO: 48306 OPTOMETRY GAZETTE**

OPTOMETRY TARIFF OF FEES AS FROM 01 April 2023			
Code	Description		Rand (excl. VAT)
	Upper Limb Liner		
56010	Complete Haptic Shell Note: Where IOD has damaged and blinded the eye, but not necessitated enucleation. The code covers all aspects of the fitting of a complete prosthesis, including 6 months of after care Note: Repeats are allowed without intervention after 48 months		R4029.66

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 1708 OF 2023

AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 27 MARCH 2023

NO: 48307 DENTAL CARE GAZETTE

DENTAL CARE TARIFF OF FEES AS FROM 01 April 2023	
	PREAMBLE (See Rule 011)
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 of R638.46 for each such subsidiary operation or procedure (See Modifier 8005)
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 of R324.67 (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 (See Modifier 8001). The assistant's name must appear on the invoice rendered to the Compensation Fund
0013	Cost of material (VAT inclusive): This rule provides for the charging of material costs where indicated against the relative tariff codes by the words "(See Rule 013)". Material should be charged for at cost plus a handling fee not exceeding 35%, up to R5349.16 . A maximum handling fee of 10% shall apply above a cost of R5349.16 . A maximum handling fee of R8023.61 will apply Note: Tariff code 8220 (suture) is applicable to all registered practitioners.

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 939 OF 2022

AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 31 MARCH 2022 NO: 46150 DOCTORS
GAZETTE

DOCTORS TARIFFS OF FEES AS FROM 01 APRIL 2022								
		Specialist		General Practitioner		Anaesthetic		
		U	R	U	R	U	R	T
III.	PROCEDURES							
	The amounts in this section are calculated according to the Clinical Procedure unit values							
1.	INTRAVENOUS TREATMENT							
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	6	170.22	6	170.22			
	Note: How to charge for intravenous infusions							
	Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours) For managing the infusion as such e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultation							
2.	INTEGUMENTARY SYSTEM							
2.3	Major plastic repair							
	Note: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment							
0297	Subsequent major procedures for repair of same lesion (Modifier 0006 not applicable)	104	2 950.48	104	2 950.48	4	530.24	+T
2.4	Lacerations, scars, cysts and other skin lesions							
0305	Needle biopsy - soft tissue	25	709.25	25	709.25	3	397.68	+T
2.7	Hands (skin)							
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	242.4	6 876.89	193.92	5 501.51	3	397.68	+T
0375	Dupuytren's contracture: Fasciotomy	51	1 446.87	51	1 446.87	3	397.68	+T
0376	Dupuytren's contracture: Fasciectomy	218	6 184.66	174.4	4 947.73	3	397.68	+T
3.	MUSCULO-SKELETAL SYSTEM							
3.1.2	Bony operations							
3.1.2.1	Bone grafting							
0497	Resection of bone with or without grafting	282	8 000.34	225.6	6 400.27	3	397.68	+T+M
0498	Resection of bone or tumour (malignant) with or without grafting (does not include digits)	340	9 645.80	272	7 716.64	3	397.68	+T+M
3.1.2.3	Osteotomy							
0514	Osteotomy: Sternum: Repair of pectus-excavatum	330	9 362.10	264	7 489.68	3	397.68	+T+M
0515	Osteotomy: Sternum: Repair of pectus carinatum	330	9 362.10	264	7 489.68	3	397.68	+T+M
3.1.2.4	Exostosis							
0535	Exostosis: Excision: Readily accessible sites	60	1 702.20	60	1 702.20	3	397.68	+T+M
0537	Exostosis: Excision: Less accessible sites	96	2 723.52	96	2 723.52	3	397.68	+T+M
3.1.2.5	Biopsy							
0539	Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable	50	1 418.50	50	1 418.50	4	530.24	+T
0541	Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable	32	907.84	32	907.84	4	530.24	+T

0543	Biopsy: Open (modifier 0005 is not applicable): Readily accessible site	64	1 815.68	64	1 815.68		As per bone/ Soos per been
0545	Biopsy: Open (modifier 0005 is not applicable): Less accessible site	96	2 723.52	96	2 723.52		As per bone/ Soos per been
3.4	Muscles, tendons and fascias						
3.4.1	Investigations						
0713	Electromyography	75	2 127.75	75	2 127.75	3	397.68 +T
0714	Electro-myographic neuro-muscular junctional study, including edrophonium respons (not to be used with item 2730)	57	1 617.09	57	1 617.09	3	397.68 +T
0717	Electrical examination of single nerve or muscle	9	255.33	9	255.33	3	397.68 +T
0721	Voltage integration during isometric contraction	12	340.44	12	340.44	3	397.68 +T
0723	Tonometry with edrophonium	8	226.96	8	226.96	3	397.68 +T
0725	Isometric tension studies with edrophonium	10	283.70	10	283.70	3	397.68 +T
0737	Biopsy for motor nerve terminals and end plates	20	567.40	20	567.40	3	397.68 +T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	34	964.58	34	964.58	8	1060.48 +T
0740	Muscle fatigue studies	20	567.40	20	567.40	3	397.68 +T
0741	Muscle biopsy	20	567.40	20	567.40	8	1060.48 +T
0742	Global fee for all muscle studies, including histochemical studies	262	7 432.94				
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	20.25	574.49				
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	33.3	944.72				
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	5.7	161.71				
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	1.6	45.39				
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	9.9	280.86				
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	13.7	388.67				
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	25.9	734.78				
4715	Biochemical estimations on muscle biopsy specimens: Enolase	32.7	927.70				
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	37.7	1 069.55				
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	15.75	446.83				
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 Phosphate Dehydrogenase	11.06	313.77				
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	34.7	984.44				
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	40.3	1 143.31				
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	28.8	817.06				
3.4.4	Tenolysis						
0789	Central tendon tenotomy for Boutonnière deformity	64	1 815.68	64	1 815.68	3	397.68 +T
3.4.8	Muscle slide operations and tendon lengthening						
0815	Scalenotomy	132	3 744.84	120	3 404.40	5	662.80 +T
0817	Scalenotomy with excision of first rib	190	5 390.30	152	4 312.24	3	397.68 +T+M
0845	Foot: Plantar fasciotomy	70	1 985.90	70	1 985.90	3	397.68 +T
3.5	Bursae and ganglia						
0847	Excision: Semi-membranosus	90	2 553.30	90	2 553.30	4	530.24 +T
0849	Excision: Prepatellar	45	1 276.65	45	1 276.65	3	397.68 +T
0851	Excision: Olecranon	81.8	2 320.67	81.8	2 320.67	3	397.68 +T
0853	Excision: Small bursa or ganglion	80.9	2 295.13	80.9	2 295.13	3	397.68 +T
0855	Excision: Compound palmar ganglion or synovectomy	128	3 631.36	120	3 404.40	3	397.68 +T
0857	Bursae and ganglia: Aspiration or injection (not subject to rule G) (Modifier 0005 not applicable)	9	255.33	9	255.33	3	397.68 +T
3.6	Musculo-skeletal system: Miscellaneous						
3.6.1	Leg lengthening						
0861	Leg equalisation, congenital hips and feet: Leg lengthening	416	11 801.92	332.8	9 441.54	3	397.68 +T+M
3.8	Specific areas						

3.8.1	Foot and ankle							
0900	Excision tarsal coalition - stand alone procedure	141.5	4 014.36	120.00	3 404.40	3	397.68	+T+M
0901	Tenotomy single tendon	63.3	1 795.82	63.3	1 795.82	3	397.68	+T+M
0903	Hammertoe: one toe	99.5	2 822.82	99.5	2 822.82	3	397.68	+T+M
0905	Fillet of toe or Ruiz-Mora procedure	99.5	2 822.82	99.5	2 822.82	3	397.68	+T+M
0906	Arthrodesis Hallux	148	4 198.76	120	3 404.40	3	397.68	+T+M
0909	Excision arthroplasty	145.2	4 119.32	120	3 404.40	3	397.68	+T+M
0910	Cheilectomy or metatarsophalangeal implant Hallux	183	5 191.71	146.4	4 153.37	3	397.68	+T+M
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	189.2	5 367.60	151.36	4 294.08	3	397.68	+T+M
5730	Hallux valgus double osteotomy etc	182.60	5 180.36	146.08	4 144.29	3	397.68	+T+M
5731	Distal soft tissue procedure for Hallux Valgus	173.6	4 925.03	138.88	3 940.03	3	397.68	+T+M
5732	Aitkin procedure or similar	166.8	4 732.12	133.44	3 785.69	3	397.68	+T+M
5734	Removal bony prominence foot (bunionette not applicable to COID)	91	2 581.67	91	2 581.67	3	397.68	+T+M
5735	Repair angular deformity toe (lesser toes)	97.2	2 757.56	97.2	2 757.56	3	397.68	+T+M
5736	Sesamoidectomy	97.8	2 774.59	97.8	2 774.59	3	397.68	+T+M
5737	Repair major foot tendons e.g. Tib Post	147.30	4 178.90	120	3 404.40	3	397.68	+T
5738	Repair of dislocating peroneal tendons	173.2	4 913.68	138.56	3 930.95	3	397.68	+T
5740	Steindler strip – plantar fascia	97.2	2 757.56	97.2	2 757.56	3	397.68	+T
5742	Tendon transfer foot	172	4 879.64	137.6	3 903.71	3	397.68	+T
5743	Capsulotomy metatarsophalangeal joints – foot	86.8	2 462.52	86.8	2 462.52	3	397.68	+T
3.8.4	Hands: (Note: Skin: See Integumentary system)							
0919	Tumours: Epidermoid cysts	35	992.95	35	992.95	3	397.68	+T+M
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	19	539.03	19	539.03	3	397.68	+T+M
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	32	907.84	32	907.84	3	397.68	+T+M
3.8.5	Spine							
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	207	5 872.59	165.6	4 698.07	3	397.68	+T+M
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	42	1 191.54	42	1 191.54	3	397.68	+T+M
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	301	8 539.37	240.8	6 831.50	3	397.68	+T+M
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	68	1 929.16	68	1 929.16	3	397.68	+T+M
3.9	Facial bone procedures							
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff							
0988	Genioplasty	263	7 461.31	210.4	5 969.05	4	530.24	+T+M
1001	Temporo-mandibular joint: Reconstruction for dysfunction	206	5 844.22	164.8	4 675.38	4	530.24	+T+M
1012	Adjustment of occlusion by ramisection	227	6 439.99	181.6	5 151.99	4	530.24	+T+M
4.	RESPIRATORY SYSTEM							
4.1	Nose and sinuses							
1027	Dacryocystorhinostomy	210	5 957.70	168	4 766.16	5	662.80	+T
1030	Endoscopic turbinectomy: laser or microdebrider	90	2 553.30	90	2 553.30	5	662.80	+T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging (unilateral)	40	1 134.80	40	1 134.80	6	795.36	+T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral)	60	1 702.20	60	1 702.20	6	795.36	+T
1050	Vidian neurectomy (transantral or transnasal)	113	3 205.81	113	3 205.81	4	530.24	+T
1083	Choanal atresia: Intranasal approach	113	3 205.81	113	3 205.81	5	662.80	+T
1084	Choanal atresia: Transpalatal approach	194	5 503.78	155.2	4 403.02	7	927.92	+T
1089	Forehead rhinoplasty (all stages): Total	552	15 660.24	441.6	12 528.19	5	662.80	+T
1091	Forehead rhinoplasty (all stages): Partial	414	11 745.18	331.2	9 396.14	5	662.80	+T
			Specialist		General practitioner		Anaesthetic	
			U/E	R	U/E	R	U/E	R
6.	CARDIOVASCULAR SYSTEM							
6.1	General							
	General practitioner's fee for the taking of an ECG only							
1241	X-ray screening (Chest)	4	113.48	4	113.48			
6.3.1	Open heart surgery							

1322	Attendance at other operations for monitoring at bedside, by physician heart block, etc: Per hour	20	567.40					
6.4	Peripheral vascular system							
6.4.3.2	Iliac artery							
1379	Prosthetic grafting and/or Thrombo-endarterectomy	300	8 511.00	240	6 808.80	13	1723.28	+T
6.4.3.3	Peripheral							
1389	Endarterectomy when not part of another specified procedure	264	7 489.68	211.2	5 991.74	5	662.80	+T
6.4.4	Veins							
1407	Ligation of saphenous vein	50	1 418.50	50	1 418.50	3	397.68	+T
1412	Umbrella operation on inferior vena cava: Abdominal	100	2 837.00	100	2 837.00	8	1060.48	+T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	141	4 000.17	120	3 404.40	3	397.68	+T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	247	7 007.39	197.6	5 605.91	3	397.68	+T
1417	Extensive sub-fascial ligation of perforating veins	125	3 546.25	120	3 404.40	3	397.68	+T
1419	Lesser varicose vein procedure	31	879.47	31	879.47	3	397.68	+T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material)	9	255.33	9	255.33			
7.	LYMPHO RETICULAR SYSTEM							
7.1	Spleen							
1457	Bone marrow biopsy: By trephine	13	368.81	13	368.81	3	397.68	+T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	8	226.96	8	226.96			
8.	DIGESTIVE SYSTEM							
8.4	Palate, uvula and salivary gland							
1526	Total parotidectomy with preservation of facial nerve	358.5	10 170.65	286.8	8 136.52	5	662.80	+T
8.5	Oesophagus							
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	300	8 511.00	240	6 808.80	11	1458.16	+T
1565	Hiatus hernia and diaphragmatic hernia repair: With Collins Nissen oesophageal lengthening procedure	350	9 929.50	280	7 943.60	11	1458.16	+T
8.7	Duodenum							
1627	Duodenal intubation (under X-ray screening)	8	226.96					
8.10	Rectum and anus							
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	13	368.81	13	368.81	3	397.68	+T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	445	12 624.65	356	10 099.72	8	1060.48	+T
1737	Dilatation of ano-rectal structure	12.5	354.63	12.5	354.63	3	397.68	+T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	27	765.99					
8.11	Liver							
1743	Needle biopsy of liver	30.3	859.61	30.3	859.61	3	397.68	+T
1745	Biopsy of liver by laparotomy	125	3 546.25	120	3 404.40	4	530.24	+T
1748	Body composition measured by bio-electrical impedance	3	85.11	3	85.11			
8.12	Biliary tract							
1763	With exploration of common bile duct	264.5	7 503.87	211.6	6 003.09	6	795.36	+T
1765	Exploration of common bile duct: Secondary operation	327.7	9 296.85	262.16	7 437.48	6	795.36	+T
1767	Reconstruction of common bile duct	371.7	10 545.13	297.36	8 436.10	6	795.36	+T
8.13	Pancreas							
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + Catheterisation of pancreas duct or choledochus	105.9	3 004.38	105.9	3 004.38	4	530.24	+T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	15.82	448.81	15.82	448.81	4	530.24	+T
1791	Local, partial or subtotal pancreatectomy	351.3	9 966.38	281.04	7 973.10	8	1060.48	+T
1793	Distal pancreatectomy with internal drainage	377.4	10 706.84	301.92	8 565.47	8	1060.48	+T
10.	URINARY SYSTEM							
10.1	Kidney							
1885	Pyelolithotomy	189	5 361.93	151.2	4 289.54	5	662.80	+T
10.2	Ureter							

1919	Closure of ureteric fistula	147	4 170.39	120	3 404.40	5	662.80	+T
1921	Immediate deligation of ureter	147	4 170.39	120	3 404.40	5	662.80	+T
10.3	Bladder							
1945	Installation of radio-opaque material for cystography or urethrocytography	5	141.85	5	141.85	3	397.68	+T
1952	J J Stent catheter	44	1 248.28	44	1 248.28	3	397.68	+T
1959	With manipulation of ureteral calculus	20	567.40	20	567.40	3	397.68	+T
1976	Optic urethrotomy	80	2 269.60	80	2 269.60	3	397.68	+T
1979	Internal urethrotomy: Female	50	1 418.50	50	1 418.50	3	397.68	+T
1981	Internal urethrotomy: Male	76.2	2 161.79	76.2	2 161.79	3	397.68	+T
1985	Transurethral resection of bladder neck: Female	105	2 978.85	105	2 978.85	5	662.80	+T
1986	Transurethral resection of bladder neck: Male	125	3 546.25	120	3 404.40	5	662.80	+T
1987	Litholapaxy	80	2 269.60	80	2 269.60	3	397.68	+T
1989	Cystometrogram	25	709.25	25	709.25	3	397.68	+T
1991	Flometric bladder studies with videocystography	40	1 134.80	40	1 134.80	3	397.68	+T
1992	Without videocystography	25	709.25	25	709.25	3	397.68	+T
1993	Voiding cysto-urethrogram	21	595.77	21	595.77	3	397.68	+T
2013	Diverticulectomy (independent procedure): Multiple or single	137	3 886.69	120	3 404.40	5	662.80	+T
10.4	Urethra							
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	20	567.40	20	567.40	3	397.68	+T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	10	283.70	10	283.70	3	397.68	+T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	20	567.40	20	567.40	3	397.68	+T
2075	Urethraplasty: Pendulous urethra: First stage	71	2 014.27	71	2 014.27	4	530.24	+T
2077	Urethraplasty: Pendulous urethra: Second stage	145	4 113.65	120	3 404.40	4	530.24	+T
2095	Drainage of simple localised perineal urinary extravasation	128.8	3 654.06	120	3 404.40	5	662.80	+T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	137	3 886.69	120	3 404.40	5	662.80	+T
2109	Badenoch pull-through for intractable stricture or incontinence	181	5 134.97	144.8	4 107.98	5	662.80	+T
2111	External sphincterotomy	108	3 063.96	108	3 063.96	5	662.80	+T
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis)	168	4 766.16	134.4	3 812.93	5	662.80	+T
11.	MALE GENITAL SYSTEM							
11.1	Penis							
2141	Reconstructive operation for insertion of prosthesis	101	2 865.37	101	2 865.37	3	397.68	+T
11.2	Testis and epididymis							
2193	Orchidectomy (total or subcapsular): Bilateral	147	4 170.39	120	3 404.40	3	397.68	+T
11.3	Prostate							
2245	Trans-urethral resection of prostate	252	7 149.24	201.6	5 719.39	6	795.36	+T
14.	NERVOUS SYSTEM							
14.1	Diagnostic procedures							
2745	Subdural tapping: Subsequent	10	283.70	10	283.70	4	530.24	+T
14.3.2	Neurectomy							
2825	Excision: Neuroma: Peripheral	213	6 042.81	170.40	4 834.25	3	397.68	+T
14.3.3	Other nerve procedures							
2835	Scalenotomy	132	3 744.84	120	3 404.40	6	795.36	+T
2843	Lumbar sympathectomy: Unilateral	153	4 340.61	122.4	3 472.49	4	530.24	+T
2845	Lumbar sympathectomy: Bilateral	268	7 603.16	214.4	6 082.53	6	795.36	+T
14.4	Skull procedures							
2855	Craniectomy: Includes excision of tumour or other bone lesion of skull (total procedure)	396	11 234.52	317.20	8 998.96	11	1458.16	+T
14.6	Aneurysm repair							
2876	Repair of aneurysm or anterior-venous anomalies (intracranial)	700	19 859.00	560	15 887.20	15	1988.40	+T
14.7	Posterior fossa surgery							
2887	Eighth nerve: Vestibular nerve	480	13 617.60	384	10 894.08	9	1193.04	+T
14.7.1	Supratentorial procedures							
2891	Craniectomy for excision of brain tumour: Infratentorial or posterior fossa for excision of brain tumour. Excludes meningioma, cerebellopontine angle tumour or midline tumour at base of skull	819	23 235.03	655.76	18 603.91	13	1723.28	+T
14.8	Craniotomy for							
2900	Extra-dural orbital decompression	700	19 859.00	560	15 887.20	11	1458.16	+T

2903	Abscess, glioma	450	12 766.50	360	10 213.20	11	1458.16	+T
2906	Craniotomy: Skull based repair of encephalocele (total procedure)	493.50	14 000.60	394.80	11 200.48	11	1458.16	+T
14.9	Spinal operations							
2940	Lumbar osteophyte removal	187	5 305.19	149.6	4 244.15	3	397.68	+T+M
2941	Cervical or thoracic osteophyte removal	285	8 085.45	228	6 468.36	3	397.68	+T+M
		Psychiatrist		Other Specialists and General Practitioner		Anaesthetic		
		U	R	U	R	U	R	T
14.13	Psychiatric examination methods							
2972	Narco-analysis (maximum of 3 sessions per treatment) - per session	24	680.88					
2973	Psychometry by Psychiatrist (specify examination) - per session (maximum of 3 sessions per examination)	24	680.88					
		Specialist		General practitioner		Anaesthetic		
		U	R	U	R	U	R	T
15.	GENERAL							
3001	Implantation of pellets (excluding cost of material) (excluding aftercare)	3	85.11	3	85.11			
16.	EYE							
16.1	Procedures performed in rooms							
16.1.1	Eye investigations							
	Note: Not more than three (3) items in this section may be charged during one visit							
	Eye investigations and photography refer to one or both eyes except where otherwise indicated							
	Material used is excluded							
	The tariff for photography is not related to the number of photographs taken							
3002	Gonioscopy	7	198.59	7	198.59			
3013	Ocular motility assessment: Comprehensive examination	12	340.44	12	340.44			
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	7	198.59	7	198.59			
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	9	255.33	9	255.33			-
16.1.2	Special eye investigations							
3015	Charting of visual field with manual perimeter	28	794.36	28	794.36			
3016	Retinal threshold test without storage facilities	30	851.10	30	851.10			
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs	74	2 099.38	74	2 099.38			
3018	Retinal threshold trend evaluation (additional to 3017)	16	453.92	16	453.92			-
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	46	1 305.02	46	1 305.02			-
3025	Electronic tonography	19	539.03	19	539.03			-
3027	Fundus photography	21	595.77	21	595.77			-
3031	Fluorescein angiography: One or both eyes	45	1 276.65	45	1 276.65	4	530.24	+T
3033	Interpretation of item 3031 referred by other clinician	15	425.55	15	425.55			-
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	36	1 021.32	36	1 021.32			
16.2	Retina							
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	105	2 978.85	105	2 978.85	6	795.36	+T
3041	Pan retinal photocoagulation (per eye), done in one sitting (Subsequent sittings: Modifier 0005)	150	4 255.50	120	3 404.40	6	795.36	+T
3044	Removal of encircling band and/or buckling material	105	2 978.85	105	2 978.85	6	795.36	+T
16.3	Cataract							
3045	Intra-capsular extraction	210	5 957.70	168	4 766.16	7	927.92	+T
3047	Extra-capsular (including capsulotomy)	210	5 957.70	168	4 766.16	7	927.92	+T

3049	Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded) Modifier 0005 not applicable	57	1 617.09	57	1 617.09	7	927.92	+T
3050	Repositioning of intra ocular lens	171.10	4 854.11	136.88	3 883.29	7	927.92	+T
3051	Needling or capsulotomy	130	3 688.10	120	3 404.40	4	530.24	+T
3052	Laser capsulotomy	105	2 978.85	105	2 978.85	4	530.24	+T
3057	Removal of lenticulus	210	5 957.70	168	4 766.16	7	927.92	+T
3058	Exchange of intra ocular lens	236	6 695.32	188.8	5 356.26	7	927.92	+T
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded)	210	5 957.70	168	4 766.16	7	927.92	+T
16.4	Glaucoma							
3061	Drainage operation	247.6	7 024.41	198.08	5 619.53	6	795.36	+T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	60	1 702.20	60	1 702.20	6	795.36	+T
3063	Cycloradiotherapy or cyclodiathermy	105	2 978.85	105	2 978.85	6	795.36	+T
3064	Laser trabeculoplasty	105	2 978.85	105	2 978.85	6	795.36	+T
3065	Removal of blood anterior chamber	105	2 978.85	105	2 978.85	4	530.24	+T
3067	Goniotomy	210	5 957.70	168	4 766.16	7	927.92	+T
16.6	Strabismus							
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	175.6	4 981.77	140.48	3 985.42	5	662.80	+T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	200	5 674.00	160	4 539.20	5	662.80	+T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	120	3 404.40	120	3 404.40	5	662.80	+T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three of four muscles	150	4 255.50	120	3 404.40	5	662.80	+T
16.7	Globe							
3092	External laser treatment for superficial lesions	53	1 503.61	53	1 503.61			
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy	130	3 688.10	120	3 404.40	7	927.92	+T
3098	Removal of silicon from globe	280	7 943.60	224	6 354.88	6	795.36	+T
16.9	Cornea							
3116	Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	135.2	3 835.62	120	3 404.40	6	795.36	+T
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	470.80	13 356.60	376.64	10 685.28	6	795.36	+T
3125	Keratectomy	127	3 602.99	120	3 404.40	6	795.36	+T
3127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods)	10	283.70	10	283.70	4	530.24	+T
3130	Pterygium or conjunctival cyst. No conjunctival flap or graft used	96.9	2 749.05	96.9	2 749.05	4	530.24	+T
3131	Paracentesis	53	1 503.61	53	1 503.61	4	530.24	+T
3136	Conjunctival flap or graft. Not for use with pterygium surgery	95.7	2 715.01	95.7	2 715.01	6	795.36	+T
16.10	Ducts							
3133	Probing and/or syringing, per duct	10	283.70	10	283.70	4	530.24	+T
3135	Insert polythene tubes/stent: Unilateral: Additional	51.8	1 469.57	51.8	1 469.57	4	530.24	+T
3137	Excision of lacrimal sac: Unilateral	132	3 744.84	120	3 404.40	4	530.24	+T
3139	Dacryocystorhinostomy (single) with or without polythene tube	210	5 957.70	168	4 766.16	5	662.80	+T
3141	Sealing Punctum surgical/cautery per eye	24.9	706.41	24.9	706.41	4	530.24	+T
3142	Sealing Punctum with plugs. Per eye	20	567.40	20	567.40	4	530.24	+T
3143	Three-snip operation	10	283.70	10	283.70	4	530.24	+T
16.11	Iris							
3149	Iridectomy or iridotomy by open operation as isolated procedure	132	3 744.84	120	3 404.40	4	530.24	+T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	105	2 978.85	105	2 978.85	4	530.24	+T
16.12	Lids							
3161	Tarsorrhaphy	47	1 333.39	47	1 333.39	4	530.24	+T
16.12.1	Entropion or ectropion by							
3177	Entropion or ectropion by cautery	10	283.70	10	283.70	4	530.24	+T
3179	Entropion or ectropion by suture	49.4	1 401.48	49.4	1 401.48	4	530.24	+T
3181	Entropion or ectropion by open operation	111.5	3 163.26	111.5	3 163.26	4	530.24	+T
3183	Entropion or ectropion by free skin, mucosal grafting or flap	122.6	3 478.16	120	3 404.40	4	530.24	+T
16.12.2	Reconstruction of eyelid							

3172	Blepharoplasty lower eyelid plus fat pad	125.80	3 568.95	120	3 404.40	4	530.24	+T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	150.2	4 261.17	120.16	3 408.94	4	530.24	+T
16.14	General							
3198	Eximer laser: Hire fee	284.13	8 060.77					
3201	Laser apparatus (ophthalmic): hire fee for one or both eyes treated in one sitting (not to be used with IOL master)	109	3 092.33					
3202	PHAKO emulcification apparatus (hire fee)	109	3 092.33					
17.	EAR							
17.1	External Ear (Pinna)							
3267	Partial or total reconstruction for traumatic absence of external ear: Unilateral	138	3 915.06	120	3 404.40	5	662.80	+T
3269	Partial or total reconstruction for traumatic absence of external ear: Bilateral	242	6 865.54	193.60	5 492.43	5	662.80	+T
17.2	External ear canal							
3215	Meatus atresia: Repair of stenosis of cartiliginous portion	164	4 652.68	131.2	3 722.14	4	530.24	+T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	77	2 184.49	77	2 184.49	4	530.24	+T
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206	23.14	656.48	23.14	656.48			
3221	Removal of osteoma from meatus: Multiple	215	6 099.55	172	4 879.64	4	530.24	+T
17.3	Middle ear							
3209	Bilateral myringotomy	46	1 305.02	46	1 305.02	4	530.24	+T
3211	Unilateral myringotomy with insertion ventrilation tube	38	1 078.06	38	1 078.06	4	530.24	+T
3212	Bilateral myringotomy with insertion ventrilation tube	57	1 617.09	57	1 617.09	4	530.24	+T
3243	Myringoplasty	138	3 915.06	120	3 404.40	5	662.80	+T
3264	Tympanomastoidectomy	375	10 638.75	300	8 511.00	5	662.80	+T
3265	Reconstruction of posterior canal wall, following radical mastoidectomy	320	9 078.40	256	7 262.72	5	662.80	+T
17.5	Inner ear							
17.5.2	Balance tests							
3260	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	71.48	2 027.89	71.48	2 027.89			
3251	Minimal caloric test (excluding consultation fee)	10	283.70	10	283.70			
3256	Video nystagmoscopy (binocular)	50	1 418.50	50	1 418.50			
3258	Otolith repositioning manoeuvre	14	397.18	14	397.18	4	530.24	+T
		Confined to specialist in Physical Medicine		Other Specialists and General Practitioner		Anaesthetic		
		U	R	U	R	U	R	T
18.	PHYSICAL TREATMENT							
3301	Muscle fatigue studies	20	567.40					
3303	Electromyography	75	2 127.75					
				Other Specialist and General Practitioners				
19.10	Miscellaneous							
				U/E				
3601	Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447)			7.70	228.46			
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add			10.70	317.47			
3603	Sinography			18.40	545.93			
3600	Peripheral bone densitometry utilizing ionizing radiation			13.00	385.71			
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)			77.00	2284.59			

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)		5.60	166.15			
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done						
3611	Foreign body localisation: Introduction of sterile needle markers: Add		11.00	326.37			
3613	Setting of sterile trays		3.30	97.91			
5034	Fine needle aspiration or biopsy		25	741.75			

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 934 OF 2022

AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 31 MARCH 2022 NO: 46138 OCCUPATIONAL THERAPY GAZETTE

OCCUPATIONAL THERAPY TARIFF OF FEES AS FROM 1 APRIL 2022			
General Rules			
Rule	Rule Description		
005	Out-patient: In cases of out-patients, all treatment sessions will need pre-authorization. All requests for pre-authorization must be based on clinical need, best practice and be in the best interest of the patient. The Occupational Therapist must submit a referral with motivation from the treating medical practitioner and the treatment plan. The first consultation can be done before pre-authorization to allow the Occupational Therapist to provide a treatment plan to the Fund for pre-authorization. Practitioners will be allowed up to ten (10) treatment sessions to continue with treatment after submitting their request while awaiting response from the Fund. The Occupational Therapist must submit monthly progress report.		
020	The use of the work hardening codes must match the rehabilitation plan provided by the Occupational Therapist and should clearly indicate how the work hardening program will be included in their rehabilitation program and graded return to work plan. The therapist may provide a maximum of 10 sessions of group work hardening intervention per patient, where a maximum of 5 patients are treated simultaneously in the same treatment area and each patient is set up with customised work simulation tasks. Each session to take place on a separate day and to be of duration of at least 120 minutes		
Code	Code Description		Rand
66327	Work hardening. Must include a graded return to work plan. Refer to Rule 020.		966.95
66401	Workplace assessment (Recommendation as regards to assistive device and environmental adaptations.) Item 66401 can only be charged together with item 66211, 66321, 66323 and 66327.		181.30
66802	Forearm/upper arm sleeve		132.50

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 927 OF 2022

AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 31 MARCH 2022

NO: 46131 DENTAL CARE GAZETTE

DENTAL CARE TARIFF OF FEES AS FROM 01 APRIL 2022	
	PREAMBLE (See Rule 011)
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 of R613.90 for each such subsidiary operation or procedure (See Modifier 8005)
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 of R312.18 (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 (See Modifier 8001). The assistant's name must appear on the invoice rendered to the Compensation Fund
0013	Cost of material (VAT inclusive): This rule provides for the charging of material costs where indicated against the relative tariff codes by the words "(See Rule 013)". Material should be charged for at cost plus a handling fee not exceeding 35%, up to R5143.42 . A maximum handling fee of 10% shall apply above a cost of R5143.42 . A maximum handling fee of R7715.01 will apply Note: Tariff code 8220 (suture) is applicable to all registered practitioners

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 158 OF 2021

AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 31 MARCH 2021

NO: 44364 DOCTORS GAZETTE

DOCTORS TARIFF OF FEES AS FROM 01 APRIL 2021							
				Other Specialist and General Practitioners			
19.10	Miscellaneous			U/E			
3601	Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447)			7.70	228.46		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add			10.70	317.47		
3603	Sinography			18.40	545.93		
3600	Peripheral bone densitometry utilizing ionizing radiation			13.00	385.71		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)			77.00	2284.59		
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)			5.60	166.15		
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done						
3611	Foreign body localisation: Introduction of sterile needle markers: Add			11.00	326.37		
3613	Setting of sterile trays			3.30	97.91		
5034	Fine needle aspiration or biopsy			25	741.75		

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 147 OF 2021

AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 29 MARCH 2021

NO: 44345 DENTAL CARE GAZETTE

DENTAL CARE TARIFF OF FEES AS FROM 01 APRIL 2021	
	PREAMBLE (See Rule 011)
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 of R613.90 for each such subsidiary operation or procedure (See Modifier 8005)
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 of R312.18 (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 (See Modifier 8001). The assistant's name must appear on the invoice rendered to the Compensation Fund
0013	Cost of material (VAT inclusive): This rule provides for the charging of material costs where indicated against the relative tariff codes by the words "(See Rule 013)". Material should be charged for at cost plus a handling fee not exceeding 35%, up to R5143.42 . A maximum handling fee of 10% shall apply above a cost of R5143.42 . A maximum handling fee of R7715.01 will apply Note: Tariff code 8220 (suture) is applicable to all registered practitioners

DEPARTMENT OF EMPLOYMENT AND LABOUR
NOTICE 184 OF 2020
AMENDMENT GAZETTE OF NOTICE PUBLISHED ON 29 MARCH 2020
NO: 43111 DOCTORS GAZETTE

DOCTORS TARIFF OF FEES AS FROM 01 APRIL 2020						
				Other Specialist and General Practitioners		
19.10	Miscellaneous					
				U/E		
3601	Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447)			7.70	216.60	
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add			10.70	300.99	
3603	Sinography			18.40	517.59	
3600	Peripheral bone densitometry utilizing ionizing radiation			13.00	365.69	
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)			77.00	2166.01	
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)			5.60	157.53	
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done					
3611	Foreign body localisation: Introduction of sterile needle markers: Add			11.00	309.43	
3613	Setting of sterile trays			3.30	92.83	
5034	Fine needle aspiration or biopsy			25	703.25	

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